# Annual Scientific Meeting in Anaesthesiology 2024

Date: 23-24 November 2024

Venue: Hong Kong Palace Museum & West Kowloon Cultural District

The Art of Anacythesia

# e-Programme

Jointly Organized by:





The Society of Anaesthetis of Hong Kong

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# Welcome Message

Dear Colleagues and Friends,

Welcome to the Annual Scientific Meeting in Anaesthesiology 2024 – The Art of Anaesthesia, ambitious in its conception and innovative in its design. You spoke and our team listened. We built on your invaluable feedback. In partnership with the progressive vision of the HKCA and SAHK, together we will be overcoming the risks and exploring the unknown.

As we spring from a new leaf into the year of the Dragon, ASM 2024 will be held in the showcase West Kowloon Cultural District. This unique setting will bring us one step forward in raising public awareness of anaesthesiology, peri-operative medicine as well as our roles beyond the theatre.

Healthcare work is demanding and so in another new milestone, our inside/outside ASM experience aims to cultivate well-being, a healthier body, and a move towards a greater mind, come to the ASM and immerse yourself in nature against the backdrop of the Hong Kong skyline. Last but not least, it is your presence that will make this event extra special, so we very much look forward to seeing you.



**Dr. Hing-Yu SO** President The Hong Kong College of Anaesthesiologists



**Dr. Yee-Eot CHEE** President The Society of Anaesthetists of Hong Kong



**Dr. Donovan WONG** Chairperson Organizing Committee ASM 2024

# **Organizing Committee**

### Chairperson

Dr Donovan WONG

### **Scientific Subcommittee**

Dr Kevin CHAN	Dr Eric NG
Dr Tom CHAN	Dr Anthony TANG
Dr Vivian CHEUNG	Dr William WANG
Dr Jane KO	Dr Andy WONG
Dr Sharon LAM	Dr Edith WONG
Dr Swan LAU	Dr Jeffrey YAM
Dr Katherine LIU	Dr Tim YANG
Dr May Ll	Dr Rebecca YIM
Dr Haylie MAK	Dr Louisa YUEN
Dr Andy NG	

## Nursing Symposium Sub-committee

Ms Mei Yee LEUNG Ms Wai Yin LOK Mr Tsun-Yee LI

## Health Industry Liaison Subcommittee

Dr Tom CHAN	Dr Tim YANG
Dr Andy NG	Dr Louisa YUEN
Dr Jeffrey YAM	

### **Treasurer**

Dr Eric Hang-Kwong SO

### **Honorary Advisors**

Dr Simon CHAN Dr Lydia LAU Dr. Vivian LAU

# **Faculty List**

### **International Faculty**

Dr. Sharil Azlan ARIFFIN (Malaysia) Dr. Lorenzo BALL (Italy) Dr. Chi-Ho CHAN (Singapore) Prof. Fun-Gee CHEN (Singapore) Prof. Adrian GELB (USA) Prof. Walid HABRE (Geneva/USA) Prof. Peter KAM (Australia) Dr. Dilip KAPUR (Australia) Dr. Lijun LIAO (China) Dr. Zhihao OON (Singapore) Prof. Jungchan PARK (Korea) Dr. Mark PRIESTLEY (Australia)

### **Local Faculty**

Dr. Mandy Man AU YEUNG Dr. Albert Kam-Ming CHAN Dr. Chi-Keung CHAN Dr. Eric CHAN Dr. Eva CHAN Prof. Francis Ka-Leung CHAN Dr. Kevin CHAN Dr. Timmy Chi-Wing CHAN Dr. Yee-Eot CHEE Dr. Lisa CHENG Dr. Vicky CHENG Dr. Amy CHEUNG Dr. Wilson CHOO Dr. Mandy CHU Dr. Polly FUNG Dr. Carolette GROENEWALD Mr. Renier GROENEWALD Dr. Kam-Yuen IP

Prof. Marc A. RUSSO (Australia) Dr. Tanya SELAK (Australia) Dr. Daniel SESSLER (USA) Dr. Fred SHAPIRO (USA) Dr. Josephine Swee Kim TAN (Singapore) Prof. Makoto TOMINAGA (Japan) Prof. Xiao WEI (China) Dr. Qi YAN (China) Prof. Liqun YANG (China) Dr. Yu-Chang YEH (Taiwan) Prof Jun-Heum YON (Korea) Dr. Chow-Yen YONG (Malaysia)

