



Malaysian Society
of Anaesthesiologists



College of
Anaesthesiologists, AMM

www.msa.asm.org.my

Malaysian Society of Anaesthesiologists & College of Anaesthesiologists, AMM

ANNUAL SCIENTIFIC CONGRESS 2023

*MyAnaesthesia 2023: LEAD
Leadership and Excellence in Anaesthesia Development*

4th to 6th August 2023

Borneo Convention Centre Kuching, Sarawak, Malaysia

Supported by



**SOUVENIR PROGRAMME
& ABSTRACT BOOK**

CONTENTS

Messages	
• President, Malaysian Society of Anaesthesiologists & Organising Chairperson, MSA and CoA Annual Scientific Congress 2023	2
• President, College of Anaesthesiologists, Academy of Medicine of Malaysia & Deputy Organising Chairperson, MSA and CoA Annual Scientific Congress 2023	3
• Scientific Chairperson, MSA and CoA Annual Scientific Congress 2023	4
Citation on MSA Honorary Member, Dr Mohamed Namazie Ibrahim by Dr Gunalan Palari Arumugam	5 - 6
Malaysian Society of Anaesthesiologists - Executive Committee 2022-2023	7
College of Anaesthesiologists, AMM - Council 2022-2023	8
Organising Committee	9
Scientific Committee	10
Local Organising Committee	11
Faculty	12 - 16
Programme Summary	17
Pre-Congress Workshops	18 - 22
Daily Programme	
• Friday, 4 th August 2023	23 - 24
• Saturday, 5 th August 2023	25 - 26
• Sunday, 6 th August 2023	27
Abstracts	
• Lectures & Symposia	28 - 50
• MSA Award / MSA YIA Awards	51
• Best E-Poster (Research Category) Presentations	52
• E-Poster (Case Report or Series) Presentations	53
• Poster Presentations	54 - 61
Floor Plan & Trade Exhibition	62 - 63
Acknowledgment to the Biomedical Industry Partners	64 - 66

MESSAGE



It is with great pleasure and pride, on behalf of the Organising Committee, I welcome all of you to the Malaysian Society of Anaesthesiologists and College of Anaesthesiologists, Academy of Medicine of Malaysia Annual Scientific Congress, MyAnaesthesia 2023, in conjunction with the MSA Diamond Jubilee Anniversary. I would like to thank the Premier of Sarawak YAB Datuk Patinggi Tan Sri (Dr) Abang Haji Saufi Abdul Rahman Zohari bin Tun Datuk Abang Haji Openg, for officiating this Congress.

This year's theme, "Leadership and Excellence in Anaesthesia Development (LEAD)", underscores our commitment to exploring new frontiers, empowering visionary leaders, and fostering a culture of excellence in our patient management. We believe Anaesthesiologists play a vital role in healthcare. The provision of Anaesthesia is an intricate intersection of science, technology and human compassion. It is the cornerstone of patient safety and comfort, particularly in surgery, interventional medical procedures and critical care management.

With these considerations, this esteemed Congress brings together brilliant minds, internationally and locally, to share the goal of advancing anaesthesia and paving the way for a future marked by exceptional leadership and unwavering effort to uphold patient safety at every level of our care. Our Scientific Committee, chaired by Associate Professor Dr Muhammad Maaya, had arranged an excellent series of lectures apt to the theme of this Congress which includes plenary talks by the President of the World Federation of Societies of Anaesthesiologists (WFSA), Associate Professor Dr Wayne Morris, on the "Global Priorities for Anaesthesiology in the Post Covid Era" and a presentation by the Chair of the Asian Australasian Regional Section of WFSA, Dr Chris Bowden, on "Leadership in Anaesthesia".

In conjunction with our Diamond Jubilee Anniversary of MSA, we invite our faculty, participants, esteemed life members and our sponsors to celebrate the GALA Dinner with the theme, "Diamonds in the Jungle". This will be a good opportunity for everyone in the fraternity to renew our acquaintances and bond with colleagues. Last but not least, we would encourage our participants to discover Sarawak, the Land of the Hornbills.

I would like to thank the secretariat and the biomedical industries for your unwavering support. A special thanks to the local organising committee, led by Dr Hasmizi Muhammad, who had work relentlessly to ensure the success of this Congress. To all participants, a huge thanks for participating. We trust the beautiful nature of Sarawak, the hospitality of multi ethnicities of Sarawak and the apt scientific programme will provide you a fruitful, fascinating and memorable experience.

We welcome you to Kuching, Sarawak, for MyAnaesthesia 2023!



Professor Dr Ina Ismiarti Shariffuddin
President, Malaysian Society of Anaesthesiologists &
Organising Chairperson, MSA and CoA Annual Scientific Congress 2023

MESSAGE



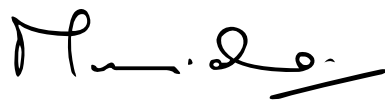
It is with great honour and pleasure that I extend my warmest welcome to each one of you as we gather for the highly anticipated MSA/CoA Annual Scientific Congress 2023 (MyAnaesthesia 2023). As the President of the College, I am proud of this prestigious event which serves as a platform for sharing knowledge, fostering collaboration, and advancing the field of Anaesthesiology. This Congress embodies our commitment to continuous learning and innovation in the realm of Anaesthesiology.

This year's Congress promises to be an exceptional experience, as the theme will be LEAD: Leadership and Excellence in Anaesthesia Development, where we will witness cutting-edge research, hear from distinguished experts, and engage in fruitful discussions that will shape the future of our specialty. Throughout this Congress, we encourage you to explore the diverse array of topics in Anaesthesiology, from the latest advancements in technology and pharmacology to the ethical considerations that guide our practices.

Additionally, I encourage all attendees to seize this opportunity to network and collaborate with fellow professionals from different corners of the globe. The connections made during this Congress often blossom into lifelong friendships and fruitful collaborations, paving the way for more discoveries in the future.

I extend my heartfelt gratitude to the main and local organising committee, sponsors, and all the individuals whose hard work and dedication have made this event possible. Together, in Kuching, Sarawak, we will create an unforgettable gathering that will undoubtedly foster excellence and innovation in the field of Anaesthesiology.

Once again, welcome to the Annual Scientific Congress of Anaesthesiology 2023! Let us make this Congress a resounding success, advancing the frontiers of Anaesthesiology and shaping a brighter future for our patients and our profession.



Professor Dr Marzida Mansor

President

College of Anaesthesiologists, Academy of Medicine of Malaysia &

Deputy Organising Chairperson, MSA and CoA Annual Scientific Congress 2023

MESSAGE



Welcome to the 60th Annual Scientific Congress of the Malaysian Society of Anaesthesiologists and the College of Anaesthesiologists, Academy of Medicine of Malaysia.

Back in June 2013, our Annual Congress, which was still known as Annual Scientific Meeting, was also held in Kuching, Sarawak, in conjunction with the 12th Asian and Oceanic Society of Regional Anaesthesia and Pain Medicine Congress. This wonderful city was lucky to be the host for the auspicious Golden Jubilee Anniversary back then, and again for the Diamond Jubilee Anniversary. I am confident that the event would be just as great. The anaesthesia conduct and equipment may have changed over the last ten years, but the pursuit of medical education and professional development, which is part and parcel of every professional field, remains as strong as ever. I hope you will take advantage of what we have in store.

Every year, our fraternity looks forward to this Annual Scientific Congress, as we have various symposia and speakers lined up which would appeal and be of interest to all, from those new in the specialty to the experienced ones. Our theme MyAnaesthesia LEAD: Leadership and Excellence in Anaesthesia Development will be in tandem with our strong important role in patient care despite providing service to other departments, as well as new changes in our practice of anaesthesia, pain medicine and critical care.

I hope you will take time to experience the symposia and workshops that may guide the direction and future of our profession. To all the speakers and delegates who have joined us near and far, please take this great opportunity to reacquaint with old friends or create brand new networks with each other. To the Organising, Local Organising and my Scientific Committees, as well as the trade exhibitors and secretariat who have worked hard to help make this congress a smooth and successful event, I thank you all from the bottom of my heart for your contribution.

Have a stimulating and fruitful congress, everyone!

A handwritten signature in black ink, consisting of a large, stylized 'M' followed by a smaller 'a' and a horizontal line.

Associate Professor Dr Muhammad Maaya
Scientific Chairperson
MSA and CoA Annual Scientific Congress 2023

MSA HONORARY MEMBER

Dr Mohamed Namazie Ibrahim

Citation by Dr Gunalan Palari Arumugam



BACKGROUND

Dr Namazie was born on the 12th of May 1948 in an ancient seaside village in South India that once was a trading post that had mercantile relations with the Romans. He came to then Malaya at the age 6 by ship crossing the Bay of Bengal like his ancestors who had been traveling to Malaya since the 19th Century. He grew up in Ipoh and studied in Anderson School. He was fascinated with electronics and self-studied electronic circuitry and assembled AM transistor radios. He wanted to study electronic engineering but as fate would have it, the influence of a very fatherly teacher who taught biology in school changed his destiny and he went to study medicine in India instead. He studied the pre-medical course in Madras Christian College, Chennai and then joined the prestigious medical college, Christian Medical College, Vellore in 1967, after a tough selection process which had some 20,000 - 30,000 candidates from across India and other countries vying for the limited 17 places available under open competition.

As an Intern after graduating, he spent a couple of months in a leprosy research centre near Vellore as part of the compulsory community health posting. There he came across surgeons performing intricate hand reconstructive surgery on the twisted hands of the leprosy patients and was fascinated with the outcome. He then decided orthopaedics, particularly hand surgery is what he would like to do. On returning to Malaysia, he applied for the Medical Officer trainee position in the department of Orthopaedics in Universiti Malaya Medical Centre (UMMC) but was not chosen. He then applied to Ministry of Health (MOH) and was sent to Kota Bahru, Kelantan. There he was posted to the Anaesthesia department which had only one registrar and one MO, and he was the 2nd MO. The boss was the late Dato Dr Radhakrishna who was an excellent teacher, a dedicated anaesthetist and intensivist and above all a very compassionate boss. He was dazzled by the armamentarium of electronic equipment in the modern Intensive Care Unit (ICU), in supposedly a rural general hospital, with very well-trained staff and was considered the best in MOH hospitals in the 1970's. This ICU specialised in management of neonatal tetanus that was common in Kelantan then. He learnt to insert iv lines, central venous lines, intubation and ventilation in these tiny neonates who usually spent a few weeks of their early life in ICU. After 3 months in anaesthesia, he was appointed acting registrar after the registrar was transferred to another city.

Six months into being in anaesthesia he was then called to join the Orthopaedics Department in UMMC. After two months there, he realised the anaesthesia bug had bitten him too hard and he wanted to be on the other side of the screen in the Operating Theatre (OT). One day while he was doing a minor case in the OT and he casually asked the anaesthesia MO if there were vacancies in the anaesthesia department for trainees. To his surprise, the anaesthesia MO volunteered to speak to Professor Ganendran the head of anaesthesia then. He went for the interview to switch department and the rest as they say is history. After completing the first part of the Australian fellowship examination, Professor Ganendran arranged, at his request, for him to complete the training in University of Liverpool. After obtaining the Fellowship he returned and joined UMMC as a lecturer. He was active in clinical research while there and had published several papers in local and international journals. His paper on Organophosphate poisoning has been cited in textbooks of toxicology. He also published the first paper on diagnosis and management of brain death in Malaysia, which has been used in subsequent protocols for managing brain death. His special interest was Neuroanaesthesia, and neuro intensive care and he had done work on neuromonitoring while in UMMC. He established the Neuroanaesthesia and Neurointensive care services in KPJ Ipoh Specialist hospital.

MSA HONORARY MEMBER

Dr Mohamed Namazie Ibrahim

Citation by Dr Gunalan Palari Arumugam

His association with the Malaysian Society of Anaesthesiologists (MSA) started while he was a trainee in UMMC. He had been a long serving member of the Exco of the MSA and the College of Anaesthesiologists and General Secretary of its predecessor the Faculty of Anaesthesiologists of the College of Surgeons and culminating in being elected the President of both these organizations and later as Chairman of MSA. At the international level he was the Vice Chairman of the Confederation of the ASEAN Societies of Anaesthesiologists, and Chairman of the Standing Committee on Standards in Anaesthesia of the Confederation. He was among the delegates of MSA when the Confederation was first inaugurated in Manila in 1979.

His involvement with the Malaysian Medical Association (MMA) started in 1978 when he became an ordinary member and then a life member in 1980. He was elected as the Honorary Secretary of MMA Perak Branch in 1983 and served in the Perak branch till 1998 in various positions including being the Chairman of the branch and a long serving treasurer. He was elected to the highest office of MMA and served as President of MMA 2018-19. Besides being a life member of MSA, College of Anaesthesiologist and the MMA, he is also a Life member of Malaysian Society for the Study of Pain, Islamic Medical Association of Malaysia, Fellow of the Academy of Medicine of Malaysia, Honorary Fellow of the Academy of Medicine of Singapore and Fellow of the Royal College of Anaesthetists, England. He was also a member of the Malaysian Medical Council Preliminary Investigation Committee and the Disciplinary Board for more than a decade.

Currently he is working as a consultant anaesthesiologist at the KPJ Selangor Specialist Hospital in Shah Alam. He is also a member of the Clinical Governance Committee of the KPJ group of hospitals. He is married to Dr Zeenath Ameen, a general practitioner, and who has been a pillar of strength for him and who had looked after the home front while he pursued his professional activities. They have two married children, Ridzwan and Razia, and three grandsons.

What is interesting is, even though he did not pursue what he had been interested in before, i.e., electronics and hand surgery, his children fulfilled these dreams though he had no part in choosing their career pathways. His daughter graduated in electronic engineering and is now working in a telco company in Sydney and his son became a hand surgeon and practices in Brisbane.

Today we honour Dr Namazie bin A M Ibrahim a friend, a leader, and a mentor to many of us, for his life-long achievements in the many roles he has undertaken for the anaesthesia fraternity and the medical profession.

MALAYSIAN SOCIETY OF ANAESTHESIOLOGISTS EXECUTIVE COMMITTEE 2022-2023

President	Professor Dr Ina Ismiarti Shariffuddin
President-Elect	Dato' Dr Yong Chow Yen
Chairperson	Dato Dr Jahizah Hassan
Honorary Secretary	Associate Professor Dr Azarinah Izaham
Director of Finance & Property Management	Dato' Dr Seah Keh Seng
Director of Education	Associate Professor Dr Azarinah Izaham
Director of Internal Affairs	Dr Hasmizy Muhammad
Director of Foreign Affairs	Professor Dr Marzida Mansor
Director of Members' Affair	Dr Gunalan Palari
Director of Research Development	Associate Professor Dr Loh Pui San
Director of Public Relations	Dr Mohd Azizan Ghazali
Director of IT and Visibility	Dr Mohd Fitry Zainal Abidin
Director of Publications	Dr Anand Kamalanathan
Director of Strategy and Planning	Dr Mafeitzeral Mamat



COLLEGE OF ANAESTHESIOLOGISTS, AMM COUNCIL 2022-2023

President	Professor Dr Marzida Mansor
Vice President	Professor Dr Ina Ismiarti Sharifuddin
Honorary Secretary	Datin Dr Vanitha Sivanaser
Honorary Treasurer	Associate Professor Dr Muhammad Maaya
Council Members	Associate Professor Dato' Dr Wan Rahiza Wan Mat Professor Dr Rafidah Atan Dr Gunalan Palari Dr Hasmizy Muhammad
Coopted Council Members	Dato Dr Jahizah Hassan Dato' Dr Yong Chow Yen



ORGANISING COMMITTEE

Advisor

Dato Dr Jahizah Hassan

Organising Chairperson

Professor Dr Ina Ismiarti Shariffuddin

Deputy Organising Chairperson

Professor Dr Marzida Mansor

Local Organising Chairperson

Dr Hasmizy Muhammad

Honorary Secretary

Associate Professor Dr Azarinah Izaham

Honorary Treasurer

Dato' Dr Seah Keh Seng

Scientific Committee

Associate Professor Dr Muhammad Maaya (*Chair*)

Associate Professor Dr Azarinah Izaham

Sponsorship

Dr Gunalan Palari

Associate Professor Dato' Dr Wan Rahiza Wan Mat

Dr Mohd Azizan Ghazali

Publications

Datin Dr Vanitha Sivanaser

Professor Dr Rafidah Atan

Promotion & Publicity

Dato' Dr Yong Chow Yen

Associate Professor Dr Loh Pui San

Audiovisual & Technical Committee

Dr Mohd Fitry Zainal Abidin

Dr Mafeitzeral Mamat

Dr Anand Kamalanathan

Social

Local Organising Committee

SCIENTIFIC COMMITTEE

Associate Professor Dr Muhammad Maaya (*Chair*)
Associate Professor Dr Azarinah Izaham
Assistant Professor Dr Muhammad Rasydan Abd Ghani
Dr Thanesh Kumar Sinasamy
Dr Wan Aizat Wan Zakaria
Associate Professor Dr Wan Fadzlina Wan Mohd Shukeri



LOCAL ORGANISING COMMITTEE

Chairperson

Dr Hasmizy Muhammad

Pre-Congress Workshops & Audiovisual System

Dr Thanesh Kumar A/L Sinasamy

Dr Wilson Ak Matthew Rona

Mr Robert Harry

Mr Mohammad Aziz Mohamad Zaini

Mr Lau Shi Kin

Hotel Accommodation

Dr Kho Shu Shan

Dr Wong Yieng Ling

Transportation

Dr Mustaffa Kamil Zainal Abidin

Dr Sharifuddin Kamarudin

Mr Jessynnoskie Lejau Lau

Mr Andrew Goh Kok Thong

Opening Ceremony

Dr Lydia Yet

Dr Yong Joon Thiam

Faculty Dinner

Dr Johnny Kiu Toh Sing

Gala Dinner

Dr Hayatul Akma Bolhan

Dr Puteri Nurul Diyana Ahmad Ainuddin

Dr Fadly Mohd Safri

Dr Faieza Adawiyah Madhan

Dr Lee Jing Zhen

Speaker Souvenirs and Conference Bags

Dr Imelda Kong

Social

Dr Angelina Chong Swee Ching

Dr Elisha Culas A/P Donald Culas

INTERNATIONAL FACULTY



Anas Alatas

Consultant Anaesthesiologist and Intensive Care Department
Indonesia University
Cipto Mangunkusumo Hospital
Jakarta
Indonesia



Sophia Chew

Associate Professor
Singapore General Hospital
Singapore



Chris Bowden

Deputy Director
Anaesthetic Department
Gold Coast University Hospital
Queensland
Australia



Tumul Chowdhury

Faculty Anesthesiologist
Toronto Western Hospital
University of Toronto
Canada



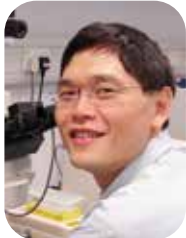
Wardina Shumaima Buntar

Consultant Anaesthesiologist and Head
Department of Anaesthesia
Raja Isteri Pengiran Anak Hospital
Brunei



Klaus Gorlinger

Senior Consultant Anaesthesiologist
Department of Anaesthesiology and
Intensive Care Medicine
University Hospital Essen
Germany



Matthew Chan

Professor
The Chinese University of Hong Kong
Hong Kong



Tae-Yop Kim

Professor
Department of Anesthesiology
Konkuk University Medical Center
South Korea



Davy Cheng

Founding Dean & Presidential Chair
Professor
School of Medicine
The Chinese University of Hong Kong
Shenzhen, China
Distinguished University Professor
Emeritus & Former Acting Dean
Schulich School of Medicine & Dentistry
Western University
Canada
Adjunct Professor
University of Toronto
Canada



Suraphong Lorsomradee

Associate Professor
Department of Anaesthesiology
Faculty of Medicine
Chiang Mai University
Thailand

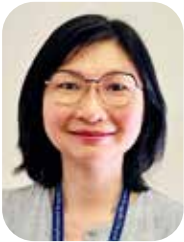
INTERNATIONAL FACULTY



Wayne Morriss
President
World Federation of Societies of
Anaesthesiologists
Associate Professor
Christchurch Hospital
University of Otago
Christchurch
New Zealand



