Report of the Pacific Society of Anaesthetists Annual Refresher Course: Suva, Fiji 2008

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The Pacific Society of Anaesthetists represents all of the English speaking areas of the Pacific region except Australia and New Zealand – a vast area of ocean. Its aims are to provide professional support and ongoing education and training for all anaesthetists in the region. The annual refresher course has been running for some years now and allows anaesthetists (replaced by locums from Australia and New Zealand) to gather for one week for a professional conference and CEPD update meeting. The society invites speakers from overseas to provide a substantial part of the curriculum. This year's theme, along the lines of the recent WHO initiative was 'anaesthesia and non-communicable diseases'. The meeting schedule is attached.

Delegates

Delegates from Fiji included most of the students enrolled in the Diploma and Masters programme in attendance. Dr Sereima Bale from FSM attended in spite of a fractured patella! Anaesthetists from Lautoka and Suva were present. Anaesthetists from Samoa, Tonga, Papua New Guinea, Vanuatu, Nauru, Cook Islands, and East Timor attended this course.

Speakers

Other invited speakers were from Australia and New Zealand. All of the Pacific Island representatives were invited to present on a subject that was thought to be of interest to the group. Trainees also presented case reports.

Anaesthesia and Non Communicable Co-Morbidities

Non communicable co-morbidity is an area that the WHO has recently targeted because of the massive burden these conditions place on healthcare resources in the developing world. Diabetes, obesity and cardiovascular disease particularly were discussed at length. What became apparent very rapidly was that the following factors challenge the ability of anaesthetists to manage these conditions optimally:

Using the example of diabetes

- Patients often have undiagnosed co-morbidity such as diabetes
- Where it is diagnosed compliance with medication and monitoring are poor
- Patients will often tell their doctors what they perceive the doctors wish to hear
- On admission even where protocols are in place monitoring of blood glucose is infrequent
- It is sometimes difficult to get blood tests to evaluate e.g. serum potassium, when the blood tests are taken the result may not be available for some time
- Anaesthetists feel that insulin infusions on the ward are not adequately monitored and are 'risky'
- Even in e.g. Suva there are very few syringe drivers
- The order of the list was influenced by many factors and there were entire lists of diabetic patients undergoing e.g. amputations so the first on the list ideal was rarely feasible.

There was an impressive talk from the general surgeons with their experience of diabetic foot sepsis. The anaesthetists also demonstrated considerable experience of managing diabetic patients and a thorough understanding of the principles of management of diabetic patients. The figures below are for the main hospital in Suva, and illustrate the burden of diabetic complications.

2005 Colonial War memorial Hospital – Diabetic Foot Sepsis audit

- Diabetic Foot Sepsis DFS: 194 admissions
- 7.3% of all adult surgical admissions, 12% of all General surgical admissions.

- Occupancy rate: 34%
- Average length of stay 27 days
- Longest stay 114 days

- Above knee amputation 1-2 per month
- Below knee amputation 13 per month
- Forefoot amputation 3 per month

This talk indicated forcefully that with an average length of stay of 27 days the costs to the healthcare system were considerable.

Intensive Care

Dr Elizabeth Bennett, an intensivist, from FSM/Brisbane gave an excellent talk on critical care for sepsis entitled ‘maximising what we have’. The case highlighted how even without sophisticated ICU facilities a lot could be achieved by early aggressive resuscitation ‘doing the basics well’. One of the challenges highlighted was that patients often present very late. Another issue is the lack of working basic equipment in the ICU in Suva. One trainee described a poorly maintained ventilator catching fire whilst attached to a patient.

Dr Bennett hopes to run the BASICS course in the future.

Invited Lectures

We had been invited to speak on the following topics, which were in line with the meeting’s theme of non-communicable diseases, and their relevance to anaesthesia.

Diabetes

Diabetes is reaching epidemic proportions in many Pacific island populations, linked mainly to rising levels of obesity, decreased levels of physical activity, and changes to diet. It will also consume an increasing proportion of healthcare resources. We presented a rational for pre-operative assessment of diabetic patients and their diabetic management through surgery.

