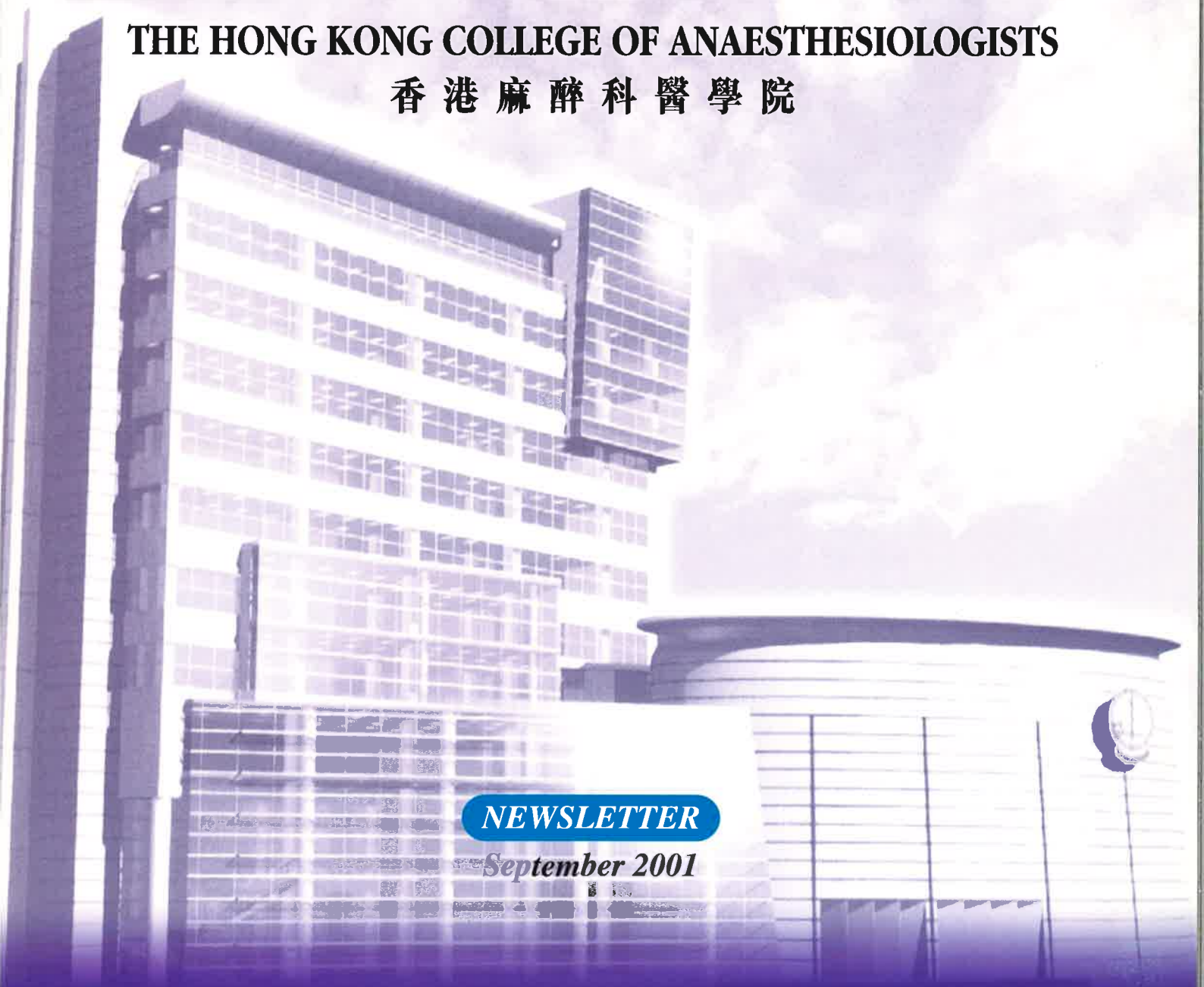
THE HONG KONG COLLEGE OF ANAESTHESIOLOGISTS

香港麻醉科醫學院



NEWSLETTER

September 2001

Council 2001-2003

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ICU Committee - Chairman:	Dr Buckley, TA
Pain Management Committee - Chairman:	Dr PP Chen
Resuscitation Committee - Chairman:	
Basic Science Course - Organiser:	Dr CH Koo
Clinical Anaesthesiology Informative Course - Organiser:	Dr Cheung Po Wa
Clinical Anaesthesiology Crash Course - Organiser:	Dr SM Wong
Difficult Airway Management Workshop - Co-ordinator:	Dr KM Ho

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Hong Kong College of Anaesthesiologists
Message from the President

On behalf of the Council, I wish to report to you the progress of the following issues:

CSM 2001

I have pleasure to report to you that the CSM held in May was a great success. The number of registrants was close to 1,000. There were lots of compliments but very few complaints. It was rated by many as one of the best meetings in terms of the scientific contents, venue and facilities and social events. The great efforts of the Organising Committee and the Scientific Committees for anaesthesia, intensive care and pain medicine has paid off. As the accounts are being finalized, it is envisaged that a small profit will be made.

Approximately 100 delegates went to Beijing for the satellite meeting. Of these about 10 were from Hong Kong. The meeting started with a half-day visit to some of the best hospitals in Beijing. The second day was a full day of lectures contributed by speakers from the mainland, Australasia and Hong Kong. A wide range of topics was covered, including anaesthesia, intensive care and pain medicine. The meeting itself was held at the Kun Lun Hotel, which is a five star facility. The satellite meeting was well received both by our mainland colleagues and those from overseas. It provided an excellent opportunity to make new friends and to renew old acquaintances.

Institute of Clinical Simulation

In previous issues, it has been reported to you that our College was in the process of setting up a simulation centre at the North district Hospital. The Council has great pleasure to report to you that a memorandum has been signed between management of the North District Hospital and our College. The set up cost, including instructor training in Melbourne for 8 instructors, will come from the hospital. A functioning operating theatre and separate rooms for workshops are provided. Future running cost will have to be shouldered by the College. A joint committee will be formed to direct the management of the centre. Council has decided to adopt the name Institute of Clinical Simulation (ICS). A/Prof. K. F. Ng will represent the College to oversee the running of the ICS.