Seokyung Shin
Associate Professor
Department of Anesthesiology and Pain
Medicine
Yonsei University College of Medicine
South Korea



Lenny Ng
Consultant Anaesthetist
St George's Hospital
London
United Kingdom



Laurence Weinberg
Professor and Director of Anaesthesia
Austin Health
Melbourne
Australia



Young Jun Oh
Professor and Head
Department of Anesthesiology and Pain
Medicine
Yonsei University
School of Medicine
South Korea



Shigeki Yamaguchi
Professor and Chairman
Department of Anaesthesiology
Dokkyo Medical University
Japan



Oraluxna Rodanant
Associate Professor
Department of Anaesthesiology
Faculty of Medicine
Chulalongkorn University
Thailand



Andre Van Zundert
Professor and Chair of Anaesthesiology
University of Queensland
Brisbane
Australia

LOCAL FACULTY



Abdul Jabbar Ismail

Consultant Anaesthesiologist and Critical Care Specialist
Universiti Malaysia Sabah
Sabah



Chan Yoo Kuen

Honorary Professor of Anaesthesiology
Universiti Malaya
Kuala Lumpur



Ahmad Afifi Mohd Arshad

Consultant Anaesthesiologist and Pain Specialist
Hospital Sultanah Bahiyah
Kedah



Fong Kean Khang

Consultant Intensivist
Hospital Queen Elizabeth Kota Kinabalu
Sabah



Ariffin Marzuki Mokhtar

Senior Consultant Anaesthesiologist
Department of Anaesthesiology
School of Medical Sciences
Health Campus, Universiti Sains Malaysia
Kelantan



Hasmizy Muhammad

Senior Consultant Cardiothoracic Anaesthesiologist
Sarawak Heart Centre
Sarawak



Azrin Mohd Azidin

Consultant Anaesthesiologist
Hospital Kuala Lumpur
Kuala Lumpur



Ina Ismiarti Shariffuddin

Senior Consultant Anaesthesiologist
Faculty of Medicine
Universiti Malaya
Kuala Lumpur



Michael Beh Zhi Yuen

Consultant Anaesthesiologist
Gleneagles Hospital Kuala Lumpur
Kuala Lumpur



Isqandar Adnan

Senior Lecturer and Consultant Anaesthesiologist
Universiti Teknologi MARA
Selangor



Chan Weng Ken

Consultant Anaesthesiologist
Hospital Canselor Tuanku Muhriz UKM
Kuala Lumpur



Kamaruddin Ibrahim

Lecturer and Pain Management Specialist
Universiti Sains Malaysia
Kelantan

LOCAL FACULTY



Maryam Budiman
Consultant Anaesthesiologist
Hospital Canselor Tuanku Muhriz UKM
Kuala Lumpur



Muhammad Rasydan Abd Ghani
Assistant Professor
International Islamic University Malaysia
Kuala Lumpur



Mohd Basri Mat Nor
Professor and Consultant Intensivist
International Islamic University Malaysia
Kuala Lumpur



Noor Aireen Ibrahim
Senior Lecturer
Language Academy
Faculty of Social Sciences & Humanities
Universiti Teknologi Malaysia
Johor



Mohd Faiz Md Tahir
Assistant Professor
Kulliyah of Medicine
International Islamic University Malaysia
Pahang



Noorjahan Haneem Md Hashim
Associate Professor and Consultant
Anaesthesiologist
Universiti Malaya & Universiti Malaya
Medical Centre
Kuala Lumpur



Mohd Fakhzan Hassan
Consultant Anaesthesiologist
Hospital Kuala Lumpur
Kuala Lumpur



Nur Hafizhoh Abd Hamid
Consultant Paediatric Anaesthesiologist
Hospital Sultanah Bahiyah
Kedah



Mohd Fitry Zainal Abidin
Consultant Anaesthesiologist
Universiti Malaya
Kuala Lumpur



Omar Sulaiman
Senior Consultant Anaesthesiologist and
Head
Department of Anaesthesia and Intensive
Care
Hospital Sultanah Aminah
Johor



Muhammad Maaya
Associate Professor and Consultant
Anaesthesiologist
Faculty of Medicine
Universiti Kebangsaan Malaysia Medical
Centre
Kuala Lumpur



Rafidah Atan
Professor and Consultant Intensivist
Universiti Malaya Medical Centre
Kuala Lumpur

LOCAL FACULTY



Shahridan Mohd Fathil
Consultant Anaesthesiologist
Gleneagles Hospital Medini
Johor



Wan Aizat Wan Zakaria
Consultant Anaesthesiologist
Prince Court Medical Centre
Kuala Lumpur



Suhaila Nanyan
Lecturer
Kulliyah of Medicine
International Islamic University Malaysia
Kuantan



Wan Fadzlina Wan Muhd Shukeri
Associate Professor and Consultant
Anaesthesiologist
Universiti Sains Malaysia
Kelantan



Syarifah Noor Nazihah Sayed Masri
Consultant Anaesthesiologist
Hospital Canselor Tuanku Muhriz UKM
Kuala Lumpur



Wan Rahiza Wan Mat
Associate Professor and Consultant
Anaesthesiologist
Faculty of Medicine
Universiti Kebangsaan Malaysia Medical
Centre
Kuala Lumpur



Teo Shu Ching
Consultant Paediatric Anaesthesiologist
and Head of Department
Hospital Umum Sarawak
Sarawak



Yong Chow Yen
Consultant Anaesthesiologist
Loh Guan Lye Specialists Centre
Penang



Samuel Tsan Ern Hung
Consultant Neuroanaesthesiologist
Universiti Malaysia Sarawak
Sarawak

PROGRAMME SUMMARY

Date Time	4 th August 2023 (Friday)	5 th August 2023 (Saturday)	6 th August 2023 (Sunday)		
0800 - 0830	Registration				
0830 - 0900	PLENARY 2				
0900 - 0930	SYMPOSIA 1 2 3	SYMPOSIA 6 7 8	SYMPOSIA 13 14 15		
0930 - 1000	Tea & Trade Exhibition	Tea & Trade Exhibition	IN-CONGRESS WORKSHOP 1		
1000 - 1030	BIOMED INDUSTRY LECTURE 3				
1030 - 1100	SYMPOSIA 4 5	PLENARY 3	Tea & Trade Exhibition		
1100 - 1130	LUNCH SYMPOSIUM 1	SYMPOSIA 9 10	PLENARY 5		
1130 - 1200		BIOMED INDUSTRY LECTURE 1 2	PLENARY 6		
1200 - 1230	Friday Prayers & Trade Exhibition	LUNCH SYMPOSIUM 2	SYMPOSIA 16 17		
1230 - 1300		Duhr & Trade Exhibition	CLOSING CEREMONY		
1300 - 1330		PLENARY 4	SYMPOSIA 11 12	Lunch	
1330 - 1400					MSA & YOUNG INVESTIGATOR ORAL PRESENTATIONS
1400 - 1430					
1430 - 1500		PLENARY 1	SELECTED BEST POSTER & CASE REPORT/SERIES PRESENTATIONS	IN-CONGRESS WORKSHOP 3	
1500 - 1530	OPENING CEREMONY	Tea & Trade Exhibition			
1530 - 1600		Conferment Ceremony for Parallel Pathway Completion of Specialist Training			
1600 - 1630		Followed by			
1630 - 1700		Annual General Meeting of the College of Anaesthesiologists			
1700 - 1730	Annual General Meeting of the Malaysian Society of Anaesthesiologists	Tea & Trade Exhibition			
1730 - 1800					
1800 - 1900					
1900 - 1930					
1930 - 2300	FACULTY DINNER <i>(by invitation only)</i>	GALA DINNER			

PRE-CONGRESS WORKSHOP 1

3rd August 2023 (Thursday)

Total Intravenous Anaesthesia: An Introduction and Update

Venue: Hospital Umum Sarawak

Time: 0800 - 1600

Facilitators: Chan Weng Ken, Sanah Mohtar, Tan Wei Keang, Teo Shu Ching

Synopsis

This one-day workshop will provide an updated overview of the clinical application of total intravenous anaesthesia (TIVA) and depth-of-anaesthesia (DOA) monitoring. The workshop will cater to 2 groups of participants - novice and intermediate TIVA practitioners. All participants will go through a series of lectures before being divided into groups for interactive demonstrations. Novice practitioners will focus on the primary application of TIVA for adult and obese patients. The intermediate group will be introduced to TIVA in the paediatric population and the advanced usage of the processed electroencephalogram. This workshop will be held in Sarawak General Hospital, Kuching. Participants will be rotated to multiple operating theatres and radiology suites for live interactive demonstrations on adult, paediatric, paediatric MRI and possibly neonatal cases utilizing TIVA and DOA monitoring.

Learning Objectives

1. Introduction to the basic concepts of TIVA, including pharmacokinetic-pharmacodynamic models of propofol, practical tips and its application in obese patients.
2. Explore the pharmacokinetic difference between the neonatal, paediatric and adult populations under TIVA as well as the various algorithms available.
3. Reviewing updates on depth-of-anaesthesia monitoring and understanding the numbers, patterns and waves on the patient to provide precision sedation.
4. Case-based discussions with expert panelists.

Target Audience

There will be two concurrent streams. Participants can choose to join either:

- Novice group - focuses on the primary application of TIVA in the adult population and modification in obese patients.
- Intermediate group - focuses on TIVA in the neonatal and paediatric population and interpretation of DOA in these populations.

PROGRAMME

0800 - 0830	Registration
0830 - 0915	LECTURE 1 Introduction to TIVA: Basic Sciences and Clinical Application
0915 - 1000	Interactive Session - OT and NORA
1000 - 1030	Tea
1030 - 1115	LECTURE 2 Neonatal, Paediatric and Adult TIVA: The Differences
1115 - 1200	Interactive Session - OT and NORA
1200 - 1330	Lunch
1330 - 1415	Depth of Anaesthesia Monitoring: Numbers, Patterns and Waveforms
1415 - 1500	Interactive Session - OT and NORA
1500 - 1530	Tea
1530 - 1600	Case-Based Discussion
1600	Adjourn

PRE-CONGRESS WORKSHOP 2

3rd August 2023 (Thursday)

Advanced Haemodynamic Monitoring (AHDM)

Venue: Eiffel, Lobby Level, Pullman Hotel, Kuching

Time: 1300 - 1830

Facilitators: Mohd Fitry Zainal Abidin, Syarifah Noor Nazihah Sayed Masri, Omar Sulaiman, Laurence Weinberg

Maintaining homeostasis of haemodynamics is essential in treating patients throughout the perioperative period. With the latest advancement in medical technology, advanced haemodynamic monitoring (AHDM) has made significant progress in recent years. However, applying the technology to clinical practice remains challenging for anaesthesiologists. The session aims to integrate knowledge of physiology, technology and physics into clinical conditions and ultimately leading to improved perioperative outcome for our patients.

Learning Objectives

1. Advocate the importance of AHDM in improving patient outcome.
2. Introduction of predictive flow dynamic parameter in combination with Eadyn and dP/dt.
3. Provide clinical scenarios of AHDM application including algorithms for appropriate timely interventions.

Target Audience

Anaesthesiologists

PROGRAMME

1300 - 1400	Lunch & Registration
1400 - 1430	Changing Perception of AHDM: An Introduction & Evidence <i>Omar Sulaiman</i>
1430 - 1530	Pragmatic Approach in Advanced Hemodynamic Monitoring <i>Laurence Weinberg</i>
1530 - 1600	Hypotensive Predictive Index (HPI) - Merely Predicting Hypotension, or More? <i>Syarifah Noor Nazihah Sayed Masri</i>
1600 - 1630	Afterload Management - Eadyn or SVR? <i>Mohd Fitry Zainal Abidin</i>
1630 - 1700	Tea
1700 - 1730	Hemodynamic Algorithm: Surgery Specific and Patient Specific <i>Laurence Weinberg</i>
1730 - 1815	Workshop Station <ul style="list-style-type: none">• Screen Based Simulation• Pulse Contour Analysis• Interactive Case Discussion
1815 - 1830	Q&A
1830	Adjourn

PRE-CONGRESS WORKSHOP 3

3rd August 2023 (Thursday)

Point-of-Care Ultrasound (PoCUS) for Anaesthesiologists

Venue: Petra, Level 2, Pullman Hotel, Kuching

Time: 0800 - 1700

Facilitators: Ahmad Afifi Mohd Arshad, Amiruddin Nik Mohamed Kamil, Azrin Mohd Azidin, Hasmizy Muhammad, Lim Teng Cheow, Mohamad Hanafi Mohd, Mohd Fakhzan Hassan, Shahridan Mohd Fathil

Course Objectives

1. To educate participants in the principles of perioperative Point-of-Care Ultrasound (PoCUS) in various fields of anaesthesia and intensive care.
2. To demonstrate applied understanding of the principles of PoCUS in image acquisition & interpretation skills.
3. To allow participation in practical and interactive session that includes "hands-on" learning in real-time image acquisition & interpretation skills on volunteers/models.

Course Format

This one-day workshop consists of theoretical lectures and practical sessions on volunteers/models. Here participants will be given the opportunity to learn PoCUS in various fields of anaesthesia and intensive care. The workshop is tailored for anaesthesiologists with the aim of providing a conducive learning environment for practitioners.

Target Participants

Limited to 35 specialists and medical officers who are involved in the care of patients in anaesthesia and intensive care; particularly useful for those who have strong basic fundamentals in the use of ultrasound.

PROGRAMME

SESSION I (Lectures)

0715 - 0800	Registration
0800 - 0815	Introduction to PoCUS <i>Shahridan Mohd Fathil</i>
0815 - 0900	Principles for Vascular Access cannulation: Central & Peripheral Venous / Arterial <i>Lim Teng Cheow</i>
0900 - 0945	Principles for Cardiac Ultrasound <i>Hasmizy Mohammad</i>
0945 - 1030	Principles for Airway and Lung Ultrasound <i>Ahmad Afifi Mohd Arshad</i>
1030 - 1045	Tea
1045 - 1130	Principles for Abdominal Ultrasound: Trauma (eFAST) / Gastric Content <i>Shahridan Mohd Fathil</i>
1130 - 1215	Understanding Lumbar Sonography <i>Azrin Mohd Azidin</i>
1230 - 1330	Lunch

PRE-CONGRESS WORKSHOP 3

3rd August 2023 (Thursday)

PROGRAMME

1330 - 1650 **SESSION II (Hands-on by Group Rotation)**

Stations

1. Vascular Access: Central Venous Cannulation / Peripheral Venous Cannulation / Arterial Line

Lim Teng Cheow / Amiruddin Nik Mohamed Kamil

2. Basic Airway and Lung US

Ahmad Afifi Mohd Arshad

3. Basic Cardiac Scan

Hasmizy Mohammad / Mohamad Hanafi Mohd

4. Basic Abdominal Scan + Gastric Content Assessment

Shahridan Mohd Fathil

5. Basic Lumbar Scan for Obstetric Anaesthesia

Azrin Mohd Azidin / Mohd Fakhzan Hassan

1650 - 1700 Discussion

END OF SESSION

PRE-CONGRESS WORKSHOP 4

3rd August 2023 (Thursday)

Leadership in Anaesthesia (WFSA AARS Module)

Venue: Olympia 1, Lobby Level, Pullman Hotel, Kuching

Time: 0800 - 1700

Facilitators: Chris Bowden

Learning Objectives

Fundamentals of Leadership

- Explore our understanding and the importance of clinical leadership through interactive discussion
- What makes someone an effective leader?
- Barriers to effective leadership
- Contrast leadership and management

Leadership Styles & Communication

- Be able to describe different attributes of leadership
- Begin to recognize and apply different leadership styles
- Be able to understand varying communication styles and how they can be used in leadership

Leading Change

- Recognise the need for change in healthcare systems to improve safety and quality
- Identify some of the common barriers to change
- Design a change project for a healthcare scenario
- Gain confidence to lead change within your organisation

Leading Healthy Teams

- Explore key issues and recent stressors that impacts our mental health as anaesthetists
- Review and explore reasons for and the management of clinician burnout
- Outline strategies clinical leaders may utilise to optimise the wellbeing of staff

Q&A

- An opportunity to conclude the workshop with an interactive discussion

PROGRAMME

0800 - 0830	Welcome and Introductions
0830 - 0915	Fundamentals of Leadership
0915 - 1045	Leadership Styles and Communication
1045 - 1115	Morning Tea
1115 - 1245	Leading Change
1245 - 1345	Lunch
1345 - 1545	Leading Healthy Teams
1545 - 1615	Q&A

DAILY PROGRAMME

4th August 2023 (Friday)

0800 - 0845 Registration			
<p>0845 - 0945 <i>Hall A</i></p> <p>SYMPOSIUM 1 Neuroanaesthesia Chairpersons: <i>Vanitha Sivanaser / Puteri Nurul Diyana Ahmad Ainuddin</i></p> <p>Perioperative Strokes and Covert Brain Infarction in Non-Cardiac Surgeries <i>Matthew Chan</i></p> <p>Updates in Neuroanaesthesia <i>Samuel Tsan Ern Hung</i></p> <p>Fatal Love between Brain and Heart: Do We Know What We Know? <i>Tumul Chowdhury</i></p> <p>Q&A</p>	<p>0845 - 0945 <i>Hall B</i></p> <p>SYMPOSIUM 2 Ageing Population Chairpersons: <i>Justin Sangwook Ko / Angelina Chong</i></p> <p>Hips Fracture in the Elderly: Providing Safe Anaesthesia <i>Maryam Budiman</i></p> <p>Anaesthesia for the Elderly: What's New? <i>Abdul Jabbar Ismail</i></p> <p>Frailty: The Challenges of Identifying a Complex Geriatric Syndrome <i>Seokyung Shin</i></p> <p>Q&A</p>	<p>0845 - 0945 <i>Hall D</i></p> <p>SYMPOSIUM 3 Paediatric Anaesthesia Chairpersons: <i>Sanah Mohtar / Jun-Heum Yon</i></p> <p>ERAS for Paediatric Patients <i>Teo Shu Ching</i></p> <p>Blocks in Children: Challenges & Choices <i>Nur Hafizhoh Abd Hamid</i></p> <p>Q&A</p>	<p style="text-align: center;"><i>Open to all delegates</i></p> <p>0845 - 0944 <i>Hall C</i></p> <p>IN-CONGRESS WORKSHOP 1</p> <p>Intubating Supraglottic Airway <i>Facilitators: Muhammad Maaya / Wan Aizat Wan Zakaria</i></p>
0945 - 1015 Tea & Trade Exhibition			
<p>1015 - 1115 <i>Hall A</i></p> <p>SYMPOSIUM 4 Ambulatory Anaesthesia Chairpersons: <i>Lim Teng Cheow / Mohamad Hanafi Mohd</i></p> <p>Patient Selection for Daycare Anaesthesia <i>Abdul Jabbar Ismail</i></p> <p>Controversies in Ambulatory Anaesthesia Techniques <i>Omar Sulaiman</i></p> <p>Challenges and Solutions in Pain Management <i>Kamaruddin Ibrahim</i></p> <p>Q&A</p>	<p>1015 - 1115 <i>Hall B</i></p> <p>SYMPOSIUM 5 Peri-Operative Medicine Chairpersons: <i>Nur Hafizhoh Abd Hamid / Thanesh Kumar Sinasamy</i></p> <p>Anaesthesia Techniques and Cancer Recurrence: What do We Know? <i>Syarifah Noor Nazihah Sayed Masri</i></p> <p>Save Blood, Save Lives <i>Isqandar Adnan</i></p> <p>Honoring Advanced Directives in the Peri-Operative Setting <i>Fong Kean Khang</i></p> <p>Q&A</p>	<p style="text-align: center;"><i>Open to all delegates</i></p> <p>1015 - 1115 <i>Hall D</i></p> <p>PRESIDENTS' FORUM Leadership Challenges in Your Country: Accessible Safe Anaesthesia for All Moderator: <i>Gunalan Palari</i></p> <p>The Evolution of Anaesthesiology Education & Training <i>Ina Ismiarti Shariffuddin</i></p> <p>Anaesthesiology: The Way Forward <i>Sophia Chew</i></p> <p>Challenges in Delivering Safe Anaesthesia to the Population <i>Wardina Shumaimah Buntar</i></p>	<p style="text-align: center;"><i>Limited to 40 participants only. Please check with the secretariat for registration</i></p> <p>1015 - 1115 <i>Hall C</i></p> <p>PROBLEM-BASED LEARNING 1</p> <p>Rotational Thromboelastometry (ROTEM) <i>Facilitators: Mohd Fitriy Zainal Abidin / Klaus Gorlinger</i></p>
1115 - 1200	<p>LUNCH SYMPOSIUM 1 (Octapharma) Chairperson: <i>Ina Ismiarti Shariffuddin</i></p> <p>Fibryga®, a New Way to Managing Massive Bleeding <i>János Fazakas</i></p>		<i>Hall A</i>
1200 - 1430	Friday Prayers & Trade Exhibition		
1430 - 1500	<p>PLENARY 1 Chairperson: <i>Raveenthiran Rasiah</i></p> <p>Leadership in Anaesthesia <i>Chris Bowden</i></p>		<i>Hall A</i>

