

The Zimbabwe Anaesthesia Association (ZAA) Congress

4-6 October 2012

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Introduction:

This meeting was initially suggested at the previous ZAA Congress in October 2011 which I was invited to attend. Further face to face discussions took place with President Dr Doreen Mashava and her colleagues at the WFSA Congress in Buenos Aires in March 2012 where it was agreed that I would bring a multidisciplinary medical team from the UK and RSA to give presentations and run workshops/skill stations.

UK Team:

Dr Keith Thomson (Consultant Anaesthetist, Basingstoke)
Dr Nick Jones (Consultant Anaesthetist, Basingstoke)
Dr James Eldridge (Consultant Anaesthetist, Portsmouth)
Dr Emma Halliwell (Consultant Anaesthetist, Salisbury)
Dr Chirag Patel (Consultant Anaesthetist, London) – born in Zimbabwe
Dr Neil Muchatuta (Consultant Anaesthetist, Bristol) – born in Zimbabwe
Dr Liz Shewry (Post CCT trauma fellow, Southampton)
Dr Romilly Wardell (CT1 Anaesthetist, Basingstoke) + sister Sophie
Dr Nadeam Mujtaba (CT1 Anaesthetist, Basingstoke) + wife Khadeja

Dr Rhiannon Furr (SpR Paediatrician, Oxford)
Ms Louise Emmett (Midwifery Sister, Chertsey)
Mrs Rhiannon Grindle (Midwifery Sister, Basingstoke)
Ms Anne Reilly (Paediatric Sister, Basingstoke)

RSA Team:

Dr Hyla Kluyts (Consultant Anaesthetist, Pretoria)
Dr Zane Farina (Consultant Anaesthetist, Pietermaritzburg)
Dr Greg Boden (Consultant Paediatrician, Port Elizabeth)

Plane experiences

The faculty members from both UK and South Africa all arrived safely in Harare, although midwife Louise had an unfortunate incident on an Ethiopian Airlines flight from Addis Ababa bound for Harare. Just after the plane became airborne the pilot aborted the take off and with urgent commands of 'brace brace' the plane hit the runway hard enough to bust all its tyres. No-one was injured and the very shaken passengers, after a six hour delay, were all put on another plane to complete their journey.

Nick sat on an SAA plane beside Chirag for 10 1/2 hours from London to Johannesburg but didn't actually speak to him and so did not discover that they were en route to the same conference.

Nick's excuse was that he had once struck up a conversation with a man on a plane who had then proceeded, over the next few hours to tell him in great detail about his experiences with various prostitutes he had met in Thailand. After that Nick had vowed to never speak to anyone on a plane again!

We all stayed at the excellent Bronte Hotel where a generous Zimbabwean sponsor had kindly paid for 50% of the accommodation costs.

On her first day in Harare Romilly had an amusing experience when she was in the tourist bureau with her non-medical sister Sophie who, when accosted by a local woman with some problem said, "Oh my sister's a doctor, go and have a chat to her."



Some of the team outside the Crown Plaza Hotel

The lady in a rather loud voice then started telling Romilly all about her medical problem, with painful sex!

Conference Day 1 – Crown Plaza Hotel, Harare



Fig 1. The lecture room

244 delegates registered (fig 1) consisting not only of physician and nurse anaesthetists but also doctors and nurses from other disciplines. After an opening prayer the welcome address was given by Dr Doreen Mashava, the ZAA President, during

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which she communicated a message of support from the President of the WFSA Dr David Wilkinson. The morning lectures began with Maternal Mortality reports from Zimbabwe, UK and RSA and then obstetric haemorrhage, neonatal resuscitation and pre-eclampsia (Dr Emma Halliwell). The last presenter from Salisbury UK, was introduced as coming from 'Harare UK,' which caused some amusement!

The afternoon consisted of workshops covering neonatal resuscitation (fig 2), management of obstetric



Fig 2. Neonatal resuscitation with Greg

emergencies including a 'guess the blood loss competition,' the benefits of spinal anaesthesia for caesarean section (fig 3) and also ultrasound



Fig 3. Spinal anaesthesia workshop with James

guided blocks (fig 4), organised by



Fig 4. Ultrasound training

South African based representatives of *Mindray* and *B Braun*. With up to 40 delegates in each workshop these tended to be rather more discussion than hands on although the number of dummies provided by the local

ambulance service was really helpful. In the evening there was a very enjoyable 'Presidents' cocktail party with entertainment provided by local musicians.