A METI simulator has arrived. This is the only comprehensive anaesthetic simulator available as EagleSim has gone out of business. The necessary conversion works for the operating theatre are supervised by Dr. T. S. Sze and are near completion. Two groups of four instructors will go to Monash University, Melbourne to undergo instructor training in Anaesthesia Crisis Resource Management (ACRM). Future instructors include: A/Prof. K. F. Ng, Drs. P. P. Chen, Y. F. Chow, K. M. Ho, Steven Wong, T. W. Lee, C. T. Hung and Joseph Lui. It is anticipated that ACRM training will be started in late 2001.

ANZCA has conducted pilots of a proposed Effective Management of Anaesthesia Crises (EMAC) course. It has been proposed that this will be accepted as an alternative to taking the EMST for ANZCA trainees. The possibility of having the ICS accredited for providing the EMAC course will be explored. This will not only benefit ANZCA trainees in Hong Kong but it can also be used for training of our own trainees.

Apart from the METI simulator, part task trainers for difficult airway management training were also purchased. It is envisaged that the ICS will be used for future workshops and these will be held regularly 2-3 times each year. Dr. K. M. Ho of North District Hospital has put in a lot of effort to re-organise the course material. A workshop to train up a group of new instructors was conducted in July. The ICS could be useful as a venue for other suitable courses or workshops.

CME/CPD

As you are aware, the Medical Council is working on a reform package. There are many controversial issues and vastly different opinions were expressed within the medical community. The HKAM has circulated a draft position paper to consult the fellows. The most hotly debated issue was the linking of CME to medical registration. From the response of fellows to the academy, it appears that there is little disagreement on the necessity of CME but there are very different opinions on the implementation. Objection to linking CME with registration was strong. However, there is realistic social pressure on the medical community. It will be difficult to explain to the public that we doctors do not need to be seen to be updating when it is a requirement for most other professionals. These include Chinese medicine practitioners, accountants, solicitors and insurance intermediaries. Many of them are linked to license to practice. At a recent Council meeting the Academy has decided that the proposal to the Medical council should be that CME is compulsory for all medical practitioners. The implementation can be debated further and be decided by the Medical council.

The potential shortfalls and the progress to CPD are being discussed at the Education Committee of the Academy. There has to be consensus on the meaning of CPD and what kind of activities can be regarded as CPD. As every specialty has their specific needs, at this stage it appears that the Academy will allow flexibility for the College to make their decision. With the experience of CME in the last few years, suitable CPD activities will be made available for all fellows to satisfy the requirement.

ASM 2002

Dr. Simon Chan of Prince of Wales Hospital is the chairman of the organising committee. The first meeting was held on 23 August 2001. After getting quotation from International Conference Consultants, the Federation of Medical Societies of Hong Kong and the Hong Kong Academy of Medicine, the conference Organising Service of Federation was selected. You will be posted, as more information becomes available.

Dr. T.W. Lee, President
August, 2001

Update on activities conducted by Board of Accreditation in 2001

The first half of year 2001 has been a busy time for members of the Board of Accreditation. After lengthy meetings and discussions to strategically examine the future of our college training system, and that inspection criteria have been agreed between members of the Board of Education and Board of Accreditation, we channeled our effort into re-validation of the training status of our various hospitals.

With the full co-operation and efforts put in by our dedicated team of inspectors, nine hospitals/clusters were inspected for re-validation of training status within a short period in July. The timely return of data, continuing support by various hospitals' anaesthetic departments and personal efforts delivered by the COS/supervisors of training all contributed to the success in this round of inspection exercise. Solid foundation and good training environment are necessary to produce our independent, competent future specialists in anaesthesiology, intensive care and pain medicine.

A table outlining recent results of our inspection exercise is set out below:

Training Units	Posts/Duration	Effective Date	Category
QMH/TYH	20/3 years	1 July 2001	A
PWH	20/3 years	1 July 2001	A
QEH	21/3 years	1 July 2001	A
TMH	14/3 years	1 Jan 2001	A
PYNEH	10/2 years	1 July 2001	B
PMH	6/2 years	1 July 2001	B
UCH	13/2 years	1 July 2001	B
AHNH	6/2 years	To be determined	B
YCH	4/1 year	1 Jan 2002	B
GH	2/up to 1 year	1 July 2001	C
RH/TSKH	To be determined	1 July 2001	B

I would like to extend my sincere thanks to all members of the BOA who helped in this exercise, and to all departments COS/SOT for their effort and liaison.

Areas of concern raised by various hospitals regarding issues such as data form design, frequency of return of hospital statistics, manpower and workload calculation, etc, will be looked into in due course. Moreover, some departments have also applied for accreditation status and these hospitals will be visited later.

Dr. John Liu
Chairman
Board of Accreditation

Report from Pain Management Committee

New Diplomates: Dip Pain Mgt (HKCA)

1. By Examination: Dr Timmy Yuen Shiu Tim
2. By ad eundem: Dr Anne Chan Miu Han

Dip Pain Mgt (HKCA) Examination

Next Dip Pain Mgt (HKCA) examination: 21st Sep 2001

Closing Date for application: 21st Aug 2001

External Examiner: Dr. Penny Briscoe

Joint Meeting with Faculty of Pain Medicine

The Pain Management Committee (PMC) of HKCA conducted a joint meeting with the Board of the Faculty of Pain Medicine (FPM), ANZCA during the Combined Scientific Meeting 2001 in May. At the meeting, several issues were discussed:

1. Regular dialogue between the two secretariats
2. Exchange of trainees
3. Possibility of funded Australian training positions for interested local trainees
4. Invitation from FPM to PMC to send local examiners to observe at FPM examinations
5. Invitation from PMC to FPM to nominate external examiners for Dip Pain Mgt examination
6. Exchange of members to respective Board meetings as observer
7. Exchange of speakers at Annual Scientific Meetings
8. The possibility of local Dip Pain Mgt trainees registering as FPM trainees to qualify for educational and training resources (without intention to sit for FPM examination)
9. The possibility of collaborative research activities between FPM and PMC was explored.
10. In relation to the training and examination for FFPMANZCA for Hong Kong trainees, Prof Cousin emphasised that it is essential for all pain medicine trainees to spend one year at a Faculty approved multidisciplinary centre

These issues will be further explored and discussed by the FPM and PMC in their respective future Board meetings.