DAILY PROGRAMME

4th August 2023 (Friday)

1500 - 1645	OPENING CEREMONY	<i>Hall A</i>
1645 - 1700	Tea & Trade Exhibition	
1700 - 1900	Annual General Meeting of the Malaysian Society of Anaesthesiologists	<i>Hall A</i>
1930	FACULTY DINNER <i>(by invitation only)</i>	<i>Pullman</i>

DAILY PROGRAMME

5th August 2023 (Saturday)

<p>0830 - 0900 PLENARY 2 Chairperson: <i>Seah Keh Seng</i> Providing Safe & Effective Airway Management <i>Andre Van Zundert</i></p>			
<p>0900 - 1000 <i>Hall A</i> SYMPOSIUM 6 Cardiac Anaesthesia Chairpersons: <i>Anand Kamalantahan / Wong Yieng Ling</i> Hemodilution & Hemoconcentration on Coagulation During Cardiac Surgery <i>Tae-Yop Kim</i> Management of Heart Transplanted Patients in Subsequent Noncardiac Surgery <i>Davy Cheng</i> How to Interpret Thromboelastometry like an Expert <i>Klaus Gorlinger</i> Q&A</p>	<p>0900 - 1000 <i>Hall B</i> SYMPOSIUM 7 Research Updates Chairpersons: <i>Azarinah Izaham / Samuel Tsan Ern Hung</i> Clinical Experience with Remimazolam for General Anaesthesia in Japan <i>Shigeki Yamaguchi</i> Basic Research About the Carotid Body and Glomus Cells at John Hopkins <i>Shigeki Yamaguchi</i> Anaesthesia Research in Malaysia: Is it for Everyone? <i>Wan Fadzlina Wan Muhd Shukeri</i> Q&A</p>	<p>0900 - 1000 <i>Hall D</i> SYMPOSIUM 8 Critical Care Chairpersons: <i>Rafidah Atan / Lucas Law Kai Laung</i> Revisiting the Principles of Antibiotic Use in the ICU <i>Fong Kean Khang</i> Identifying High Risk Surgical Patients <i>Sophia Chew</i> Critical Care for the Elderly <i>Mohd Basri Mat Nor</i> Q&A</p>	<p style="text-align: center;"><i>Limited to 30 participants only. Please check with the secretariat for registration</i></p> <p>0900 - 1000 <i>Hall C</i> PROBLEM-BASED LEARNING 2 Moderator: <i>Mohd Fitry Zainal Abidin</i> Updates on Anaesthesiology Post-Graduate Programme Panelists: <i>Wan Rahiza Wan Mat / Noorjahan Haneem Md Hashim / Yong Chow Yen</i></p>
<p>1000 - 1015 Tea & Trade Exhibition</p>			
<p>1015 - 1045 PLENARY 3 <i>Hall A</i> Chairperson: <i>Sushila Sivasubramaniam</i> The Best Thinking is Rethinking - Understanding the Different Circulation Phenotypes to Guide Advanced Haemodynamic Management <i>Laurence Weinberg</i></p>			
<p>1045 - 1145 <i>Hall A</i> SYMPOSIUM 9 Professionalism Chairpersons: <i>Mohamed Namazie / Mohamad Hanafi Mohd</i> Prioritizing Wellbeing: Examining its Significance for Individuals and Organizations <i>Maryam Budiman</i> Professionalism in Our Daily Communication: Are We There Yet? <i>Rafidah Atan</i> Emotion: Is There a Place in the Doctor-Patient Relationship? <i>Noor Aireen Ibrahim</i> Q&A</p>	<p>1045 - 1145 <i>Hall B</i> SYMPOSIUM 10 Thoracic Anaesthesia Chairpersons: <i>Hasmiyy Muhammad / Yong Joon Thiam</i> Management of Challenging Airway in Thoracic Surgery <i>Young Jun Oh</i> Enhanced Recovery After Thoracic Surgery <i>Suraphong Lorsomradee</i> Non-Intubated VATS (NiVATS) <i>Anas Alatas</i> Q&A</p>	<p>1045 - 1215 <i>Hall D</i> MSA & YOUNG INVESTIGATOR ORAL PRESENTATIONS Moderator: <i>Wan Rahiza Wan Mat</i></p>	<p style="text-align: center;"><i>Limited to 25 participants only. Please check with the secretariat for registration</i></p> <p>1045 - 1215 <i>Hall C</i> IN-CONGRESS WORKSHOP 2 An Introduction to Human Factor Engineering for Anaesthesiologists Facilitators: <i>Ariffin Marzuki Mokhtar / Wan Fadzlina Wan Muhd Shukeri / Angelina Chong / Imelda Kong Wei / Lydia Yet</i></p>

DAILY PROGRAMME

5th August 2023 (Saturday)

<p>1145 - 1215 Hall A</p> <p>BIOMED INDUSTRY LECTURE 1 (Radiometer) Chairperson: <i>Anand Kamalanathan</i></p> <p>TBC <i>TBC</i></p>	<p>1145 - 1215 Hall B</p> <p>BIOMED INDUSTRY LECTURE 2 (DKSH) Chairperson: <i>Azizan Ghazali</i></p> <p>The Role of Granisetron in the Management of PONV <i>Chen Chee Kean</i></p>		
<p>1215 - 1300 LUNCH SYMPOSIUM 2 (Aspen) Hall A</p> <p>Chairperson: <i>James Joseph</i></p> <p>The Remifentanil Conundrum: Finding the Middle Ground Between Intraoperative Pain and Battling Hyperalgesia <i>Mohd Fitriy Zainal Abidin</i></p>			
<p>1300 - 1345 Duhr & Trade Exhibition</p>			
<p>1345 - 1415 PLENARY 4 Hall A</p> <p>Chairperson: <i>Ina Ismiarti Shariffuddin</i></p> <p>Global Priorities for Anaesthesiology in the Post-COVID Era <i>Wayne Morriss</i></p>			
<p>1415 - 1515 Hall A</p> <p>SYMPOSIUM 11 Pain Management Chairpersons: <i>Marzida Mansor / Wilson Matthew Rona</i></p> <p>Opioid Therapy for Chronic Pain in Japan <i>Shigeki Yamaguchi</i></p> <p>Moving Away from Opioid Therapy in Acute Pain <i>Kamaruddin Ibrahim</i></p> <p>Is Psychotherapy Beneficial for Acute Pain? <i>Lenny Ng</i></p> <p>Q&A</p>	<p>1415 - 1515 Hall B</p> <p>SYMPOSIUM 12 Regional Anaesthesia Chairpersons: <i>Amiruddin Nik Mohamed Kamil / Justin Sangwook Ko</i></p> <p>Current Updates on Regional Anaesthesia for Total Knee Arthroplasty <i>Michael Beh Zhi Yuen</i></p> <p>Role of Regional Anaesthesia (RA) in Persistent (Chronic) Post-Surgical Pain (CPSP) <i>Azrin Mohd Azidin</i></p> <p>Regional Anaesthesia for ERAS <i>Mohd Fakhzan Hassan</i></p> <p>Q&A</p>	<p>1415 - 1515 Hall D</p> <p>SELECTED BEST POSTER & CASE REPORT / SERIES PRESENTATIONS Moderator: <i>Wan Fadzlina Muhd Shukeri</i></p>	<p style="text-align: center;"><i>Open to all delegates</i></p> <p>1415 - 1515 Hall C</p> <p>IN-CONGRESS WORKSHOP 3</p> <p>Leading the Way to Work-Life Balance: Empowering Healthcare Professionals for Success <i>Facilitators: Mohd Faiz Md Tahir / Suhaila Nanyan / Muhammad Rasydan Abd Ghani</i></p>
<p>1515 - 1545 Tea & Trade Exhibition</p>			
<p>1545 - 1730 CONFIRMATION CEREMONY FOR PARALLEL PATHWAY COMPLETION OF SPECIALIST TRAINING Hall A</p> <p><i>Followed by</i> Annual General Meeting of the College of Anaesthesiologists, Academy of Medicine of Malaysia</p>			
<p>1930 - 2300 GALA DINNER</p>			

DAILY PROGRAMME

6th August 2023 (Sunday)

<p>0845 - 0945 <i>Hall A</i></p> <p>SYMPOSIUM 13 Safety & Quality Chairpersons: <i>Amiruddin Nik Mohamed Kamil / Lydia Yet</i></p> <p>Psychological Health and Safety at Work: Guidelines for Managing Psychosocial Risks <i>Mohd Faiz Md Tahir</i></p> <p>Green Footprint in Anaesthesia <i>Andre Van Zundert</i></p> <p>Moving Forward from Quality to Risk Mitigation <i>Ariffin Marzuki Mokhtar</i></p> <p>Q&A</p>	<p>0845 - 0945 <i>Hall B</i></p> <p>SYMPOSIUM 14 Ultrasound in Anaesthesia Chairpersons: <i>Michael Beh Zhi Yuen / Hayatul Akma Bolhan</i></p> <p>An Overview on the Evolution of the Perioperative Ultrasound System <i>Shahridan Mohd Fathil</i></p> <p>POCUS as an Essential Armamentarium of the Modern Anaesthesiologist <i>Ahmad Afifi Mohd Arshad</i></p> <p>Training and Credentialing in Ultrasound <i>Hasmizy Muhammad</i></p> <p>Q&A</p>	<p>0845 - 0945 <i>Hall D</i></p> <p>SYMPOSIUM 15 Airway & Ventilation Chairpersons: <i>Mafeitzeral Mamat / Imelda Kong Wei</i></p> <p>Virtual Reality for Intubation <i>Chan Weng Ken</i></p> <p>One-Lung Ventilation Made Easy <i>Suraphong Lorsomradee</i></p> <p>Local Anaesthesia and Peripheral Blocks for the Airway <i>Anas Alatas</i></p> <p>Q&A</p>	<p>Limited to 25 participants only. Please check with the secretariat for registration</p> <p>0845 - 0945 <i>Hall C</i></p> <p>IN-CONGRESS WORKSHOP 4</p> <p>Immersive Simulation in Low Resource Settings <i>Facilitators:</i> <i>Rafidah Atan / Wan Aizat Wan Zakaria / Ng Tze Ling / Lucas Law Kai Laung</i></p>
<p>0945 - 1015 BIOMED INDUSTRY LECTURE 3 (Medtronic) <i>Hall A</i></p> <p>Chairperson: <i>Seah Keh Seng</i></p> <p>The Evolution of Laryngoscopy <i>Omar Sulaiman</i></p>			
<p>1015 - 1030 Tea & Trade Exhibition</p>			
<p>1030 - 1100 PLENARY 5 <i>Hall A</i></p> <p>Chairperson: <i>Yong Chow Yen</i></p> <p>Artificial Intelligence in Healthcare: Role of Anesthesiology <i>Davy Cheng</i></p>			
<p>1100 - 1130 PLENARY 6 <i>Hall A</i></p> <p>Chairperson: <i>Jahizah Hassan</i></p> <p>Transforming into a Professional: My Insights <i>Chan Yoo Kuen</i></p>			
<p>1130 - 1230 <i>Hall A</i></p> <p>SYMPOSIUM 16 Obstetric Anaesthesia Chairpersons: <i>Azizan Ghazali / Jun-Heum Yon</i></p> <p>Air Embolism During Caesarean Section <i>Wardina Shumaimah Buntar</i></p> <p>Watch Out!! The Placenta Accreta Spectrum (PAS) <i>Oraluxna Rodanant</i></p> <p>Why All Parturients Are Vulnerable <i>Chan Yoo Kuen</i></p> <p>Q&A</p>	<p>1130 - 1230 <i>Hall B</i></p> <p>SYMPOSIUM 17 Anaesthesia Allied Health Chairpersons: <i>Lim Teng Cheow / Robert Harry</i></p> <p>Staffing Issues in PACU <i>Omar Sulaiman</i></p> <p>Preparation for Regional Anaesthesia <i>Isqandar Adnan</i></p> <p>Airway Preparation for GA Assistants <i>Suhaila Nanyan</i></p> <p>Q&A</p>		
<p>1230 - 1300 CLOSING CEREMONY <i>Hall A</i></p> <p>Lucky Draw</p>			
<p>1300 Lunch <i>Hall C</i></p>			

SYMPOSIUM 1 - Neuroanaesthesia

UPDATES IN NEUROANAESTHESIA

Samuel Tsan Ern Hung

Universiti Malaysia Sarawak, Sarawak, Malaysia

The field of neuroanaesthesia is rapidly advancing. Many exciting developments in the field of neuroscience in anaesthesiology have improved our abilities as anaesthetists to provide better care for our patients. Among these advances is improved pain management post neurosurgery with the use of scalp block, specifically ultrasound-guided scalp block. Particularly for anaesthetists, our skillset positions us at the forefront of this potentially revolutionary technique for improved pain management in neurosurgical patients. This is important as we move towards opioid-sparing anaesthesia and enhanced recovery after neurosurgery. Another important advance in the field of neuroscience in the past decade has been mechanical thrombectomy in stroke patients. The anaesthetist plays an integral role in the care of patients undergoing mechanical thrombectomy. The role of anaesthetic techniques in determining outcomes remains controversial, with studies reporting conflicting results. The latest evidence regarding the optimal management of these patients will be discussed.

SYMPOSIUM 1 - Neuroanaesthesia

**FATAL LOVE BETWEEN BRAIN AND HEART:
DO WE KNOW WHAT WE KNOW?**

Tumul Chowdhury

Toronto Western Hospital, University of Toronto, Canada

Brain and heart interacts with multiple ways, including neural, humoral, biochemical and mechanical. These connections are usually bi-directional. Majority of the research is focussed on exploring the brain and heart axis. Some of those known interactions are stress, cardiomyopathy, stunned myocardium, hibernating myocardium, many other cardiogenic responses. Similarly, many brainstem reflexes have been shown to produce these interactions. One of such interactions is known as the trigeminocardiac reflex (TCR). This phenomenon is incited by the stimulation of sensory branches of the trigeminal nerve. Common manifestations of TCR include bradycardia, asystole, respiratory perturbations, and G.I. changes. Sometimes the exaggerated form of this interaction can cause severe consequences during the surgery. Therefore the knowledge of such phenomenon becomes crucial for all perioperative physicians.

SYMPOSIUM 2 - Ageing Population

HIPS FRACTURE IN THE ELDERLY: PROVIDING SAFE ANAESTHESIA

Maryam Budiman

Hospital Canselor Tuanku Muhriz UKM, Kuala Lumpur, Malaysia

Perioperative anaesthesia care for the elderly poses a challenge to anaesthetists due to the higher perioperative morbidity and mortality associated with age-related physiological and pathological changes. The talk aims to highlight evidence-based perioperative anaesthesia practices in providing anaesthesia for hip fracture surgeries in the geriatric population. The steps to improve the quality and outcomes of anaesthesia care for these high-risk patients will be discussed.

SYMPOSIUM 2 - Ageing Population

ANAESTHESIA FOR THE ELDERLY: WHAT'S NEW?

Abdul Jabbar Ismail

Universiti Malaysia Sabah, Sabah, Malaysia

As the global population continues to age, the demand for surgical procedures in the elderly is rising exponentially. The unique physiological changes and increased comorbidities in elderly patients present distinct challenges for anesthesiologists.

Advancements in anesthesia techniques and technologies have revolutionized perioperative care, providing improved outcomes and enhanced safety for elderly patients. The utilization of goal-directed fluid therapy, minimally invasive monitoring, and individualized anesthetic management have shown promising results in optimizing perioperative hemodynamics and reducing postoperative complications.

The development of pharmacokinetic and pharmacodynamic models for geriatric patients has enabled precise dosing of anesthetic agents and better titration of analgesics. Enhanced understanding of age-related pharmacological changes, such as altered drug metabolism and decreased organ function, has allowed for safer drug administration, minimizing adverse effects.

Furthermore, the use of regional anesthesia and nerve blocks has gained popularity in the elderly population, offering excellent pain control, reduced opioid consumption, and improved functional recovery. Advancements in ultrasound guidance have made these techniques safer and more effective, with fewer complications.

In conclusion, this talk will shed light on the latest advancements in anesthesia for the elderly population. By embracing tailored approaches, incorporating technological innovations, and optimizing perioperative care, anesthesiologists can effectively manage the unique challenges posed by aging patients, ultimately leading to improved surgical outcomes and enhanced quality of life for the elderly population.

SYMPOSIUM 2 - Ageing Population

FRAILITY: THE CHALLENGES OF IDENTIFYING A COMPLEX GERIATRIC SYNDROME

Seokyung Shin

Yonsei University College of Medicine, South Korea

The rise in elderly patients undergoing surgical procedures is rapidly escalating, with projections indicating that 20% of the population aged 75 and above will undergo surgery annually by 2030. Consequently, the prevalence of frailty among surgical patients is alarmingly high, ranging from 10 to 37%. Although it is well established that frailty significantly heightens the risk of postoperative complications and mortality, there is currently no universally recognized single tool for assessing frailty.

Frailty is characterized by diminished physiological reserves and increased susceptibility to stressors, attributable to either age or underlying health conditions. Nevertheless, identifying frailty remains challenging and complex due to the absence of agreed-upon criteria, standardized tests, or biomarkers. Moreover, the assessment tools for frailty necessitate additional personnel and resources, and their integration into routine clinical practice is lacking in most healthcare institutions.

Here I will discuss the existing challenges encountered in identifying frailty among elderly patients, briefly explore the available assessment methods, and think about future directions to enhance our capacity to identify and manage frail individuals in clinical settings. By addressing these issues, healthcare professionals can improve patient outcomes, optimize resource allocation, and provide more tailored and effective care for this vulnerable population.

SYMPOSIUM 3 - Paediatric Anaesthesia
ERAS FOR PAEDIATRIC PATIENTS

Teo Shu Ching

Hospital Umum Sarawak, Sarawak, Malaysia

The benefits of Enhanced Recovery After Surgery (ERAS) with a standardized protocol in institution, has been shown to benefit and well recognized in adults especially colorectal surgery. ERAS in children has not been well established, although many of the components are already practised in many institution e.g. staggered fasting time, early feeding and mobilization. We will review ERAS in paediatric patients, the current practise, outcome and feasibility.

SYMPOSIUM 3 - Paediatric Anaesthesia
BLOCKS IN CHILDREN: CHALLENGES & CHOICES

Nur Hafizhoh Abd Hamid

Hospital Sultanah Bahiyah, Kedah, Malaysia

Regional Anaesthesia has become an essential component in multimodal analgesia regime for a better perioperative pain control in paediatric patients. Feasibility and advances in ultrasound have nurture the practice of peripheral nerve block in children.

Learning Objectives

1. Highlight various challenges to conduct regional anaesthesia in children efficiently, effectively and effortlessly.
2. Discuss possible option and selection of alternatives during each obstacle.
3. Sharing tips and tricks to triumph in paediatric blocks.

