香港麻醉科醫學院

NEWSLETTER

In this issue …

Volume 13 **Number 1** **January 2004**

Contents

Instruction to Contributors

We welcome contributions from invited guests and members / fellows of the Hong Kong College of Anaesthesiologists. Articles should be prepared with suitable word processing software. Figures, table, pictures and photo-micrographs should be saved in the same file. The file could be sent either by e-mail or by post (on a floppy disc or CD) to the Editor. Please indicate if the material has to be returned after the editorial processing. The article would be printed in the same way as it is submitted. The accuracy of the materials published is the responsibility of the contributors. The contributors must ensure that the materials submitted do not infringe copyright. The editorial board reserves the editorial right for selection of publication.

Disclaimer

Unless specifically stated otherwise, the opinions expressed in this newsletter are those of the author's personal observations and do not necessarily reflect the official policies of the Hong Kong College of Anaesthesiologists.

Editorial

It has been twelve years since we started the College Newsletter in 1992. Much credit should go to my predecessors: Professor Chandra Rodrigo, Drs. TW Lee, Anne Kwan and Timmy Yuen for their hard work and dedications. Since the first issue, there have been a lot of changes in the newsletter. In the last couple of years, we have been interviewing prominent figures in Hong Kong Anaesthesia (Drs. Amy Lam, Peter Kam and Zoltan Lett). We have learnt a lot from their experience. Starting from the current issue, we wish to increase the academic content of the newsletter. Dr. SC Yu and his team in Tsang Kwan O Hospital have written a series of articles entitled "What's new in anaesthetic pharmacology?" I am sure you will find them most interesting. Furthermore, we wish to highlight the profiles of our fellows and members. In this issue, Drs. Geoffrey Lam (and his mentor Dr. Kevin Chan) and Anita Chan will share with us their "extraordinary" anaesthetic experience.

The College newsletter is primarily a communication tool between the College and our fellow members. We are always looking for stimulating thoughts and ideas from our colleagues. If you have anything that you wish to tell us, be it academic or extracurricular, please send it to us. We will also consider publishing formal project. In the years to come, we hope to maintain the newsletter as a regular (quarterly for the time being) publication. Your contribution will be highly appreciated.

Finally, I wish to thank our sponsor, GlaxoSmithKline, Hong Kong, for their unrestricted support. I am please to announce that GSK, Hong Kong has agreed to bring this newsletter to you, free of charge, for the coming 12 months.

On behalf of the editorial board, I wish you all a happy new year (of Monkey).

Matthew Chan
Editor-in-Chief

The Editorial Board

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Address: Department of Anaesthesia and Intensive Care, Chinese University of Hong Kong, Prince of Wales Hospital, Shatin, NT, Hong Kong
Phone: 2632 2894; Fax: 2637 2422

The Council 2003-2005

Back row (Left to Right): Drs. Anne Kwan, Edward Ho, Gavin Joynt, PP Chen, CT Hung, and TW Lee
Front row (Left to Right): Drs. Simon Chan, Joseph Lui, PT Chui, Professor Tony Gin, Drs. Theresa Hui, YF Chow, and Matthew Chan

Board of Education

The Council has resolved to implement In-Training Assessment (ITA) and electronic logging of trainees' experience from 1st July, 2004.

In-Training Assessment

ITA is intended to focus primarily on the attainment of clinical skills, attitudes and behavior for competent professional practice. It complements other methods of evaluation such as the College's examinations. ITA is an essential part of the trainee's education and development.

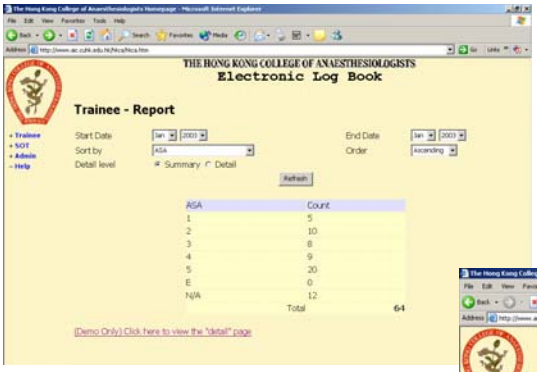
The Objectives of ITA are to:

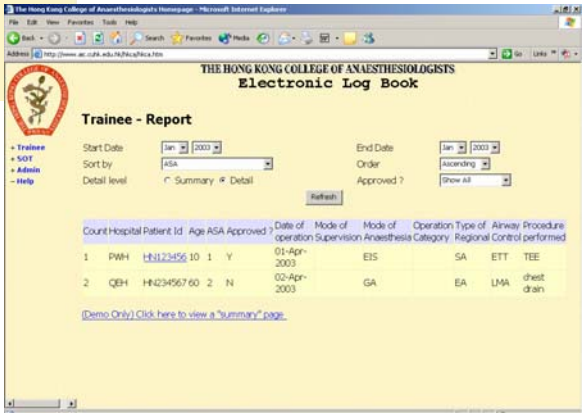
(a) Assess and assist with the Trainee's progress towards appropriate professional competence. ITA is intended to focus primarily on areas not formally or easily assessed in examinations, including: clinical skills and attitudes, behavior skills and attitudes and academic skills and attitudes
(b) Provide regular feedback to the Trainee
(c) Develop any remedial activities that may be required for the Trainee.

If you are interested in how trainees are being assessed, a copy of the ITA form is available in the college website: www.hkca.edu.hk/ITASOT.pdf

eLogBook

The eLogBook can be found at: www.aic.cuhk.edu.hk/hkca/hkca.htm and is now opened for trial. To enter the eLogBook, ask your supervisor of training for an eligible password. A comprehensive guideline for entering experience in the eLogBook will appear in the "help" section shortly.





YF Chow
Training Officer

Board of Examination

I am privileged to be appointed as Chairman of the Board of Examination from 2004. It is a challenge to run the College Examinations, which reflect and also influence the standards of training of our trainees. I am indebted to the former Chairpersons, Prof Tony Gin and Prof Cindy Aun. They have laid down the foundation that enables the College to hold independent Fellowship examinations.

Examiners Workshop 2004

The College endeavors to ensure fairness and validity of the College examinations. The College plans to hold another examiners workshop in 2004. College examiners and interested Fellows will be informed of the event once we have the details finalized.

We are grateful to ANZCA and RCA for sending their Examiners to Hong Kong as external examiners. They help to ensure that our candidates' knowledge, skills, and judgment are comparable to international standards. They also update our examiners on the methods and techniques in postgraduate examinations.

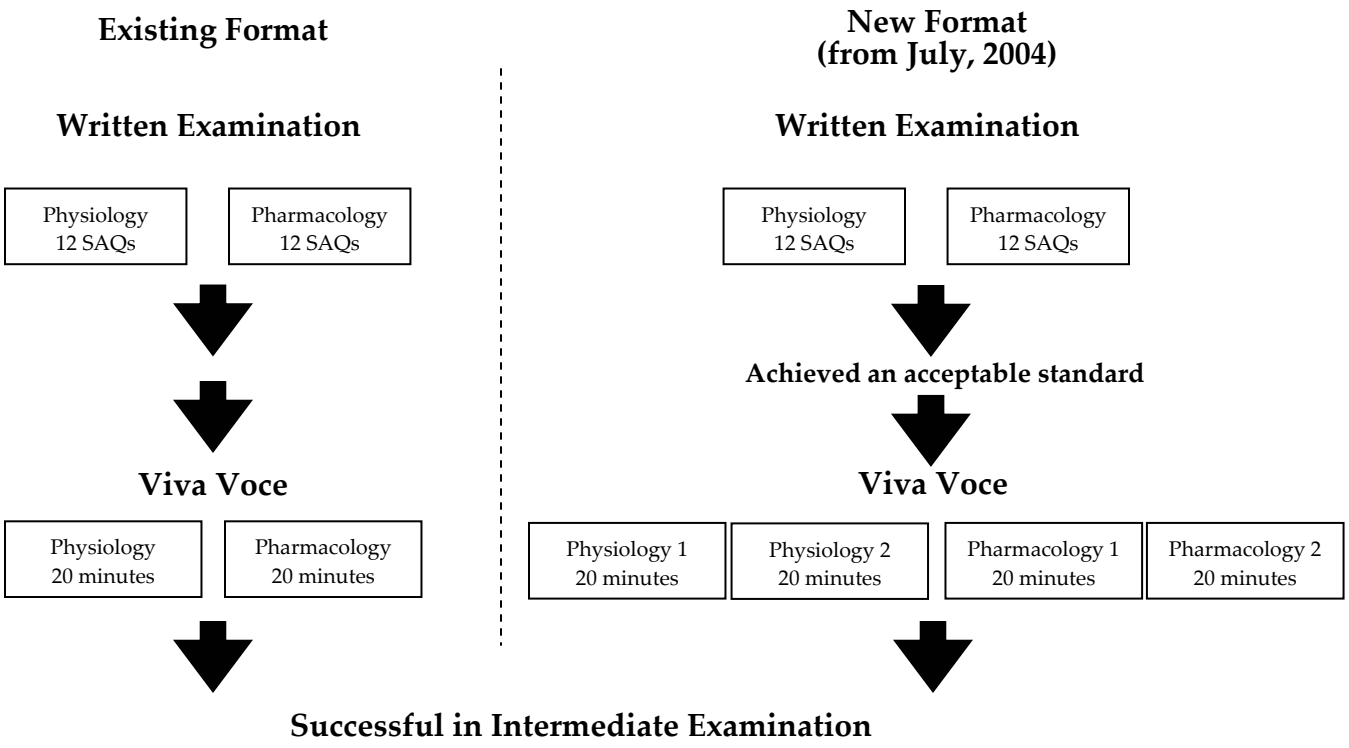
Recruitment of Examiners

I like to remind Fellows that the Board of Examination needs new examiners from time to time. Interested Fellows can obtain the application form and information on duties of examiners, and criteria for appointment of examiners from the College office (Phone: 2814 1029, Fax: 2871 8833, Email: office@hkca.edu.hk,).