Pain SIG Scientific Meeting

As there have been several pain-related meetings in the last few months, the scheduled Pain SIG scientific meeting has been postponed. The coming Pain SIG scientific meeting will be hosted by Tuen Mun Hospital in Sep/Oct 2001.

Pain Management Accreditation Centre

Training Unit	Posts	Duration
PWH	1	1 year
QEH	1	1 year
QMH	2	1 year
UCH	1	1 year

Current Committee members

PP Chen (Chairman), S Wong (Secretary), CT Hung, A Kwan, KK Lam, TW Lee, S Onsiong, KO Sun, TS Sze, BA Tay, SL Tsui

PP Chen
9th Aug 2001

Report on progress of Institute of Clinical Simulation

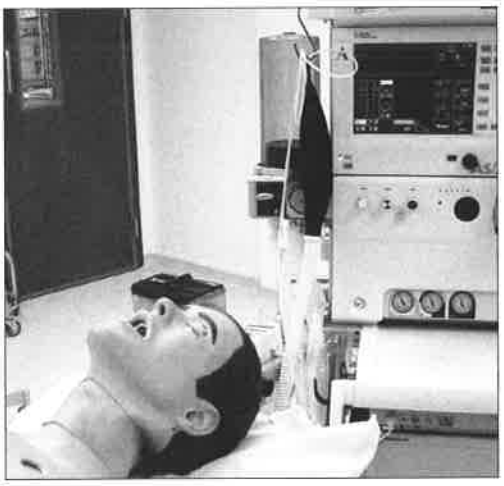
After prolonged discussion and negotiation, our College finally signed a memorandum with the North District Hospital on 1st August 2001 to set up the Institute of Clinical Simulation (ICS) at North District Hospital. A managing committee will be set up in due course with equal representation from HKCA and NDH to manage the activities of the ICS.

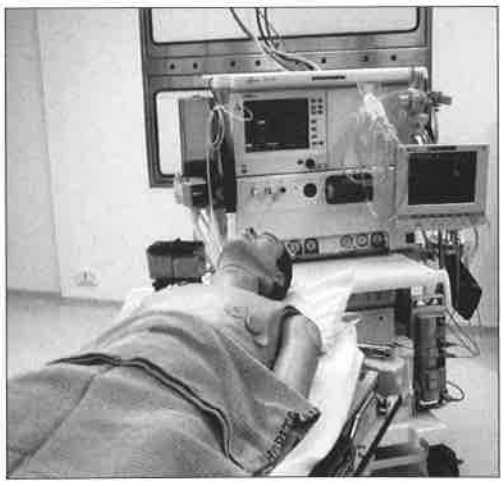
We have housed a state-of-the-art METI➔ anaesthetic patient simulator at ICS. In addition, the ICS is also equipped with a simpler, algorithm based SIMMAN➔ simulator. We have also armed the ICS with numerous airway toys including a virtual bronchoscopy system which is a PC based virtual reality system suitable for all sorts of bronchoscopic training including but not restricted to fibreoptic guided endotracheal intubation.

The ICS is at the moment undergoing some final shaping up. We need to install a CCTV and audiovisual system, as well as getting our control rooms and debriefing rooms ready. A team of core members of the ICS has also been identified in our College. They will be receiving some training from the Southern Health Simulation and Skills Centre at Monash Medical Centre, Melbourne in September and October.

An airway workshop will be organised at the ICS in September to start the ball rolling. The ICS's business is to serve all members and fellows of our College by providing an stimulating, comfortable and well-resourced environment for development and maintenance of knowledge and skills important to the safe practice of anaesthesiology. You can help the ICS to serve everybody better by providing us with your ideas about the kind of activities you expect at ICS. Just email to office@hkca.edu.hk or write to us. We look forward to building the ICS with your participation and serving you at the ICS.

Dr KF Ng





Caption: Here are two photos of the future ICS

Fellows admitted since 1 January 2001

FHKCA (Anaesthesiology) By Examination:

Name	Date of Admission(YMD)
Dr. Chan, Yau Wai	20010807
Dr. Lai, Kin Wah Aaron	20010807
Dr. Poon, Michael Chung Mo	20010524
Dr. Wong, Kwong Wun	20010524
Dr. Chua, Swee Kim	20010322
Dr. Szeto, Ling Dione	20010322
Dr. Shen, Judith	20010322
Dr. Brake, Timothy James	20010118

FHKCA (Anaesthesiology) *ad eundem*:

Dr. Cheung, Vivian Yee Nin	20010807
Dr. Ng, Man Wai	20010322
Dr. Mak, Ho Kwong Peter	20010322
Dr. Lo, Kevin Shing	20010322

Dip Pain Mgt (HKCA) By Examination:

Dr. Yuen, Shiu Tim Timmy	20010807

Dip Pain Mgt (HKCA) *ad eundem*:

Dr. Chan, Miu Han Anne	20010807

Successful candidates for the February/ March 2001 Final Fellowship Examination

Dr.	Chan, Derek Lim Sun	PWH
Dr.	Chan, Kin Wai	PMH
Dr.	Chau, Ching Ping	PWH
Dr.	Fong, Bik Ki	TMH
Dr.	Hui, Ki Ling	PWH
Dr.	Lim, Huey Sing	PWH
Dr.	Shum, Kim Ping	TMH
Dr.	Wong, Yeuk Chi, Gigi	KWH
Dr.	Yuen, Man Kwong	QMH

Nine out of fifteen candidates passed the examination. The College is grateful to Dr. G. Stuart Ingram of RCA, and Dr. Geoff Mullins of ANZCA for their assistance as External Examiners during the examination.

Successful candidates for the July/August 2001 Final Fellowship Examination

Dr.	Cheng Kam Wah	KWH
Dr.	Ng Ka Lai	PWH
Dr.	Tay Teik Guan	UCH
Dr.	Li Ching Fan Carina	QMH
Dr.	Kwok Fung Kwai	PYNEH
Dr.	Law Ngai Leung	QMH
Dr.	Chui Kai Yeung	QMH
Dr.	Kwok Ching Yee	QEH
Dr.	Hui Kit Man Grace	QEH
Dr.	Lau Wing Man	TMH

Ten out of 15 candidates passed the examination. The College is grateful to Dr John Currie of RCA, and Dr. Glenda Rudkin of ANZCA for their assistance as External Examiners during the examination.

Successful candidates for the February/ March 2001 Intermediate Examination

Dr.	Cheng, Yat Hung	KWH
Dr.	Cheung, Ning Michelle	PWH
Dr.	Chu, Suk Yi	PYNEH
Dr.	Kwan, Wai Man Gladys	QEH
Dr.	Lau, Angela Shuk Hang	UCH
Dr.	Lee, Wai Kong	PWH
Dr.	Lee, Yuk Ming Sunny	UCH
Dr.	Lui, Siu Kuen	YCH
Dr	Sin, Lok Man Raymond	TMH
Dr.	Tong, Gerald Sze Ho	PMH
Dr.	Wong, Chau Ping	PWH
Dr.	Yeung, Ying	QEH

Twelve out of twenty-three candidates passed the examination. The College is grateful to Prof. RK Mirakhur from RCA and Dr. Peter Kam from ANZCA for their assistance as External Examiners during the examination.

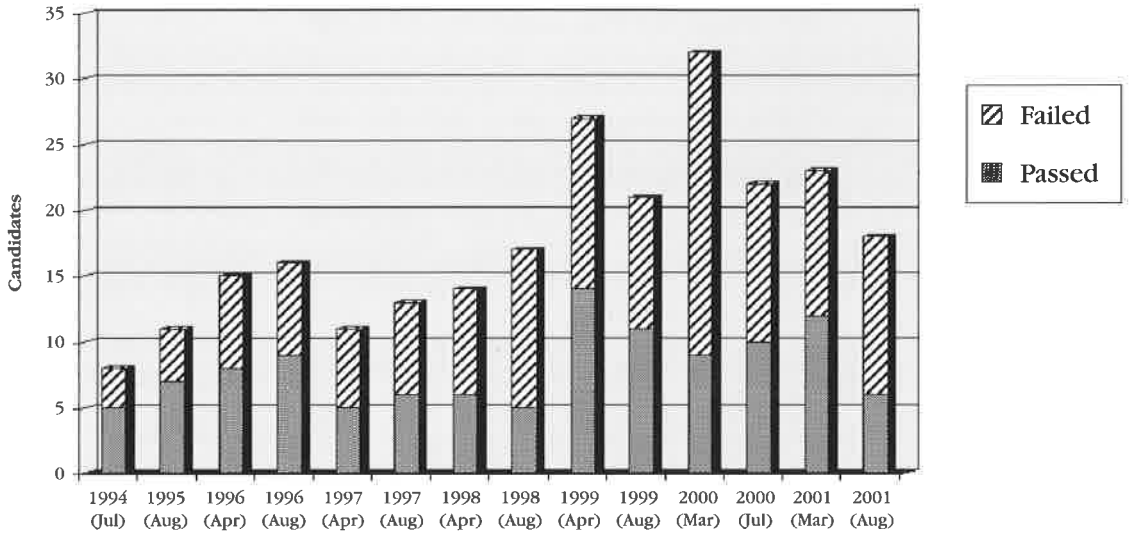
Successful candidates for the June/ August 2001 Intermediate Examination

Dr.	Ho Sin Shing	PWH
Dr.	Cheng Tsang Dawn	AHMLNH
Dr.	Cheung Chi Wai	YCH
Dr.	So Ching Yee	PWH
Dr.	Tan Kee Soon	PWH
Dr.	Wong Choi Sum	KWH

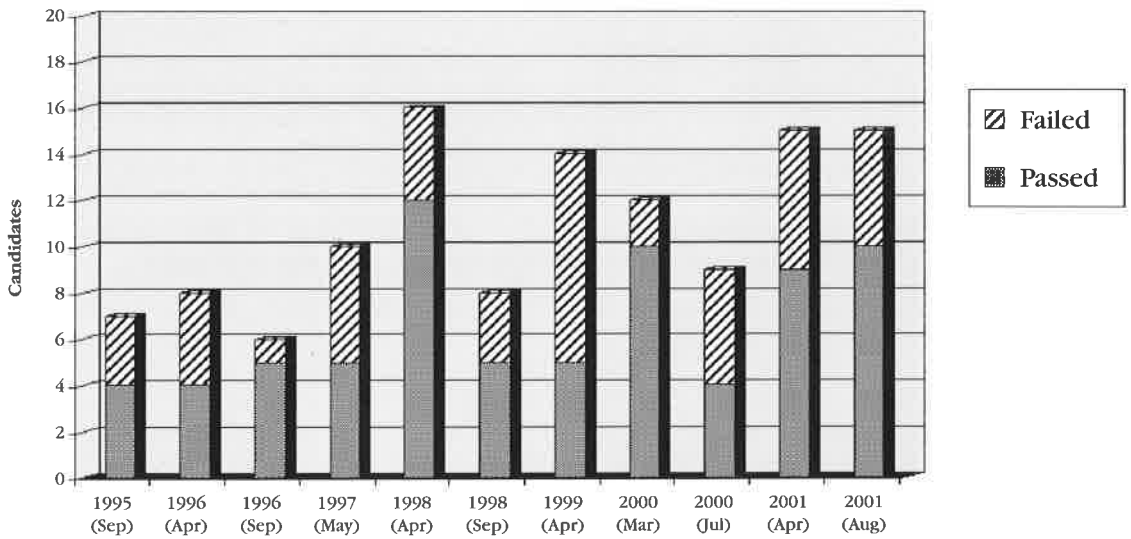
Six out of 18 candidates passed the examination. The College is grateful to Dr Iain Campbell of RCA, and Dr. Peter Kam of ANZCA for their assistance as External Examiners during the examination.

Statistics for Past Fellowship Examinations

HKCA Intermediate Exam



HKCA Final Exam



THE HONG KONG COLLEGE OF ANAESTHESIOLOGISTS

Fellowship Examinations 2002

Intermediate Fellowship Examinations

February / March	Date
Written	22 February 2002 (Fri)
Oral	22/23 March 2002 (Fri/Sat)
Closing Date	22 January 2002 (Tue)

July / August	Date
Written	12 July 2002 (Fri)
Oral	16/17 August 2002 (Fri/Sat)
Closing Date	12 June 2002 (Wed)

Examination Fee: $ 7,000

Final Fellowship Examinations in Anaesthesiology

March / April	Date
Written	15 March 2002 (Fri)
Oral/OSCE	26/27 April 2002 (Fri/Sat)
Closing Date	15 February 2002 (Fri)

August / September	Date
Written	2 August 2002 (Fri)
Oral/OSCE	6/7 September 2002 (Fri/Sat)
Closing Date	2 July 2002 (Tue)

Examination Fee: $ 11,000

Examination in Diploma in Pain Management

	Date
Written	To be announced
Closing Date	To be announced

Examination Fee: $ 5,000

Application forms are available from Supervisors of Training and HKCA Office.

Fee Schedule for HKCA Events

Event	Amount
Basic Science Course in Anaesthesiology	1,000
Tutorial by Dr Peter Kam	2,000
Clinical Anaesthesiology Informative Course	1,200
Clinical Anaesthesiology Crash Course	1,000
Part I Mock Viva	5,00
Airway Workshop	1,200
Intermediate Examination	7,000
Final Examinations	11,000
Dip Pain Mgt Examination	5,000

Future HKCA course schedule

Basic Science Course in Anaesthesiology(Saturday)	15/09/01 to 03/11/01
Tutorial by Dr. Peter Kam (at QEH)	03/12/01 to 15/12/01
Difficult Airway Management Workshop (at NDH)	29/09/01
Clinical Anaesthesiology Informative Course	tentatively set for Fridays from October to December 2001, Dr. PW Cheung organiser

Difficult Airway Management (DAM) Workshop

Please note that the next Airway Workshop will be held on the 29th September, 2001.

Time:	9am to 4pm
Venue:	Institute of Clinical Simulation (ICS) North District Hospital
Capacity:	Maximum 16 participants
Course Fee:	HK$1,200

Registration Form

Name: _____

Contact tel: _____

Fax: _____

Email: _____

Address: _____

_____

_____

All are welcome!

Registration will be based on a first-come-first-served basis

Workshops will be conducted regularly throughout the year

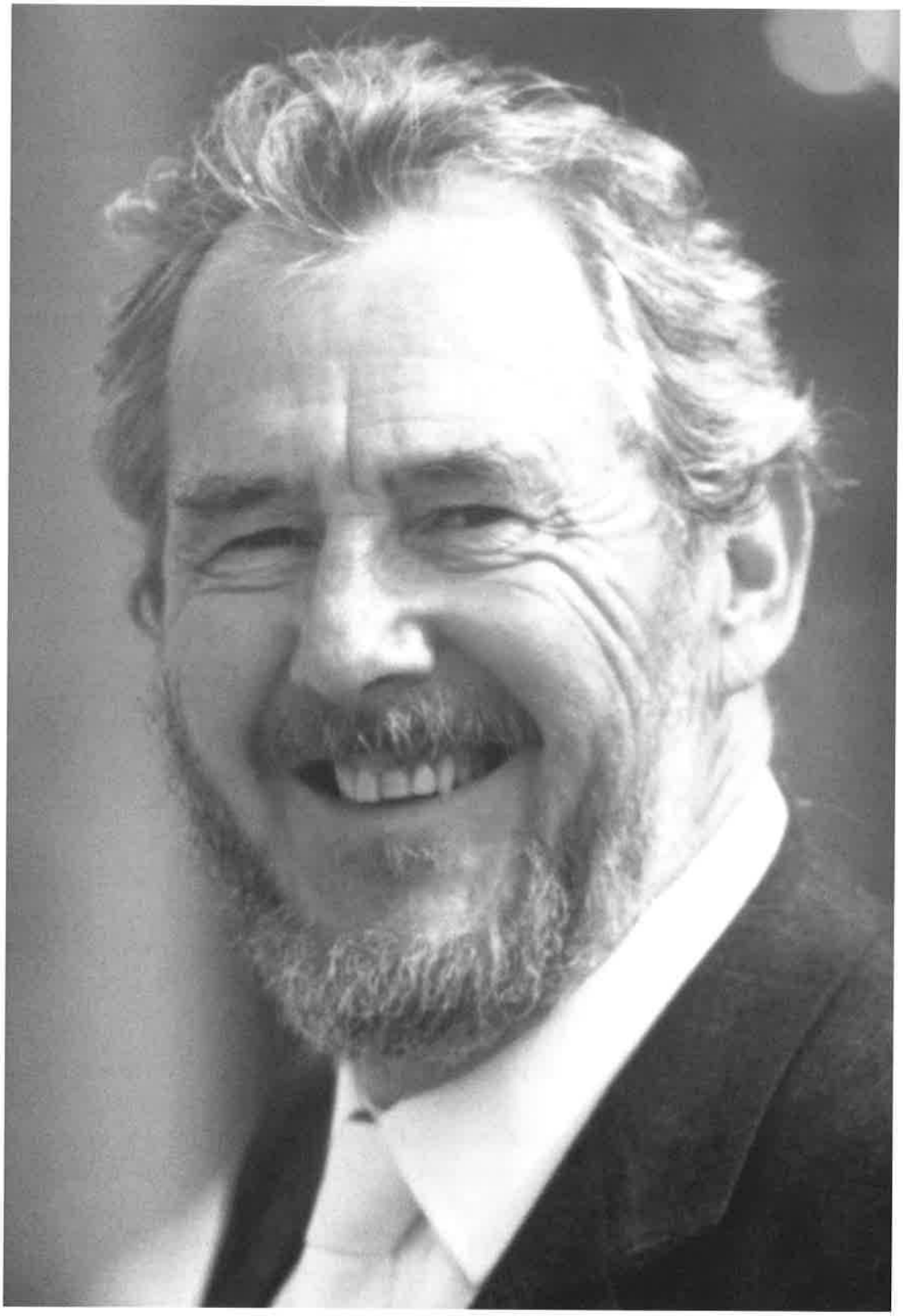
Please send application together with cheque made payable to "The Hong Kong College of Anaesthesiologists" and address to Mr Daniel Tso, Administrative Executive, Room 807, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong

Thomas Michael MOLES

MB BS(Lond) DTM&H FRCA FHKCA FHKAM(Anaesthesiology)

1934 - 2001

By Brigadier Ivan Houghton MD LLB FRCA FHKCA



Dr Michael Moles, the renowned anaesthetist and teacher, died suddenly of a dissecting aortic aneurysm aged 66 on 20 March 2001 at his home in Hong Kong.

Mike was born in Wales, the son of a doctor, Sir Thomas Moles, Baronet. However he received much of his education early abroad before excelling academically and on the playing fields at Wellington College. He was awarded a Kitchener Scholarship to read medicine at St Thomas's Hospital Medical School, one of the constituent colleges of the University of London. He was Captain of Hockey, and, on the social side, he was elected the Vice President of the Students' Union. He graduated MB BS from the University of London in December 1958 and went on to do his pre-registration house appointments in his teaching hospital.

His early anaesthesia training was in Southampton and St George's Hospital, London before joining the Army on a five-year short service commission in the Royal Army Medical Corps. He served with the Ghurkha Independent Parachute Squadron as its medical officer in both Borneo and at the British Military Hospital in Dharan, Nepal. He continued to serve with airborne forces as the anaesthetist with 23 Parachute Field Ambulance and, in 1963, he was appointed as a Specialist in Anaesthesia and was posted to the British Military Hospital Hong Kong in Bowen Road. He took part in the Army Mountaineering expedition to Ama Dablam in 1964 and the expedition to Makalu in 1968, both in Nepal. He finished his regular service in the rank of Major.

After his regular service, he joined the Territorial Army Volunteer Reserve as the Regimental Medical Officer of 10th Battalion, the Parachute Regiment (Volunteers) and undertook a number of attachments to Belfast between 1971 and 1979, and further short visits to Hong Kong, Cyprus and Germany. He became the civilian co-ordinator for the training of United Kingdom Special Forces Patrol Medical Orderlies and acted as a consultant to the Training Wing of the Israel Defence Forces Special Forces in 1978 and the United Arab Emirates from 1982 to 1986.

From his time with the forces, he developed a life-long interest in trauma, mass casualty and disaster management as well as the medical management of nuclear, biological and chemical warfare casualties.

He returned to civilian life in 1966, starting in biochemistry in Southampton before going back to anaesthesia and intensive care as a registrar. He passed the FFARCS (Eng) in 1968 and was soon appointed a senior registrar at the Middlesex Hospital and the London Chest Institute.

In 1970, he was appointed consultant anaesthetist with a special interest in resuscitation of trauma and intensive care at the Southampton University Hospitals. His major response plan for the hospital was widely copied and he taught extensively on disaster planning and he was made the Director and Co-ordinator for the Wessex Regional Hospital Board's major disaster and counter terrorist planning committee and a member of the Royal College of Surgeons' medical commission on accidents. He was a founder member of the British Association of Immediate Care and suggested its name BASICS. He was an executive committee member of the Resuscitation Council UK and also on the Department of Health and Social Security's subcommittee on civilian-military co-operation in chemical warfare. He gained extensive overseas experience with academic visits to a number of leading centres in Sweden, Holland and the Middle East. He volunteered his services to the International Red Cross in Lebanon, Cambodia and Thailand during their times of conflict. All this led to him playing a major rôle in the development of the World Association for Disaster Medicine and he contributed to every World Congress of Emergency and Disaster Medicine.

However at the end of 1980 the lure of the Far East saw him accepting the challenge of setting up the Department of Anaesthetics in Relation to Dentistry at the University of Hong Kong in the new Prince Phillip Dental Hospital. He had been given leave of absence for a couple of years from Southampton. For a short while, he tried to run both appointments concurrently, but fortunately Hong Kong won, and he resigned from Southampton. He had been accorded the rank of Reader in the Dental Faculty at the University of Hong Kong and he worked diligently in developing the reputation of his department where he remained in post for fifteen years. He specialised clinically in anaesthesia for major maxillo-facial surgery and set up an impressive educational programme for undergraduate training in resuscitation and dental anaesthesia. He was an innovative teacher who made excellent use of varied teaching methods. His demonstrations and lectures were always memorable. Mike immediately began making an impact in Hong Kong. He was soon elected onto the Council of the Society of Anaesthetists of Hong Kong and helped with the training programmes for an_sthetic trainees which were then under the auspices of the Society, carrying on the tradition of the Society in assisting its members' and non-members. His flair for organisation was recognised and he was co-opted onto the organising committee and was made the co-chairman of the Scientific Committee with Jean Horton for the very successful 7th Asian Australasian Congress of Anaesthesiologists held in Hong Kong 1986. He had been appointed to the Executive Council of the World Association for Emergency and Disaster Medicine in 1985 and, through his personal persuasion, he brought the sixth World Congress on Emergency and Disaster Medicine to Hong Kong in 1989. He was the Chairman of its Organising Committee and his innovative ideas, his charismatic personality and his tireless energy produced a conference that others have only aspired to.

Despite his prodigious conference work, he did not neglect the development of the specialty of anaesthesia in Hong Kong. He was elected Vice President of the Society of Anaesthetists of Hong Kong and he took over the Chairmanship of the Board of Studies on the retirement of Professor Andrew Thornton. Through his strong belief in anaesthesia as an independent specialty, he championed the early establishment of the Hong Kong College of Anaesthesiologists (HKCA) despite the scepticism of other professional colleagues. It is hardly an exaggeration to say that it was through his continuing work and advocacy that the HKCA was founded in 1989 before all other specialty colleges except the obstetricians and gynaecologists. It was due to his foresight regarding the formation of the future Hong Kong Academy of Medicine that the formation of the HKCA was founded with its Memorandum and Articles having sufficient flexibility to incorporate the future Academy. This experience with the HKCA led to a number of new Colleges of the Academy turning to him for advice in their formative periods. It was no surprise that he was elected the first and founding President of the College. Through his wise council and hard work, the HKCA developed on solid foundations and grew from strength to strength.