SYMPOSIUM 4 - Ambulatory Anaesthesia
PATIENT SELECTION FOR DAYCARE ANAESTHESIA

Abdul Jabbar Ismail

Universiti Malaysia Sabah, Sabah, Malaysia

The increasing demand for efficient healthcare services and cost-effective surgical interventions has led to the growth of daycare anesthesia. However, patient selection plays a crucial role in ensuring safe and successful outcomes in this setting.

Patient selection criteria for daycare anesthesia involve a comprehensive evaluation of medical, surgical, and psychological factors. Assessing the patient's medical history, physical status, and comorbidities is essential to identify potential risks and complications. Additionally, preoperative investigations, including laboratory tests and imaging studies, aid in determining the patient's fitness for daycare surgery.

Adequate patient education and informed consent regarding the procedure, potential risks, and expected postoperative care are imperative to ensure patient cooperation and adherence to discharge instructions.

In Conclusion, the nature and complexity of the surgical procedure are key considerations in patient selection. Minor elective surgeries with low anticipated blood loss and minimal postoperative pain are more suitable for daycare anesthesia. Efficient communication and collaboration between anesthesiologists, surgeons, and nursing staff are essential in the patient selection process.

SYMPOSIUM 4 - Ambulatory Anaesthesia

CONTROVERSIES IN AMBULATORY ANAESTHESIA TECHNIQUES

Omar Sulaiman

Hospital Sultanah Aminah, Johor, Malaysia

General anesthesia is a popular choice for ambulatory surgery. Spinal anesthesia is often avoided because of perceived delays due to time required to administer it and prolonged onset, as well as concerns of delayed offset, which may delay recovery and discharge home. However, the reports of improved outcomes in hospitalized patients undergoing total joint arthroplasty have renewed the interest in spinal anesthesia. Regional anaesthesia provides better postoperative pain control, avoids complications from general anaesthesia, such as nausea and vomiting, and results in faster recovery of patients. All these advantages are important in ambulatory surgery. However, there are several limitations with this technique. Extra time is required to initiate a nerve block that lead to some controversies in ambulatory anaesthesia technique.

SYMPOSIUM 4 - Ambulatory Anaesthesia

CHALLENGES AND SOLUTIONS IN PAIN MANAGEMENT

Kamaruddin Ibrahim

Universiti Sains Malaysia, Kelantan, Malaysia

Pain is the commonest patient presentation to clinics or hospitals. We as a health care clinician should be able to recognise patients' pain on their visit to our premise. Proper and complete pain history might give us a clue on reaching the main problem or diagnoses. Basic differentiation between acute pain and chronic pain is very important. These have a big impact on the next management whether to use analgesics guided by WHO analgesic ladder or commenced biopsychosocial approach as in chronic pain. Up today we still have limited number of antinociceptive analgesics that have been shown in the analgesic ladder. After the usage of acetaminophen and NSAIDs, opioids are a must option to be choose. One must know every detail of pharmacological information of these 3 main pain relieved groups. As we should be careful in detecting liver function in using acetaminophen and NSAIDs therapy may harm vital organ like brain, heart and renal. Opioids also has its own usage limitation especially their side effect. Even though their efficacy in treating severe acute and cancer pain, opioids side effects often limit its use in small number of patients. Majority of ambulatory procedure are minimally invasive procedure; it rarely causes severe pain. Patients post-surgical pain is usually well treated by using acetaminophen and NSAIDs. However, we still need to identify naïve patient who suffer from severe pain upon discharge which render hospital admission for further pain controlled. These will prevent disastrous complication that may occur if pain is not adequately treated.

SYMPOSIUM 5 - Peri-Operative Medicine

ANAESTHESIA TECHNIQUES AND CANCER RECURRENCE: WHAT DO WE KNOW?

Syarifah Noor Nazihah Sayed Masri

Hospital Canselor Tuanku Muhriz UKM, Kuala Lumpur, Malaysia

Cancer is a heterogeneous group of diseases that is a major public health concern; there are approximately 8.2 million deaths attributable to cancer annually worldwide and the burden of disease from cancer is rapidly increasing. The World Health Organisation estimates that new cancer diagnoses will increase from 14.1 million in 2012 to 25 million annually by 2032 due to an ageing population. The incidence of cancer in patients aged over 65 years is 10 times greater, and mortality is 16 times greater than that for younger patients.

Onco-anaesthesia is becoming an increasingly recognised subspecialty due to the unique challenges' cancer patients present and there is growing body of evidence to suggest that anaesthetists may have the opportunity to positively influence oncological outcomes, with potential for disease modification.

Surgery and pain induce stress and inflammatory responses that have radical effects on cellular and systems physiology, extending well beyond the time of surgery. The impact of anaesthesia on cancer recurrence is a topic of ongoing research and debate. While there is no definitive consensus at this time, several studies have explored the potential relationship between anaesthesia and cancer recurrence. While the exact mechanisms are not fully understood, several factors have been proposed that could potentially influence cancer recurrence in relation to anaesthesia including immune system modulation, inflammatory response and tumor angiogenesis.

SYMPOSIUM 5 - Peri-Operative Medicine

SAVE BLOOD, SAVE LIVES

Isqandar Adnan

Universiti Teknologi MARA, Selangor, Malaysia

Blood transfusions are NOT without risks. It comes with a wide range of spectrum in terms of complications, adverse events, and hazards. Patient Blood Management (PBM) has described various courses of action to further improve clinical blood transfusion practices. New terms such as "*restrictive transfusion strategy*" and "*bloodless surgery*" are gaining popularity locally and have already been accepted worldwide. Anesthetists play a pivotal role in managing patients perioperatively and in intensive care settings. Evidence-based medicine in conjunction with judicious clinical judgement will ensure optimal and best practice for our patients. Implementation of PBM will become an instrument to achieve reduction of blood transfusion. Small changes in our clinical practice will catapult huge impact on patient's outcome. Therefore, the decision to transfuse must be weighed against the benefit and risk by clinician incessantly.

SYMPOSIUM 5 - Peri-Operative Medicine

HONORING ADVANCED DIRECTIVES IN THE PERI-OPERATIVE SETTING

Fong Kean Khang

Hospital Queen Elizabeth Kota Kinabalu, Sabah, Malaysia

Advanced Directives (AD) are documents that allow individuals to express their treatment preferences and end of life decisions in advance, ensuring their autonomy and dignity are respected. Honouring ADs in the peri-operative setting is a complex and ethically significant issue. This talk explores the practical clinical aspects, medicolegal aspects as well as the ethical dilemmas that may arise when encountering ADs in the peri-operative setting. Balancing the ethical obligation to respect patient autonomy with the duty to provide appropriate care can be very challenging particularly in cases where ADs conflict with clinical judgement or raise concerns about potential harm. Understanding some legal aspects will help Anaesthesiologists navigate this complex landscape while maintaining an individualized and patient-centred approach.

SYMPOSIUM 6 - Cardiac Anaesthesia

HEMODILUTION & HEMOCONCENTRATION ON COAGULATION DURING CARDIAC SURGERY

Tae-Yop Kim

Konkuk University Medical Center, South Korea

Hemodilution and hemoconcentration are frequently associated with cardiac surgery employing cardiopulmonary bypass (CPB).

In acute normovolemic hemodilution (ANH), whole blood is withdrawn and replaced by substituting IV fluid before the event of major bleeding. The ANH-induced dilution of all blood components would affect the coagulation profile by diluting the pro-coagulants and anti-coagulants in the plasma and its net impact on coagulation would be determined by the degree of hemodilution and the balance of pro-coagulants and anti-coagulants. The degree of hemodilution, the amount of collected blood, usually 1 to 3 units, should be carefully adjusted considering the patient's reserve and the amount of expected intraoperative bleeding.

The withdrawn and collected blood in ANH can be devoid of the undesirable effects of systemic heparinization and inflammatory events inevitable in cardiac surgery with CPB. The withdrawn blood is rich in RBC, platelet, and other plasma components, and its reinfusion at the end of surgery would improve coagulation performance.

Applying CPB dilutes all blood components and its impact on coagulation is very complex: it dilutes antithrombin (AT); but it increases thrombin activity resulting in prothrombotic status.¹ Furthermore, systemic heparinization for CPB strongly enhances AT activity. The volume and characteristics of CPB priming fluids are also important factors in determining the degree of hemodilution and coagulation performance.²⁻⁴ Intra-operative and post-operative use of HES 130/0.4 did not increase the risks of acute kidney injury (AKI) and dialysis after cardiac surgery,^{5,6} and a lower dose of HES (<30 mL/kg) reduced the AKI incidence.⁶ However, HES-induced coagulation disorder is still problematic.⁷

Retrograde autologous priming (RAP) is beneficial in attenuating the degree and impact of CPB-induced hemodilution.⁸ Ultrafiltration (UF) is the procedure to remove free water and attenuate CPB-induced hemodilution. However, it is not easy to predict the impact of UF on coagulation profiles because of the complexity of various factors, including the volume of removed free water, the baseline coagulation status before applying UF, and the changes in the net balance of pro-coagulants and anti-coagulants.

Intraoperative cell salvage reduces overall blood loss during cardiac surgery, but applying more cycles of the cell salvage and washing process can induce a greater loss of plasma components. Using lyophilized plasma factors reduces the incidence and degree of hemodilution cardiac surgery: prothrombin-complex concentrates and fibrinogen concentrates may be superior to FFP and cryoprecipitate in avoiding the dilution of other blood components and reducing the risk of RBC and platelet transfusion in cardiac surgery.^{9,10}

REFERENCES

1. Sniecinski R, et al. Antithrombin deficiency increases thrombin activity after prolonged cardiopulmonary bypass. *Anesth Analg*. 2008;**106**:713-8
2. Sun BC, et al. The Unintended Consequences of Over-Reducing Cardiopulmonary Bypass Circuit Prime Volume. *Ann Thorac Surg*. 2017;**103**:1842-8
3. Argiriadou H, et al. Minimal invasive extracorporeal circulation preserves platelet function after cardiac surgery: a prospective observational study. *Perfusion*. 2020;**35**:138-44
4. Argiriadou H, et al. Minimal invasive extracorporeal circulation preserves coagulation integrity. *Perfusion*. 2022;**37**:257-65
5. Vives M, et al. Modern hydroxyethyl starch and acute kidney injury after cardiac surgery: a prospective multicentre cohort. *Br J Anaesth*. 2016;**117**:458-63
6. Datzmann T, et al. Influence of 6% Hydroxyethyl Starch 130/0.4 Versus Crystalloid Solution on Structural Renal Damage Markers After Coronary Artery Bypass Grafting: A Post Hoc Subgroup Analysis of a Prospective Trial. *J Cardiothorac Vasc Anesth*. 2018;**32**:205-11
7. Schramko A, et al. Hydroxyethylstarch and gelatin solutions impair blood coagulation after cardiac surgery: a prospective randomized trial. *Br J Anaesth*. 2010;**104**:691-7
8. Stammers AH, et al. The effectiveness of acute normovolemic hemodilution and autologous prime on intraoperative blood management during cardiac surgery. *Perfusion*. 2017;**32**:454-65
9. Roman M, et al. Prothrombin Complex Concentrate in Cardiac Surgery: A Systematic Review and Meta-Analysis. *Ann Thorac Surg*. 2019;**107**:1275-83
10. Biancari F, et al. Comparative Analysis of Prothrombin Complex Concentrate and Fresh Frozen Plasma in Coronary Surgery. *Heart Lung Circ*. 2019;**28**:1881-7

SYMPOSIUM 6 - Cardiac Anaesthesia

MANAGEMENT OF HEART TRANSPLANTED PATIENTS IN SUBSEQUENT NONCARDIAC SURGERY

Davy Cheng

The Chinese University of Hong Kong, Shenzhen, China

Objectives:

1. The current demands and characteristics of heart transplanted patients
2. Management of heart transplanted patients in subsequent noncardiac surgery
3. Complications and outcomes of subsequent noncardiac surgery after heart transplant

HOW TO INTERPRET THROMBOELASTOMETRY LIKE AN EXPERT

Klaus Gorlinger

University Hospital Essen, Germany

Thromboelastometry (ROTEM) algorithms are based on a multi-assay approach which allows for precise diagnosis of coagulopathic bleeding in several diagnostic steps within 10-15 minutes.

Step 1

Detection of clinically relevant bleeding after heparin-reversal by protamine with the need for a hemostatic intervention. Don't treat numbers in non-bleeding patients!

Step 2

Check body temperature (avoid hypothermia), pH, BE, lactate, Hb, and Ca_i^{2+}

Step 3

Check for hyperfibrinolysis and the need for tranexamic acid in addition to the local protocol.

Step 4

Check for residual heparin or protamine overdose by INTEM/HEPTEM CT-ratio in case of bleeding and prolonged ACT.

Step 5

Check for fibrinogen deficiency and fibrin polymerization disorders with FIBTEM and EXTEM A5.

Step 6

Check for thrombocytopenia and platelet dysfunction with EXTEM and FIBTEM A5 (PLTEM A5). Consider additional platelet function testing, particularly in case of preop dual antiplatelet therapy or long cardiopulmonary bypass time.

Step 7

Check for thrombin generation issues in the extrinsic pathway with EXTEM CT. In case of hypofibrinogenemia replace fibrinogen first and reassess EXTEM CT afterwards since EXTEM CT is most often normalized after the treatment of hypofibrinogenemia.

Step 8

Check for thrombin generation issues in the intrinsic pathway with INTEM and HEPTEM CT. Again, treat hypofibrinogenemia first and reassess afterwards in case of ongoing bleeding before transfusing plasma.

Step 9

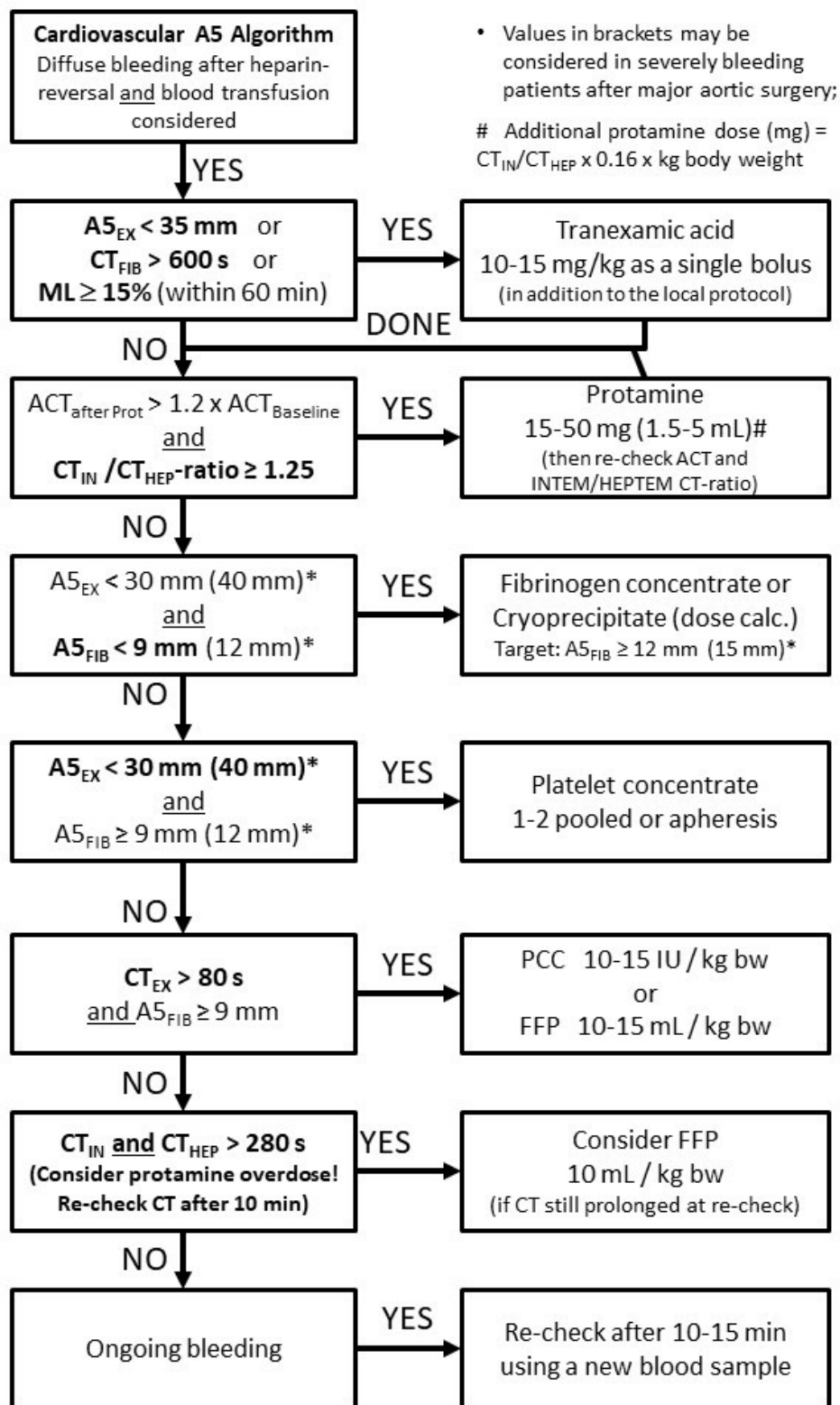
Re-check for surgical bleeding if coagulopathy cannot be confirmed by ROTEM. RE-check ROTEM with a new blood sample if bleeding continues after the therapeutic intervention.

Step 10

Specific algorithms are available for pediatric cardiac surgery and major aortic surgery.

REFERENCE

Görlinger K, et al. The role of evidence-based algorithms for rotational thromboelastometry-guided bleeding management. *Korean J Anesthesiol.* 2019 Aug;**72**(4):297-322



SYMPOSIUM 7 - Research Updates

CLINICAL EXPERIENCE WITH REMIMAZOLAM FOR GENERAL ANAESTHESIA IN JAPAN

Shigeki Yamaguchi

Dokkyo Medical University, Japan

Remimazolam was firstly approved in Japan, for general anesthesia in adult patients. Remimazolam is a new drug innovation in anesthesia. It combines the properties of two unique drugs already established in anesthesia - remidazolam and remifentanil. Remimazolam acts on GABA receptors like midazolam and has organ-independent metabolism like remifentanil. Briefly, features of remimazolam are as following; 1) ultra short-acting, 2) induces sedation with a rapid onset and rapid offset, 3) short context-sensitive half time after continuous infusion, 4) metabolized by widespread tissue esterase, 5) inactive metabolite, 6) low liability for respiratory and cardiovascular depression, 7) availability of a reversal agent (flumazenil), 8) short half life-time (48 to 49 minutes) and almost same as flumazenil (50 minutes), 9) wide safety, 10) benign toxicology profile, 11) low or absent drug-drug interaction potential. Therefore, remimazolam has a potential as a valuable adjunctive sedative-hypnotic agent all over the world in near future. In this symposium, I would like to show the data about efficacy and safety of remimazolam versus propofol for general anesthesia: a multicenter, single-blind, randomized, parallel-group, phase IIb/III trial in Japan and introduce my current experiences in clinical settings to all in Malaysian Society of Anaesthesiologists and College of Anaesthesiologists.

SYMPOSIUM 7 - Research Updates

BASIC RESEARCH ABOUT THE CAROTID BODY AND GLOMUS CELLS AT JOHN HOPKINS

Shigeki Yamaguchi

Dokkyo Medical University, Japan

Systemic hypoxia, which anesthesiologists wish to avoid, is a potentially lethal situation for the patient. During systemic hypoxia the carotid body, a primary sensory organ for arterial hypoxia, sends a message to the central nervous system and induces various responses in the cardiovascular, respiratory, renal, and endocrine systems. The carotid body is located where the common carotid artery bifurcates into the internal and external carotid arteries. The location is very close to the carotid sinus baroreceptor region. The carotid body has a distinct and global structure, with some variations. It senses the changes in oxygen, carbon dioxide, and pH in the arterial blood. Parenchymal cells of the carotid body are the glomus cells, the putative chemosensory cells, and the sheath cells that are glia-type. Glomus cells have a round nucleus and abundant cytoplasm. They group together and are surrounded by sheath cells. The groups of glomus cells and sheath cells, called glomeruli, are separated by connective tissue and blood vessels. Glomus cells, which releases neurotransmitters in response to hypoxia, are considered to be a major chemosensory element. In this seminar, I would like to review my experiences of basic research on the carotid body and glomus cells, which I performed under two mentors, Profs. Shirahata and Fitzgerald, who dedicated their lives to the study of the carotid body, while studying at the Johns Hopkins University (Baltimore, US).

SYMPOSIUM 7 - Research Updates

ANAESTHESIA RESEARCH IN MALAYSIA: IS IT FOR EVERYONE?

Wan Fadzlina Wan Muhd Shukeri

Universiti Sains Malaysia, Kelantan, Malaysia

Research is possible and important in all fields, but is it for everyone in the field of anaesthesia in our local Malaysian setting? This lecture aims to provide an insight into the status of anaesthesia research in Malaysia and why does it matter. It then covers the potential areas that can be explored and how the local anaesthesiologists can help with research considering our context. By the end of this lecture, it is hoped that everyone is spirited to take up the challenge to improve anaesthesia research in Malaysia.

SYMPOSIUM 8 - Critical Care

REVISITING THE PRINCIPLES OF ANTIBIOTIC USE IN THE ICU

Fong Kean Khang

Hospital Queen Elizabeth Kota Kinabalu, Sabah, Malaysia

This talk will highlight the unique challenges and the key principles of antibiotic therapy in the ICU to optimize patient outcomes while mitigating the emergence of antibiotic resistance. Given the high prevalence of multi-drug resistant organisms and the urgency of treating life-threatening infections, early and appropriate antibiotic therapy is essential. This needs to be guided by local antibiotic susceptibility patterns, individual patient factors and other techniques such as biomarkers. There is also a need to strategize dosing methods based on pharmacokinetic and pharmacodynamic considerations in the critically ill population. Another essential consideration is the principle of de-escalation to reduce the risk for resistance development and reduce the adverse effects caused by broad-spectrum antibiotics. The implementation of antibiotic stewardship programmes in the ICU will also reduce unnecessary antibiotic use while optimizing the use of this valuable resource.

SYMPOSIUM 8 - Critical Care

IDENTIFYING HIGH RISK SURGICAL PATIENTS

Sophia Chew

Singapore General Hospital, Singapore

Annually, it is estimated that more than 300 surgical procedures are performed worldwide. With a rapidly aging population, this number is expected to grow and patients that present for surgery have increased comorbidities and risks. While there has been marked advances in surgery and anaesthetic care, perioperative morbidity and mortality remains an issue in a subset of high risk surgical patients.

Early recognition of the high risk surgical patient is crucial in ensuring shared decision making, optimising perioperative management and to mitigate perioperative morbidity and mortality

Perioperative risk stratification is a complex interplay of patient, surgical, anaesthetic and perioperative factors. Numerous tools can be utilized to identify high risk surgical patients which include risk scores, biomarkers, assessment of frailty and functional capacity. Intraoperative hemodynamic parameters provide further indicators to identify patients at risk of poor postoperative outcomes.

Dynamic risk stratification tools utilizing machine learning algorithms are now increasingly utilized for surgical risk assessment and forecasting of adverse events. Integration of continuous monitoring and the availability of online, real-time data tracking in future can add to the armamentarium for early detection of the high risk surgical patient and allow for speedy targeted interventions which could mitigate the high risk in these patients.

SYMPOSIUM 8 - Critical Care

CRITICAL CARE FOR THE ELDERLY

Mohd Basri Mat Nor

International Islamic University Malaysia, Kuala Lumpur, Malaysia

There is ongoing demographic ageing and increasing population longevity, with previously devastating and often-fatal diseases now transformed into chronic conditions. This is turning multi-morbidity into a major challenge in critical care. After many years of research and innovation, mainly in geriatric care, the concept of multi-morbidity now requires fine-tuning to support decision-making for patients along their whole trajectory in healthcare, including in the intensive care unit. Without a robust framework for evidence-based medicine, being vigilant and implementing a comprehensive, e.g. geriatric, model of care are currently the most pragmatic ways of dealing with the uncertainties of managing multi-morbidity in ICU patients. There is currently no international recommendation for the admission or treatment of critically ill older patients over 80 years of age in the ICU, and there is no valid prognostic severity score that includes specific geriatric assessments. The VIP project studies a subgroup of patients ≥ 80 years, the oldest old, since both ICU mortality and morbidity are increased with advanced age. The VIP2 study group conducted a study that assessed the differences in outcomes between nonagenarian and octogenarian ICU patients. They included 7900 acutely admitted older critically ill patients from two large, multinational studies. The primary outcome was 30-day mortality, and the secondary outcome was ICU mortality.

PROBLEM-BASED LEARNING 2

UPDATES ON ANAESTHESIOLOGY POST-GRADUATE PROGRAMME

Noorjahan Haneem Md Hashim

¹Universiti Malaya, Kuala Lumpur, Malaysia

²Universiti Malaya Medical Centre, Kuala Lumpur, Malaysia

The aim of this workshop is to help budding anaesthesiologists chart their career plans in Anaesthesiology. At the end of this workshop, young practitioners will identify the knowledge, skills and professional behaviours required to transition into the discipline and develop a personalised professional development plan for entry into the National Anaesthesiology training programme.

PLENARY 3

THE BEST THINKING IS RETHINKING - UNDERSTANDING THE DIFFERENT CIRCULATION PHENOTYPES TO GUIDE ADVANCED HAEMODYNAMIC MANAGEMENT

Laurence Weinberg

Austin Health, Melbourne, Australia

This lecture will argue that the overarching principle of the perioperative haemodynamic management is to define the patients' circulation phenotype i.e., their unique and distinctive ventricular (i.e., stroke volume) and vascular (i.e., systemic elastance) contributions to their blood pressure, before and throughout surgery. This unique and individualised approach allows the clinician to defend the patient's distinct individual "physiological zone". In turn, this allows a rapid assessment of the causes of any perioperative haemodynamic perturbations and allows the rational administration of vasopressors and fluid therapies to re-establish the patient normal "physiological" zone.

SYMPOSIUM 9 - Professionalism

PRIORITIZING WELLBEING: EXAMINING ITS SIGNIFICANCE FOR INDIVIDUALS AND ORGANIZATIONS

Maryam Budiman

Hospital Canselor Tuanku Muhriz UKM, Kuala Lumpur, Malaysia

The talk on 'Prioritizing Wellbeing of Anaesthetists' aims to highlight the challenges faced by anaesthetists, including stress, burnout, frustration, depression and disengagement. This will be done through the presentation of study results and people's experience. The implication of these issues primarily affect work quality, professional conduct, and patient safety. Additionally, several frameworks for fostering 'joy at work' will be explained.

SYMPOSIUM 9 - Professionalism

PROFESSIONALISM IN OUR DAILY COMMUNICATION: ARE WE THERE YET?

Rafidah Atan

Universiti Malaya Medical Centre, Kuala Lumpur, Malaysia

As health practitioners, we are required to uphold professional behaviour at its highest level including during our daily communications. Unfortunately, perpetrators fail to realise that certain communication styles are no longer acceptable. How do we demonstrate professionalism in our daily communications? Do we recognise when this is breached?

SYMPOSIUM 10 - Thoracic Anaesthesia

MANAGEMENT OF CHALLENGING AIRWAY IN THORACIC SURGERY

Young Jun Oh

Yonsei University, School of Medicine, South Korea

Precise lung isolation technique is essential for thoracic surgeries to create a safe and clear surgical field. Regarding the challenging airway in thoracic anesthesia, we need to divide this issue into following three parts, glottis, tracheobronchial tree and lung parenchyma. Recently, diverse airway securing devices such as videolaryngoscope, Frova intubating introducer, tube exchanger can be used to secure emergency airway in challenging cases. Also, single-cuffed bronchial blocker (BB), double-cuffed BB, conventional double-cuffed double-lumen endobronchial tube (DLT), camera-embedded DLT, triple-cuffed DLT have been developed specified as specified airway devices for lung isolation itself. Therefore, anesthesiologist should be familiar with those devices to use them for successful lung isolation in each challenging situation.

In addition, thorough evaluation of preoperative radiologic studies including multiple chest CT scan view is the mandatory for successful airway securement in thoracic anesthesia. A grossly distorted tracheobronchial tree as evidenced on a CT scan favours the use of BBs as lung isolation devices instead of DLT. And also, anesthesiologist and surgeon have to communicate a lot about exact surgical plan each other preoperatively.

SYMPOSIUM 10 - Thoracic Anaesthesia

ENHANCED RECOVERY AFTER THORACIC SURGERY

Suraphong Lorsomradee

Chiang Mai University Hospital, Thailand

Enhanced Recovery After Surgery (ERAS) protocols have revolutionized postoperative care in various surgical specialties, including thoracic surgery. This lecture focuses on the application of ERAS principles specifically in the context of thoracic surgery, aiming to improve patient outcomes, reduce complications, and enhance recovery. Key elements of an ERAS pathway, such as preoperative optimization, minimally invasive techniques, multimodal pain management, early mobilization, and nutrition optimization, will be discussed. Attendees will gain insights into evidence-based strategies to implement ERAS protocols effectively and promote enhanced recovery in thoracic surgery patients.

PLENARY 4

GLOBAL PRIORITIES FOR ANAESTHESIOLOGY IN THE POST-COVID ERA

Wayne Morriss

¹World Federation of Societies of Anaesthesiologists

²Christchurch Hospital, University of Otago, Christchurch, New Zealand

The World Federation of Societies of Anaesthesiologists (WFSA) is a unique global alliance of 134 societies representing anaesthesiologists in 145 countries. Our mission is to “unite and empower anaesthesiologists around the world to improve patient care”.

The COVID-19 pandemic has had a massive impact on our profession and the patients we care for. Essential health services have been disrupted across the globe, and there is now a large backlog of patients requiring surgical care. Workforce wellbeing continues to be a major issue in many countries.

What are the global priorities for our profession in the post-COVID era? In early 2023, WFSA reviewed its strategic priorities for the next 5 years and *WFSA Strategy 2023-2028*¹ has recently been shared with our Member Societies around the world.

During 2023-2028, WFSA will:

- Champion the vital role of anaesthesiologists in global and planetary health.
- Strengthen Member Societies and enhance professional networks.
- Advance anaesthesiologist leadership within healthcare.
- Work with Member Societies to ensure a well-trained and resilient workforce.
- Improve safety and quality in anaesthesiology.

Advocacy, education, and collaboration underpin these strategic priorities.

Examples of WFSA’s activities include:

- Advocacy at the World Health Assembly.
- More frequent World Congresses.
- Leadership training and fellowships.
- Educational resources such as Anaesthesia Tutorial of the Week.
- Subspecialty short courses.
- Dissemination of the International Standards for a Safe Practice of Anaesthesia.

I look forward to seeing you at the 18th World Congress of Anaesthesiologists in Singapore on 3-7 March 2024 (www.wca2024.com)

REFERENCES

1. https://wfsahq.org/wp-content/uploads/WFSA-Strategy-2023-28_final.pdf²

SYMPOSIUM 11 - Pain Management

OPIOID THERAPY FOR CHRONIC PAIN IN JAPAN

Shigeki Yamaguchi

Dokkyo Medical University, Japan

Pain is defined as an unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage. The self-medication theory of drug addiction suggests that use develops as a way of coping with specific types of emotional pain in the absence of adequate solutions and meaningful social relationships. Everybody can understand that opioid analgesics are the link between both pathologies. In Japan, as the indications for the use of opioid analgesics has expanded, some of patients suffering from opioid use disorder has become a situation that cannot be ignored. Most of the opioid use disorder cases are iatrogenic syndromes in Japan. Behind opioid use disorder as an iatrogenic syndrome, there is an exaggerated belief that “pain should not be caused” and “it is the patient’s right to obtain pain relief,” and easy prescription of opioid analgesics. This medical over-interference is what has created opioid use disorder. Without understanding the complex feature of pain and the feature of opioid analgesics as a wild horse, society as a whole has fallen into the trap of thinking that opioid analgesics, which are stronger painkillers, are the easy way to relieve severe pain. It is now recalled that pain relief became a priority, resulting in the easy prescription of opioid analgesics. In this symposium, I will outline the history, contents, and directions of the development of our guidelines ‘Guidelines for prescribing opioid analgesics for chronic non-cancer pain’, for preventing opioid use disorder as an iatrogenic syndrome in Japan.

SYMPOSIUM 11 - Pain Management

IS PSYCHOTHERAPY BENEFICIAL FOR ACUTE PAIN?

Lenny Ng

St George’s Hospital, London, United Kingdom

In the UK, the use of psychological therapies is becoming increasingly embedded in various areas of clinical practice, eg in chronic pain, major trauma, cancer, haematology (sickle -cell), renal, diabetes, dermatology, bariatric and HIV care. Acute pain is a complex biopsychosocial phenomenon, with psychological factors fundamental to the perception, experience and consequences of pain.

Surgically, those with psychological risk factors are more likely to experience severe acute post-operative pain, excessive opioid analgesic use in hospital, the development of chronic post-surgical pain and a longer length of stay (LOS) in hospital after surgery. In addition, those with chronic non-malignant pain may have repeated hospital admissions with exacerbations of pain. Major trauma patients who have experienced a life-threatening event may go on to develop post-traumatic stress disorder.

Psychological interventions are effective in reducing pain, disability, distress and catastrophic thinking, therefore it is clear that there is a role for a psychologist as a member of the multidisciplinary inpatient pain service (IPS).

One outcome measure of effectiveness of this intervention is to measure patient LOS in hospital. A large hospital in the North West of England published their data showing a 59.7% decrease in hospital admissions and 84% drop in mean hospital stay in the 12 months following psychological intervention. Furthermore, a UK-wide national audit concluded that the inclusion of a psychologist as part of the IPS was associated with a reduction in the median LOS from 10 to 6 days, therefore saving approximately 960 bed days a year per hospital- potentially representing a gross saving of £315,000 per annum.

CURRENT UPDATES ON REGIONAL ANAESTHESIA FOR TOTAL KNEE ARTHROPLASTY

Michael Beh Zhi Yuen

Gleneagles Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

Total knee arthroplasty (TKA) is associated with significant postoperative pain, and effective pain control affects postoperative rehabilitation and long-term outcomes. Based on current evidence, the ICAROS group (International Consensus on Anaesthesia-Related Outcomes after Surgery) in 2021 strongly recommend the use of peripheral nerve block (PNB) for patients undergoing TKA. In fact, current practice trending for pain management after TKA worldwide is using multimodal anaesthetic and analgesic approach with regional anaesthesia become the mainstay in the multimodal strategy. Recent editorials also talked about using postoperative pain trajectories to define the role of regional analgesia in personalized pain medicine. Different surgeries have different pain trajectories and so anesthesiologists must provide each patient with the right intervention at the right time for the right duration. The regional anesthetic technique and local anesthetic chosen should match the predicted pain trajectory of the surgery. Likewise, for TKA, the PNB strategy shall also be personalized according to patient and surgeon's factors in the enhanced recovery setting. We examine the current recommendation of various PNB techniques for TKA by the PROSPECT (PROcedure SPECific Postoperative Pain Management) Working Group in 2022, with some recent add-on evidences for the newbie blocks such as IPACK, genicular nerve blocks. The controversial of utilizing femoral nerve block or adductor canal blocks are further expound and lastly, the application of the guideline recommendation in local setting.

REFERENCES

1. Lavand'homme PM, Kehlet H, Rawal N, Joshi GP; PROSPECT Working Group of the European Society of Regional Anaesthesia and Pain Therapy (ESRA). Pain management after total knee arthroplasty: PROcedure SPECific Postoperative Pain Management recommendations. *Eur J Anaesthesiol.* 2022 Sep 1;**39**(9):743-757. doi: 10.1097/EJA.0000000000001691
2. Memtsoudis SG, et al. *Reg Anesth Pain Med* 2021;**46**:971-985. doi:10.1136/rapm-2021-102750
3. Schreiber KL, Muehlschlegel JD. Personalization over Protocolization. *Anesthesiology.* 2021 Mar 1;**134**(3):363-365. doi: 10.1097/ALN.0000000000003695
4. Chitnis SS, Tang R, Mariano ER. The role of regional analgesia in personalized postoperative pain management. *Korean J Anesthesiol.* 2020 Oct;**73**(5):363-371. doi: 10.4097/kja.20323
5. Woodworth GE, Arner A, Nelsen S, Nada E, Elkassabany NM. Pro and Con: How Important Is the Exact Location of Adductor Canal and Femoral Triangle Blocks? *Anesth Analg.* 2023 Mar 1;**136**(3):458-469. doi: 10.1213/ANE.0000000000006234

SYMPOSIUM 12 - Regional Anaesthesia

ROLE OF REGIONAL ANAESTHESIA (RA) IN PERSISTENT (CHRONIC) POST-SURGICAL PAIN (CPSP)

Azrin Mohd Azidin

Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

BACKGROUND: Over the years, emerging RA options from paravertebral to multitudes of novel ultrasound guided inter-fascial plane blocks, had gained recognition and found their way into mainstream worldwide practice. These various alternative techniques have their own niche and documented successes and some, have shown reliability and clinical consistency as the epidural technique, which is considered the 'Gold Standard' for comparison.

POTENTIAL ROLE OF RA: Regional Anaesthesia, either neuraxial or peripheral nerve blocks, play a key role in the prevention of CPSP by modulating pain pathway signaling created by surgical incision. Local anesthetics have anti-inflammatory properties which have been shown to curtail sensitization, reduce ectopic firing of neurons, weaken cytokines expression and impair neutrophil priming. RA techniques reduces neural firing to the spinal cord, supraspinal and cortical nociceptive centers. Multiple studies (*Terkawi 2015, Hussain 2018*) have shown temporal benefits, in terms of reducing incidence of progression to chronic pain at 6 months with moderate quality level of evidence, which may also be discernible at 12 months (*Kairaluoma 2006, Ilfeld 2015*).

CONCLUSION: RA techniques, offer moderate to high quality level evidence in terms of immediate perioperative benefits which is an apparent independent factor in reducing progression to chronic pain. Evidence in the use of newer inter-fascial plane blocks remain encouraging, but for now are only limited to proven immediate perioperative benefits. Further sharing of experience and research into long term effects remain an area where future emphasis should be focused upon.

SYMPOSIUM 12 - Regional Anaesthesia

REGIONAL ANAESTHESIA FOR ERAS

Mohd Fakhzan Hassan

Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

Enhanced Recovery After Surgery (ERAS) was evolved since it first started in a new millennium. One of the major component in ERAS is the pain management. It started with the use of opioids intrathecally to minimise the use of morphine as part of regional anaesthesia. As per now ERAS move towards using zero opioids. Over the past few years, we see that there is a surge in the regional anaesthesia technique (Peripheral nerve block) performed. Many new peripheral nerve techniques has also been discovered. Studies showed that the peripheral nerve block play an important role in the multi-model approach of the pain management for acute pain. With regards to this, are there any benefits of using regional anaesthesia techniques in the ERAS to replace opioids?

SYMPOSIUM 14 - Ultrasound in Anaesthesia

AN OVERVIEW ON THE EVOLUTION OF THE PERIOPERATIVE ULTRASOUND SYSTEM

Shahridan Mohd Fathil

Gleneagles Hospital Medini, Johor, Malaysia

Point-of-Care Ultrasound (POCUS) for the Anaesthesiologist has evolved from guidance for vascular access and regional anaesthesia, and transoesophageal echocardiography to airway ultrasound, lung ultrasound, focused transthoracic echocardiography, Focused Assessment with Sonography for Trauma (FAST), shock protocols, vena cava scan for volume status, compression sonography for detection of deep vein thrombosis, optic nerve sheath diameter scan etc.

The ultrasound machine has now evolved from cart-based systems at fixed location to potable units. More recently handheld systems are now available for the ultrasound enthusiasts. These systems are either purpose built or can convert the smart phones into ultrasound monitors.

