

REPORT OF THE BRITISH-PARAGUAYAN  
SYMPOSIUM AND PARAGUAYAN  
INTERNATIONAL CONGRESS OF  
ANAESTHESIA AND INTENSIVE CARE,  
ASUNCION, PARAGUAY, 24-28 MARCH 2009

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**Report of the British Anaesthetists participation at the British-Paraguayan Symposium and Paraguayan International Congress of Anaesthesia and Intensive Care, Asuncion, Paraguay, 24-28 March 2009**

This report will summarise the highlights of the participation of 4 British Consultant Anaesthetists at the above-mentioned meeting.

**Background**

The idea of our participation at this Congress stems from a life-long friendship with a previous colleague of mine, Dr. Arturo Segovia(AS), years ago (1996) an Honorary SHO in Gloucestershire Royal Hospital, today the President of the Organising Committee of the Paraguayan Congress. At that time, Gloucestershire Royal Hospital, under the umbrella of the Overseas Division of the Royal College of Anaesthetists and of the World Federation of Societies of Anaesthesiologists, was running a very successful programme of Overseas Training in Anaesthesia. In charge of this programme were Dr. Roger Eltringham and Dr. Bill Casey. In 1996 there were anaesthetists from 11 different countries enrolled in the above-mentioned programme.

As this was the first national/international Congress organised in Paraguay after a gap of 7-8 years, our participating initiative was more than welcomed by the Paraguayan side. .

**The Link**

At his invitation, I responded by contacting 3 other colleagues and good friends, equally interested in teaching and lecturing at the highest level in the UK and abroad and in participating in a charity-type initiative in the developing world.

The UK-based anaesthetists involved were:

1. Dr. Iljaz Hodzovic(IH), Senior Lecturer at the University of Wales College of Medicine Cardiff and Consultant Anaesthetist at the Royal Gwent Hospital, Newport
2. Dr. Cristobal Rincon Aznar(CR), Consultant Anaesthetist, Maelor General Hospital, Wrexham
3. Dr. Rafael Blanco Davila(RB), Consultant Anaesthetist, Lewisham General Hospital, London
4. Myself: Dr. Bazil Ateleanu(BA), Consultant Anaesthetist, University Hospital of Wales, Cardiff

**Planning**

Planning for this meeting started in autumn 2008.

We discussed the preliminary potential topics, the presumed end of March timing of the Congress and the different travel arrangements.

Once the dates of the Congress were finalised, we booked our flights from London to Asuncion. In charge of our accommodation in Paraguay was our host, Dr. Arturo Segovia.

### Preparation

After lots of consultation with the Paraguayan side, it was concluded that we will organize the British-Paraguayan Symposium in the 2 days preceding the International Congress. The Symposium will run like a British Refresher Course, containing separate days of lectures and workshops from our area of direct expertise. Following this, we will also lecture at the Congress a different topic. Closer to our travel date, it was commonly agreed our academic and social programme for the duration of our stay in Paraguay.

### Travel

We left the cold and rainy London in the evening of 21<sup>st</sup> of March. As this was (mostly) a self-sponsored expedition, we choose to fly with TAM (Brazilian airline) from London to Asuncion via Sao Paulo. Both outbound and inbound flights were overnight flights of approximately 18 hours each. The total cost of the flights was £ 2650.

Travelling with TAM was, with one particular exception, a very pleasant experience. We didn't get any delays, the service and entertainment were good and the transfer in Sao Paulo Guarulhos Airport was straightforward. Despite having the benefit of transferring our checked-in luggage directly to Asuncion, we discovered that, incredibly, most of our presents for our host in Paraguay, contained in a non-locked bag, were stolen. Interestingly, the anaesthetic presents (bougies, books etc.) were left untouched.

### Arrival

On a hot Sunday morning we arrived at the Silvio Pettrossi Airport in Asuncion, where AS was waiting for us. Passing next to the huge Headquarters of the South American Confederation of Football, we arrived soon at our hotel. Hotel Guarani is an iconic hotel of Asuncion, situated in the middle of the city. The congress was also hosted by this hotel. The rooms were good and the much-needed air-conditioning was flowing at full power.

At the time of our visit, the President of Ecuador was visiting Paraguay, being also accommodated in the same Guarani hotel.

### Paraguay

Paraguay is a land-locked country bordering Brazil, Argentina and Bolivia. Most of the present (reduced) territory is due to the disastrous consequences of losing the War of the Triple Alliance in 1870. On more than 400 000 sq.km live around 6 million people

(i.e. in more than 1 and a half Britain's territory lives the population of Wales). More than 60% of the country is represented by the impenetrable Chaco, a combination of marshes and shrub forests.