PT Chui
Chairman, Board of Examination

Changes in Intermediate Fellowship Examination Format from July/August 2004

From time to time, the Board of Examination reviews the examination format. From the July/August 2004 Intermediate Fellowship examination onwards, the oral examination will increase from one 20-minute table to two 20-minute tables in each of Physiology and Pharmacology. The change will allow more extensive coverage of topics. We believe this will give candidates more systematic assessment and better chance of passing the examination. Also from July/August 2004, Intermediate Fellowship examination candidates will be invited to the oral examination only if they have achieved an acceptable standard in the written papers. This is to allow the examiners to spend more time and focus the oral examination with candidates who are able to pass the examination. We hope this change will also give the candidates a stronger incentive to finalize their examination preparation before the written section.



Examination Dates, 2004

Intermediate Fellowship Examinations 2004
Examination Fee: $6,500

February / March	Date
Written	6 February 2004 (Fri)
Oral	12/13 March 2004 (Fri/Sat)

July / August	Date
Written	2 July 2004 (Fri)
Oral	13/14 August 2004 (Fri/Sat)
Closing Date	2 June 2004 (Wed)

Final Fellowship Examinations in Anaesthesiology 2004
Examination Fee: $10,000

March / May	Date
Written	19 March 2004 (Fri)
Oral/OSCE	7/8 May 2004 (Fri/Sat) ± 9 May (Sun)
Closing Date	19 February 2004 (Thu)

July / August	Date
Written	9 July 2004 (Fri)
Oral/OSCE	27/28 August 2004 (Fri/Sat) ± 29 Aug (Sun)
Closing Date	9 June 2004 (Wed)

Exit Assessment Date for Year 2004
Examination Fee: $5,000 for Fellow *ad eundem*

08 April 2004 (Thu)
08 July 2004 (Thu)
07 October 2004 (Thu)

*Trainees who are qualified to apply for fellowship are recommended to have their respectively applications received at the HKCA office **at least 21 days before** the scheduled Exit Assessment dates, to allow ample time for processing.*

Board of Accreditation

The past few months have been particularly busy, with plenty of issues concerning our accreditation system. Our old training system is up for revamp. The Boards of Education and Accreditation are jointly revising College guidelines and regulations to make way for the new system. Cluster hospitals and supervisors are also heavily involved in perfecting the new system by ways of advice and modifying their own training patterns. The BOA is targeting an inspection exercise some time in mid-year 2004 to allow for implementation of the new training system in January 2005.

Even our existing training system is not without problems. In NTE cluster major changes have taken place in two hospitals and some interim arrangements have to be made from our Board in order to maintain training standards and allow for a smoother transition to the new modular system. Some clusters are not yet fully formed and others have problems related to attrition and poor funding. New trainees have to face a dual blow of uncertain prospects and tougher training requirements.

The Board of Pain Management has inspected both the NTE cluster and Queen Mary Hospital's pain training programmes, and their recommendations will be released later.

The ICU committee has also received an application for training recognition from the Princess Margaret Hospital's Intensive Scare Unit. A report will be provided later.

I would like to thank all board members for their time and generosity in helping with all activities of our board. I wish them a Happy New Year.

John Liu
Chairman, Board of Accreditation

Board of Censor

Admission to Fellowship by Examination, FHKCA

CHENG Pui Gee, Bonnie
CHOI Wing Yee, Regina
CHEUNG Wing Wai, Rochelle
CHENG Man Tung, Tony

Admission to Fellowship *ad eundem*, FHKCA

LIU Kwok Kuen

New Members

YUNG Hoi Ling
NG Nga Lai Alice
KHU Kin Fai
POON Ching Mei, Clara
KONG Hang Sze, Amy
FU Yim Ting, Zoe
CHEUNG Chuen Ho
FAN Lawrence Tak Yan
CHU Chung Yin
CHAN Kai Man
YUE Man Cheung, Stephen
IP Ka Lun
KOO Emily Gar Yee
KAM Hau Tsu
LAM Yuk Keung
CHUI Sze Wing

Michael Irwin
Chairman, Board of Censor

New Policy on "Fellow *ad eundem*"

Early last year the Council has revised the policy on "Fellow *ad eundem*". This was published in the May issue of the Newsletter. Due to the outbreak of SARS, the council has resolved to defer the date of implementation to after Annual General Meeting of 2005. The following is the entire revised policy.

A. Introduction:

The regulations regarding **admission of Fellow *ad eundem*** as governed by the By-laws of the Hong Kong College of Anaesthesiologists stipulates that:

"2.3.5 Election of candidates as Fellow *ad eundem* shall be by the Council.

2.3.6 Such election shall be held at the meeting of the Council prior to the Annual General Meeting in each year but so that the number of Fellows *ad eundem* so admitted in each year shall not exceed a number to be determined each year by the Council;
Such election shall be by ballot and to be admitted a candidate shall receive the favorable vote of three quarters of the number of the members of the Council present"

HKCA recognizes the importance and contribution of anaesthesiologists possessing overseas anaesthesia qualifications who have decided to come and work in Hong Kong. On the other hand, HKCA has to address the issue of supply and demand of specialist anaesthesiologists. At the present moment, HKCA is able to produce enough specialist anaesthesiologists to satisfy the needs of Hong Kong people. It would be reasonable to set a quota for the number of "Fellows *ad eundem*" to be admitted each year.

B. After the Annual General Meeting of 2005, the procedure for election of "Fellow *ad eundem*" will follow strictly by-law 2.3.6 and

B.1 Not more than 5 will be admitted at such occasion.
B.2 Each application will be vetted according to the spirit laid down in By-law 2.3.2.7, which stipulates that the applicant should have demonstrated a contribution to the advancement of the pursuits of the College in practice, education or research.
B.3 If there are more than *5* applications, the most deserving ones, according to By-law 2.3.2.7 will be admitted. The total number of admissions may be less than *5.*
B.4 Unsuccessful applicants may appeal to the Appeals Committee against the decision of the Board of Censors, or they may apply again in future when their contributions may have increased over time.

C. Procedures for application

C.1 The deadline for the annual application for admission as "Fellow *ad eundem*" will be announced 6 months in advance.
C.2 Applicants should complete the Fellowship Application Form and send it to the College secretariat together with supporting documents before the prescribed deadline.
C.3 All applications will be considered together.
C.4 Short listed applicants will be invited to attend an "Exit Assessment".
C.5 Successful applicants will be informed in due course.

Pain Management Committee

I wish to report that all candidates who presented for the Dip Pain Mgt Examination on 17th October, 2003 passed. The successful candidates were

Dr CHOI Wing Yee Regina	QMH
Dr KONG Suet Kei	PYNEH
Dr KWOK Fung Kwai	PYNEH
Dr LEE Ha Yun	QMH
Dr TAY Teik Guan	UCH
Dr YAP Jacqueline Claire	AHNH/PW

On behalf of the Pain Management Committee, I would also like to inform you that last October, we submitted an application to host the HKCA/SAHK ASM 2005 as a satellite meeting of the International Association for Study of Pain (IASP)'s 11th World Congress on Pain to be held in Sydney. It is my pleasure to announce that our application had been approved by IASP. The theme of the meeting will be "East meet West in Pain Medicine". Dr Timmy Yuen has been nominated as the Convener for the meeting.

The next Pain SIG/College meeting will be held on evening of Wednesday, February 25th 2004. The speakers will be Dr Allan Molloy and Dr Michael Nicholas. Dr Molloy is currently the Director of Chronic and Cancer Pain Programme at the Royal North Shore Hospital and Senior Lecturer at the University of Sydney. Dr Nicholas is the Director of ADAPT Pain Management Programme at the same hospital. He is an Associate Professor at the University of Sydney. Please make a note of the date in your diary. Details will be sent out to you in February.

Wishing you all a Happy & Successful New Year!

PP Chen
Chairman, Pain Management Committee

Meeting report: Combined Scientific Meeting in Anaesthesiology 2003 Pharmacology from bench to bedside

The Combined Scientific Meeting in Anesthesiology 2003 convened on 26th September 2003 at the Sheraton Hong Kong Hotel & Towers, Hong Kong. This year the meeting was jointly organized by the College, the Society of Anaesthetists of Hong Kong and the International Society for Anaesthetic Pharmacology (ISAP). The meeting was also the 4th Congress of the Asian Oceanic Society for Intravenous Anaesthesia (AOSIVA). Although many of our overseas colleagues were unable to come for various reasons, our symposia, lectures and workshops were well attended by 250 delegates from all over the world (Australia, Canada, Denmark, Germany, Korea, Malaysia, Nepal, Netherlands, New Zealand, Singapore, South Africa, Thailand, USA and United Kingdom).