Conference Day 2

The morning presentations (fig 5) on

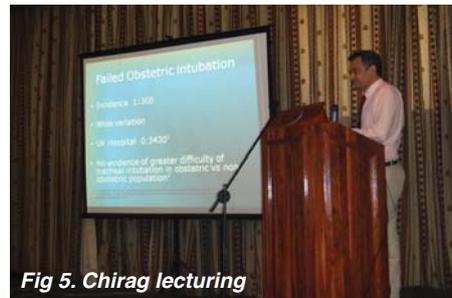


Fig 5. Chirag lecturing

airway management issues were well received. After the tea break James Eldridge gave a fascinating review on *to feed or not to feed in labour*, this was followed by a panel of experts discussing three case presentations.



Fig 6. Neonates should be kept warm



Fig 7. Neonatal resus with Rhi

Afternoon workshops were on neonatal (fig 6, 7), paediatric (fig 8) plus maternal resuscitation (fig 9) and airway management skill stations



Fig 8. Paediatric resus with Emma



Fig 9. Maternal resus with Zane



Fig 10. Fibreoptic intubation with Nick

which included fibre optic intubation (fig 10), *the intubating laryngeal mask*, the *McGrath video laryngoscope* (fig 11, 12), the *Airtraq* (fig 13)



Fig 11. McGrath video-laryngoscope



Fig 12. Using an introducer

and approaches to the anterior neck (fig 14) in a failed intubation failed ventilation scenario. Also on the second afternoon were further workshops on blocks (fig 15).

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An enjoyable conference dinner took place in the evening, at which I gave a presentation on my African Adventures during four previous visits to the continent in 2012.

Conference Day 3 – morning only

Lectures were given on various aspects of trauma (Liz), head injuries (Romilly) and neutralising the strong ion myth (Nadeam who has a PhD in Chemistry from Cambridge). It was good for all three trainees (fig 16) to have the experience of presenting at an International Meeting.



The morning ended with a prize quiz; questions based on topics covered during the previous three days were projected in Power Point. All those participating were asked to stand up and place their hands on their head if they thought the answer was true and by their side if false. If their answer was incorrect they had to sit down. The final four contestants were brought out to the front of the auditorium. The eventual winner received a prize.

Closing Ceremony

Hyla Kluyts, the South African Association President, said how much she had enjoyed her visit to Harare and next year hopes to encourage more anaesthetists from her country to attend the Congress. She also invited Doreen Mashava (fig 17) to attend the South African Conference in Port Elizabeth at the beginning of March 2013.



The highlight of the conference for me was that the Presidents of the Anaesthetic Associations of Zimbabwe and South Africa intend to have a much closer relationship in the future

Final Evening

The team dined at an Italian restaurant as guests of Hyla and Zane. The latter works in Pietermaritzburg, the town with the highest level of HIV in South Africa (50% in the general population, 78% in pregnant women), the national average is about 20%. He is involved with the staffing of hospitals in the area including Edendale where I worked as a senior registrar in 1983. He told us that one of the facts of life in a resource limited situation is that one has to make decisions on how to allocate money, e.g. to choose whether you treat a severe head injury (unlikely to have a good result) or an eclamptic where the prognosis was good. He and Hyla had agreed to assist Doreen with a particularly difficult current issue which is that an anaesthetist in Zimbabwe may be charged with murder if a patient dies on the table whatever the cause. Recently an acquaintance was imprisoned for six months for this reason and no-one knew where he was.

Acknowledgements

1. New Avakash for help towards accommodation costs at the Bronte Hotel.
2. The IRC of the AAGBI for assisting with airfares of Association members.

The conference programme can be downloaded from the website www.africansmiles.co.uk under ZIMBABWE

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Postscript

A BIG THANK YOU FOR ATTENDING THE ZIMBABWE ANAESTHETIC ASSOCIATION (ZAA)
ANNUAL CONGRESS 2012!!!

Date: Wed, 17 Oct 2012 22:26:07 +0200

Dear Keith,

I trust you are safely at home now and back to work.

On behalf of the ZAA, I wish to extend my sincere gratitude to you for attending our congress and presenting. Our theme, "Challenges in Obstetric Anaesthesia, Airways and ICU", made it possible for us to invite Nurse Anaesthetists, midwives, ICU Nurses, Theatres Nurses as well as Obstetricians. We also had a few General Surgeons, one or two Orthopaedic Surgeons and one Neurosurgeon. It was an interesting combination. The total number of guests per day was about 250. It was definitely one of its kind. We have only had combined seminars with other specialists, but this time we also coordinated with the Nursing staff. I wish to thank you for coordinating the organization of the conference and for the brilliant presentations.

You took so much of your time (since last year) to make this a success, thanks to you. I look forward to further assistance from you in future especially, in fielding presenters.

It was a wonderful faculty of presenters. The workshops were brilliant, very educative indeed. The delegates all appreciated the experience. We have received a lot of positive comments in relation to the conference. I believe it was mission accomplished.

May the good Lord bless you and your family.

Warm regards

Dr. Doreen Mashava
(Zimbabwe Anaesthetic
Association (ZAA) President)