There are strong connections with Germany, with a representative subpopulation of ex-German colonists. During the more recent history, Paraguay had a string of dictators with mixed success in the development of the country.

The country is poor, ranking among the poorest South American countries. The infrastructure is underdeveloped, there are no motorways and most strikingly, there are no trains!

Unusually for South America, Paraguay has a very strong influence from their Guarani ancestors. More than 80% of the population speaks Guarani and Guarani is one of the official national languages (together with Spanish).

The majority of the people are mixed race, Paraguay being one of the first countries in the world to encourage the mixed marriages between Spanish colonists and the indigenous Guarani population.

The food is very consistent and is mainly based on meat. The huge "asados", never-ending chain of different grilled meats, will be very difficult to forget. Paraguay does not have a great tradition in wines; beer is more liked (with an excellent local Baviera Beer).

### Asuncion

Asuncion is the capital of Paraguay. Situated on the banks of the mighty Rio Paraguay, the city has about 1.3 million inhabitants. However, because practically there are no blocks of flats, the city is extremely spread out and is not unusual to drive a couple of hours in an attempt to cross it. The city respects the rigid grid system of the American cities.

### First days

After an unforgettable reception at Arturo's house, where we met his wife and his 4 children and we were first faced with the huge asados washed with beer and surrounded by guitar music played by another WFSA veteran, Dr. Oscar Gonzalez Allen, the next day we faced the first challenge: facing the local anaesthetic 5-a-side football team. Even if we lost at football, we gained new (anaesthetic) friends and this friendly, informal and welcoming atmosphere was to continue throughout our stay in Paraguay.

### "Charlas"

On Tuesday the 24<sup>th</sup> of March we started our Refresher Course with 2 lectures/workshops ("charlas" in Paraguay), delivered by CR and IH.

CR presented the UK guidelines for management of the Difficult Airway. Paraguay does not have national guidelines for Difficult Airway (or for any other anaesthetic management or emergency), so CR's presentation (in Spanish, his native language) was extremely well received. After his original success, CR reinvented himself as a translator, helping IH's presentation of "The role of bougie in the management of the difficult airway". At the moment, only a small minority of Paraguayan anaesthetists are using bougies. The availability of fibrescopes is scarce and in the best scenario unreliable. There is no Difficult Airway Trolley in the main suites.

Both workshops were very interactive and lasted about 1 hour each, to the delight of the approximately 50 participants invited in the elegant auditorium of the Sanatorium Migoni, one of the best private hospitals in Asuncion.

On Wednesday the 25<sup>th</sup> of March we continued our Symposium with 2 other lectures delivered by RB and BA in another very elegant private hospital.

RB lectured about ultrasound-guided peripheral nerve blockade (US PNB). Again in Spanish, he explained the main physical principals of ultrasound, indications of US PNB, advantages over nerve-stimulator techniques and showed video clips of a multitude of personal blocks. He finished by showing an absolutely amusing epidural video clip.

At the moment, there is no expertise in US PNB in Paraguay. All blocks are performed using nerve stimulator. A lot of operations are performed under blocks only +/- sedation.

Similar with previous evening, RB continued as translator for the 2<sup>nd</sup> topic of the evening: Eye Blocks, delivered by myself (BA). After a hiccupping computer-related start, I described the main principles of eye blocks, anatomy of the eye, indications and contraindications and I finished showing video clips of the main eye blocks.

At the moment, no Paraguayan anaesthetist uses SubTenon block. This technique was perceived by the local audience as being cumbersome and very invasive. A lot of anaesthetists use different approaches for the peribulbar blocks; a minority still perform retrobulbar blocks. I cannot comment about the existence/absence of disposable materials needed for PNB or Eye Blocks.

### Congress

Having finished our Refresher Course, we continued as lecturers at the International Congress, held between 26-28 March at the Hotel Guarani in Asuncion. The venue was up to the task, the lecture theatre was spacious, airy and cool, the IT support was impeccable, translation and later parallel translation was available. There was an impressive South American participation, with speakers from Argentina, Brazil, Uruguay,

and Chile. The standard of the presentations was consistently high. A parallel continuous exhibition was held in the foyer of the hotel. Catering was good.

IH started with a brilliant lecture regarding Assessment of Difficult Airway. He also demonstrated a few recent airway gadgets available in the UK with a possible role in the management of the difficult airway. It was obvious that main diagnostic tests were known; new gadgets were never seen before in Paraguay. We donated about 10-20 bougies to the local doctors.

CR continued with a very synthetic presentation in Spanish of CardioPulmonary Exercise Testing (CPET) and its role in diagnosing and managing difficult patients for elective surgery. This machine and the afferent tests are not known or used in Paraguay. The cost of over £60.000 was considered prohibitive.

In the afternoon, RB did a real “tour-de-force” by demonstrating on a live model all the relevant US PNB in a modified workshop scenario. He scanned the relevant anatomical regions and explained in detail the actual technique of performing PNB under direct vision with the help of US.

I (BA) started the last lecture of the day by acknowledging the contribution of Drs. Segovia, Ayala and Gonzalez and the important moral and financial support received from AAGBI and WFSA. I even thanked the organising committee for inviting us in Paraguay – in Guarani! I then finished in force with a detailed dissertation: Anaesthesia for Liver Resections. It included the history of this operation, relevant anatomy and terminology, technique and main anaesthetic principles. There were a lot of questions at the end and considerable interest from neighbouring countries was shown to our group in the view of a potential future lecturing visit.

In the next 2 days of the Congress we assisted to very interesting lectures. Our perception was that local audience was far more interested in clinical lectures with technical tips as opposed results of new research etc.

### Party

On Saturday evening we were invited at a very selective party at home to Dr. Ignacio Caceres. We were treated with live music, another tasty *asado* was served by impeccably dressed waiters and Dr. Caceres’s family spent a lot of time with us. Would be very difficult if not impossible to replicate such a party in the UK.

### Trip

On Sunday we visited “the jewels of Paraguay”, the mighty Iguazu Falls (the biggest waterfall in the world) and the Itaipu hydrocentral, again the biggest in the world. Despite the almost unbearable heat, the incredible images of the Iguazu Falls will stay with us forever.

## Hospital Visit

I dedicated most of Monday 30<sup>th</sup> of March to an extensive visit of several public and private hospitals.

There is a big discrepancy between these 2 categories. Despite having in almost every theatre, reasonable or even brand new anaesthetic machines, there was an obvious lack of disposables in the state hospitals. Patients are invited to buy anaesthetic or intensive care drugs and equipment. The private hospitals are at a western level. There are far more state hospitals than private ones.

There are about 20-25 residents per year of training. Residency in Anaesthesia lasts 3 years. It was not very clear if there is a formal exam (or not) to graduate this training. Every resident does a lot of on-calls (12/month) and they are genuinely very busy (more than 30 blocks/day!). A senior anaesthetist would be expected to be resident on-call at least once a week. There is no calculation of maximum allowed hours of work/week (EWTD). All anaesthetists are expected to work a full day after being on-call the previous night. A normal day would last from 7am to 4pm, but there is no cut-off time.

The vast majority of anaesthetists work in Asuncion, with less than 10 in the rest of the country. There are about 200 anaesthetists in Paraguay.

Every theatre is covered by a resident anaesthetist. Fewer senior anaesthetists supervise the theatre suite (i.e. in the University Hospital there were 10 theatres with 10 residents and 3 seniors).

As subspecialties, there is no liver or heart transplant in Paraguay. The setting of a live donor transplant service looks to be imminent.

Even if complaints in relation to clinical practice started to appear, few anaesthetists have a private practice insurance (like MDU or MPS in the UK). No interviewed juniors had one.

## Return

Like any beautiful thing, our trip to Paraguay finished on Monday the 30<sup>th</sup> of March when we embarked the return flight to Sao Paulo and then to London.

We had a wonderful time in Paraguay and we met wonderful people there. Our thanks are going to Drs. Segovia, Gonzalez, Ayala and Caceres.

As a result of the exceptional success we had in Paraguay we unanimously decided to create the BARACRIL Group.

BARACRIL Group was constituted under one main principle: teaching and lecturing in Anaesthesia and Intensive Care in a non-profit charitable fashion in the developing countries.

After this brilliant experience, BARACRIL Group looks optimistically to the next teaching programme in the developing world. We already had several invitations and there is a fair chance we will be teaching in 2010 in Ukraine.

We would like to use this opportunity to thank The International Relations Committee of The Association of Anaesthetists of Great Britain and Ireland for all their moral and financial support.

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Dr. Cristobal Rincon

Dr. Iljaz Hodzovic