For those who are not familiar with AOSIVA, the society was established on the 21st November, 1996 in Tokyo by representatives of five Asian and Oceanic national societies for anesthesiology. The founding president was Professor Kenjiro Mori. It was inaugurated as a counterpart to ISAP and the European Society of Intravenous Anaesthesia (EuroSIVA). The goal of AOSIVA is to make a contribution from this part of the globe to the efforts of a worldwide group of anesthesiologists engaged in science, technology, practice and education within this new and growing field.

Over the two-day meeting, a total of six keynote lectures and seven symposia were presented. The material covered basic sciences in anesthetic pharmacology (from molecular action of propofol to complex pharmacokinetic-pharmacodynamic interactions) as well as clinical topics including target controlled infusion and perioperative management of pain, nausea and vomiting. The TIVA trainer workshops were run by our EuroSIVA representatives lead by Professor Gavin Kenny (Glasgow, UK). For those who missed out on this great event, the abstracts are now available from our website (www.aosiva.org) for review. We believe there is something for everyone.

Finally, we wish to thank our sponsors. Without their contribution, this event will not be possible. We are looking forward to seeing you again in the coming Annual Scientific Meeting, 2004.

Matthew Chan and Mike Irwin
Organizing committee, The Combined Scientific Meeting in Anesthesiology 2003

Koyoto International Conference Hall, Koyoto, Japan, 15-27 February, 1998

Hotel Sofitel, Melbourne, Australia 27-29 October, 1999

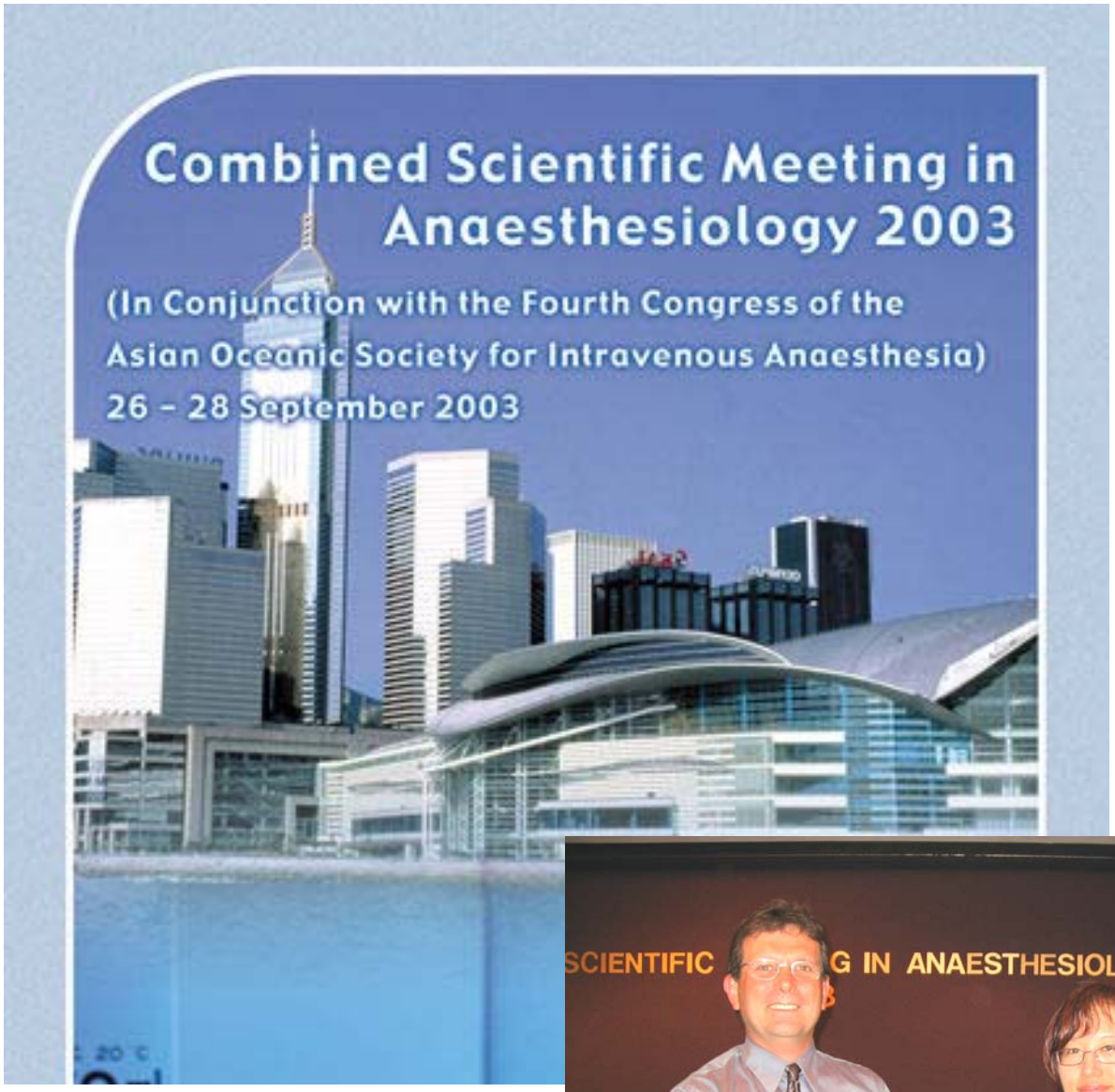
Sheraton Walker Hill Hotel, Seoul, Korea 13-15 September, 2001

Sheraton Hong Kong Hotel, Hong Kong 26-28 September, 2003

Name four errors in this flyer…

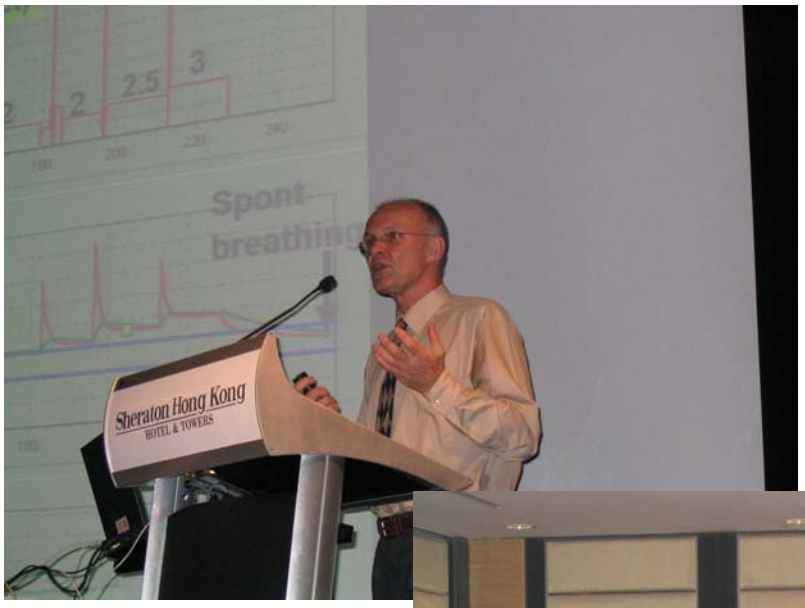
Your entry should be sent to the Editor via Email (hkeditor@hkc.edu.hk) by 31st March, 2004. One prize will be drawn from all correct responses.

Answers and winner will be announced in the next issue of the newsletter. (Sponsored by GSK, Hong Kong)



Conference Lunch, Lucky Draw

…and the winner is Dr. Winnie Hong (Sydney, Australia), a special prize presented by Dr. Tim Short (Auckland, New Zealand)



Professor Johan Coetzee (Stellenbosch, South Africa) describing his Stelpump.

TIVA trainer Workshop
(Left to right) Gavin Kenny (Glasgow, UK), Frank Engbers (Netherland) and Stefan Schraag (Ulm, Germany)

Dr. Tong Gan (Duke University, Durham, USA)

Dr. Thiam Lim (Malaysia)

Dr. Talmage Egan (Utah, USA) sharing his surfing experience.

Recent Advances in Anaesthesia Press Conference


D5

健康新探

麻醉苦旅

麻醉中途 藥效失 突蘇醒

麻醉過後 惡心與嘔吐

施用藥物減不適

三類原因致藥效失

全程忍痛 遺憾婚病

(Left to right) Drs. Tong Gan, KF Ng, Profs. Gavin Kenny and Mike Irwin


解讀手術麻醉

對於要做手術的病人，最好當然是「不知不覺」便完成手術。迷迷糊糊間，對麻醉或許不大了解。究竟，手術期間，麻醉科醫生是怎樣施展他們的「迷魂」技術？這裏稍作介紹。

■撰文：謝慧心

麻醉與痛息息相關。麻醉的作用與目的，卻又不只是止痛那末簡單，亦包括能讓手術順利進行。所以，全身麻醉時用藥種類達8種，主要有3方面功用：

1. 失去知覺：令病人對手術過程沒有記憶，使用劑型主要是氣體。
2. 鬆肌：以免肌肉因太緊張，而影響開刀及傷口縫合效果。
3. 止痛：鎮痛外亦有鎮靜功效，以免病人即使失去知覺，仍出現刺痛覺的生理反應，如心跳加快、血壓升高等。主要透過靜脈注射。

至於局部麻醉，主要透過3種方法注射到身體內，病人在手術期間仍然清醒。

1. 浸潤麻醉（Infiltration）：直接將藥物注射到手術周圍組織，令附近神經暫時喪失傳達痛覺功能。常用於小手術中。
2. 半身麻醉：可分3類，「脊柱硬膜內麻醉」是將藥物注射入脊椎水內；「脊柱硬膜外麻醉」及「骶骨硬膜外麻醉」均是將藥物注射至脊骨之間的脊柱硬膜外周圍。適用於部腹盆手、下腹手術或下肢手術。
3. 傳導阻斷（Nerve Blocks）：麻醉藥會注射至神經線周圍，有時亦附以安眠藥，讓病人在手術期間入睡。

