



TTAA NEWS

Website: www.tt-aa.org

Email: info@tt-aa.org

The Newsletter of The Trinidad & Tobago Anaesthetists Association

Volume 1, Issue 1

March 2013



Picture of some of the award recipients with the then President (Professor George Maxwell Richards) and First Lady (Dr Jean Ramjohn-Richards) at the TTA Annual Dinner-Lecture & Awards Function on December 21st 2012

From left to right (back row): Dr Bhagwatee Seunarine (Honoree) Dr Farzanna Mohammed (DM graduate) Dr Sasha Sankar-Maharaj (DM graduate) Dr Sheldon Olton (DM graduate) Dr Karen Cox (Daughter of Honoree Dr Jean KoonHow-Cox) Dr Paul Antony Parkinson (DM graduate)

PRESIDENT'S REPORT ...

Colleagues and friends of TTA, special salutations and what a year it has been! Even more so that I can witness the introduction of this newsletter for the first time. Congratulations to Ainsley Waldron in persevering to reach this other milestone in our historical development. The planning for this has been for some time in our minds but the actual materialisation of it has only occurred today. Thank you to those who have contributed to it.

The past year started off for us with such a dark cloud hovering overhead regarding our financial status and pending doom of liquidation of our existence. However, we have to be grateful to our predecessors for a great AGM /Seminar to kick start us and an election of an energised Executive team to run

with and to reanimate our activities of yesterday.

Restructuring took priority and quickly goals were set with a consolidated vision, mission and core values. The theme for the year continued on from this meeting with the focus on Patient Safety for our three Seminars, 'Safe Surgery Saves Lives', 'Evolution of Anaesthesia & Patient Safety' and today we shall be looking at the 'Impact of Research on Patient Safety'.

A membership target was set and to date we have almost tripled up reaching 124 and still reaching out for more. Subcommittees were quickly organised to form the main skeletal framework on which to build. This extended to other members of the Association

and more participation engendered.

Beyond these five basic groups, we added two more subcommittees to deal with awards and the launch of the TTA Foundation with the recognition of the Patron to do community outreach projects.

A major step forward is the re-establishing of our affiliation to the WFSA at the 15th World Congress in Anaesthesiology in Argentina. Also last year saw the introduction to Facebook and the transition to our own Website www.tt-aa.org.

So do join with us and let's continue to move forward, not back as we look to the future with further expansion in membership, collaboration with others and joint ventures on the 2013 horizon.



Dr Deryk Chen
TTAA President
2012-2013

YEAR IN REVIEW ...



Dr Ainsley Waldron
TTAA Secretary
2012-2013

The new executive was elected at a successful Seminar & AGM on 11th March 2012. An executive meeting was then held between the outgoing and incoming executives to handover and to plan for the year ahead. To aid implementation of plans five subcommittees were formed. These are: Constitution & Governance (chaired by Professor Hariharan); Education & Research (chaired by Dr Chen); Publication & Marketing (chaired by Dr St Hill); Events & Planning (chaired by Dr Karimuddin); and Financial & Membership (chaired by Dr Chai). We thank all members of the subcommittees for their dedicated service.

The executive decided to continue with the theme "Patient Safety" for the rest of the year. In this regard we held two educational

seminars in 2012. The 1st was at Kapok Hotel on July 8th where we had 65 attendees and the theme was "Safe Surgery Saves Lives". In celebration of World Anaesthesia Day we held the 2nd seminar on October 19th at Paria Suites Hotel & Conference centre where 75 people attended. Our theme for that seminar was "The Evolution of Anaesthesia—Its Impact on Patient Safety" and the focus was on the historical development of anaesthesia. We thank Abbott Laboratories Inc. (Seminar 1) and GlaxoSmithKline (Seminar 2) for their kind sponsorship.

We ended the year with a grand Annual Dinner-Lecture and Awards Ceremony in December. At that event we launched the TTA Foundation, whose patron is her then Excellency Dr Jean Ramjohn-

Richards. 52 persons attended and we honored 3 long serving anaesthetists: Dr James, Dr Cox and Dr Seunarine. We also acknowledged the achievement of DM graduates from the years 1998 through 2009.

Other achievements include rejoining the World Federation of Societies of Anaesthesiologists, formulating the association's vision and mission, starting a Facebook page (with 88 members to date) and launching our website. The website is still in its infancy but we hope to increase content during the upcoming year. And today we launch our newsletter. Your support has been invaluable and we do hope it's even better in 2013. Thanks for the opportunity to serve and I wish the new executive all the best.