Prof. Michael IRWIN Dr. Wing-Man KO Dr. Amy KONG Dr. Anne KWAN Dr. Amy LAM Dr. Max LAU Dr. Vivian LAU Dr. YC LAU Dr. Carmen LEE Dr. Libby LEE Dr. Rowena LEE Mr. Tsun-Yee LI Dr. KK LIU Ms. Fion LO Dr. Frances LUI Dr. Emily MA Dr. Tammy Sin-Kwan MA Dr. Haylie MAK Dr. Ka-Leung MOK Dr. Eric NG Ms. Shirley Wing-Yi NG Dr. Catherine SHEA Dr. Alice Kwai-Yee SIU Dr. Peter Kam-To SIU Dr. Hing-Yu SO Dr. Doris TSE Prof. Stanley Sau-Ching WONG Dr. Timothy YANG Mr. Jacky Shui-Kwong YAU Dr. Tanya YAU Ms. Katy YEUNG Mr. Edwin YU Dr. Vivian YUEN Dr James ZHUANG

### International Workshop Instructors / Facilitators

Dr. Paulo SAN PEDRO (Philippines)

### Local Workshop Instructors / Facilitators

Dr. Christine CHAN Dr. Will CHAN Dr. Wing-Sang CHAN Dr. Yee-Eot CHEE Mr. Carl CHUNG Dr. Kin-Fai KHU Dr. Vansie KWOK Dr. Lydia LAU Dr. Rowena LEE Dr. Ka-Leung MOK Dr. Peter Kam-To SIU Dr. Andy WONG Dr. Emily YU Dr. Vivian YUEN Dr. Isabella ZHANG (Listed in alphabetical order)

## 23 November 2024 (Saturday)

08:00 - 08:45	HKPM Registration		
08:45 - 09:00			
09:00 - 10:30	HKPM Plenary Session Moderators: Dr. Tom CHAN Dr. Anne KWAN Dr. Katherine LIU (Hong Kong) The History of Anaesthesiology Development in Hong Kong Dr. Amy LAM (Hong Kong) The Changing landscape of OBA: Overcoming the Challenges to Ensure Patient Safety Dr. Fred SHAPIRO (USA) The Future Medical Landscape Dr. Libby LEE (Hong Kong)	Arts Pavilion Nursing Symposium Moderators: Ms. Mei-Yee LEUNG Ms. Wai-Yin LOK (Hong Kong) Achieving Success: Patient-Centric Approach in Nurse Pre-anaesthetic Assessment Clinic at Tseung Kwan O Hospital Ms. Fion LO (Hong Kong) ePACU Service Mr. Tsun-Yee LI Mr. Jacky Shui-Kwong YAU (Hong Kong) Interventional Pain Management - Nursing Perspective Ms. Shirley Wing-Yi NG (Hong Kong) Anaesthesia Nursing Development Dr. Yee For Cl. 155 (Lapa Kaga)	
10:30 - 11:00		Dr. Yee-Eot CHEE (Hong Kong) HKPM Coffee Break and Healthcare Industry Showcase	
11:00 - 12:30	HKPM SAHK Plenary Session Moderators: Prof. Jun-Heum YON (Korea) Dr. Yee-Eot CHEE (Hong Kong) National Considerations in Workforce Planning Prof. Adrian GELB (USA) Perioperative Airway Support & Pulmonary Complications Prof. Liqun YANG (China) Decision Making in Anaesthesia: From Safe to Safer Dr. Sharil Azlan ARIFFIN (Malaysia) How to Use Large Language Models for Clinical Research Prof. Jungchan PARK (Korea)	Arts Pavilion         Pain Symposium         Moderators:         Dr. Vivian CHEUNG         Dr. YC LAU         (Hong Kong)         Peripheral Nerve Stimulator and Restorative         Stimulation         Prof. Marc A. RUSSO (Australia)         Pharmacological Management of Chronic         Non-cancer Pain         Prof. Stanley Sau-Ching WONG (Hong Kong)         Professionalism in Pain Medicine         Dr. Dilip KAPUR (Australia)	Lau Bak Livehouse Well-being / Sustainability Symposium Moderators: Dr. Sharon LAM Dr. Jeffrey YAM (Hong Kong) Environmental Impact of Healthcare: An Anaesthesiology Perspective Dr. Chow-Yen YONG (Malaysia) Sustainable Practises in Orthopaedic Surgery Dr. Amy CHEUNG (Hong Kong) Sustainability in Action: Our Hospital's Journey to a Greener Operating Theatre Dr. Amy KONG (Hong Kong)
12:30 – 14:00	HKPM Lunch Break	Arts Pavilion Lunch Symposium Moderators: Dr. YC LAU Dr. Swan LAU Optimizing Intraoperative Hemodynamic Management: Role of Hypotension Prediction Index Dr. Yu-Chang YEH (Taiwan) (Sponsored by Edwards Lifesciences Hong Kong) Are There Any New Measures for Us to Help Reducing Post-Operative Pulmonary Complication? Dr. Kam-Yuen IP (Hong Kong)	Lau Bak Livehouse Lunch Symposium Sustainability SIG (12:30 - 13:30)