新藥速遞

以往手術後的止痛藥物，主要以嗎啡或非類固醇類止痛藥為主。前者有包括作用多、如噁心、嘔吐、呼吸困難等，後者會影響凝血功能及刺激腸胃，不宜接受腸胃患者使用。但研究指一種以往用於治療關節痛症的 COX-2 抑制劑，將劑型轉為針劑後（藥名為 parecoxib sodium），適用於治療手術後的痛症，並能減低 40% 的痛藥使用量。

手術室內的麻醉儀器：

1. 全幹部分：負責調校麻醉氣體，成分比例為每 100c.c. 麻醉氣內，有 30c.c. 氧氣、69c.c. 空氣或絕氣，而揮發性的麻醉氣體只佔 1c.c.。氣體爲醫院中央儲存及輸送，但病房內亦有機裝的後備氣體，約足夠 1-2 小時使用。
2. 呼吸機：當病人全身麻醉時，會失去呼吸能力，便需依靠呼吸機，將麻醉氣體推入病人肺部，原理如人工呼吸。
3. 監察儀：用以檢查病人維生指數，包括心電圖、心跳率、血壓、血含氧量及呼出氣體成分含量。如呼出二氧化碳含量低於正常，可能是氣喉錯位，空氣不能來入肺部，血循環問題甚或麻醉喉等。亦可監察有否毒氣出現。

麻醉科的顏色符號

在手術室內，四處滿是不同顏色的喉管，這亦是麻醉科醫生的「顏色語言」：

白色：氧氣（這是英式的代號，北美洲以綠色代表）。

藍色：絕氣（傳統麻醉氣體，有 100 年歷史，優力較輕，除麻醉時作輔助用途，亦適用於分娩。）

黑色：醫學用空氣，經清潔與過濾過。

網狀：吸走手術室廢氣，如病人呼出的麻醉廢氣，否則醫護人員也會給麻醉。

黃色，透明：異空管，分別用作吸走廢物如痰涎，血液等。

（資料由馬鞍山醫院提供）

If you wish to read the fulltext of these newspaper clippings, please visit the college website www.hkca.edu.hk.

Peripheral Opioid antagonists

Dr. SC Yu
Associate Consultant
Department of Anaesthesia
Tseung Kwan O Hospital

Opioids are one of the major classes of drugs for perioperative analgesia and pain medicine. Opioid receptors are widely distributed throughout the body with analgesia mediated largely by the mu receptor subgroup. Unfortunately, many of the side effects are also related to mu receptors and may be severe enough to restrict opioid use.

Analgesia is mainly centrally mediated effect, yet some side effects may be due to peripheral opioid receptor agonism. Traditional opioid antagonists, such as naloxone or naltrexone (figure 1), are successful in reversing opioid side effects. These compounds can also cross the blood brain barrier (BBB) resulting in reversal of the central effects of opioids, including recurrence of pain or precipitation of withdrawal symptoms in chronic opioid use patients. Hence the development of peripheral opioid antagonists to prevent opioid side effects whilst maintaining analgesia without withdrawal symptoms.

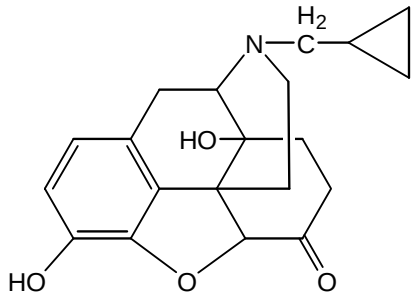


Figure 1. Structure of naltrexone

Pharmacology

Two peripheral opioid antagonists are in evaluation. Methylnaltrexone (Figure 2) is the quaternary derivative of naltrexone. Placement of a methyl group to the amine ring results in a charged molecule less able to penetrate the blood brain barrier. It can be administered intravenously or orally.

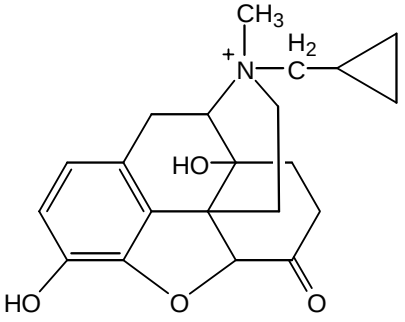


Figure 2. Structure of methylnaltrexone

Alvimopan (ADL 8-2698) (figure 3) is a piperidine with a zwitterionic form and polarity that restricts its passage across the blood brain barrier and gastrointestinal tract. It is administered in the oral form.

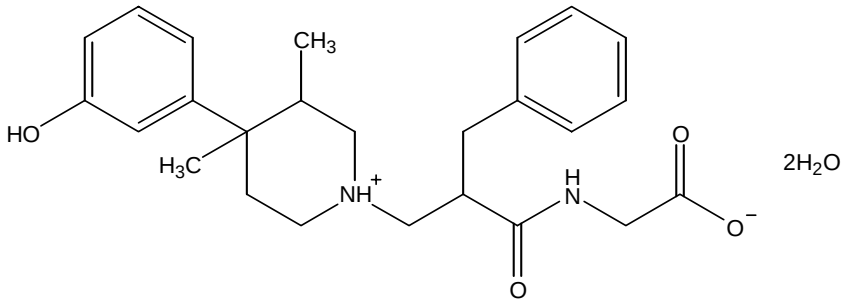


Figure 3. Alvimopan

Gastrointestinal effects

Opioids decrease gastric emptying time, intestinal motility and cause constipation predominantly by a peripheral effect. Naloxone can successfully treat the constipation in patients with chronic opioid use but with recurrence of pain and withdrawal symptoms. Methylnaltrexone, when given to patients with chronic methadone consumption, was able to improve gastric motility and relieve constipation without inducing withdrawal symptoms. Alvimopan has been shown to decrease the time for recovery of bowel function in patients with major bowel surgery. This may be associated with decreased time to hospital discharge. Alvimopan is also effective in relieving constipation in patients with chronic opioid consumption.

Nausea and vomiting

Opioids induce nausea and vomiting by acting on the chemoreceptor trigger zone (CTZ) which lies outside the BBB. Thus the CTZ is accessible to peripheral opioid antagonists. Initial data suggests that both methylnaltrexone and alvimopan can reduce postoperative nausea and vomiting. Since alvimopan is poorly absorbed from the gastrointestinal tract, this reduction of nausea and vomiting is probably mediated in part by a peripheral mechanism.

Other potential directions

Peripheral opioid antagonists may have a role in preventing the effects on patients with postoperative ileus who receive exogenous opioids or in the intensive care unit where patients receive opioids for sedation. The role of peripheral opiate antagonists in reversal of pruritis, biliary spasm, urinary retention secondary to opioids are as yet undefined. It has been speculated that peripheral opioid antagonists could reduce the depression of immune function that occurs with opioids. Respiratory depression from overdose of opioids is a central effect. Therefore, peripheral opioid antagonists would *not* be expected to reverse this side effect.

Selected references

Bates JJ, Foss JF, Murphy DB. Are peripheral opioid antagonists the solution to opioid side effects? Anesth Analg 2004;98:116-22

Taguchi A. Sharma N. Saleem RM. Sessler DI. Carpenter RL. Seyedsadr M. Kurz A. Selective postoperative inhibition of gastrointestinal opioid receptors. N Engl J Med 2001;345:935-40

Post-operative nausea and vomiting

Dr. WM Lau
Associate Consultant
Department of Anaesthesia
Tseung Kwan O Hospital

Post-operative nausea and vomiting (PONV) is the most common complication for both inpatients and outpatients undergoing virtually all types of surgical procedures, regardless of the anesthetic regimen used. Among high-risk patients, the incidence of PONV can be frequent as 70% to 80%. PONV is not only a triad of signs and symptoms but also the unpleasant subjective feeling experienced by the patient. Patients report that avoidance of PONV is of greater concern than avoidance of post-operative pain and are willing to spend up to US$100 out of pocket for an effective antiemetic. PONV can lead to increased recovery room time, expanded nursing care, and potential hospital admission- all factors that may increase total health costs.

The introduction of **serotonin antagonists** in the early 1990's offered considerable promise for the management of PONV. Anti-$5HT_3$ (ondansetron, dolasetron, granisetron) are currently approved for the management of PONV. Granisetron, tropisetron, ramosetron, and palonosetron are effective for the management of PONV.

Prophylactic administration has been shown to decrease the incidence of PONV in various patient populations. For ondansetron, the optimal dose for prophylaxis seems to be 4mg administered intravenously at the end of surgery, prior to emergence with a number needed to be treated (NNT) of 6. The NNT indicates efficacy of the therapy; that is for every 6 patients, one will benefit. When used for treatment, 1mg of ondansetron administered intravenously is as effective as higher doses (NNT = 4). The optimal dose of dolasetron appears to be 12.5 mg for both prevention and treatment with NNT similar to ondansetron.

