

# PROGRAMME SUMMARY

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

# PRE-CONGRESS WORKSHOP 1

## 3<sup>rd</sup> 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	<b>LECTURE 1</b> Introduction to TIVA: Basic Sciences and Clinical Application
0915 - 1000	Interactive Session - OT and NORA
1000 - 1030	Tea
1030 - 1115	<b>LECTURE 2</b> 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

## 3<sup>rd</sup> 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"><li>• Screen Based Simulation</li><li>• Pulse Contour Analysis</li><li>• Interactive Case Discussion</li></ul>
1815 - 1830	Q&A
1830	Adjourn

# PRE-CONGRESS WORKSHOP 3

## 3<sup>rd</sup> 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

## 3<sup>rd</sup> 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

## 3<sup>rd</sup> 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

## 4<sup>th</sup> August 2023 (Friday)

0800 - 0845 Registration			
<p>0845 - 0945 <i>Hall A</i></p> <p><b>SYMPOSIUM 1</b> <b>Neuroanaesthesia</b> 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&amp;A</p>	<p>0845 - 0945 <i>Hall B</i></p> <p><b>SYMPOSIUM 2</b> <b>Ageing Population</b> 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&amp;A</p>	<p>0845 - 0945 <i>Hall D</i></p> <p><b>SYMPOSIUM 3</b> <b>Paediatric Anaesthesia</b> 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 &amp; Choices <i>Nur Hafizhoh Abd Hamid</i></p> <p>Q&amp;A</p>	<p style="text-align: center;"><i>Open to all delegates</i></p> <p>0845 - 0944 <i>Hall C</i></p> <p><b>IN-CONGRESS WORKSHOP 1</b></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><b>SYMPOSIUM 4</b> <b>Ambulatory Anaesthesia</b> 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&amp;A</p>	<p>1015 - 1115 <i>Hall B</i></p> <p><b>SYMPOSIUM 5</b> <b>Peri-Operative Medicine</b> 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&amp;A</p>	<p style="text-align: center;"><i>Open to all delegates</i></p> <p>1015 - 1115 <i>Hall D</i></p> <p><b>PRESIDENTS' FORUM</b> <b>Leadership Challenges in Your Country: Accessible Safe Anaesthesia for All</b> Moderator: <i>Gunalan Palari</i></p> <p>The Evolution of Anaesthesiology Education &amp; 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><b>PROBLEM-BASED LEARNING 1</b></p> <p>Rotational Thromboelastometry (ROTEM) <i>Facilitators: Mohd Fitry Zainal Abidin / Klaus Gorlinger</i></p>
1115 - 1200	<p><b>LUNCH SYMPOSIUM 1 (Octapharma)</b> 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><b>PLENARY 1</b> Chairperson: <i>Raveenthiran Rasiah</i></p> <p>Leadership in Anaesthesia <i>Chris Bowden</i></p>		<i>Hall A</i>

# DAILY PROGRAMME

## 4<sup>th</sup> August 2023 (Friday)

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



# DAILY PROGRAMME

## 5<sup>th</sup> August 2023 (Saturday)

<p>0830 - 0900 <b>PLENARY 2</b>          Chairperson: <i>Seah Keh Seng</i>          Providing Safe &amp; Effective Airway Management  <i>Andre Van Zundert</i></p>			
<p>0900 - 1000 <i>Hall A</i>  <b>SYMPOSIUM 6</b>  <b>Cardiac Anaesthesia</b>          Chairpersons:  <i>Anand Kamalantahan / Wong Yieng Ling</i>          Hemodilution &amp; 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&amp;A</p>	<p>0900 - 1000 <i>Hall B</i>  <b>SYMPOSIUM 7</b>  <b>Research Updates</b>          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&amp;A</p>	<p>0900 - 1000 <i>Hall D</i>  <b>SYMPOSIUM 8</b>  <b>Critical Care</b>          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&amp;A</p>	<p>Limited to 30 participants only. Please check with the secretariat for registration</p> <p>0900 - 1000 <i>Hall C</i>  <b>PROBLEM-BASED LEARNING 2</b>  <b>Moderator:</b>  <i>Mohd Fitry Zainal Abidin</i>          Updates on Anaesthesiology Post-Graduate Programme  <b>Panelists:</b>  <i>Wan Rahiza Wan Mat / Noorjahan Haneem Md Hashim / Yong Chow Yen</i></p>
<p>1000 - 1015 Tea &amp; Trade Exhibition</p>			
<p>1015 - 1045 <b>PLENARY 3</b> <span style="float: right;"><i>Hall A</i></span>          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>  <b>SYMPOSIUM 9</b>  <b>Professionalism</b>          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&amp;A</p>	<p>1045 - 1145 <i>Hall B</i>  <b>SYMPOSIUM 10</b>  <b>Thoracic Anaesthesia</b>          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&amp;A</p>	<p>1045 - 1215 <i>Hall D</i>  <b>MSA &amp; YOUNG INVESTIGATOR ORAL PRESENTATIONS</b>          Moderator:  <i>Wan Rahiza Wan Mat</i></p>	<p>Limited to 25 participants only. Please check with the secretariat for registration</p> <p>1045 - 1215 <i>Hall C</i>  <b>IN-CONGRESS WORKSHOP 2</b>          An Introduction to Human Factor Engineering for Anaesthesiologists  <b>Facilitators:</b>  <i>Ariffin Marzuki Mokhtar / Wan Fadzlina Wan Muhd Shukeri / Angelina Chong / Imelda Kong Wei / Lydia Yet</i></p>

# DAILY PROGRAMME

## 5<sup>th</sup> August 2023 (Saturday)

1145 - 1215 <span style="float: right;"><i>Hall A</i></span> <b>BIOMED INDUSTRY</b> <b>LECTURE 1 (Radiometer)</b> Chairperson: <i>Anand Kamalanathan</i> TBC <b>TBC</b>	1145 - 1215 <span style="float: right;"><i>Hall B</i></span> <b>BIOMED INDUSTRY</b> <b>LECTURE 2 (DKSH)</b> Chairperson: <i>Azizan Ghazali</i> The Role of Granisetron in the Management of PONV <i>Chen Chee Kean</i>		
1215 - 1300 <b>LUNCH SYMPOSIUM 2 (Aspen)</b> <span style="float: right;"><i>Hall A</i></span> Chairperson: <i>James Joseph</i> The Remifentanil Conundrum: Finding the Middle Ground Between Intraoperative Pain and Battling Hyperalgesia <i>Mohd Fitriy Zainal Abidin</i>			
1300 - 1345 Duhr & Trade Exhibition			
1345 - 1415 <b>PLENARY 4</b> <span style="float: right;"><i>Hall A</i></span> Chairperson: <i>Ina Ismiarti Shariffuddin</i> Global Priorities for Anaesthesiology in the Post-COVID Era <i>Wayne Morriss</i>			
1415 - 1515 <span style="float: right;"><i>Hall A</i></span> <b>SYMPOSIUM 11</b> <b>Pain Management</b> Chairpersons: <i>Marzida Mansor /</i> <i>Wilson Matthew Rona</i> Opioid Therapy for Chronic Pain in Japan <i>Shigeki Yamaguchi</i> Moving Away from Opioid Therapy in Acute Pain <i>Kamaruddin Ibrahim</i> Is Psychotherapy Beneficial for Acute Pain? <i>Lenny Ng</i> Q&A	1415 - 1515 <span style="float: right;"><i>Hall B</i></span> <b>SYMPOSIUM 12</b> <b>Regional Anaesthesia</b> Chairpersons: <i>Amiruddin Nik Mohamed</i> <i>Kamil / Justin Sangwook</i> <i>Ko</i> Current Updates on Regional Anaesthesia for Total Knee Arthroplasty <i>Michael Beh Zhi Yuen</i> Role of Regional Anaesthesia (RA) in Persistent (Chronic) Post-Surgical Pain (CPSP) <i>Azrin Mohd Azidin</i> Regional Anaesthesia for ERAS <i>Mohd Fakhzan Hassan</i> Q&A	1415 - 1515 <span style="float: right;"><i>Hall D</i></span> <b>SELECTED BEST POSTER</b> <b>&amp; CASE REPORT / SERIES</b> <b>PRESENTATIONS</b> Moderator: <i>Wan Fadzlina Muhd</i> <i>Shukeri</i>	<div style="background-color: #f0e68c; padding: 5px; text-align: center;"><i>Open to all delegates</i></div> 1415 - 1515 <span style="float: right;"><i>Hall C</i></span> <b>IN-CONGRESS</b> <b>WORKSHOP 3</b> Leading the Way to Work-Life Balance: Empowering Healthcare Professionals for Success Facilitators: <i>Mohd Faiz Md Tahir /</i> <i>Suhaila Nanyan /</i> <i>Muhammad Rasydan Abd</i> <i>Ghani</i>
1515 - 1545 Tea & Trade Exhibition			
1545 - 1730 <b>CONFERMENT CEREMONY FOR PARALLEL PATHWAY COMPLETION OF</b> <b>SPECIALIST TRAINING</b> <span style="float: right;"><i>Hall A</i></span> Followed by <b>Annual General Meeting of the College of Anaesthesiologists, Academy of</b> <b>Medicine of Malaysia</b>			
1930 - 2300 <b>GALA DINNER</b>			

# DAILY PROGRAMME

## 6<sup>th</sup> August 2023 (Sunday)

<p>0845 - 0945 <i>Hall A</i></p> <p><b>SYMPOSIUM 13</b> <b>Safety &amp; Quality</b> 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&amp;A</p>	<p>0845 - 0945 <i>Hall B</i></p> <p><b>SYMPOSIUM 14</b> <b>Ultrasound in Anaesthesia</b> 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&amp;A</p>	<p>0845 - 0945 <i>Hall D</i></p> <p><b>SYMPOSIUM 15</b> <b>Airway &amp; Ventilation</b> 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&amp;A</p>	<p style="text-align: center;"><i>Limited to 25 participants only. Please check with the secretariat for registration</i></p> <p>0845 - 0945 <i>Hall C</i></p> <p><b>IN-CONGRESS WORKSHOP 4</b></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 <b>BIOMED INDUSTRY LECTURE 3 (Medtronic)</b> <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 &amp; Trade Exhibition</p>			
<p>1030 - 1100 <b>PLENARY 5</b> <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 <b>PLENARY 6</b> <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><b>SYMPOSIUM 16</b> <b>Obstetric Anaesthesia</b> 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&amp;A</p>	<p>1130 - 1230 <i>Hall B</i></p> <p><b>SYMPOSIUM 17</b> <b>Anaesthesia Allied Health</b> 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&amp;A</p>		
<p>1230 - 1300 <b>CLOSING CEREMONY</b> <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.

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**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.

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**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.

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## 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.

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**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.

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**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.

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#### **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.

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## 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.<sup>1</sup> 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.<sup>2-4</sup> 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,<sup>5,6</sup> and a lower dose of HES (<30 mL/kg) reduced the AKI incidence.<sup>6</sup> However, HES-induced coagulation disorder is still problematic.<sup>7</sup>

Retrograde autologous priming (RAP) is beneficial in attenuating the degree and impact of CPB-induced hemodilution.<sup>8</sup> 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.<sup>9,10</sup>

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## 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

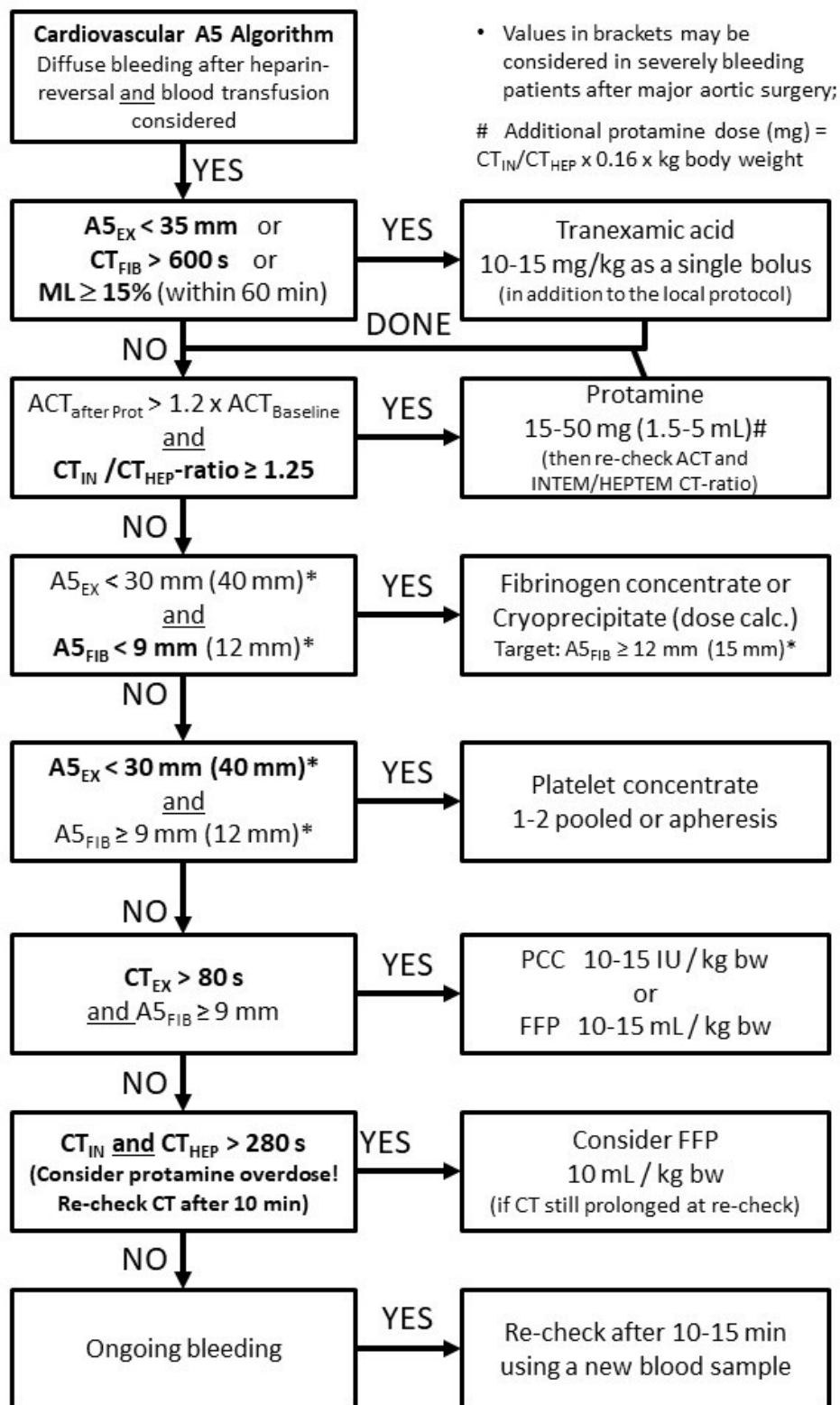
Re-check for surgical bleeding if coagulopathy cannot be confirmed by ROTEM. RE-check ROTEM with a new blood sample if bleeding continues after the therapeutic intervention.

### Step 10

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

### REFERENCE

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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.

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## **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.

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## 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  $\geq 80$  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

<sup>1</sup>Universiti Malaya, Kuala Lumpur, Malaysia

<sup>2</sup>Universiti 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.

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## 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.

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## 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?

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## 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.

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## 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

<sup>1</sup>World Federation of Societies of Anaesthesiologists

<sup>2</sup>Christchurch 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*<sup>1</sup> 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](http://www.wca2024.com))

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## 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.

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## 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.

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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.

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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.

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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.

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**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.

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**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 21<sup>st</sup> 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.

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**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 CO<sub>2</sub> 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.

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**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.

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**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?

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**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.

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**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.