Secretary's Report



EXECUTIVE COMMITTEE

2012 - 2013

President - Dr D. Chen

Vice President - Dr P. Bradshaw

Secretary - Dr A. Waldron

Treasurer - Dr M. Chai

PRO - Prof. S. Hariharan

Trustees:

Dr C. Rao Suryadevara (ERHA)

Dr N. Peters (NCRHA)

Dr M. Karimuddin (NWRHA)

Dr S. Hardeo (SWRHA)

Dr C. Solomon (TRHA)

Dr R. St Hill (Private Practice)

Proposed Changes to TTA Constitution

- It is proposed to increase the term of office from one year terms to a two year term. Thus the next executive will serve from March 2013 to March 2015. This is recommended so that the office holder is given more time to see plans to fruition.
- It is proposed that anyone can serve only a maximum of 2 successive terms (ie 4 years) in the same post but they are not debarred from serving another term(s) in a different post.
- It is proposed that an office holder must give one month notice if plan to resign from a post and the executive committee can appoint someone to act in the interim until the next AGM.
- It is proposed to update Membership Categories as follows:
 - Full: doctors with post-graduate qualifications. Can vote and hold any position in the association
 - Associate: doctors without postgraduate who are interested in anaesthesia or who are in a training programme. Can vote but can only serve on subcommittees
- Change our name from The Trinidad and Tobago Anaesthetists Association Limited to The Trinidad and Tobago Anaesthetists Association as the word 'limited' has some legal implications for a non-profit company.
- Increase number on the executive committee from 7 to 11 to accommodate the increased number of posts.



Attendees at the Second TTA Seminar in San Fernando



Dr Lloyd James
Retired Anaesthetist
TTAA Honoree 2012

SUMMARY OF RESEARCH PRESENTATIONS ...

"Cancellations of Elective Surgery at SFGH" -

Dr Shastri Hardeo

Objective: To establish the incidence and reasons for cancellations of elective surgery at a teaching hospital, San Fernando General Hospital, in Trinidad.

Conclusions: The overall incidence of cancellation in the study was 19.8%. Majority of the reasons leading to cancellation of elective surgical procedures in this study were preventable. Most of the cancellations occurred because of insufficient operating time. Although this has multi-factorial dimensions, Hospital management should strive to fix the problems which lead to poor productivity in operating rooms.

"Evaluation of Tracheostomy in an ICU in Trinidad" -

Dr Sheldon Olton

Objective: To evaluate the outcome of patients with a tracheostomy in a multidisciplinary intensive care unit (ICU) and to determine if there was any difference in outcome of patients who underwent early tracheostomy

Conclusions: Tracheostomy in ICU patients should be ideally done before 10 days following admission to ICU when there is a clear need and indication for the procedure. Further delay in doing a tracheostomy in patients may contribute adversely towards their morbidity and mortality.

"Factors affecting post-operative pain in patients at SFGH" - Prisca Bradshaw

Objectives: The observation that patients with pre-operative pain or high anxiety states often have higher post-operative pain levels despite what may have appeared to be adequate pain control during the intra-operative period piqued interest in finding out the factors that affect post-operative pain. The primary question sought to find out if there is a correlation between the patient's preoperative pain score and the actual pain scores in the post-operative period. Other factors that affect post-operative pain were also assessed.

Conclusion: Post-operative pain was influenced by the patient's preoperative expected pain score, the presence of anxiety and depression, education level and pre-operative pain.



"Prevalence of Chronic Pain among Adult Patients attending outpatient clinics in Trinidad" - Candice Sampath and Louanna Blackett et al

Objectives: 1. To measure prevalence of chronic pain among adult patients in outpatient clinics in Trinidad, and 2. To determine which groups of patients are most susceptible to chronic pain.

Conclusion: A chronic pain prevalence of 56.5% was identified. With overwhelmingly high severity, often affecting the back and lower limbs, medication was the most popular form of treatment administered. Increasing age, being female and Indian descent also seemed to be predisposing factors, while socio-economic status was found to not play any significant role in chronic pain development. It is safe to say that chronic pain is indeed a pervasive phenomenon in Trinidad.

Audit of consent for central neuraxial blocks - S. Mohammed, S. Mungroo

Objectives: To determine what proportion of patients received patient information booklets regarding central neuraxial blocks prior to anaesthesia. To determine what proportion of patients had risks of central neuraxial blocks explained and documented. To determine what risks were explained. To determine

"Knowledge, attitudes and practices of healthcare personnel with respect to futile end-of-life care in the ICUs in Trinidad" - Dr Sridhar Polakala

Objective: To determine the knowledge, attitudes and practices of health-care personnel with respect to futile end-of-life care in the Intensive Care Units (ICUs) at the five major Hospitals in Trinidad and Tobago and the factors that may influence the opinions.