Droperidol in doses of either 0.625 mg or 1.25 mg compares favorably with ondansetron 4mg in outpatients. The NNT for early nausea is 5 while the NNT for early and late vomiting is 7. There is no difference in side effect profiles, including sedation, extrapyramidal reactions or cardiac arrhythmia between the ondanstron and droperidol-treated patients when these drugs are used. On December 5, 2001, the FDA issued a 'black box' warning on droperidol that it should only be used when other first-line therapy fails. It is related to death associates with QTc prolongation and torsades de pointes in 9 patients treated with doses of droperidol well below the approved range. The FDA went on to warn that all patients should undergo a 12-lead ECG prior to administration of droperidol to determine if a prolonged QTc interval is present, and to continue ECG monitoring for 3 hours after administration. Since low-dose droperidol is most commonly used on outpatients undergoing ambulatory surgery, these recommendations would be impractical and costly to the patients and the healthcare system.

Dexamethasone, administered as prophylatic dose of 8-10 mg IV, effectively prevent nausea and vomiting with a NNT = 4. More recently, small doses (2.5-5 mg) have been found to be as effective.

Lack of evidence of effect: 10mg IV **metoclopramide** is ineffective for PONV prophylaxis. **Cannabinoids**, although promising in the control of chemotherapy-induced sickness, have not shown antiemetic efficacy in the PONV setting.

Adjuvants to management

A variety of non-pharmacologic approaches to management of PONV include stimulation of the Nei-Buan P6 acupoint, use of supplemental oxygen $FiO_2 > 0.3$ perioperatively, and aggressive intravenous rehydration has been investigated and showed favorable results.

Multimodal Management

Multimodal management approach for PONV showed 98% response rate in multimodal group compared 76% in ondansetron group and 59% in the placebo group. This study does not define which elements of the algorithm are essential; rather, it does seem to indicate that a zero incidence of PONV is a potentially achievable goal with currently available therapies even in a high-risk patient population.

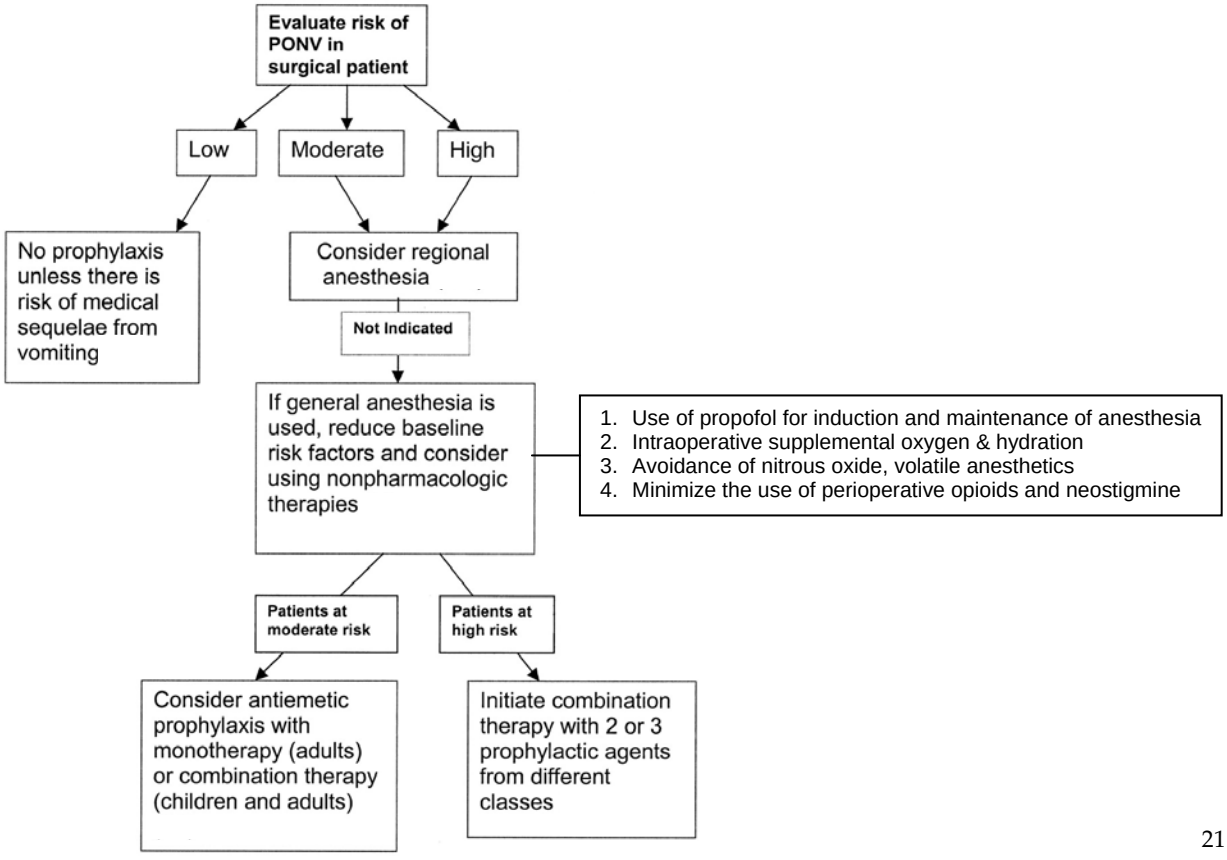
Use of Propofol for induction and maintenance appears to result in lower incidences of PONV when compared with potent inhalation anesthetics.

In general, combination therapy is superior to monotherapy for PONV prophylaxis. Drugs with different mechanisms of action should be used in combination to optimize efficacy.

Consensus Guidelines for Managing Postoperative Nausea and Vomiting (Gan *et al*., 2003) give us a well illustrated evidence-base approach in identify high risk patients, reducing baseline risk factors of PONV, and pharmacological management of PONV.

Reference

Gan TJ, Meyer T, Apfel CC, Chung F, Davis PJ, Eubanks S, Kovac A, Philip BK, Sessler DI, Temo J, Tramèr MR, Watcha M. Consensus Guidelines for Managing Postoperative Nausea and Vomiting. Anesth Analg 2003;97:62-71



Modified from Gan *et al* (2003). Reproduced with permission from the publisher.

Advances in Intravenous Anaesthesia

Dr. HS Lim
Associate Consultant
Department of Anaesthesia
Tseung Kwan O Hospital

A major recent advancement is the application of total intravenous anaesthesia (TIVA). This, however, requires some understanding of the relevant intravenous pharmacology.

The concept of context sensitive half times (CSHT) is important. This is the time necessary to achieve a 50% decrease in drug concentration after termination of a variable length continuous infusion to a steady drug level. Other than drug elimination, it also takes into account the size as well as re-distribution of drugs to peripheral compartment/s. Thus it gives a more accurate prediction of drug level following cessation of infusion.

Using raw population pharmacologic (drug level) data, pharmacokinetic (PK) parameters (e.g. distribution half-lives, volume of distribution) can be generated via computerized non-linear regression analysis. Together with CSHT, we will be able to predict the drug level following intravenous administration. When coupled with pharmacodynamic (PD) effect (e.g. hypnosis, analgesia), a PK-PD modeling can be derived (see Fig 1). This will then allow us to achieve the necessary anaesthetic end-point (e.g. hypnosis) by attaining the required target drug concentration, with the help of a computer or medical device (e.g. Diprifusor for titrating propofol level).

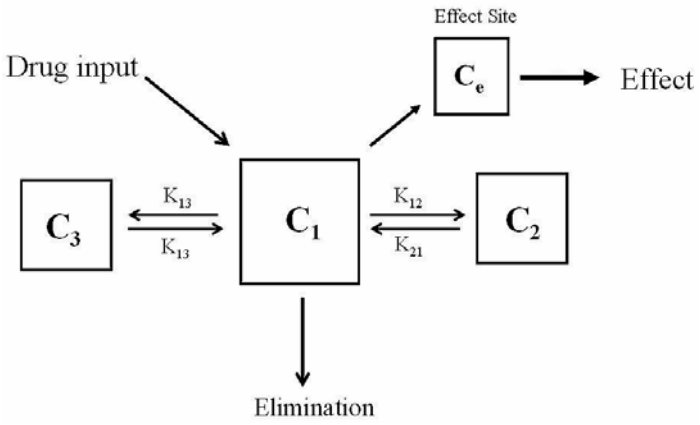


Figure 1
Following administration, a drug distributes among the different body compartments (C_1, C_2, C_3, C_e) before being eliminated. It also achieve an effect site concentration necessary for an effect. The PK-PD modeling then accounts for the latency to peak effect, magnitude and duration of effect. This allows us to predict the duration and magnitude of drug effect in any given patient in a specific population.

The next step is how to "fine tune" our infusion to give a safe anaesthesia but avoid unnecessary delay in emergence. We can titrate drug to achieve a pre-defined drug effect using the feedback mechanism (pharmacologic approach) or achieve a target drug level known to be associated with certain anaesthetic end-point (pharmacokinetic approach). Likewise, titration of short-acting agents along the

steep portion of the dose-response curve will help us to achieve the required pharmacodynamics effect (pharmaceutical approach) rapidly (1).

The knowledge of drug interaction and synergy is also important. This is especially so when two drugs with different mechanism of actions but similar therapeutic effect are administered for anaesthesia. This synergism will allow drugs to be given at a smaller dose but yet achieving the same anaesthetic goals with less adverse effects and better recovery profiles. The classic example is the propofol-opioid interaction. Using computer predictions of optimal dose combination of propofol and opioid, we can achieve adequate anaesthesia with different emphasis on anaesthetic requirement. For example, we can employ a propofol-based anaesthesia with a much smaller opioid dose for patient prone to post-operative nausea/vomiting, or a primarily opioid-based anaesthesia with a fractional dose of propofol for providing intense analgesia without compromising anaesthesia.

The formulation of anaesthetic drugs cannot be over-looked either. Let us take propofol as a relevant example. Studies have shown that re-formulation does affect the clinical characteristics of propofol (2, 3). Since there is recent interests in developing better propofol formulations with less undesirable effects (e.g. pain on injection), PK-PD modeling will have to be repeated for these new preparations.

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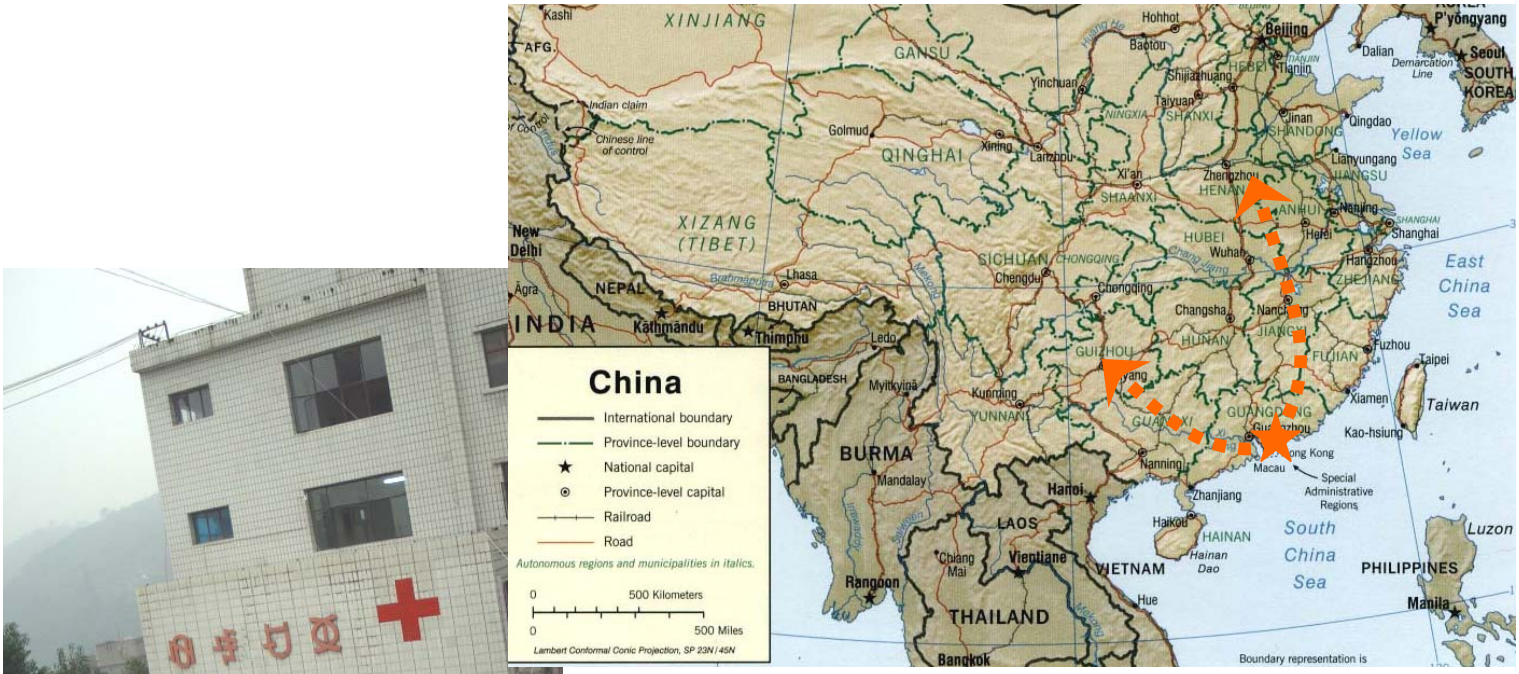
2. Dutta S, Ebling WF. Formulation-dependent pharmacokinetics and pharmacodynamics of propofol in rats. J Pharm Pharmacol. 1998;50:37-42.
3. Dutta S, Ebling WF. Emulsion formulation reduces propofol's dose requirements and enhances safety. Anesthesiology. 1997;87:1394-405.

Extraordinary Anaesthesia

Last summer, when many of us are still recuperating from SARS outbreak, a number of our fellows and members went to China for an extraordinary anesthetic list. We are fortunate to have two anesthetists to share with us their "unusual" experience. We hope the two articles will stimulate some thoughts. Comments should be sent to the Editor by Email (HKCANewsletter@yahoogroups.com or mtvchan@cuhk.edu.hk).

Editor



Extraordinary Anaesthesia

Medical Services International (MSI) was started by Drs. Reginald Tsang and James Hudson Taylor III in 1994. MSI is dedicated to serving medical and health related needs of peoples in China and East Asia, as an expression of Christ's love and the Great Commission. MSI is a channel whereby skilled Christian medical and health related personnel from the United States, the United Kingdom, Canada, Australia, New Zealand, Singapore, Malaysia, Taiwan, Hong Kong, etc., can serve the medical, physical, and spiritual needs of these areas. MSI personnel are involved on site in:

(1) Helping with hands-on care in needy areas,
(2) Lecturing on and demonstrating advanced medical and health techniques, services, and knowledge,
(3) Developing training programs for improving environmental hygiene, preventive medicine, and training of "village medics" and health personnel,
(4) Providing medicines, medical equipment and training in its use,
(5) Providing a Christian testimony of love and concern.

I joined a trip to Sichuan, China 2 years ago and served as a tutor in teaching a 3 days trauma course with the Singapore and US team. I met Kevin there. Kevin is an anesthesist from US and he will share his story with us.

Geoffrey Lam
Medical Officer
Department of Anaesthesia
Alice Ho Miu Ling Nethersole Hospital

Serving in China has been a strong idea since the beginning of medical school. However, over the years, the busy schedule of studying and clinical training has blurred my priorities. I could barely fit what was required of me and mission trips became a distant ideal. During my senior year of residency, one of my hospital faculties invited me to a lecture on medical mission to China. That was my first meeting with Dr. Reginald Tsang, a prominent neonatalogist and visionary man. He presented MSI (Medical Service International) that he co-founded with James Taylor III in 1994. Their vision is to provide medical services to the inland provinces of China and more specifically to the minority people: the Yi people. MSI is a Christian faith based organization. At the end of Dr. Tsang's lecture, I not only realized the urgent need for medical professionals in inland China but also how real my dream was about to become.

In 1997, by the end of my Fellowship, I finally decided to join a MSI-US team for a 2-week short term mission trip to Minshan in Szechuan, a small provincial town north of Zhendu. That trip emphasized on laparoscopic surgery. Infrastructures were not up to western standard. However, I was humbled by their generosity and depth of knowledge. The anesthetists had the most amazing regional anesthesia techniques. My wife and I went back to Er-Bian, Szechuan with MSI – Hong Kong in 2002 and 2003. Er-Bian is a mountainous town, 4 hours drive away from Zhendu. The hospital is specifically for Yi people. The trips were focused on orthopedic surgery and ATLS course. However, different specialties were represented as well. An anesthesia machine was present but seldom used because of cost and maintenance. Anesthesia was designated as one of the most important area to improve in order to upgrade the category of surgery and the whole hospital! I delivered lectures on divers topics such as

pain management, PALS or cardiac issues. I also had the chance to perform some neonatal resuscitation and to join rounds with OB and Internal Medicine faculty. Besides clinical work, I had plenty opportunities to interact with the surgeons, anesthetists and other staff members. After work, there was some time left for socializing and of course I need to mention the excellent food!!!

Dr. Kevin Chan (far right) and the local team.

Many patients and their family could not afford life saving surgery, medicine or critical care. Sometime, these were simply not available. As the country is growing exponentially, some more remote areas remain underserved. As anesthetists and intensivists, we have a lot to offer. Our unique understanding of perioperative medicine and critically ill physiology can be of great value in China. The need is now and we are in a privileged position to respond. Finally, interacting with my colleagues in China, my personal and professional life has been much enriched. The one who learned the most was actually me.

If you want to know more about MSI, please visit their Website:
http://www.msiprofessionalservice.org/sites/msi/new_site/msi_home.htm

Kevin Chan, MD
Cardiovascular Anesthesia, Director
Clinical Instructor, Stanford University
Santa Clara Valley Medical Center
San Jose, California

My extra-ordinary paediatric list

That was a beautiful Sunday morning when I headed off to Anyang. I was overly excited not because of having a new encounter but because of meeting old friends. This was my second trip to Anyang, which is located south of the Yellow River in China.

Anyang is an old town where the Chinese culture originated. There were children affected by polio in the past resulting in deformed limbs and were too poor to receive any medical treatments. They were unable to lead a normal life and had low self-esteem and some of them could not go to school to receive education. On the other hand, children with cleft lip and cleft palate have problems to socialize due to their facial features and their nasal speech. Worse still, some of them had been abandoned by their

parents. I went to Anyang as one of the anaesthetists of a voluntary surgical team to operate on kids with the above problems.

Since it was the forth time our surgical team had worked in that particular local hospital, we worked in collaboration with local colleagues. It was very enjoyable to work with those local colleagues because we could share our knowledge, experience and our faith. Despite the fact that my Putonghua was really poor, our conversations miraculously continued. Without any sophisticated equipment and fantastic techniques, every patient woke up from their anaesthetic dosage. Although there were times that the equipment failed and the electricity supply was temporarily interrupted, our procedures were blessed so every time the problems got sorted out without any major incidents.