Artificial Intelligence has also been incorporated into newer POCUS systems, assisting the operator with procedure guidance, quantification of pathologies, calculation of indexes etc.

POCUS is now an essential tool in the armamentarium of the modern anaesthesiologist.

SYMPOSIUM 14 - Ultrasound in Anaesthesia

POCUS AS AN ESSENTIAL ARMAMENTARIUM OF THE MODERN ANAESTHESIOLOGIST

Ahmad Afifi Mohd Arshad

Hospital Sultanah Bahiyah, Kedah, Malaysia

Point-of-Care Ultrasound is a bedside clinical examination using ultrasound to look for answers to various symptoms or signs indicating possible underlying problems. Enhanced clinical decisionmaking is obtained through a structured, systematic approach to insonated organs or systems, bearing in mind a specific pattern of abnormal echogenic manifestation of organs or pathologic artefacts from particular imaging of the body system.

Take Focused Assessment with Sonography in Trauma (FAST) as an example; it has evolved over the past 20 years from the extensive applications by surgical and emergency trauma teams into an extended FAST (EFAST) that involves insonation of the chest to assess for compression (pneumothorax), leaking (hemothorax) or tamponade. And we realize now that FAST/EFAST is just a sliver of the full scope.

We developed the skills of US-guided peripheral nerve blocks for regional anaesthesia and US-guided vascular access in no time. Natural selection enthralled the 'regionalists' to set sail on POCUS of other systems. The history of perioperative POCUS on our shore attests to this premise. Five major systems are the main focus of perioperative POCUS; the airway & prandial scan, the lung scan, the cardiac scan, the vascular scan and the regional blocks scan are the essence of POCUS in modern anaesthesiologists' practice.

The brief discussion would elaborate on the impact of perioperative POCUS use and indications within the framework of I-AIM (Indication, Acquisition, Interpretation and Management) to seamlessly integrate POCUS into the modern anaesthesia practice.

SYMPOSIUM 14 - Ultrasound in Anaesthesia
TRAINING AND CREDENTIALING IN ULTRASOUND

Hasmizy Muhammad
Sarawak Heart Centre, Sarawak, Malaysia

The role of ultrasound in the fields of anaesthesiology and intensive care is continually evolving, from focused ultrasound such as airway, vascular access, regional anaesthesia, critical care, and perioperative surgery to comprehensive ultrasound by using Transoesophageal Echocardiography in cardiac surgery. The increased use of ultrasonography has raised many concerns relating to the competency and training of the operators.

In Malaysia, ultrasound training for anaesthesiology and intensive care is formally provided by subspecialties such as Cardiac Anaesthesia or Regional Anaesthesia; the universities for their post-graduate students; and societies such as the College of Anaesthesiologists. However, many doctors receive informal in-house ultrasound training during their daily practices.

Formal ultrasound training should include knowledge of ultrasound physics, sonographic anatomy, and application, as well as the ability to demonstrate sonographic and interpretive skills. The trainee should perform at least 20 supervised and 20 additional unsupervised studies of focused ultrasound or 50 supervised and 50 additional unsupervised studies of comprehensive ultrasound.

The availability of trained ultrasound providers remains a major limitation to the implementation of formal ultrasound training in most centers. In addition, they also lack credentialing and quality assurance (QA) assessments for their ultrasound studies. Therefore, specific training and credentialing are required for trainers and trainees in the use of ultrasound in anaesthesiology and intensive care.

The College of Anaesthesiologists should lead in developing ultrasound training and credentialing by providing certification based on trainees' level of competency. Ultrasound training can be achieved through regular classes, symposiums, workshops, online courses, and assessments.

SYMPOSIUM 15 - Airway & Ventilation
VIRTUAL REALITY FOR INTUBATION

Chan Weng Ken
Hospital Canselor Tuanku Muhriz UKM, Kuala Lumpur, Malaysia

This session explores the potential usage of virtual reality (VR) technology for education, training and clinical aid in managing complex airway cases. VR will better guide trainees in securing the airway without harming real patients, exploring various clinical scenarios (instead of using the same mannequin), and learning to utilise computed tomography images for advanced airway mapping in complex cases.

SYMPOSIUM 15 - Airway & Ventilation
ONE-LUNG VENTILATION MADE EASY

Suraphong Lorsomradee
Chiang Mai University Hospital, Thailand

One-lung ventilation (OLV) is a crucial technique employed during thoracic surgeries to facilitate access and optimize surgical conditions. This lecture aims to demystify the complexities associated with OLV and provide a simplified approach to its implementation. The session will cover the underlying principles, indications, and challenges of OLV, along with practical strategies to improve patient outcomes. By emphasizing key concepts, techniques, and troubleshooting tips, this lecture aims to make one-lung ventilation more accessible and manageable for healthcare professionals involved in thoracic surgery.

BIOMED INDUSTRY LECTURE 3
THE EVOLUTION OF LARYNGOSCOPY

Omar Sulaiman
Hospital Sultanah Aminah, Johor, Malaysia

After more than 2000 years of development and medical advancement, we can conclude that airway management is still evolving. For many centuries, wise men struggled to achieve a direct view of the glottis. In the 21st century, it seems that we are, in some ways, back to where it all started. Indeed, there are many published studies concerning different indirect videolaryngoscopes. However, the debate on which one is best isn't over yet. Many studies lack substantial data showing that certain videolaryngoscopes are easier to use and offer a better view when compared to the 'gold-standard' Macintosh-bladed laryngoscope. In airway management, obtaining the best possible view is probably the most important factor. After centuries of development and a multitude of efforts, we believe the end of the journey to find the best possible view is not yet in sight.

PLENARY 6
TRANSFORMING INTO A PROFESSIONAL - MY INSIGHTS

Chan Yoo Kuen
Universiti Malaya, Kuala Lumpur, Malaysia

Professionalism refers to the less well-defined attribute in a provider beyond the acquisition of adequate knowledge and fluency of skills. It encompasses the special attribute that modifies behavior and attitude which drives good high-quality care. This would ultimately benefit not only patients but ease the relationship with colleagues and self.

The components of professionalism differentiate the excellent providers from those where technical skills are emphasized. It embodies attributes that are tacit, and many are best described as non-technical skills in a provider that allows them to perform like a maestro with ease, makes correct and precise decision, prioritize care correctly and communicate these effectively to the relevant stake holders of care.

To arrive at this state of delivery of care, one must train oneself to turn explicit knowledge and skills into implicit or tacit knowledge. This can be done with special focus on the body of knowledge and skills through continued discussion, reflection, and internalization.

Additional attributes of professionalism include the ability to provide care with integrity and empathy, making good accountable decisions in managing our everyday tasks and working as a great team player. These can only be learnt through the variety of roles we play - as a physiologic artist looking after the needs of our patients, a Samaritan, when we treat the patient as a person, a servant in the hospital system and a coordinator in the operation theatre team.

SYMPOSIUM 16 - Obstetric Anaesthesia

AIR EMBOLISM DURING CAESAREAN SECTION

Wardina Shumaima Buntar

Raja Isteri Pengiran Anak Hospital, Brunei

Venous air embolism is responsible for 1 percent of all maternal deaths. The sudden development of hypotension, hypoxia, and a drop in end-tidal CO₂ are typical signs of this condition. Supportive treatment includes flooding the surgical field with normal saline, placing the patient in reverse Trendelenburg with a left-lateral tilt, and discontinuation of nitrous oxide anesthesia. A case of maternal collapse due to suspected air embolism is described, with the clinical course and management reported. Predisposing factors, detection and treatments are discussed.

SYMPOSIUM 16 - Obstetric Anaesthesia

WATCH OUT!! THE PLACENTA ACCRETA SPECTRUM (PAS)

Oraluxna Rodanant

Chulalongkorn University, Thailand

Due to PAS is one of a leading cause of peripartum hemorrhage and maternal mortality which can be lose more than 5000 ml of blood. Current guidelines and best practice evidence for perioperative management with multidisciplinary approach are considered the most important preparations. Multiple attempts try to preserve fertility with the conservative management. Specific considerations for choice of anesthesia in various surgical managements or role of interventional radiology will be the great concern for minimized bleeding together with both maternal and fetal safety.

SYMPOSIUM 16 - Obstetric Anaesthesia

WHY ALL PARTURIENTS ARE VULNERABLE

Chan Yoo Kuen

Universiti Malaya, Kuala Lumpur, Malaysia

Physiologically most women cope well with a growing baby in utero for the 9 months she is pregnant. Whilst the compensatory mechanisms both for the development of the fetus and the survival of the mum during the pregnancy and delivery are more than adequate, there are occasions where these are beyond that of even a healthy parturient.

Providers must be cognizant of the hyper coagulopathy of the mum that nature uses to reduce the risk of bleeding during delivery. This puts the mum at risk of thrombosis around the peri partum period. Similarly, the increased blood flow up to 15% of the cardiac output to the uterus to provide nourishment and growth of the full-term fetus is the bug bear responsible for the special vulnerability that often kills a mum even in the most developed country when she can bleed at the rate of a pint a minute. Parturients with medical conditions of the heart and lungs are particularly vulnerable as they must increase the delivery of oxygen to the fetus and a decompensated cardiopulmonary system cannot avail to the situation.

From the social point of view, poor access to care is frequently the most common reason for the failure of the patient to survive as often her needs can be very immediate. Poor assessment of parturients' needs either by providers or the administrators in a health care system must take much of the blame and poor distribution of resources especially to the marginalized women adds to the burden.

SYMPOSIUM 17 - Anaesthesia Allied Health

STAFFING ISSUES IN PACU

Omar Sulaiman

Hospital Sultanah Aminah, Johor, Malaysia

A post anesthesia care unit or PACU nurse provides critical care to patients in the PACU. Nurses in this critical unit work within the anesthesia department. PACU nurses are charged with the task of monitoring patients in the post-operative phase until they have regained consciousness, have stable vital signs, and meet the PACU discharge criteria. Typically, a PACU nurse will have in-depth knowledge of anesthesia and must also be proficient in managing respiratory instability, cardiac and neurological issues, and hemodynamic. In view of limited nurses in ICU....Anaesthetic Nurse would be alternative to provide critical care to patients? ICU or Anaesthetic Nurse?

SYMPOSIUM 17 - Anaesthesia Allied Health

PREPARATION FOR REGIONAL ANAESTHESIA

Isqandar Adnan

Universiti Teknologi MARA, Selangor, Malaysia

Regional anesthesia consists of infiltrating anesthetic agents to the peripheral nerve facilitating surgical procedure. It is an effective alternative technique to general anesthesia with its own pro and cons. Ultrasound-guided techniques of peripheral nerve blockade have become the gold standard associated with improvements in efficacy, ease of performance and safety. Regional anesthesia plays a major role in perioperative care and acute pain management. Thus, thorough preparation, continuous monitoring & post procedure care is compulsory to ensure success of the procedure.

SYMPOSIUM 17 - Anaesthesia Allied Health

AIRWAY PREPARATION FOR GA ASSISTANTS

Suhaila Nanyan

Kulliyah of Medicine, International Islamic University Malaysia, Malaysia

Intubation is the bread and butter for an anaesthetist in operation theatre (OT). It is performed every day, but this process requires the presence of a competent GA assistant to assist.

Oxford Dictionary defined the word competent as having the necessary ability, knowledge or skill to do something successfully. A competent GA assistant must have knowledge of airway management, should be able to prepare appropriate and well-functioning equipment and be skillful in assisting the anesthesiologists in various situations.

MALESSSS (Mask, Airway, Laryngoscope, ETT, Suction, Stylet, Syringe and Stethoscope) is mnemonic for equipment check prior intubation in normal non-difficult cases. More airway adjuncts are required in anticipated and unanticipated difficult cases such as bougie, supraglottic airway and video laryngoscope.

This presentation hopefully will enhance knowledge of GA assistants to perform their daily duties efficiently and provide comfort to both patient and the anaesthetists.

Before anything else, preparation is the key to success - Alexander Graham Bell.

MSA AWARD / MSA YIA AWARDS

- ID 016 EVALUATION OF PROGNOSTIC PERFORMANCE OF THE BATTERY OF LIFE (BOL) IN COMPARISON TO THE NATIONAL EARLY WARNING SYSTEMS (NEWS) SCORING SYSTEM AMONG PATIENTS IN GENERAL MEDICAL WARD**
Ronny Ikmal Ahmad Kamil¹, Yoo Kuen Chan², Hsui Yang Wong³
¹Universiti Malaya Medical Centre, Kuala Lumpur, Malaysia
²Universiti Malaya, Kuala Lumpur, Malaysia
³The Prince Charles Hospital, Chermside, Brisbane, Australia
- ID 023 THE USE OF NALBUPHINE IN EMERGENCE DELIRIUM AMONG CHILDREN: A SYSTEMATIC REVIEW AND META-ANALYSIS**
Ka Ting Ng¹, Wei En Lim², Wan Yi Teoh³, Mohd Fitry Zainal Abidin¹
¹Universiti Malaya, Kuala Lumpur, Malaysia
²University of Glasgow, United Kingdom
³University of Liverpool, United Kingdom
- ID 053 AN EXPLORATORY STUDY ON THE PREFERENCE OF THE TYPE OF TEACHER FOR MASTER TRAINEES IN ANAESTHESIOLOGY AT DIFFERENT TRAINING LEVELS**
W K Tan¹, Y H Lee², S H Chaw¹, I I Shariffudin¹, N H Md Hashim¹
¹Universiti Malaya, Kuala Lumpur, Malaysia
²University of Aberdeen, Aberdeen, Scotland
- ID 067 ASSESSMENT OF RISK FACTORS AND CORRELATION OF CHARLSON COMORBIDITY INDEX WITH PERIOPERATIVE BLOOD TRANSFUSION IN MAJOR HEPATOBILIARY AND COLORECTAL SURGERY USING A NOMOGRAM IN UKMMC: A RETROSPECTIVE STUDY**
Mohamed Zahir Anverdeen¹, Mohd Faizal Ramli², Nadia Mohd Nor¹, Siti Nidzwani Mohd Mahdi¹, Tan Tse Siang¹, Syarifah Noor Nazihah Sayed Masri¹
¹Department of Anaesthesiology & Intensive Care, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia
²Institut Jantung Negara, Kuala Lumpur, Malaysia
- ID 079 THE EFFECT OF INTRAVENOUS LIGNOCAINE INFUSION ON DESFLURANE REQUIREMENT: A RANDOMISED CONTROLLED TRIAL**
W Matthew¹, S N N Sayed Masri², A Masdar², A M Yusof², C N Yeoh²
¹Hospital Sibu, Sarawak, Malaysia
²Department of Anaesthesiology & Intensive Care, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia
- ID 084 HIGH FLOW NASAL OXYGEN THERAPY IN PREVENTING POST EXTUBATION HYPOXAEMIA AND POSTOPERATIVE PULMONARY COMPLICATIONS: A SYSTEMATIC REVIEW AND META-ANALYSIS**
Jamie Tan Wen Yen¹, Azarinah Izaham¹, Raha Abd Rahman¹, Azrina Md Ralib², Chin Kok Yong¹, Rufinah Teo¹, Muhammad Maaya¹, Aliza Muhammad Yusof¹
¹Department of Anaesthesiology & Intensive Care, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia
²International Islamic University Malaysia, Kuantan, Pahang, Malaysia
- ID 092 EVALUATING BREAKING BAD NEWS SKILLS OF ANAESTHESIOLOGY TRAINEES IN CRITICAL CARE, AFTER A COMMUNICATION SKILLS COURSE**
S F A Lop Ahmad, M Budiman, A Mohamad Yusof, S K Cheah, W R Wan Mat, A Izaham, R Abdul Rahman
Department of Anaesthesiology & Intensive Care, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia

LIST OF BEST E-POSTER (RESEARCH CATEGORY) PRESENTATIONS

- ID 010 PROSPECTIVE OBSERVATIONAL STUDY TO NOTE INCIDENCE OF CORONARY CALCIFICATION ON STANDARD CHEST CT SCAN IN MAJOR ONCOSURGERY AND PERIOPERATIVE OUTCOME**
Vijaya Patil, Niyati Mehta
Tata Memorial Centre and Homi Bhabha National Institute, Mumbai, India
- ID 024 DEXMEDETOMIDINE VERSUS PLACEBO IN RENAL TRANSPLANT: A SYSTEMATIC REVIEW AND META-ANALYSIS**
Ka Ting Ng¹, Wei En Lim², Wan Yi Teoh³, Soo Kun Lim¹, Ahmad Nazran Fadzli¹, Pui San Loh¹
¹*Universiti Malaya, Kuala Lumpur, Malaysia*
²*University of Glasgow, United Kingdom*
³*University of Liverpool, United Kingdom*
- ID 057 EFFECT OF SCALP BLOCK ON INCIDENCE OF PERSISTENT POST CRANIOTOMY HEADACHE IN UNIVERSITY MALAYA MEDICAL CENTRE**
Phang Tih Shyang, Yeap Chun Hong, Jeyaganesh S Veerakumaran, Vairavan Narayanan, Retnagowri Rajandram, Tan Wei Keang
Universiti Malaya Medical Centre, Kuala Lumpur, Malaysia
- ID 072 MALAYSIAN REGISTRY OF REGIONAL ANESTHESIA: INCIDENCE OF MAJOR COMPLICATIONS OVER THE PAST 10 YEARS**
Guna Nesan, Y F Wong, Azrin Mohd Azidin
Hospital Kuala Lumpur, Kuala Lumpur, Malaysia
- ID 082 THE EFFECTIVENESS OF BIOBASE BIOLOGICAL ISOLATION CHAMBER IN CONTAINING AND EVACUATING AEROSOLIZED PARTICLES DURING TRANSPORT OF COVID-19 PATIENTS: A SIMULATION STUDY**
Huzaifah A Wahab¹, S Nidzwani M Mahdi¹, Murnira Othman², M Ikram A Wahab³, Azarinah Izaham¹, Rufinah Teo¹, C N Yeoh¹
¹*Department of Anaesthesiology & Intensive Care, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia*
²*Institute for Environment and Development (LESTARI), Universiti Kebangsaan Malaysia, Bangi Selangor, Malaysia*
³*Center for Toxicology & Health Risk Studies, Faculty of Health Science, Universiti Kebangsaan Malaysia*
- ID 088 A COMPARISON OF HAEMATOCRIT VALUES AFTER CELL SALVAGE REINFUSION IN ON-PUMP AND OFF-PUMP CARDIAC SURGERY**
Hasmizy M¹, Hanafi S¹, Y L Wong¹, S K Khaw²
¹*Sarawak Heart Centre, Sarawak, Malaysia*
²*Royal Papworth Hospital, Cambridge, United Kingdom*
- ID 096 NOVICE REGIONAL ANAESTHESIA PRACTITIONERS SIMULATED TRAINING: WHICH IS BETTER - AUGMENTED REALITY OR TISSUE SIMULATION MODEL?**
M N Mokhtar¹, A Samsudin², A Azizeh², C W Ken³, V Varma², I Khalid³, K W Tan³, A Lim³, M Budiman³, C K Hor⁴, A F Abdul Shokri³, K P Xuan⁵, A Izaham¹
¹*Department of Anaesthesiology & Intensive Care, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia*
²*Department of Anaesthesiology and Intensive Care, Faculty of Medicine, Universiti Teknologi MARA, Shah Alam, Selangor, Malaysia*
³*Department of Anaesthesiology & Intensive Care, Hospital Canselor Tuanku Muhriz, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia*
⁴*Mawar Medical Centre, Seremban, Negeri Sembilan, Malaysia*
⁵*Digital Health Research & Innovation Unit, Institute for Clinical Research (ICR), Shah Alam, Selangor, Malaysia*