Conclusion: The study emphasizes the need to identify health care providers who appear to be unconcerned to ethical and legal issues, to be made aware and educate them to these issues. It also highlights to device mean to bring awareness and educate health care professionals regarding futility during end-of-life care.

patients satisfaction with the information provided.

Conclusion: This audit highlighted failure to achieve 100 % target of explanation and documentation of risks associated with central neuraxial blocks. Recommendations from this audit include increasing awareness and education amongst anaesthetists as well as modification of the anaesthetic record to include tick boxes as a means of facilitating easier documentation.

"Spectrum of Microbial Growth and Antimicrobial Usage in an ICU in Trinidad" - Dr Sacha Bidaisee

Objective: To evaluate the spectrum of the microbial growth patterns in the adult patient population of the Intensive Care Unit at the Eric Williams Medical Sciences Complex for two years by reviewing the susceptibility profile and resistance patterns, quantifying the antimicrobial usage and evaluating patient outcomes with respect to age, gender, admission white blood cell (WBC) count, duration of the first antibiotic used, length of stay in the Intensive Care Unit, overall length of stay in hospital, total organ support and total comorbidities.

Conclusion: The present study found that increased WBC count, age and organ support are associated with increased mortality. *Pseudomonas Aeruginosa* was the most common isolate in the study ICU. The most common antimicrobial used was cefuroxime and its use was shown to be inappropriate in most instances. This clearly points to a need for improved antimicrobial usage with benefits to having more regular surveillance studies, institution of a multidisciplinary team to guide usage and also a great need to establish an antimicrobial protocol or guideline for this ICU.



Reproduced from medicalfutility.blogspot.com

Member Profile ... Dr Jean KoonHow-Cox

Dr. Jean KoonHow-Cox was one the few Trinidadian women to graduate in medicine from the then University College of the West Indies, before UWI obtained full university status. She then proceeded to do internship at San Fernando General Hospital and as a House Officer she worked in Accident and Emergency, Paediatrics and Anaesthesia. Anaesthesia is where she settled and has served the San Fernando General Hospital for many years.

Dr KoonHow-Cox left San Fernando General Hospital for private practice. Later, she was recalled to the hospital on a sessional basis, due to the acute shortage of anaesthetists. She subsequently resumed private practice but returned to the hospital and continued to serve until



Dr Karen Cox receiving Honorary award on behalf of her mother, Dr Jean KoonHow-Cox, from then President, His Excellency George Maxwell Richards.

she retired in early 2012.

Besides medicine Dr KoonHow-Cox has served the community in other ways. In 1986, she was a founding member of HOPE (Counseling) Centre for families in crisis. This group started the first Children's Home in San Fernando in 1992. Jean is a member of Soroptimist International, San Fernando, since 1966 and serves on the Board of Management for Shangri La Soroptimist Home for the elderly in Gopaul Lands, San Fernando.

For her dedicated community service, Dr KoonHow-Cox was a recipient of a national award, the Humming Bird Medal (Gold) in 2002. And for her service in anaesthesia, she was made an honorary member of TTAA at our Awards ceremony in December 2012.

The Year Ahead ...

- ◇ **Anaesthesia & Intensive Care Update 2013**
in collaboration with UWI-AICU
June 8 - 9, 2013
- ◇ **WHO The Global Initiative for Emergency and Essential Surgical Care (GIEESC) meeting**
October 14 - 15, 2013
- ◇ **World Congress of Surgery, Obstetrics, Trauma and Anesthesia**
October 16 - 17 2013
- ◇ **World Anaesthesia Day**
October 16th 2013
- ◇ **TTAA Annual Dinner-Lecture & Awards Function**
December 2013

SAVE THE DATE!

World Congress of Surgery, Obstetrics, Trauma and Anesthesia

16-17 October, 2013

Hyatt Regency, Port of Spain, Trinidad and Tobago

Following the WHO GIEESC Meeting

Addressing global surgical care challenges within the context of accessibility, sustainability and evidence-based practice.

Highlights Include:

Interactive workshops and hands-on learning
Expert panels, open mic sessions and topical debates
Oral abstract presentations and poster exhibit
Exhibitor hall

www.tt-aa.org