Unlike our everyday life where we need to rush through our operation lists, we could spend more time with our patients and colleagues. There were times that we could sing and read stories to our patients, and we could have more sharing during the perioperative period. Although we have only spent about 12 days in Anyang, we had really good team spirit. I am sure you will agree with me that it is a special kind of job satisfaction.

It was a pity that we could only operate on a limited number of patients in a single visit, it is hoped that the meaning of sharing of love and helping one another can be spread. I hope I can go to Anyang and experience the special meaning of life and work regularly. I sincerely invite each one of you who have the same faith with me to go as well.

Anita Chan, FHKCA
Associate Consultant
Prince of Wales Hospital
Shatin, NT

Coming events …

ASM 2004

Dear colleagues,

I am glad to announce that the College will hold an Annual Scientific Meeting in the end of Year 2004. The main theme this time will be about the critical care medicine during perioperative period. The symposium will consist of scientific program and workshops. The details of ASM will soon be announced once finalized.

The Organizing Committee formed will start to prepare for such grand occasion. I hope that you all can give your full support to this event in the usual way.

Wish you all have a happy and prosperous Chinese New Year.

Best regards,
PW Cheung
Chairman of ASM 2004

Symposium on Recombinant Factor VIIa in Surgical Bleeding

New concepts in the prevention and treatment of surgical bleeding
Jerrold Henry Levy, MD
Professor of Anaesthesiology, Emory University School of Medicine, Atlanta, USA

Local experience of using NovoSeven
Anthony Ho
Professor, Department of Anaesthesia and Intensive Care

Chairman
PT Chui
Consultant, Department of Anaesthesia and Intensive Care
Vice President, Hong Kong College of Anaesthesiologists

Date: 16th Feb, 2004 (Monday)
Venue: Sheraton Hong Kong Hotel, Tsim Sha Tsui
Time: 18:30-19:00 Reception
19:00-20:30 Lecture
20:30-21:00 Dinner

Sponsored by Novo Nordisk HK Ltd.

WORKSHOPS ORGANISED BY THE INSTITUTE OF CLINICAL SIMULATION
A Collaboration between the Hong Kong College of Anaesthesiologists and the North District Hospital

Anaesthetic Crisis Resource Management (ACRM)

Date:	First Saturday of each month - slots available from February 2004 (7 February, 6 March, 3 April, 1 May, 5 June, 3 July, 7 August, 4 September, 2 October, 6 November and 4 December, 2004)
Time:	08:00 – 18:00
Venue:	Institute of Clinical Simulation
CME points:	HKCA 10 points
Max participants:	4
Fee:	HK$2000 per head
Format:	Each registrant will participate in (1) An introduction on the METI Simulator, the anaesthetic machine for use in the workshop and the theories of crisis management (2) Allocated time for hands-on crisis scenario management on the METI Simulator, rotating through different roles and handling different scenarios (3) A group debriefing session at completion of each scenario

"Group" registration welcome if you can find your own partners to form a group of four. Mutually agreed dates may be arranged. Sessions will be videotaped. All participants in the workshop will be required to sign a confidentiality statement.

Difficult and Advanced Airway Management Workshop (DAAM)

Time:	27 March 2004
Venue:	Institute of Clinical Simulation
CME points:	HKCA 4.5 points
Max participants:	16
Fee:	HK$1,200 per head

This workshop aims at providing the participants with basic knowledge on recognition of potential difficult airways and practical information to handle airway crisis. There will be hands-on practical sessions on different airway gadgets including trial of fibreoptic bronchoscope on virtual bronchoscopy model. There will also be demonstration on establishing different kinds of surgical airways. MCQ and OSCE assessment towards the end of the workshop will help the participants to apply their newly acquired skills to practice and certificates will be issued to the passing candidates. Registration will be on first come first served basis.

(Application form can be downloaded from the College website: *www.hkca.edu.hk*)

Recent Meetings: Anaesthesia, Intensive Care & Pain management

Local meetings 2004

31 January	**HONG KONG INTERNATIONAL CONFERENCE ON INFECTIOUS DISEASES (HKICID 2004)** Theme: New Era, New Challenges for Control of Infectious Diseases. Venue: Kowloon Shangri-la Hotel-la Hotel. Contact: Department of Health, Dr. L. Y. TSE, Tel: 2961 8679 Fax; 2836 0071, website: www.hkicid2004.org
16 February	**SYMPOSIUM ON RECOMBINANT FACTOR VIIA IN SURGICAL BLEEDING** Venue: Sheraton Hong Kong Hotel, Tsim Sha Tsui, Contact: Suki Chan, Tel: 2387 8555, Fax: 2386 0800, Email: szec@novonordisk.com
21 - 22 February	**INTERNATIONAL HEART FAILURE SYMPOSIUM, 2004** Venue: Postgraduate Education Centre, Prince of Wales Hospital, Contact: Department of Medicine & Therapeutics, Prince of Wales Hospital, Tel: 2632 3194, Fax: 2637 3852, Email: cardiology@cuhk.edu.hk, website: http://www.mect.cuhk.edu.hk/cardiology/HeartFailure2004/
25 February	**PAIN SIG/COLLEGE MEETING** Venue: HAHO seminar room, Contact: Mr Daniel Tso, Tel: 2871 8833 Fax: 2814 1029, Email: office@hkca.edu.hk
27 March	**DIFFICULT AND ADVANCED AIRWAY MANAGEMENT WORKSHOP** Venue: Institute of Clinical simulation, Contact: Mr Daniel Tso, Tel: 2871 8833 Fax: 2814 1029, Email: office@hkca.edu.hk
3 - 4 July	**9TH HONG KONG MEDICAL FORUM (HKMF 2004)** Venue: Hong Kong Convention & Exhibition Centre. Contact: Executive Officer (Conference & Communications), University Department of Medicine, Tel: 2855 4607, Fax: 2816 2863, Email: medinfo@hku.hk, Web site: www.hku.hk/medicine/
16 August	**NEUROCHEMCIAL MONITORING SYMPOSIUM, ICP 2003** Venue: Postgraduate Education Centre, Prince of Wales Hospital. Contact: Division of Neurosurgery, Department of Surgery, The Chinese University of Hong Kong, Tel: 2632 2951, Fax: 26473074, Email: icp2003@cuhk.edu.hk, website: http://www.surgery.cuhk.edu.hk/icp2003
17 - 21 August	**TWELFTH INTERNATIONAL SYMPOSIUM ON INTRACRANIAL PRESSURE AND BRAIN MONITORING, ICP 2003** Theme: to bring research findings into clinical practice. Venue: Hong Kong Convention & Exhibition Centre. Contact: Division of Neurosurgery, Department of Surgery, The Chinese University of Hong Kong, Tel: 2632 2951, Fax: 26473074, Email: icp2003@cuhk.edu.hk, website: http://www.surgery.cuhk.edu.hk/icp2003

Overseas Meetings 2004

Wellington
New Zealand
24 - 26 March

ANZICS 2004 - NEW ZEALAND REGION ANNUAL SCIENTIFIC MEETING
Theme: "The A-Zzzzzz of Sedation and Middle Earth - The Quest for a Quality Outcome". Venue: Te Papa. Contact: ANZICS/CCNS ASM 2004, c/- ICU , Wellington Hospital, Private Bag 7902, Wellington, NEW ZEALAND. Tel: 64 4 385 5946 Fax: 64 4 385 5333 Email: anzics2004@ccdhb.org.nz Website: www.ccdhb.org.nz/anzics/anzics

Tempa
USA
27 - 31 March

78TH CLINICAL AND SCIENTIFIC CONGRESS OF THE INTERNATIONAL ANESTHESIA RESEARCH SOCIETY
Venue: Tempa Marriott Waterside Hotel, Tampa, Florida, USA. Contact: International Anesthesia Research Society, 2 Summit Park Drive, Suite 140, Cleveland Ohio 44131-2553. Tel: 216 642 1124 Fax: 216 642 1127 Email: iarshq@iars.org Website: www.iars.org

Waikato
New Zealand
1 - 3 April

CLINICAL SKILLS AND SIMULATION CONFERENCE 04
Venue: Waikato Clinical Skills and Simulation Centre. Contact: Rob Sinclair, Conference Secretariat, New Zealand Clinical Skills and Simulation Centre, Waikato Clinical School, Private Bag 3200, Hamilton, New Zealand. Tel: 64 7 839 8750 Fax: 64 7 839 8712 Email: simclair@waikatodhb.govt.nz Website: www.waikatocssc.org.nz

Paris
France
17 - 23 April

13TH WORLD CONGRESS OF ANAESTHESIOLOGISTS, WORLD FEDERATION OF SOCIETIES OF ANAESTHESIOLOGISTS
Venue: Palais des Congres de Paris. Contact: COLLOQUIUM / WCA 2004, 12, rue de la Croix Faubin - 75557 Paris cedex 11 - France. Tel: 33 1 44 64 15 15 Fax: 33 1 44 64 15 16 Email: wca2004@colloquium.fr Website: www.wca2004.com/information.htm

Seattle
USA
30 April - 2 May

SOCIETY FOR AMBULATORY ANESTHESIA 19TH ANNUAL MEETING
Venue: Westin Seattle Hotel, Seattle, Washington. Contact: SAMBA, 520 N. Northwest Highway, Park Ridge, IL 60068 2573. Tel: 1 847 825 5586 Fax: 1 847 825 5658 Email: samba@asahq.org Website: www.sambahq.org

