

**Royal Free and University College Medical School  
UNIVERSITY COLLEGE LONDON**

CENTRE FOR ANAESTHESIA

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Tuesday, 04 November 2008

**TO:** Professor Chandra Kumar, Chairman, International Relations Committee,  
the Association of Anaesthetists of Great Britain and Ireland

**FROM:** Dr Roman Cregg

**RE:** British-Ukrainian Symposium in Anaesthesiology, Intensive Care and Pain Medicine

Dear Sir,

On behalf of British delegation, Ukrainian faculty and most importantly all the delegates I would like to thank you for the generous support you kindly offered us British-Ukrainian Symposium in Anaesthesiology, Intensive Care and Pain Medicine (Британсько-Український симпозиум з анестезіології, інтенсивної терапії та Медицини болю) which took place in Kyiv, Ukraine from the 24<sup>th</sup> to the 26<sup>th</sup> of September 2008.

At last we managed to collect most of feedbacks, enclosed.

Over 300 participants from all the regions of Ukraine attended the Symposium and feedbacks we have received so far indicate that it was very successful. We have met many dedicated, hard working anaesthetists from all over Ukraine and learned a lot about the current state of Anaesthesia in the Ukraine.

It became apparent that, despite enthusiasm of Ukraine doctors, the general situation in the health service is far from perfect. The main problem, from their point of view, is low financial support of municipal clinics (DGH equivalents). For example, funding allocated for a 24 hours episode of care for the ICU patient is about 100 Hr (20 USD, 10 GBP). Other delegates emphasised a low level of technical equipment: pulse oximetry is not widely available intraoperatively and only cardiac ICUs are able to perform direct arterial blood pressure measurement. Even if a clinic "gets" a modern monitoring or diagnostic equipment, lack of proper training and absence of technical support leads to it's very short time in active clinical service. If big teaching hospitals could demonstrate some degree of suitable level, according to clinicians from small rural towns, the situation is catastrophic.

In addition, there is a shortage of medical and nursing staff. Kyiv clinics for example, on average have about 85% of required physicians on staff and only about 60% of nurses needed. We could also observe a dangerous trend of young anaesthetists more and more considering a change their careers and joining pharmaceutical, insurance or other paramedical industries.

Having said all of that, vast majority of Ukrainian anaesthetists have amazing dedication to the specialty, very strong commitment to delivery of excellent clinical service under sometimes very difficult conditions beyond their direct control.

As the next step in our relationship we would like to establish a visiting fellowship program enabling young Ukrainian anaesthetists direct access to British departments and receive training as an observer for up to one month in duration. Selection of candidates will be through an open competition. Shortlisted trainees will be interviewed by the representatives of both, Kyiv Academic Department of Anaesthesia based at the Institute of Postgraduate Medical Education and Academic Department of Anaesthesia, Centre for Anaesthesia, UCL.

We intend to offer successful candidates a choice of hospitals providing services according to individual's preference and historically, having very good relationship with Medical Staffing department at the University College Hospital, we aim to place most of the Ukrainians within our Trust. Should they wish to be attached to a different hospital within the London region we are in the position and have necessary support in order to make necessary alternative arrangements.

The remaining of your generous contribution, with your permission, we would like to use for the provision of their flights, accommodation and commuting expenses for the duration of clinical attachment.

Again, thank you very much for your support and we look forward to update you again about the progress if this very exciting project.

With kind regards,

Dr Roman Cregg

## Abstracts – Ukrainian Lectures

24 Sep 2008 14:30 – 14:45

### **Organization of anaesthesiological and intensive care service in Kiev city**

M. Bondar MD, PhD

The organization, structure and problems of Municipal Anaesthesia Service in Kiev region were presented. Quantity of ICU beds, its occupancy, mortality level were analyzed and compared with general situation in Ukraine. The main problems of the Service are low financial support, old equipment and shortage of personal.

24 Sep 2008 14:30 – 15:00

### **Organization and perspectives of postgraduate education in anesthesia and intensive care in Ukraine**

I.Shlapak MD, PhD, Professor

The structure of Postgraduate education in Anaesthesia and Intensive Care remains the same as in the former Soviet Union. The efficiency of the system is questionable and changing is necessary. Improving in system of postgraduate education in Ukraine could be achieved with the conception of “Continuous Professional Development”

24 Sep 2008 16:20-16:35

### **Status of evidence-based medicine in Ukraine**

M.Pylypenko, MD, PhD

There are different approaches to drug prescription in former Soviet Union and developed countries. The main principles of evidenced based medicine were described. Results of Multicentre clinical trials should be considered for decision making in Ukraine clinics. The main reasons for biases were presented. The necessity for improving the quality of national trials and scientific publications was emphasizes.

24 Sep 2008 16:35-16:50

### **Infection Control in ICUs: To Be or Not To Be in Ukraine?**

U. Nalapko MD, PhD

Control of infection in ICU is a problem all over the world. The key strategies are prevention of infections, effective diagnosis, wise using of antimicrobial agents and transmission prevention. The proper invention of the described method could decrease the rate of infection in Ukraine clinics and reduce cost of treatment.