LIST OF E-POSTER (CASE REPORT OR SERIES) PRESENTATIONS

- ID 026 CONVULSIONS AND SEVERE BRADYCARDIA DURING LUMBAR EPIDURAL PROCEDURE: THE EXTENT OF VASOVAGAL RESPONSE**
R A Rahman¹, M R A Ghani¹, N A Bahrudin¹, N I Supaat¹, F S A Sukur²
¹Department of Anesthesiology and Intensive Care, Kulliyah of Medicine, International Islamic University Malaysia - Kuantan Campus, Pahang, Malaysia
²KPJ Damansara 2, Kuala Lumpur, Malaysia
- ID 041 BEAUTY IN PAIN**
Mohd Khazrul Nizar Abd Kader, Wan Rahiza Wan Mat, Kanesh Kumar Doraisamy, Low Hsueh Jing, Mohammad Nizam Mokhtar
Department of Anaesthesiology & Intensive Care, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia
- ID 075 VEIN OF GALEN ANEURYSMAL MALFORMATION IN CHILDHOOD COMPLICATED WITH ACUTE PULMONARY EDEMA**
Y T Liow, C L Wong, S P Ng
Department of Anaesthesia & Intensive Care, Penang General Hospital, Pulau Pinang, Malaysia
- ID 080 4 MINUTES RULE IN PERIMORTEM CAESAREAN DELIVERY: IS IT STILL RELEVANT? A CASE SERIES**
Abdul Karim Othman¹, Mohd Nazri Ali², Wan Nasrudin Wan Ismail², Nurul Aimi Mustaffa², Mohd Habibullah Zakaria³, Wan Ahmad Fahmi Wan Abdullah⁴
¹Faculty of Medicine, Kampus Kota, Universiti Sultan Zainal Abidin, Kuala Terengganu, Terengganu, Malaysia
²Hospital Raja Perempuan Zainab 2, Kota Bahru, Kelantan, Ministry of Health Malaysia
³Hospital Sultanah Nurzahirah, Kuala Terengganu, Terengganu, Ministry of Health Malaysia
⁴Hospital Pengajar Universiti Sultan Zainal Abidin, Kuala Nerus, Terengganu, Malaysia
- ID 081 EARLY DETECTION OF EXTRAVASATION OF IRRIGATION FLUID WITH IMMEDIATE REPORT OF SYMPTOMS BY AN AWAKE PATIENT UNDERGOING ARTHROSCOPIC ROTATOR CUFF REPAIR UNDER INTERSCALENE BRACHIAL PLEXUS BLOCK: A CASE REPORT**
Dong Hyuck Kim, Jonghae Kim, Youngjin Cho
Department of Anesthesiology and Pain Medicine, Daegu Catholic University School of Medicine, Daegu, Republic of Korea

LIST OF POSTER PRESENTATIONS

- ID 004 DIFFUSE ALVEOLAR HAEMORRHAGE (DAH): DANGER OF HYALURONIC ACID BREAST FILLER AUGMENTATION**
Ning Hui Chong, Muhammad Bakar, Mohamad Helmi Mohamad Yusof, Jegadeesh Kumar Borah, Kai Lun Tan, Christine Swee Zhu Koay, Ying Yi Kim, Jin Chew Chin, Amelia Mohamed Ain, Khadijah Zulkifli
Hospital Sultan Abdul Halim, Sungai Petani, Kedah, Malaysia
- ID 006 EVALUATION OF SURGICAL CONDITION DURING LAPAROSCOPIC GYNAECOLOGICAL SURGERY IN PATIENT WITH MODERATE VS DEEP NEUROMUSCULAR BLOCK IN LOW PRESSURE PNEUMOPERITONEUM**
U Esa¹, R H M Zaini¹, A A Omar²
¹Department of Anaesthesiology and Intensive Care, School of Medical Sciences, Health Campus, Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia
²Department of Obstetrics and Gynaecology, School of Medical Sciences, Health Campus, University of Sains Malaysia, Kubang Kerian, Kelantan, Malaysia
- ID 007 PERI-OPERATIVE MANAGEMENT OF CONGENITAL HEART BLOCK (CHB) WITH VENTRICULAR SEPTAL DEFECT (VSD) IN PAEDIATRIC NON-CARDIAC SURGERY: A CASE REPORT**
Siaw Ling Then, Sanah M
Sarawak General Hospital, Kuching, Sarawak, Malaysia
- ID 008 EQUIPMENT PROBLEMS DURING ANESTHESIA AND ITS IMPACT ON PATIENT CARE**
Nayana Amin, Dipannita Mukherjee
Tata memorial Centre and Homi Bhabha National Institute, Parel, Mumbai, Maharashtra, India
- ID 009 INCIDENCE OF POST OPERATIVE DELIRIUM IN PATIENTS UNDERGOING ROBOT ASSISTED TRANSABDOMINAL SURGERY WITH STEEP TRENDELENBERG POSITION - AN OBSERVATIONAL STUDY**
Madhavi Shetmahajan, Neha Sharma
Department of Anaesthesiology, Tata Memorial Centre and Homi Bhabha National Institute, Mumbai, India
- ID 011 PROGRESSION OF HYPOXAEMIA IN APNOEIC CHILDREN DURING GENERAL ANAESTHESIA: A COMPUTATIONAL MODELLING ANALYSIS**
Sue Yan Lai¹, Clara Daudre-Vignier², Marianna Laviola², Jonathan G Hardman^{2,3}
¹School of Medicine, University of Nottingham, Nottingham, United Kingdom
²Anaesthesia and Critical Care, Division of Clinical Neuroscience, School of Medicine, University of Nottingham, Nottingham, United Kingdom
³Nottingham University Hospitals NHS Trust, Nottingham, United Kingdom
- ID 012 AN OBSERVATIONAL STUDY ON OPERATING THEATRE TIME UTILIZATION, CAUSES OF CANCELLATION AND OVERSHOOT FOR SCHEDULED ELECTIVE LISTS IN A DISTRICT HOSPITAL WITH SPECIALISTS**
Chong Ling Tong, Alvis Tian Yee Lee, Khalidah Amin Azhar
Hospital Tawau, Sabah, Malaysia
- ID 013 AWAKE MULTIPLE DEEP SEATED RIGHT BASAL GANGLIA ABSCESS BURRHOLE AND DRAINAGE UNDER SCALP BLOCK AND MAC - A CASE REPORT**
W P Kang, S Najibah, S A Kesut, A Alias
Hospital Tuanku Ja'afar, Seremban, Negeri Sembilan, Malaysia

LIST OF POSTER PRESENTATIONS

- ID 014 SPLIT LIVER TRANSPLANT - PAVING THE WAY TO REDUCED WAITING TIME ON THE TRANSPLANT LIST**
Sharini Pillai Vegadharan Pillai, Ahmad Suhaimi Amir, Nas Shazli Amri Nasruddin
Hospital Selayang, Selangor, Malaysia
- ID 015 PREGNANCY-RELATED ANXIETY AMONG ELECTIVE CAESAREAN SECTION WOMEN IN A TERTIARY HOSPITAL IN SELANGOR**
S Nair, M R Zainal Abidin, M Perumal
Hospital Tengku Ampuan Rahimah, Klang, Selangor, Malaysia
- ID 017 CAUGHT OFF GUARD: A CASE REPORT OF INTRA-OPERATIVE ACUTE PULMONARY THROMBOEMBOLISM IN A SURPRISING PATIENT**
Ronny Ikmal Ahmad Kamil, Tan Chuan Hsin
Universiti Malaya Medical Centre, Kuala Lumpur, Malaysia
- ID 018 ANALYTICAL STUDY OF OUTCOME BETWEEN INTRATHECAL MORPHINE AND EPIDURAL ANALGESIA FOR MIDLINE LAPAROTOMY**
B K Ting¹, Guna Nesan², M Basri³
¹*Sarawak General Hospital, Sarawak, Malaysia*
²*Hospital Kuala Lumpur, Kuala Lumpur, Malaysia*
³*SASMEC, IIUM, Kuantan, Pahang, Malaysia*
- ID 019 ANAESTHETIC MANAGEMENT OF A CHILD WITH CORNELIA DE LANGE SYNDROME (CdLS) UNDERGOING LAPAROSCOPIC AND LAPAROTOMY PROCEDURE**
I J Ong, E C Guok, J K Looi, S R Syed Othman, S P Ng
Penang General Hospital, Pulau Pinang, Malaysia
- ID 020 ANAESTHETIC MANAGEMENT OF DRAVET SYNDROME ON KETOGENIC DIET THERAPY FOR RETRIEVAL OF ENDOBRONCHIAL FOREIGN BODY**
L S Ong, J K Looi, R Usha S Rajah
Hospital Pulau Pinang, Pulau Pinang, Malaysia
- ID 021 ANALGESIC EFFECT OF INTRAPERITONEAL LIGNOCAINE IN ADULTS UNDERGOING SURGERY: A SYSTEMATIC REVIEW AND META-ANALYSIS**
Ka Ting Ng¹, Wei En Lim², Wan Yi Teoh³, Mohd Fitry Zainal Abidin¹
¹*Universiti Malaya, Kuala Lumpur, Malaysia*
²*University of Glasgow, United Kingdom*
³*University of Liverpool, United Kingdom*
- ID 022 PARAMEDIAN VERSUS MIDLINE APPROACH OF SPINAL/EPIDURAL ANESTHESIA: A SYSTEMATIC REVIEW AND META-ANALYSIS WITH TRIAL SEQUENTIAL ANALYSIS**
Ka Ting Ng¹, Wei En Lim², Wan Yi Teoh³, Lian Kah Ti⁴, Ina Ismiarti Shariffuddin¹, Mohd Fitry Zainal Abidin¹
¹*Universiti Malaya, Kuala Lumpur, Malaysia*
²*University of Glasgow, United Kingdom*
³*University of Liverpool, United Kingdom*
⁴*National University of Singapore, Singapore*
- ID 025 ACUTE SUBDURAL BLEED FOLLOWING SPINAL ANAESTHESIA IN OBSTETRIC PATIENT: A CASE REPORT**
Nur Syafiqah Ab Samat, Nor Farhana Hamzah, Ngazraini Abdul Maei, Wan Siti Sarah Wan Kairuddin, Eng Siew Ching
Department of Anaesthesiology and Intensive Care, Hospital Enche' Besar Hajjah Khalsom, Kluang, Johor, Malaysia

LIST OF POSTER PRESENTATIONS

- ID 027 THORACIC PARAVERTEBRAL BLOCK FOR MASTECTOMY: A PROMISING ALTERNATIVE AS SOLE ANAESTHESIA FOR HIGH RISK PATIENTS**
Fauziah A, N H Zainol
Universiti Teknologi MARA, Shah Alam, Malaysia
- ID 028 THE EFFECT OF TOPICAL LIGNOCAINE SPRAY ON INTUBATING CONDITIONS DURING INDUCTION OF ANESTHESIA WITH TARGET CONTROLLED INFUSION REMIFENTANIL AND PROPOFOL**
Nik Nabihah A, Sadia Naim K, W Mohd Nazaruddin W H, Mohd Zulfakar M, Muhamad Hasyizan H
Department of Anaesthesiology and Intensive Care, School of Medical Sciences, Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia
- ID 029 EXPERIENCE WITH OXIRIS HEMOFILTER FOR RESOLUTION OF SEPTIC SHOCK SECONDARY TO ACALCULOUS CHOLECYSTITIS**
Z Y Kam, Abdul Majid Ghazali, Mohd Basri Mat Nor
International Islamic University of Malaysia, Kuantan, Pahang, Malaysia
- ID 030 CASE REPORT: INTRATHECAL OPIOIDS AND NYSTAGMUS**
C L Lau, Y Z Chin, Jamorek J
Sarawak General Hospital, Sarawak, Malaysia
- ID 031 ANAESTHESIA-INDUCED RHABDOMYOLYSIS IN A POST COVID-19 VACCINE ADULT WITH MUSCULAR DISORDER: A CASE REPORT**
Mohd Nabil Halim, Abdul Majid Ghazali, Nur Fariza Ramly
International Islamic University Malaysia, Kuantan, Pahang, Malaysia
- ID 032 EFFECT OF EPIDURAL ANALGESIA ON LABOUR AND DELIVERY IN A TERTIARY HOSPITAL IN MALAYSIA**
Khor Chiang Wei, Wan Rahiza Wan Mat, Maryam Budiman, Tan Kok Wang, Siti Nidzwani Mohamad Mahdi, Muhammad Maaya
Department of Anaesthesiology & Intensive Care, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia
- ID 033 A TWO-YEAR RETROSPECTIVE COHORT STUDY ON THE ROLE OF CENTRAL NEURAXIAL BLOCKADE FOR PARTURIENTS IN LABOUR AND ITS ASSOCIATION WITH MATERNAL AND NEWBORN OUTCOMES**
Cyena Chaza Kutiang¹, Choong Yu Joe¹, Siti Rukhmaniah Abdul Razak¹, Azza Nur Azreen Ahmad Ryzal¹, Muhammad Danial Fitri Hamzah¹, Dayana Nazira Abdul Razak¹, Wan Rahiza Wan Mat², Jaafar Md Zain²
¹*Faculty of Medicine, Kuala Lumpur, Universiti Kebangsaan Malaysia, Malaysia*
²*Department of Anaesthesiology and Intensive Care, Hospital Canselor Tuanku Muhriz, Faculty of Medicine, Kuala Lumpur, Malaysia*
- ID 034 A CASE REPORT: TENSION PNEUMOTHORAX AND MASSIVE SUBCUTANEOUS EMPHYSEMA FOLLOWING LAPAROSCOPIC CHOLECYSTECTOMY**
Siti Aznida A K¹, M Fikri Johari², Rusnaini M K¹
¹*Universiti Teknologi MARA, Sg Buloh, Selangor, Malaysia*
²*Hospital UiTM Sg Buloh, Sg Buloh, Selangor, Malaysia*
- ID 035 LAPAROTOMY UNDER COMBINED SPINAL-EPIDURAL IN PATIENTS WITH SEVERE CO-MORBIDITIES**
B J Ng, Anthony B A, Khan M H H K, S C Teo
Sarawak General Hospital, Sarawak, Malaysia

LIST OF POSTER PRESENTATIONS

- ID 036 ORTHO - GERIATRIC SERVICE IN SARAWAK GENERAL HOSPITAL**
V K Y Lim, K L Law, S C Teo
Hospital Umum Sarawak, Kuching, Malaysia
- ID 037 COMBINED TRANSVERSUS ABDOMINIS PLANE (TAP) AND FEMORAL NERVE BLOCK FOR LOWER LIMB EMBOLECTOMY AND FASCIOTOMY**
W P Kang, S Najibah, S A Kesut, A Alias
Hospital Tuanku Ja'afar, Seremban, Negeri Sembilan, Malaysia
- ID 038 OBSTACLES IN WEANING PROCESS: ATYPICAL PRESENTATION OF GUILLAIN-BARRÉ SYNDROME (GBS)**
Y L Oh, A M Ghazali, N A Bahruddin
Department of Anaesthesiology and Intensive Care, Kulliyah of Medicine, International Islamic University of Malaysia, Kuantan, Pahang, Malaysia
- ID 039 ECG: MORE TROUBLE THAN IT'S WORTH**
Shahmini Ganesh, L H Ooi
University Putra Malaysia, Serdang, Selangor, Malaysia
- ID 040 TARGET CONTROLLED PROPOFOL INFUSION FOR NON-INVASIVE VENTILATION IN MENTALLY CHALLENGED PATIENT - A HUMANE APPROACH**
Johnny T S Kiu, Zhixin Chan, M Faceez, Aimi Amran
Hospital Kapit, Sarawak, Malaysia
- ID 042 POST COVID-19 TRACHEITIS CONTRIBUTING TO TRACHEAL WALL TEAR: THE MISSED AND UNDERDIAGNOSED**
N A Bahruddin, S A Abdul Rahim, R Abdul Rahman, Y L Oh, M B Mat Nor
Department of Anaesthesiology and Intensive Care, Kulliyah of Medicine, International Islamic University of Malaysia, Kuantan, Pahang, Malaysia
- ID 043 POSSIBLE RELATION BETWEEN DELAYED RESPIRATORY DEPRESSION AND SHORT STATURE FOLLOWING INTRATHECAL MORPHINE**
R Siti Sarah¹, A R Rahimah^{1,2}, O K Cheah², Z A Mohd Rohisham²
¹*Hospital Tunku Azizah, Kuala Lumpur, Malaysia*
²*Hospital Tengku Ampuan Rahimah, Selangor, Malaysia*
- ID 044 POST TONSILLECTOMY BLEED SECONDARY TO OROPHARYNX HEMANGIOMA**
Nik Rowina N M¹, Aliah Ilham²
¹*Universiti Putra Malaysia, Selangor, Malaysia*
²*Hospital Sultan Haji Ahmad Shah, Selangor, Malaysia*
- ID 045 PERSISTENT LEFT SUPERIOR VENA CAVA IN A PATIENT WITH BILATERAL CONGENITAL TALIPES EQUINOVARUS**
Nik Rowina N M¹, Nur Nabila Farhana Roslan²
¹*Universiti Putra Malaysia, Selangor, Malaysia*
²*Hospital Sultan Abdul Aziz Shah, Selangor, Malaysia*
- ID 046 FACTORS ASSOCIATED WITH ACUTE LOW BACK PAIN AMONGST PATIENTS UNDERGOING SPINAL ANAESTHESIA IN HOSPITAL KUALA LUMPUR**
Fatin Hazirah Mohamed¹, Chong Kok Wah², Lim Thiam Aun², Nik Rowina N M²
¹*Hospital Kuala Lumpur, Kuala Lumpur, Malaysia*
²*Universiti Putra Malaysia, Selangor, Malaysia*

LIST OF POSTER PRESENTATIONS

- ID 047 DERIVATION OF A MULTI-BIOMARKER MODEL FOR PREDICTING MORTALITY IN HOSPITALISED COVID-19 PATIENTS**
Wan Fadzlina Wan Muhd Shukeri, Nur Izzan Izzati Sathari, Laila Ab Mukmin
Department of Anaesthesiology and Intensive Care, Universiti Sains Malaysia, Kelantan, Malaysia
- ID 048 A RARE CASE OF MICROCOCCUS LUTEUS PNEUMONIA COMPLICATED WITH HOSPITAL ACQUIRED INFECTION IN A SEVERELY IMMUNOCOMPROMISED HOST**
B H Loh, S Saadan
Hospital Sarikei, Sarawak, Malaysia
- ID 049 SURVEY OF MENTAL STRESS AMONG DOCTORS IN ANESTHESIOLOGY DEPARTMENT IN HOSPITAL SELAYANG DURING COVID-19 PANDEMIC**
Naifah Sheikh Omar¹, Chong Kok Wah², Lim Thiam Aun², Nik Rowina NM²
¹*Hospital Selayang, Selangor, Malaysia*
²*Universiti Putra Malaysia, Selangor, Malaysia*
- ID 050 SEGMENTAL THORACIC SPINAL ANESTHESIA FOR ABDOMINAL SURGERY; THREE CASE REPORTS**
Mohamad Azlan Awang¹, Mohd Firdaus Mohd Yusof², Mohd Hafiz Abd Razak³
¹*Faculty of Medicine & Health Science, Universiti Malaysia Sabah, Kota Kinabalu, Sabah, Malaysia*
²*Department of Anaesthesiology and Intensive Care, Hospital Sultanah Nur Zahirah, Kuala Terengganu, Terengganu, Malaysia*
³*Unit Anestesiologi & ICU, Hospital Besut, Besut, Terengganu, Malaysia*
- ID 054 RECURRENT PNEUMONIA IN A PATIENT WITH BRONCHIAL PAPILOMA: DELAYED TREATMENT AND ASSOCIATED COMPLICATIONS**
Farah Hanim Abdullah^{1,2}, Izzuddin Azaharuddin^{1,2}, Mohammad Nizam Mokhtar^{1,2}, Saw Kian Cheah^{1,2}, Wan Rahiza Wan Mat^{1,2}, Hsueh Jing Low^{1,2}, Azarinah Izaham^{1,2}, Raha Abdul Rahman^{1,2}
¹*Department of Anaesthesiology and Intensive Care, Faculty of Medicine, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia*
²*Hospital Canselor Tuanku Mukhriz, Kuala Lumpur, Malaysia*
- ID 055 EPIDURAL ANAESTHESIA FOR C-SECTION PHEOCHROMOCYTOMA IN PREGNANCY - IS EPIDURAL ANAESTHESIA IS THE ANSWER IN THIS SAVAGE CONDITION?**
A B Khaironissa, M Sabariah, K Haziq, H Hifa Farah
Hospital Putrajaya, Putrajaya, Malaysia
- ID 056 RETROSPECTIVE AUDIT ON HSAJB INTRAVENOUS IRON PROTOCOL COMPLIANCE AND PATIENT CLINICAL OUTCOMES**
SP Ong, Z M Lee, N M Omar, O Sulaiman, M H Senin, N Sham, M M Gusari, R Hamzah
Hospital Sultanah Aminah Johor Bahru, Johor, Malaysia
- ID 058 SUPER-REFRACTORY STATUS EPILEPTICUS DUE TO MT-TF-RELATED MITOCHONDRIAL DISORDER**
Farah Hanim Abdullah^{1,2}, Chin Ang Ng^{1,3}, Mohd Khazrul Nizar Abd Kader^{1,2}, Syarifah Noor Nazihah Sayed Masri^{1,2}, Aliza Mohamad Yusof^{1,2}, Saw Kian Cheah^{1,2}, Wan Rahiza Wan Mat^{1,2}, Azarinah Izaham^{1,2}, Raha Abdul Rahman^{1,2}
¹*Department of Anaesthesiology and Intensive Care, Faculty of Medicine, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia*
²*Hospital Canselor Tuanku Mukhriz, Jalan Yaacob Latif, Bandar Tun Razak, Kuala Lumpur, Malaysia*
³*Hospital Tunku Ampuan Besar Tuanku Aishah Rohani, Hospital Pakar Kanak-kanak Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia*