Perth
Western Australia
1 - 5 May

2004 ANZCA ASM
Venue: Perth Concert Hall and Duxton Hotel. Contact: Katie Clarke, Congress West, 3/12 Thelma Street, West Perth WA 6872. Tel: 08 9322 6906 Fax: 08 9322 1734 Email: conwes@congresswest.com.au

Lisbon
Portugal
5 - 8 June

EUROANAESTHESIA 2004, 12TH ANNUAL MEETING OF THE EUROPEAN SOCIETY OF ANAESTHESIOLOGISTS AND 26 ANNUAL MEETING OF THE EUROPEAN ACADEMY OF ANAESTHESIOLOGY
Venue: Lisbon. Contact: ESA, 32 ave de Tervuren bte 30, 1040 Bruxelles, Belgium. Tel: 32 02 743 32 90 Fax: 32 02 743 32 98 Email: secretariat.esa@euronet.be

Quebec **Canada** 18 - 22 June	**CANADIAN ANAESTHESIOLOGISTS' SOCIETY ANNUAL MEETING** Venue: Convention Centre, Hilton Hotel, Quebec. Contact: Canadian Anaesthesiologists' Society, Susan Wilson, 1 Eglinton Ave, Suite 208, Toronto ON M4P 3A1. Tel: 416 480 0602 Fax: 416 480 0320 Email: meetings@cas.ca Website: www.cas.ca
Sydney **Australia** 18 - 22 September	**63RD NATIONAL SCIENTIFIC CONGRESS OF THE AUSTRALIAN SOCIETY OF ANAESTHETISTS** Venue: Sydney Convention and Exhibition Centre. Contact: ICMS, GPO Box 2609, Sydney NSW 2001. Tel: 02 9241 1478 Fax: 02 9251 3552 Email: asa2004@icmsaut.com.au
Melbourne **Australia** 7 - 10 October	**29TH AUSTRALIAN AND NEW ZEALAND ANNUAL SCIENTIFIC MEETING ON INTENSIVE CARE** Venue: Melbourne Exhibition and Convention Centre. Contact: The Meeting Planners, 91-97 Islington Street, Collingwood VIC 3066. Tel: 03 9417 0888 Fax: 03 9417 0899 Email: asm@meetingplanners.com.au Website:www.anzics.com.au/asm
Las Vegas **USA** 23 - 27 October	**AMERICAN SOCIETY OF ANESTHESIOLOGISTS ANNUAL MEETING** Venue: Las Vegas. Contact: ASA Executive Office, 520 N. Northwest Highway, Park Ridge, IL 60068-2573. Tel: 1 847 825 5586 Fax: 1 847 825 1692 Email: mail@asahq.org Website: www.asahq.org/AnnMtg
New York **USA** 10 - 14 December	**NEW YORK STATE SOCIETY OF ANESTHESIOLOGISTS 58TH POSTGRADUATE ASSEMBLY IN ANESTHESIOLOGY** Venue: New York Hilton Hotel, New York. Contact: NYSSA, Kurt G. Becker, 360 Lexington Ave, Suite 1800, New York NY 10017. Tel: 1 212 867 7140 Fax: 1 212 867 7153 Email: kurt@nyssa-pga.org Website: www.nyssa-pga.org

Formal Project Prize

The Formal Project Prize was established by the College Council in 1998. The prestigious prize is awarded to the best paper presented in the annual scientific meeting. Trainees are invited to submit their formal projects to the coming ASM. Please support college research by attending to this stimulating session.

Previous Winners of the Formal Project Prize:

1998 Dr. Ferdinand Chan
(Correlation of regional cerebral blood flow and TCD flow velocity in healthy adults)

1999 Dr. H.H. Lim
(Use of atropine to prevent hypotension induced by spinal anaesthesia in the elderly)

2000 Dr. Aaron Lai
(Value of preoperative coagulation tests: a reappraisal in major non-cardiac surgery)

2001 Dr. Anna Lee
(Multi-regional ropivacaine infiltration during laparoscopic cholecystectomy – experience in Hong Kong)

2002 Dr. Regina Choi
(Post circumcision analgesia in children – EMLA cream versus penile nerve block)

2003 Dr. H. S. Lim
(Pharmacokinetic and pharmacodynamic modeling of etomidate. A randomized comparison of two formulations)

Professor Adrian Gelb, (University of California, San Francisco) one of the Judges for the Formal Project Prize, 2003
The other judges are Professor Lee Tat Leong, (National University of Singapore) and Professor David Crankshaw (University of Melbourne)

Winner for the 2003 Formal Project Prize:
Dr. Huey S. Lim (TKOH)

Revision Course for Basic Sciences in Anaesthesiology 2003

The Revision Course for Basic Sciences in Anaesthesiology 2003 took place at Queen Elizabeth Hospital from 8th December to 19th December, 2003. The tutor was Professor Peter Kam, St George Hospital, The University of New South Wales, Sydney, Australia.

A total of 25 trainees from 11 hospitals participated in this full-time two-week revision course. This course consists of tutorials, viva voce and short questions practice of physiology, pharmacology and statistics. Most candidates commented that this course is intense and informative for their preparation of the coming Intermediate Fellowship Examination. It also helps them to gain deeper understanding of the physiology and pharmacology of anaesthesia.

Professor Peter Kam (seated) with a group of budding anaesthesiologists.

Revision Course for Clinical Sciences in Anaesthesiology 2003

"Another busy week in Hong Kong, this time: revision course for the final candidates" Professor Peter Kam

Intermediate Examination Mock Viva 2004

Mock vivas for this year's HKCA Intermediate Examination will be held on ***21st February and 31st July, 2004*** at Queen Elizabeth Hospital, starting at 0900 hours. Each mock viva will last for 20 minutes including 2 minutes of feedback from the tutor.

Intermediate Examination Mock Viva 2004 is now open for registration. Trainees who are interested please complete the application form (available at www.hkca.edu.hk) and return to Dr. CH Koo together with a cheque of HK$ 500 payable to "The Hong Kong College of Anaesthesiologists" ***before 14th February, 2004***. The applicant can attend one or both sessions.

If you have any queries concerning the mock viva, please contact Dr CH Koo, Primary Course Organizer, Department of Anaesthesiology, Queen Elizabeth Hospital, Phone 2958 6202 during office hours or Fax: 2782 4725 or Email at kooch@hutchcity.com.

Mock Viva Examiners

Fellows who wish to help the anaesthesiology trainees to pass the Fellowship examination are welcome to participate as Mock Viva examiners. You can ask either physiology or pharmacology or statistics questions during the practice. CME points will be awarded. For more details, please contact Dr CH Koo, Primary Course Organizer, Department of Anaesthesiology, Queen Elizabeth Hospital, Phone 2958 6202 or Fax: 2782 4725 or Email at kooch@hutchcity.com.

The Hong Kong College of Anaesthesiologists

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Vice Presidents	Po Tong CHUI
	Theresa HUI
Honorary Secretary	Yu Fat CHOW
Honorary Treasurer	Joseph LUI
Assistant Secretary	Matthew CHAN
Assistant Treasurer	Simon CHAN
Immediate Past President	Tsun Woon LEE
Council Members	John LIU
	Tsz Yeung CHAN
	Po Wah CHEUNG
	Phoon Ping CHEN
	Edward HO
	Chi Tim HUNG
	Anne KWAN
	Gavin JOYNT

Staff

Administrative Executive	Daniel TSO

Board of Censor

Mike Irwin (Chairman)	Tony Gin
KC Li	Tom Buckley
DA Sudhaman	Lilian Lau
TW Lee	PT Chui
John Liu	YF Chow
CT Hung	

Intensive Care Committee

Gavin Joynt (Chair)	Peggy Tan (Examination)
HY So (Secretary)	YF Chow
Edward Ho	Karl Young
KW Au Yeung	Anne Leung
Tony Gin	PW Cheung

Guidelines Committee

Anne Kwan (Chair)	PP Chen
Joseph Lui	Theresa Hui
Agnes Cheng	

Board of Examination

PT Chui (Chairman)	KK Lam (Deputy Chair)
Andrea O'Regan	Cindy Aun
SL Tsui	CT Hung
Mike Irwin	Tony Gin
YF Chow	Peggy Tan

Board of Accreditation

John Liu (Chairman)	Mike Irwin
Amy Cho	Joseph Lui
Andrea O'Regan	Anne Kwan
CT Hung	HY So
Lilian Lau	Tom Buckley
Wallace Chiu	Clement Yuan
PP Chen	Chandra Rodrigo
Tony Gin	YF Chow

Board of Education

CT Hung (Chairman)	YF Chow (Training officer)
Tom Buckley	Chandra Rodrigo
Andrew Chan	Mike Irwin
Andrea O'Regan	PT Chui
TY Chan	Tony Gin
Cindy Aun	CK Koo
KK Lam	

Formal Project Officer: KF Ng

Pain Management Committee

PP Chen (Chairman/Training officer)

Steven Wong (Secretary)	Anne Kwan (Accreditation)
TW Lee (Examination)	YF Chow
S Onsiong	CT Hung
SL Tsui	KO Sun
TS Sze	Tony Gin

Manpower Committee

John Low (Chairman)	CT Hung

Resuscitation Committee

HY So	KM Ho
Chandra Rodrigo	TY Chan

Organizer, Basic Science Course: CH Koo
Organizers, Clinical Anaesthesiology Course: Douglas Fok and Eric So
Coordinator, Difficult Airway Management Workshop: KM Ho