25 Sep 2008 10:50 – 11:05

### **Acute Pancreatitis: the evidence-based priority of treatment**

I.Shlapak MD, PhD, Professor

Mortality from acute pancreatitis ranges from 1% to 80 %. Severe cases are associated with increased mortality. Therapeutic priority includes early fluid resuscitation, analgesia, antibiotics in case of necrotizing. Early enteral nutrition is better than total parenteral nutrition. Therapy aiming pathogenesis was unsuccessful and not recommended by most of experts.

25 Sep 2008 11:05-11:20

### **Rational endolymphatic antibiotic therapy of pyoinflammatory processes of abdominal cavity, retroperitoneal space and pelvis minor**

M.Bondar MD, PhD. O.Domoratsky MD

Anatomy of lymphatic system and possibility of endolymphatic drug administration was described. According to the experience of patient treatment with endolymphatic antibiotic infusion, the method contributes to decrease of mortality level in patients with primary infection

in abdominal cavity, retroperitoneal space and pelvis minor. High concentration of antibiotics in immunocompetent structures leads to positive immuno-correcting action.

25 Sep 2008 11.05-11.20

### **Chernobyl catastrophe – intensive therapy of injured: lessons of history.**

V.Lisetskiy

There was a brief historical review of the Catastrophe. The main radioactive substances, found in atmosphere and ground just after the catastrophe, were mentioned. Reaction of human organism to radiation was described as well as early and late complications. Basic principles of treatment were presented. The analysis of changing of health in population in Kiev and the Region after the catastrophe and twenty two years late was made.

26 Sep 2008 14:40-14:55

### **Cardiac surgery operations on the “opened” heart without blood transfusion**

O.Loskutov MD, PhD

The main complications of transfusion therapy were presented. There was demonstration of the basic principles of the narcosis for operations, conducted without components of donor blood. Overview “Management of bleeding following major trauma: a European guideline” was presented. Inventing the principles could decrease the transfusion needs as well as using rFVIIa for cardiac operations.

25 Sep 2008 16:50-17:05

### **The strategy of infusion therapy during MOF in multi-injured patients**

L.Zgrzheblovskay M.D.

Two approaches of infusion therapy were presented. All multitraumatized patients received the same therapy at the first stage of traumatic shock. During the stage of MOF one group got restricted colloid infusion therapy. As a result restricted infusion therapy with colloid solutions leads to significant decrease of 28 day mortality (48% vs. 62%).

26 Sep 2008 12:20-12:35

### **Regional anaesthesia in patients with multi bone fractures**

U.Kuchin M.D. PhD

Patients with many fractures of bones could have advantages from regional anesthesia. The method is associated with less operative stress, decreasing of IV anesthetic drugs, decreased incidence of post operative nausea and vomiting, rapid recovery of physiological functions, low cost and decreased time in ICU. Spinal anesthesia could be performed in supine position.

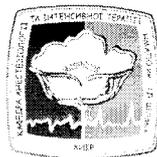
26 Sep 2008 15:00 – 15:15

### **Prolonged spinal anaesthesia (catheterization of subarachnoidal space)**

S.Bychovets

Method of catheterization of subarachnoidal space allows performing spinal anesthesia of any duration and complexity. Using of bupremorphinum in combination with bupivacaine is associated with good postoperative analgesia. The level of complications is lower in comparison with other opioids. Early mobilization and decreasing of hospitalization time is possible.

**КАФЕДРА АНЕСТЕЗІОЛОГІЇ ТА  
ІНТЕНСИВНОЇ ТЕРАПІЇ  
НАЦІОНАЛЬНОЇ МЕДИЧНОЇ  
АКАДЕМІЇ  
ПІСЛЯДИПЛОМНОЇ ОСВІТИ  
ІМ. П.Л. ШУПИКА**



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Dear Roman,

From the Ukrainian organization committee and delegates of the First British-Ukrainian Symposium of Anaesthesia, Intensive Care and Pain Medicine we express deep gratitude for all British lecturers for the big work performed in preparing and conducting of this event. We appreciate the high scientific level of presentations and very fruitful discussions of practical aspects of critically ill patients' treatment. This symposium has helped Ukrainian anaesthesiologists to understand the contemporary trends in Anaesthesia, Intensive Care and Pain Medicine countries such as UK. It pushes us to improve our practice in patients' treatment as well as education of our anaesthesiologists and helps us to be closer to the international standards.

We would be most grateful if you could kindly consider making arrangements enabling two-three Ukrainian travel fellows to visit British Departments for a short (2-4 weeks) period of time as part of the next step of our relationship. This would enable trainees to observe your practice first-hand and share their experience here with us.

Special thanks we have to say to British Sponsors. Their support allowed us to conduct this Symposium on the high educational and scientific level.

We hope that close communication with Ukrainian doctors was interesting and useful for British delegates as well and such international communication will be continued and developed in the future.

**Head of Department of Anaesthesia  
and Intensive Care**

**Prof. Igor P. Shlapak**