14:00 - 15:30	НКРМ	Arts Pavilion	Lau Bak Livehouse
	Obstetric Symposium	W1: Airway Workshop 1	Formal Project Prize Session
	Madavatava	Fa silitata ya	(13:30 - 15:00)
	Dr. Eva CHAN	Dr Christing CHAN	ludges
	Dr. Andy NG	Dr. Isabella ZHANG	Dr Hing-Yu SO
	(Hong Kong)	(Hong Kong)	Prof Peter KAM
	(nong tong)		Dr. Albert CHAN
	What's new in Obstetric	Instructors:	(Hong Kong)
	Anaesthesia 2024?	Dr. Yee-Eot CHEE	
	Dr. Frances LUI (Hong Kong)	Dr. Andy WONG	Moderators:
		Dr. Rowena LEE	Dr. Emily MA
	Pregnancy & Cardiac Disease	Dr. Emily YU	Dr. Louisa YUEN
	Dr. Catherine SHEA (Hong Kong)	(Hong Kong)	(Hong Kong)
	Peripartum Blood Management		Lau Bak Livebouse
	Dr. Carmen LEE (Hona Kona)	(Philippines)	Free Paper Session
			(15:00 - 16:00)
		Please refer below for the workshop details.	
		·····	Judges:
			Dr. Stanley WONG (Hong Kong)
			Asso Prof. Marc RUSSO (Australia)
			Dr. Kin-Fai KHU (Hong Kong)
			No. damage
			Moderators:
			(Hong Kong)
15.20 16.00			
15:30 - 16:00	RKPM Critical Care /Trauma	Coffee Break and Healthcare	Industry Showcase
1600 1700	Symposium		
16:00 - 17:30	Symposium	Arts Pavilion	Lau Bak Livehouse
	(15:30 - 17:00)	W2: Airway Workshop 2	W3: Well-being Workshop
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17:30 – 18:00 18:00 – 19:00 19:00 – 22:00	(15:30 - 17:00) Moderators: Dr. Swan LAU Dr. Winsome LO (Hong Kong) Emerging Pharmaceutical Abuse Among Teenagers in Hong Kong Dr. Chi-Keung CHAN (Hong Kong) Updates for Mechanical Circulatory Support in Critically III Patients with Haemodynamic Instability Dr. Tammy Sin-Kwan MA (Hong Kong) Taking Surgery to the Skies Dr. Carolette GROENEWALD, Mr. Renier GROENEWALD (Hong Kong)	W2: Airway Workshop 2 Facilitators: Dr. Christine CHAN Dr. Isabella ZHANG (Hong Kong) Instructors: Dr. Yee-Eot CHEE Dr. Andy WONG Dr. Rowena LEE Dr. Emily YU (Hong Kong) Dr. Paulo SAN PEDRO (Philippines) Please refer below for the workshop details.  HKPM Cocktail Reception HKPM HKCA Congregation W Hong Kong (KITCHEN)	W3: Well-being Workshop Facilitators: Dr. Sharon LAM Dr. Lousia YUEN (Hong Kong) Instructors: Mr. Carl CHUNG Dr. Vansie KWOK (Hong Kong) Please refer below for the workshop details.

## 24 November 2024 (Sunday)

08:30 - 09:00	HKPM Registration		
09:00 - 10:30	HKPM Paediatrics Symposium Moderators: Dr. Polly FUNG Dr. Rebecca YIM (Hong Kong) Updates in Ventilation and Lung Protective Strategies in Pediatric Anesthesia Prof. Walid HABRE (Geneva/USA) Role of Surgery in Difficult Paediatric Airway Dr. Alice Kwai-Yee SIU (Hong Kong) Paediatric Airway Training and Simulation Dr. Josephine Swee Kim TAN (Singapore) Discussion Panelists Prof. Walid HABRE (Geneva/USA) Dr. Rowena LEE (Hong Kong) Dr. Alice Kwai-Yee SIU (Hong Kong) Dr. Alice Kwai-Yee SIU (Hong Kong) Dr. Alice Kwai-Yee SIU (Hong Kong) Dr. Josephine Swee Kim TAN (Singapore) Dr. Vivian YUEN (Hong Kong) Dr. Vivian YUEN (Hong Kong)	Arts Pavilion Cardiothoracic Symposium Moderators: Dr. Vicky CHENG Dr. Jeffrey YAM (Hong Kong) Perfusion Emergencies for the Anaesthesiologists Dr. Chow-Yen YONG (Malaysia) Interventional Cardiology in 2024: How far have we gone? Dr. Eric CHAN (Hong Kong) Pulmonary Hypertension in Non- cardiac Surgery Dr. Tanya YAU (Hong Kong)	Lau Bak Livehouse CUHK Peter Hung Pain Symposium Moderator: Prof. Matthew CHAN (Hong Kong) Cutting Edge of the Recent TRPV1, TRPA1 Research and Drug Development Prof. Makoto TOMINAGA (Japan) Fecal Microbiota Transplantation for Chronic Pain Management Dr. Lijun LIAO (China) Non-invasive Neuromodulation in Pain Treatment Mr. Edwin YU (Hong Kong)
10:30 – 11:00	Co	HKPM ffee Break and Healthcare Industry Showc	ase
11:00 - 12:30	HKPM Perioperative Symposium Moderators: Dr. Haylie MAK Dr. William WANG (Hong Kong) Perioperative Haemodynamic Monitoring - What to Target? Dr. Daniel SESSLER (USA) Eleveld TIVA Prof. Michael IRWIN (Hong Kong) Perioperative Implications of GLP-1 Agonists: Issues and Uncertaintie Prof. Peter KAM (Australia) Protective Pulmonary Ventilation During General Anesthesia: Challenging Scenarios Dr. Lorenzo BALL (Italy) HKPM - Merit Hall W5: Kids Save Lives Workshop	Arts Pavilion Regional Anaesthesia & Ultrasound Symposium Moderators: Dr. Max LAU Dr. Jane KO (Hong Kong) Role of Liposomal Bupivacaine in Upper Limb Surgery Dr. Timmy Chi-Wing CHAN (Hong Kong) Pain Generators from the Shoulder and Hip: Operative and Non-Operative Solutions Dr. Peter Kam-To SIU (Hong Kong) Lung POCUS from Basics to Applications Dr. Ka-Leung MOK (Hong Kong)	Lau Bak Livehouse Education Symposium Moderators: Dr. Katherine LIU Dr. Eric NG (Hong Kong) Mentoring in Anaesthesia: Challenges and Solutions Prof. Fun-Gee CHEN (Singapore) Digital Scholarship Dr. Tanya SELAK (Australia) Feedback Literacy Dr. Hing-Yu SO (Hong Kong) Challenging Conversations in the Workplace Dr. Albert Kam-Ming CHAN (Hong Kong)
	W5: Kids Save Lives Workshop Instructors: Dr. Lydia LAU Dr. Vivian YUEN (Hong Kong) Please refer below for the workshop details.		

12:30 – 13:30	HKPM Lunch Break	Arts Pavilion Lunch Symposium Anaesthesia in Conflict and Disasters Moderators: Dr. Jeffrey YAM Dr. Timothy YANG (Hong Kong) Speakers: Dr. Mandy CHU Dr. Wing-Man KO Dr. Anne KWAN Dr. KK LIU (Hong Kong) Dr. Zhihao OON (Singapore)	Lau Bak Livehouse Lunch Break
13:30 - 15:00	HKPM Neuroanaesthesia Symposium Moderators: Dr. Lisa CHENG Dr. Edith WONG (Hong Kong) Strategies to Reduce Postoperative Cognitive Dysfunction in Elderly Prof. Xiao WEI (China) The Anaesthetist in the Acute Stroke Team Dr. James ZHUANG (Hong Kong) Perioperative Management of Parkinson's Disease Dr. Mandy Man AU YEUNG (Hong Kong)	Arts Pavilion W4: Regional Anaesthesia & Ultrasound Workshop – Part 1 Facilitators: Dr. Peter, Kam-To SIU Dr. Kin-Fai KHU Dr. Wing-Sang CHAN Dr. Ka-Leung MOK Dr. Will CHAN (Hong Kong) Please refer below for the workshop details.	Lau Bak Livehouse Young Fellows Symposium Moderators: Dr. Tom CHAN Dr. Wilson CHOO (Hong Kong) Navigating the path: Challenges and Rewards of a Clinical Scientist's Journey Prof. Walid HABRE (Geneva/USA) Overseas Training Dr. Timothy YANG (Hong Kong) Training in Singapore Dr. Chi-Ho CHAN (Singapore) The Pathway to Becoming an Anesthesiologist in Mainland China Dr. Qi YAN (China)
15:00 – 15:30	Co	HKPM ffee Break and Healthcare Industry Showca	ase
15:30 - 17:00	HKPM Medicolegal Symposium Moderators: Dr. Kevin CHAN Dr. Vivian LAU (Hong Kong) Criminal Convictions and the Medical Council Ms. Katy YEUNG (Hong Kong) From Bolam to Montgomery: What Has Changed for Anaesthesia Practice? Prof. Fun-Gee CHEN (Singapore) Legislation of Advance Medical Directive and Perioperative DNACPR Dr. Doris TSE (Hong Kong)	Arts Pavilion W4: Regional Anaesthesia & Ultrasound Workshop – Part 2 Facilitators: Dr. Peter, Kam-To SIU Dr. Kin-Fai KHU Dr. Wing-Sang CHAN Dr. Ka-Leung MOK Dr. Will CHAN (Hong Kong) Please refer below for the workshop details.	Lau Bak Livehouse Future Leaders Forum Moderators: Dr. Tom CHAN Dr. Andy WONG (Hong Kong) Dr. Charlie HO (Australia) Speakers: Prof. Francis Ka-Leung CHAN (Hong Kong) Dr. Mark PRIESTLEY (Australia) Dr. Tanya SELAK (Australia) Dr. Tanya SELAK (Australia) Dr. Hing-Yu SO (Hong Kong) Prof. Jun-Heum YON (Korea) Dr. Chow-Yen YONG (Malaysia)
17.00 - 17:10		Closing Ceremony	
17:30 – 19:30	"The Art of	Lau Bak Livehouse Vintage" – Post Conference Drinks & W	/ine Tasting

The programme is subject to change without prior notice.

## **Optional Workshops and Nursing Symposium**

### W1: Airway Workshop 1

 Date:
 23 November 2024

 Time:
 14:00 - 15:30

 Fee:
 HK\$1,500

Facilitators:

Dr. Christine CHAN, Prince of Wales Hospital (Hong Kong) Dr. Isabella ZHANG, Queen Mary Hospital (Hong Kong)

Instructors:

Dr. Yee-Eot CHEE, Queen Mary Hospital (Hong Kong) Dr Andy WONG, Queen Mary Hospital (Hong Kong) Dr Rowena LEE, Hong Kong Children's Hospital (Hong Kong) Dr Emily YU, Queen Mary Hospital (Hong Kong) Dr. Paulo SAN PEDRO, De Los Santos Medical Center (Philippines)

This airway workshop focuses on advanced airway and lung isolation techniques. The workshop will consist of 4 stations: 1. Use of video intubating stylet, 2. 2 person combination technique with video laryngoscopy and fibre optic intubation. 3. 1 person combination technique with video laryngoscopy and video intubating stylet. 4. Different lung isolation techniques.

These advanced techniques are valuable skills that would be useful in any anaesthetists' airway management toolbox and can be incorporated into the airway strategy in patients with more complex problems.

### W2: Airway Workshop 2

Date: 23 November 2024 Time: 16:00 - 17:30 Fee: HK\$1,500

Facilitators: Dr. Christine CHAN, Prince of Wales Hospital (Hong Kong) Dr. Isabella ZHANG, Queen Mary Hospital (Hong Kong)

Instructors:

Dr. Yee-Eot CHEE, Queen Mary Hospital (Hong Kong) Dr Andy WONG, