



Eric's finger on a patient's radial pulse



Dr Tan Wah Tze about to perform an induction of anaesthesia on a Myanmar patient

Adventures in Anaesthesia

By Dr Eric Lee

It isn't too often that you get a chance to spend a week in an exciting foreign land while learning a good deal about the more uncommon aspects of the practice of Medicine in your chosen specialty. It was great that I managed to receive this chance in January 2012, when I travelled as part of a team from National University Hospital (NUH) on a surgical mission trip to Defence Services Orthopaedic Hospital (DSOH) in Yangon, Myanmar. This was one of a series of trips organised on a yearly basis, which focuses on oral and maxillofacial plastic and reconstructive surgery, and is led by A/Prof Lim Thiam Chye, Chief of the Division of Plastic Surgery, NUH.

The prospect of practising Anaesthesia in a foreign country as a junior trainee was to me both intriguing and daunting. Daunting, largely because of the need to function with unfamiliar and possibly limited equipment, facilities and drugs, yet intriguing, because (one of the great appeals of Anaesthesia to me when I joined as a resident) of the vast number of opportunities to practice in a diverse range of unique and potentially challenging healthcare settings. I had often heard seniors speak of trips to far-flung corners of the Earth, and I was pleased to finally have the chance to go on an overseas work trip myself. It helped that the senior I was travelling with, Dr Tan Wah Tze, had much experience in this area, having been part of a successful SAF-led surgical mission to Afghanistan in 2010.

DSOH is a 500-bed military hospital located about 45 minutes' drive from downtown Yangon. A pre-operative preview of the patients and tour of the hospital on the first

day revealed where the main anaesthetic challenges would lie: while the patients (a mix of civilian and military, ranging from teenage to middle-aged) were largely very healthy, a number presented with significantly altered upper airway anatomy (from tumours, traumas and fractures from war injuries or injuries from road traffic accidents) which would not be amenable to standard airway management during induction. Equipment and facilities in the two major operating theatres while modest, were certainly more than sufficient for the conduct of safe general anaesthesia. However, a good understanding of the principles of anaesthetic equipment was required, as was proper attention to technique, safety and vigilant clinical monitoring.

Over the next few days, A/Prof Lim and his team of registrars, Dr Ng Hui Wen and Dr Lee Hanjing, joined by doctors from Australia and New Zealand, performed an array of difficult maxillofacial reconstructive surgeries, fracture fixations and cosmetic procedures. On the anaesthetic end, we had our hands full with a host of challenging airways (for example, one patient had developed ankylosis of the temporomandibular joint and had been completely unable to open his mouth for the past few years), and were glad to have brought with us a fiberoptic bronchoscope, which helped greatly with intubation on more than one occasion.

As a junior trainee, the lessons came fast and furious; from exercises in advanced airway management, to learning to quickly adapt to unfamiliar equipment and drugs (having a go at halothane must be a novel experience for any Singaporean trainee), to appreciating the importance of



Dr Ng Hui Wen (left) and Dr Lee Hanjing (right) carrying out an operation with a teammate

clinical vigilance in the absence of sophisticated monitoring equipment (such as end-tidal carbon dioxide and volatile agent analysers) and learning how to modify the anaesthetic techniques I had been taught back home, to suit the needs of new and unique clinical situations.

I learnt that safe anaesthesia can be conducted with modest resources, and that a finger on the pulse and a pair of watchful eyes on the patient (and moving reservoir bag) can go a long way. The trip also impressed upon me the importance of planning contingencies for the unexpected and of managing supplies and logistics while also learning to communicate and function as part of not just a multidisciplinary, but also multinational team.

A post-operative round of the patients in the ward showed that things had gone well, and the smiles all around (and an open mouth, for the aforementioned ankylosed patient!) meant that all the travelling and tired hours in the operating room were quickly forgotten. A/Prof Lim mentioned more than once during the trip that he regarded being invited for this work a great privilege, and at the end, I did indeed feel fortunate to have been a part of something really worthwhile.

Outside of work, tours of the beautiful city of Yangon and its magnificent Myanmar pagodas (including the awe-inspiring Shwedagon Pagoda), Myanmar Gems Museum and popular street markets during our off-hours made for a good break, and rounded off a week well spent. **SMA**



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The famous Shwedagon Pagoda in Yangon