LIST OF POSTER PRESENTATIONS

- ID 059 NOT SO ATRIAL MYXOMA**
T K G Chan, F N Razali
Universiti Malaya, Kuala Lumpur, Malaysia
- ID 060 A METHOD TO BYPASS VALLECULAR MASS THAT CAUSES POSTERIOR DISPLACEMENT OF EPIGLOTTIS (CL 4 VIEW)**
T K G Chan, R Ikmal, P S Loh
Universiti Malaya, Kuala Lumpur, Malaysia
- ID 061 HARMLESS ELEVATION OF AMYLASE IN GENERALIZED TONIC CLONIC SEIZURE PATIENT**
T K G Chan, R Ikmal, P S Loh
Universiti Malaya, Kuala Lumpur, Malaysia
- ID 062 REMIFENTANIL INDUCED MASSETER SPASM DURING INTUBATION**
T K G Chan, R Ikmal, P S Loh
Universiti Malaya, Kuala Lumpur, Malaysia
- ID 063 SPHENOPALATINE GANGLION BLOCK: A MINIMALLY INVASIVE TREATMENT APPROACH FOR POST DURAL PUNCTURE HEACHACHE**
Stephanie X Y Chuen, G H Siew, M R Zainal Abidin, M Perumal
Hospital Tengku Ampuan Rahimah, Klang, Selangor, Malaysia
- ID 064 THE PREVALENCE OF LOW BACK PAIN IN OPERATING ROOM PERSONNEL IN A TERTIARY HOSPITAL IN SARAWAK**
T P Phang, M Abdul Hadi
International Islamic University Malaysia, Pahang, Malaysia
- ID 065 CASE STUDY: INTRAOPERATIVE MATERNAL CARDIAC ARREST**
Ammar Sahrim, Mohd Rohisham Zainal Abidin, Hamsathvani Chandrakanthan, Deepa Lakshmi Dorai Rajoo, Thiyagu Ramachendren
Hospital Tengku Ampuan Rahimah, Klang, Selangor, Malaysia
- ID 066 IDENTIFICATION OF CLINICAL FACTORS FOR SUCCESS OF AWAKE SELF PRONING IN HYPOXEMIC RESPIRATORY FAILURE IN COVID-19 PNEUMONIA**
Yan Qian Au, Syarifah Noor Nazihah Sayed Masri, Saw Kian Cheah, Azarinah Izaham, Siti Nidzwani Mohammad Mahdi, Mohd Khazrul Nizar Abd Kader, Aliza Mohamad Yusof
Department of Anaesthesiology and Intensive Care, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia
- ID 068 A RARE CASE OF NECROTIZING TONSILLOPHARYNGITIS CAUSING ACUTE INFECTIOUS UPPER AIRWAY OBSTRUCTION IN AN INFANT**
Farah Hanim Abdullah^{1,2}, Mohammad Nizam Mokhtar^{1,2}, Izzuddin Azaharuddin^{1,2}, Sze Meng Wong^{1,3}, Tse Siang Tan^{1,2}, Maryam Budiman^{1,2}, Rufinah Teo^{1,2,3}, Raha Abdul Rahman^{1,2}
¹*Department of Anaesthesiology and Intensive Care, Faculty of Medicine, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia*
²*Hospital Canselor Tuanku Mukhriz, Kuala Lumpur, Malaysia*
³*Hospital Tunku Ampuan Besar Tuanku Aishah Rohani, Hospital Pakar Kanak-Kanak Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia*

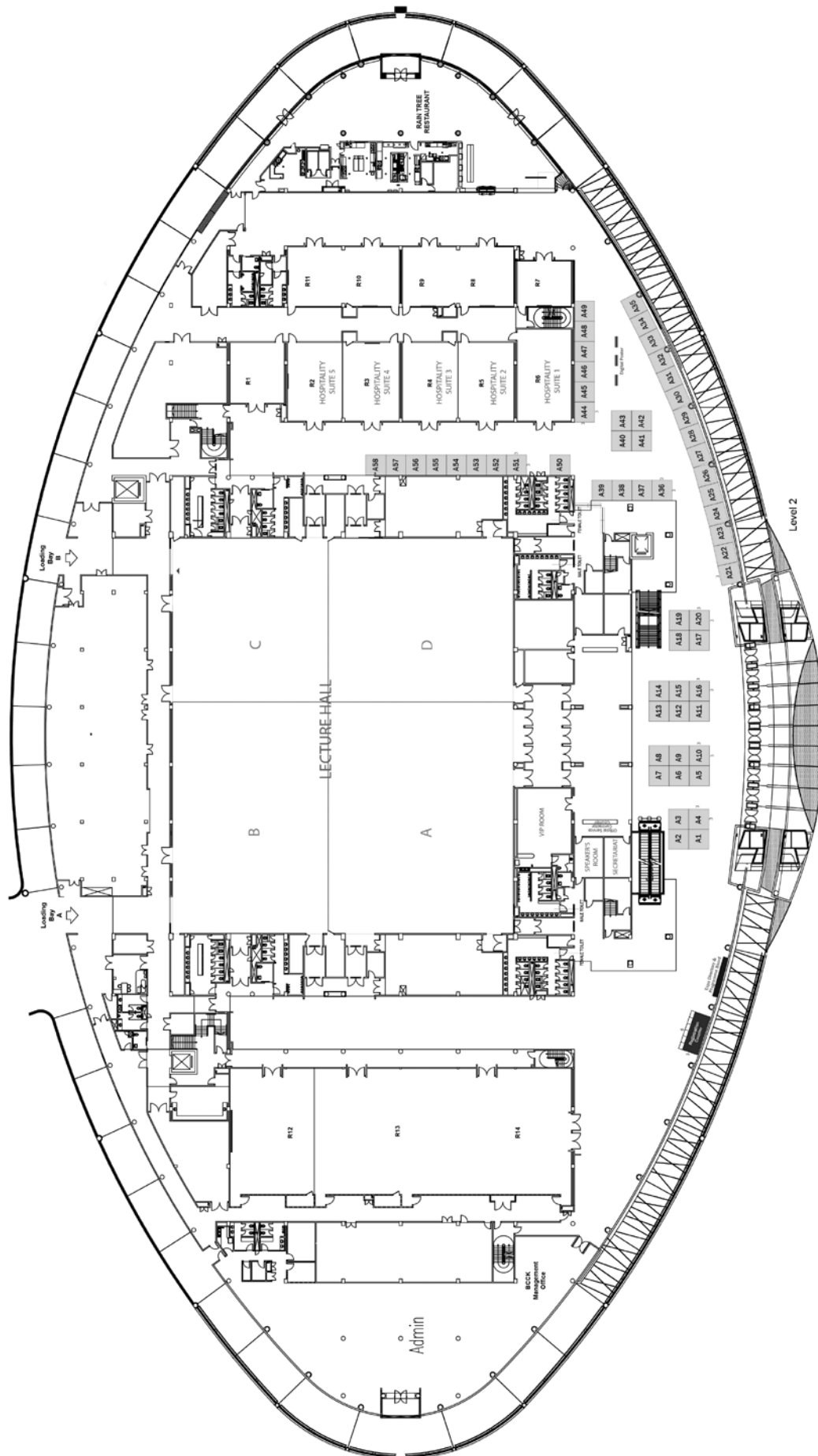
LIST OF POSTER PRESENTATIONS

- ID 069 MASSIVE PULMONARY HEMORRHAGE AFTER PULMONARY EMBOLECTOMY: A CASE REPORT**
Mohamad Haffiz Che Morad, Akif Azlan
Hospital Sultan Idris Shah, Serdang, Selangor, Malaysia
- ID 071 SYMPTOMATIC POSTPARTUM PUBIC SYMPHYSIS DIASTASIS AFTER DELIVERY: A CASE REPORT**
Muhammad Nur Aiman Szali, Deepa Lakshmi Dorai Rajoo, Mohd Rohisham Zainal Abidin
Hospital Tengku Ampuan Rahimah, Klang, Selangor, Malaysia
- ID 073 OUR EXPERIENCES ANESTHETISING DENTAL PATIENTS WITH SPECIAL NEEDS**
S L Chiu¹, S P Tan², Z S Lee¹
¹*Hospital Seberang Jaya, Pulau Pinang, Malaysia*
²*Hospital Kepala Batas, Pulau Pinang, Malaysia*
- ID 074 TRACHEAL STENOSIS POST TRACHEAL STENTING IN PULMONARY TUBERCULOSIS PATIENT - AIRWAY RESCUE IN DISTRICT HOSPITAL**
Zhixin Chan, Aimi Amran, Johnny T S Kiu
Hospital Kapit, Sarawak, Malaysia
- ID 076 REGIONAL ANAESTHESIA SERVICE IN KAPIT HOSPITAL - CLINICAL AUDIT**
Aimi Amran¹, Zhixin Chan², M Faez¹, Mark Fitchell¹, Johnny T S Kiu¹
¹*Hospital Kapit, Sarawak, Malaysia*
²*Hospital Sibul, Sarawak, Malaysia*
- ID 077 A SURVEY OF CHOICE OF GENERAL ANAESTHETIC AGENTS AMONG CERTIFIED ANAESTHETISTS IN MALAYSIA**
Ili Syazana J A¹, I I Shariffuddin¹, McGain F²
¹*Universiti Malaya, Kuala Lumpur, Malaysia*
²*The University of Melbourne, Australia*
- ID 083 SEGMENTAL THORACIC SPINAL ANAESTHESIA FOR ABDOMINAL SURGERIES: A CASE SERIES**
M I Mohd Abd Rahman, S F Samsuddin, M Z Musa
Hospital Sungai Buloh, Sungai Buloh, Selangor, Malaysia
- ID 086 ANAESTHETIC MANAGEMENT OF A CUT - THROAT SURGERY**
James J¹, Mazlilah A M¹, Adlina A¹, KT Lee¹, Mohd Hamzah K², Mohamad Arif M N², Bhavani K²
¹*Cardiothoracic Anaesthesiology & Perfusion Unit, Hospital Sultan Idris Shah, Serdang, Selangor, Malaysia*
²*Department of Cardiothoracic Surgery, Hospital Sultan Idris Shah, Serdang, Selangor, Malaysia*
- ID 087 MATERNAL MORTALITY: SUSPECTED AMNIOTIC FLUID EMBOLISM IN PARTURIENT DURING CESAREAN SECTION, A CASE REPORT**
Noor Diyana A R, Nurul Izzah M F, Mas Idayu R, Wan Marzuki W R, Zaini A B
Hospital Tengku Ampuan Afzan, Kuantan, Kelantan, Pahang, Malaysia
- ID 089 TRICK OR TREAT: DIFFICULT ANAESTHESIA MANAGEMENT IN PATIENT WITH HUGE ABDOMINAL MASS**
Norfarhanah Z, Siti Zubaidah A G, Noorfidah A R, Zayuah M S, Muhammad Rizal A R
Department of Anaesthesia and Critical Care, Hospital Sultan Haji Ahmad Shah, Pahang, Malaysia
- ID 090 MALIGNANT HYPERTHERMIA A CATASTROPHIC DISASTER: A CASE REPORT**
Siti Zubaidah A G, Norfarhanah Z, Nurbayani I M, Noorfidah A R, Zayuah M S, Muhammad Rizal A R
Department of Anaesthesia and Critical Care, Hospital Sultan Haji Ahmad Shah, Pahang, Malaysia

LIST OF POSTER PRESENTATIONS

- ID 091 RED ALERT IN LABOUR ROOM: IS THE PATIENT IN EPIDURAL LABOUR? A CASE REPORT**
Nurul Izzah M F, Noor Diyana A R, Zaini A B
Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia
- ID 093 POST-OPERATIVE PAIN TRAJECTORIES FOR HIP AND KNEE ARTHROPLASTIES**
Z Y Beh, R S Suppiah, K Y Chan, B P Lim, C M Lee, C S Chew, G N Solayar, C C Tai
Orthopaedic Specialist Centre, Subang Jaya, Selangor, Malaysia
- ID 094 QUADRATUS LUMBORUM BLOCK AS SURGICAL ANAESTHESIA FOR DEFUNCTIONING ILEOSTOMY FOR INTESTINAL OBSTRUCTION IN HIGH-RISK FRAIL ADVANCED CANCER PATIENTS: A REPORT OF 2 CASES**
Z Y Beh^{1,2}, K F Chin^{3,4}
¹*Department of Anaesthesia, Assunta Hospital, Petaling Jaya, Selangor, Malaysia*
²*Orthopaedic Specialist Centre, Subang Jaya, Selangor, Malaysia*
³*Department of Surgery, Assunta Hospital, Petaling Jaya, Selangor, Malaysia*
⁴*Department of Surgery, Gleneagles Hospital Kuala Lumpur, Kuala Lumpur, Malaysia*
- ID 095 COMBINED CERVICAL PLEXUS, SUPERIOR TRUNK AND PECS1 BLOCKS AS REGIONAL ANAESTHESIA FOR HIGH-RISK CARDIAC PACEMAKER IMPLANTATION PROCEDURE: A CASE REPORT**
Z Y Beh^{1,2}, K H Lam³
¹*Department of Anaesthesia, Assunta Hospital, Petaling Jaya, Selangor, Malaysia*
²*Orthopaedic Specialist Centre, Subang Jaya, Selangor, Malaysia*
³*Cardiology Unit, Assunta Hospital, Petaling Jaya, Selangor, Malaysia*
- ID 097 FACING REALITY: PARAVERTEBRAL BLOCK FOR OBESE PATIENT WITH OSA IN DISTRICT HOSPITAL**
Hafiz R, Ajlaa A, Atiqah N
Hospital Besut, Terengganu, Malaysia
- ID 098 RELAXANT-LESS INTUBATION IN ELECTIVE DENTAL SURGERY OF PAEDIATRIC PATIENTS IN DISTRICT HOSPITAL ; A CASE SERIES**
Ajlaa A, Atiqah N, Hafiz R
Hospital Besut, Terengganu, Malaysia

FLOOR PLAN & TRADE EXHIBITION



FLOOR PLAN & TRADE EXHIBITION

BOOTH NO	COMPANY
A01	Merck Sharp & Dohme (Malaysia) Sdn Bhd
A02	Hospimetrix (M) Sdn Bhd
A03	Pfizer (M) Sdn Bhd
A04	Daya Cergas (M) Sdn Bhd
A05 & A06	Primed Medical Sdn Bhd
A07 & A08	Aspen Medical Products Malaysia Sdn Bhd
A09	Edwards Lifesciences (M) Sdn Bhd
A10	DKSH Malaysia Sdn Bhd
A11 & A16	Fresenius Kabi Malaysia Sdn Bhd
A12	GE Healthcare Sdn Bhd
A13	Radiometer (M) Sdn Bhd
A14	Medtronic Malaysia Sdn Bhd
A15	Malaysian Healthcare Sdn Bhd
A17 & A18	Medispec (M) Sdn Bhd
A19 & A20	Baxter Healthcare (Malaysia) Sdn Bhd
A21	Juniper Biologics Sdn Bhd
A22	Globalmed Sdn Bhd
A23	Ain Medicare Sdn Bhd
A24	MedicPro Healthcare

BOOTH NO	COMPANY
A25	Junnimed Services Sdn Bhd
A26	Straits Scientific (M) Sdn Bhd
A27	UMMI Surgical Sdn Bhd
A28	Medi-Life (M) Sdn Bhd
A29	Pall-Thai Medical Sdn Bhd
A30	Hangzhao Tappa Medical Co Ltd
A31	Avro Medical Sdn Bhd
A36 & A37	KL Med Supplies (M) Sdn Bhd
A38	First Pharmaseutical Sdn Bhd
A39	LivaNova Malaysia Sdn Bhd
A40,A42,A43	Medik-Link Group
A41	Octapharma Pte Ltd
A44	True Clinical-Research Services Sdn Bhd
A45	Orion Pharma (MY) Sdn Bhd
A49	IDS Medical Systems (M) Sdn Bhd
A50	Gemilang Asia Technology Sdn Bhd
A51	3M Malaysia Sdn Bhd
A53 & A54	SCHMIDT BioMedTech Sdn Bhd

R5 - Hospitality Suite	B. Braun Medical Supplies Sdn Bhd
R6 - Hospitality Suite	Insan Bakti

ACKNOWLEDGMENT TO THE BIOMEDICAL INDUSTRY PARTNERS

PLATINUM SPONSOR



Aspen Medical Products Malaysia Sdn Bhd

GOLD SPONSORS



DKSH Malaysia Sdn Bhd



Medtronic Malaysia Sdn Bhd



Octapharma Pte Ltd



Radiometer (M) Sdn Bhd

SILVER SPONSORS



Baxter Healthcare (Malaysia) Sdn Bhd



B. Braun Medical Supplies Sdn Bhd



Edwards

Edwards Lifesciences (M) Sdn Bhd



Insan Bakti



Medik-Link Group



SCHMIDT BioMedTech Sdn Bhd
SCHMIDT BioMedTech Sdn Bhd

ACKNOWLEDGMENT TO THE BIOMEDICAL INDUSTRY PARTNERS

BRONZE SPONSORS



3M Malaysia
Sdn Bhd



Ain Medicare Sdn Bhd



Avro Medical
Sdn Bhd



Daya Cergas (M)
Sdn Bhd



First Pharmaceutical
Sdn Bhd



Fresenius Kabi
Malaysia Sdn Bhd



GE Healthcare
Sdn Bhd



Gemilang Asia
Technology Sdn Bhd



Globalmed Sdn Bhd



Hangzhao Tappa
Medical Co Ltd



Hospimatrix (M) Sdn Bhd



IDS Medical Systems
(M) Sdn Bhd



Juniper Biologics Sdn Bhd



Junnimed Services
Sdn Bhd



KL MED SUPPLIES (M) SDN. BHD.

KL Med Supplies (M) Sdn Bhd



LivaNova Malaysia Sdn Bhd



Malaysian Healthcare Sdn Bhd



Medi-Life (M) Sdn Bhd



Medispec (M) Sdn Bhd



MedicPro Healthcare



Merck Sharp & Dohme
(Malaysia) Sdn Bhd

ACKNOWLEDGMENT TO THE BIOMEDICAL INDUSTRY PARTNERS



Orion Pharma (MY) Sdn Bhd



Pall-Thai Medical Sdn Bhd



Pfizer (M) Sdn Bhd



Primed Medical Sdn Bhd



Straits Scientific
(M) Sdn Bhd



True Clinical-Research
Services Sdn Bhd



UMMI Surgical Sdn Bhd