Mike was instantly recognisable by his old safari suit, a fine beard and a classic MGB. He never let the grass grow under his feet. He undertook a gruelling programme of international travel participating in many congresses, organising meetings, taking part in much committee work both in Hong Kong and abroad and playing a major part in many Councils. He contributed to a number of taskforces and workshops related to terrorism, medical responses to disaster, resuscitation as well as anaesthesia in many countries. He had a vast circle of friends and contacts internationally and he persuaded many of them to visit and lecture in Hong Kong.

He contributed to a number of textbooks, he wrote many scientific papers describing his researches and he edited six books of congress abstracts. He was a gifted and charismatic teacher who was able to hold his audience's attention and was able to bring new thinking to old problems. His enthusiasm was infectious and his lectures were always packed.

He resigned from his Readership in 1995 but in recognition of his enormous contribution to the University, he was made an Honorary Reader. He continued with some clinical practice of anaesthesia for trauma and maxillo-facial surgery but he also developed a freelance practice in aeromedical evacuation and held a number of consultancies including anti-terrorist medical intervention training in Hong Kong and Japan. He was the convenor for the reconstruction of the emergency medical services in former Yugoslavia. From 1991 to 1998 he taught on the Mine Action Group's courses for the 'hands-on' paramedic trainer training for the mine clearance programme for which he devised the curriculum and course materials.

In 1995, he trained indigenous anaesthesiologists in operative and perioperative care for paediatric maxillo-facial surgery in China and in 1996 in the Phillipines as part of Operation Smile.

Mike was a member of the Foreign Correspondents Club and the Royal Hong Kong Yacht Club. In earlier days, he had played hockey in Hong Kong until he injured his knee on the Astraturf at the King's Park Hockey Ground. He was a very good sailor and took part in many ocean races but it was the Foreign Correspondents Club that was his favourite haunt. Here he would often imbibe late into the night, keeping any audience enthralled with his tales and opinions.

Mike had been married to Shirley in his earlier life and he had four children, Mandy, Rory, Jono and Lucy and one granddaughter, Freya. In the 80s, he bought an apartment in Andorra where he would meet up with his children and take to the ski slopes. However for the much of his later life, he lived very happily with his long-standing partner Pat Elliot Shircore. The two of them worked in synergy, complementing and enhancing each others' abilities. After his retirement from the University, they moved to Shek O where they had a small house with a view of the South China Sea. He died unexpectedly but not so rapidly that he could not explain to Pat what was happening and apologise. A considerate gentleman to the end.

NIMBEX™ ABRIDGED PRESCRIBING INFORMATION:

PRESENTATION

A sterile solution containing 2 mg and 5mg cisatracurium (bis-cation) per mL, as cisatracurium besylate, without an antimicrobial preservative, supplied in an ampoule and vial respectively.

INDICATIONS

NIMBEX is an intermediate-duration, non-depolarising neuromuscular blocking agent for intravenous administration. NIMBEX Injection is indicated for use during surgical procedures including cardiac surgery, other procedures and in intensive care. It is used as an adjunct to general anaesthesia, or sedation in the Intensive Care Unit (ICU), to relax skeletal muscles, and to facilitate tracheal intubation and mechanical ventilation.

DOSAGE AND ADMINISTRATION

Use by intravenous bolus injection: Dosage in adults: Tracheal Intubation. The recommended intubation dose of NIMBEX Injection for adults is 0.15 mg/kg administered rapidly over 5 to 10 seconds. This dose produces good to excellent conditions for tracheal intubation 120 seconds following injection. High doses will shorten the time to onset of neuromuscular block. Maintenance. A dose of 0.03 mg/kg provides approximately 20 minutes of additional clinically effective neuromuscular block during opioid or propofol anaesthesia. Consecutive maintenance doses do not result in progressive prolongation of effect. Spontaneous Recovery. Once spontaneous recovery from neuromuscular block is underway, the rate is independent of the NIMBEX dose administered. During opioid or propofol anaesthesia, the median times from 25 to 75% and from 5 to 95% recovery are approximately 13 and 30 minutes, respectively. Reversal. Neuromuscular block following NIMBEX administration is readily reversible with standard doses of anticholinesterase agents. The mean times from 25 to 75% recovery and to full clinical recovery (T4:T1 ratio greater or equal to 0.7) are approximately 2 and 5 minutes respectively, following administration of the reversal agent at an average of 13% T1 recovery.

Dosage in paediatric patients aged 2 to 12 years: The recommended initial dose of NIMBEX Injection in children aged 2 to 12 years is 0.1mg/kg administrated over 5 to 10 seconds. A dose of 0.1mg/kg has a faster onset time, a shorter clinically effective duration and a faster spontaneous recovery profile than those observed in adults under similar anaesthetic conditions. Tracheal Intubation. Although has not been specifically studied in this group, onset is faster than in adults and therefore intubation should also be possible within 2 minutes of administration. Maintenance. A dose of 0.02 mg/kg provides approximately 9 minutes of additional clinically effective neuromuscular block during halothane anaesthesia. Consecutive maintenance doses do not result in progressive prolongation of effect. Spontaneous Recovery. During opioid anaesthesia, the median times from 25 to 75% and from 5 to 95% recovery are approximately 10 and 25 minutes, respectively. Reversal. Neuromuscular block following NIMBEX administration is readily reversible with standard doses of anticholinesterase agents. The mean times from 25 to 75% recovery and to full clinical recovery (T4:T1 ratio greater or equal to 0.7) are approximately 2 and 5 minutes respectively, following administration of the reversal agent at an average of 13% T1 recovery.

Use by intravenous infusion: Dosage in adults and children aged 2 to 12 years: Maintenance of neuromuscular block may be achieved by infusion of NIMBEX Injection. An initial infusion rate of 3 mcg/kg/min (0.18 mg/kg/hr) is recommended to restore 89 to 99% T1 suppression following evidence of spontaneous recovery. After an initial period of stabilisation of neuromuscular block, a rate of 1 to 2 mcg/kg/min (0.06 to 0.12 mg/kg/hr) should be adequate to maintain block in this range in most patients.