Obesity and the airway

Obesity is also rising steeply in the Pacific region, linked to many of the factors discussed above, and possibly cultural views regarding ideal body shape. A separate talk had covered more general considerations, but this presentation focused on threats to the airway. Experience from bariatric centres was presented, highlighting the need for correct positioning, effective preoxygenation, and anticipatory strategies for the difficult airway.

Hypertension and Stroke

In two separate talks we presented latest guidance for management of the hypertensive patient, the importance of assessing end-organ damage, and a rationale for which patients to postpone. Hypertension is increasingly common as is the incidence of stroke, due to ageing population, and increased cardiovascular disease. Although many hospitals lack modern imaging facilities, it is hoped that simple precautions would minimise the risks to patients with recent stroke who required anaesthesia.

Anaesthetists Health and Fatigue
We had little data on anaesthetists' health in the pacific region, but used global data to highlight some of the potential threats to anaesthetists' well-being. We used discussed recent studies highlighting the importance of drug addiction and suicide amongst anaesthetists, and how early awareness of colleagues in difficulty is vital. Many anaesthetists practice solo, and the importance of seeking medical help rather than self treating was emphasised. Group discussions ensued, and anecdotally we found the highest stress levels in the trainee anaesthetists, probably stemming from on-call work load, and variable levels of supervision.

In a second lecture, we discussed the role of fatigue in medicine, and its contribution to error. Lively group discussions revealed that anaesthetists in some Pacific centres can be faced with heavy workloads, particularly when covering emergencies. Strategies for rest, shift work, and retirement age were all ventured by the group.

Other speakers from Australasia spoke on cardiovascular evaluation, renal disease, and COPD, and the lectures were supplemented with regional case presentations, and group discussions. We have received no formal evaluation for our talks, but each one seemed to arouse interest, and prompted anaesthetists to relate problems they had encountered locally, and discuss management of difficult cases.

Trainee case presentations

Airway Obstruction Management in Ludwig's Angina & Deep Neck Infection
A Case of total spinal anaesthesia
Congenital Diaphragmatic Hernia
Acute severe asthma
Iatrogenic air embolism

These were all fascinating and showed that the trainees were managing challenging cases

Delegate presentations

A memorable presentation by Dr Maata from Tonga was of a patient with Klippel – Trenaunay – Weber Syndrome with a huge vascular malformation from the left leg extending up to L3. The patient was in high cardiac output failure and an echo from New Zealand showed pulmonary hypertension. The patient was pregnant and presented for Caesarian section.

Trainee teaching

All invited speakers joined to run a viva session with several 'stations' for all trainees about to sit their exams. The trainees looked anxious about this prospect but later said that they had definitely benefited from it

AGM

The Pacific Society of Anaesthetists (PSA) is trying to establish a website but the cost considerations have limited progress.

B Braun has halved the funding available to the PSA for the refresher course.

Primary Trauma Care course funding is available for courses in

- Fiji
- Samoa
- Kiribati
- Vanuatu
- Nauru
- Marshall Islands
- Tonga
- Solomon Islands

The course in Vanuatu will be linked with next year's refresher course which is to be held there too.

Delegates suggested topics that they would like covered in 2009 included

- Paediatric anaesthesia
- Pain
- Equipment
- Audit

Social Programme

There was a drink reception hosted by Adam Black Senior Lecturer at FSM and a dinner at The Fiji Club. Both occasions were a great chance to talk to all at the course and to find out more about the various islands and anaesthetic practice in the region.

For Nargis it was great to catch up with the trainees most of whom she had taught as medical students and to see how they were getting on and to discuss their future career aspirations. It was also a chance to reflect on changes at Colonial War Memorial Hospital and Fiji School of Medicine and talk to those currently teaching there. Wayne Morriss a previous FSM lecturer was also an invited speaker, Wayne is active in the Pacific in many ways through the Overseas Committee of ANZCA and instructing on PTC so it was interesting to catch up with Wayne.

Conclusion

We felt privileged to have been invited to lecture to this meeting, and found the experience highly rewarding. Anaesthetists in the Pacific region often work in relative isolation and with limited access to educational resources. This course hopefully provided a good CEPD update, as well as a morale boosting reminder that other anaesthetic societies are willing to support them. We are very grateful indeed to the IRC for helping with some of our international travel, and present our accounts on a separate attachment.

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