Infusion Delivery Rate of NIMBEX Injection 2 mg/mL.

Patient Weight (kg)	Dose (mcg/kg/min)				Infusion Rate
	1.0	1.5	2.0	3.0	
20	0.6	0.9	1.2	1.8	mL/hr
70	2.1	3.2	4.2	6.3	mL/hr
100	3.0	4.5	6.0	9.0	mL/hr

Dosage in children aged less than 2 years: No dosage recommendation for paediatric patients under 2 years of age can be made until further information becomes available.

Dosage in elderly patients: No dosing alterations are required in elderly patients.

Dosage in patients with renal impairment: No dosing alterations are required in patients with renal failure.

Dosage in patients with hepatic impairment: No dosing alterations are required in patients with end-stage liver disease.

Dosage in patients with cardiovascular disease: NIMBEX Injection has been administrated by rapid bolus injection in doses of up to 0.1mg/kg to patients undergoing coronary artery bypass graft (CABG) surgery, and was not associated with clinically significant cardiovascular effects.

Dosage in Intensive Care Unit (ICU) patients: An initial infusion rate of NIMBEX Injection of 3 mcg/kg/min (0.18 mg/kg/hr) is recommended for adult ICU patients. There may be wide interpatient variation in dosage requirements and these may increase or decrease with time. In clinical studies the average infusion rate was 3µg/kg/min [range 0.5 to 10.2µg/kg (body weight)/min (0.03 to 0.6 mg/kg/hr)]. The median time to full spontaneous recovery following long-term (up to 6 days) infusion of NIMBEX Injection in ICU patients was approximately 50 minutes.

Infusion Delivery Rate of NIMBEX Injection 5 mg/mL.

Patient Weight (kg)	Dose (mcg/kg/min)				Infusion Rate
	1.0	1.5	2.0	3.0	
70	0.8	1.2	1.7	2.5	mL/hr
100	1.2	1.8	2.4	3.6	mL/hr

The recovery profile after infusions of NIMBEX Injection to ICU patients is independent of duration of infusion.

Instructions for use:

Diluted NIMBEX Injection is physically and chemically stable for at least 24 hours at 5°C and 25°C at concentrations between 0.1 and 2.0 mg/mL in the following infusion fluids, in either polyvinyl chloride (PVC) or polypropylene containers:

- Sodium Chloride (0.9% w/v) Intravenous Infusion.
- Glucose (5% w/v) Intravenous Infusion.
- Sodium Chloride (0.18% w/v) and Glucose (4% w/v) Intravenous Infusion.
- Sodium Chloride (0.45% w/v) and Glucose (2.5% w/v) Intravenous Infusion.

However, since the product contains no antimicrobial preservative dilution should be carried out immediately prior to use, administration should commence as soon as possible thereafter and any remaining solution should be discarded.

NIMBEX Injection is not chemically stable when diluted with Lactated Ringer's Injection.

Where other drugs are administered through the same indwelling needle or cannula as NIMBEX Injection, it is recommended that each drug be flushed through with an adequate volume of a suitable intravenous fluid, eg, Sodium Chloride Intravenous Infusion 0.9% (w/v).

Since NIMBEX Injection is stable only in acidic solutions it should not be mixed in the same syringe or administered simultaneously through the same needle with alkaline solutions, eg, sodium thiopentone. It is not compatible with ketorolac trometamol or propofol injectable emulsion.

CONTRA-INDICATIONS

NIMBEX Injection is contra-indicated in patients known to be hypersensitive to cisatracurium, atracurium, or benzenesulfonic acid.

SPECIAL WARNINGS AND SPECIAL PRECAUTIONS FOR USE

Great caution should be exercised when administering NIMBEX Injection to patients who have shown allergic hypersensitivity to other neuromuscular blocking agents since cross-reactivity between neuromuscular blocking agents has been reported.

NIMBEX Injection has no clinically significant effect on heart rate and will not counteract the bradycardia produced by many anaesthetic agents or by vagal stimulation during surgery.

Patients with myasthenia gravis and other forms of neuromuscular disease have shown greatly increased sensitivity to non-depolarising blocking agents. An initial dose of not more than 0.02 mg/kg NIMBEX Injection is recommended in these patients.

NIMBEX is hypotonic and must not be administered into the infusion line of a blood transfusion.

INTERACTION WITH OTHER MEDICAMENTS AND OTHER FORMS OF INTERACTION

Increased effect:

Anaesthetics:-

- Volatile agents such as enflurane, isoflurane and halothane.
- Ketamine.
- Other non-depolarising neuromuscular blocking agents.

Other drugs:

- Antibiotics
- Anti-arrhythmic drugs
- Diuretics
- Magnesium salts
- Lithium salts
- Ganglion blocking drugs: trimetaphan, hexamethonium

Decreased effect:

Prior chronic administration of phenytoin or carbamazepine.

Prior administration of suxamethonium has no effect on the duration of neuromuscular block following bolus doses of NIMBEX Injection or on infusion rate requirements.

PREGNANCY AND LACTATION

NIMBEX Injection should be used during pregnancy only if the expected benefit to the mother outweighs any potential risk to the foetus.

It is not known whether cisatracurium or its metabolites are excreted in human milk.

EFFECTS ON ABILITY TO DRIVE AND USE MACHINES

This precaution is not relevant to the use of NIMBEX Injection. However the usual precautions relating to performance of tasks following general anaesthesia still apply.

UNDESIRABLE EFFECTS

No adverse experiences occurred during the clinical development programme that were considered to be reasonably attributable to NIMBEX Injection.

Adverse experiences considered possibly attributable occurred with a frequency of less than 0.5%. These were cutaneous flushing or rash, bradycardia, hypotension and bronchospasm.

SPECIAL PRECAUTIONS FOR STORAGE

Store between 2°C and 8°C.

Protect from light.

Do not freeze.

PACKAGE

For 2mg/mL, 5mg/2.5ml x 5 ampoules and 10mg/5ml x 5 ampoules are available.

For 5mg/mL, 150mg/30ml x 1 vial is available.

Further information is available on request from:

GlaxoWellcome

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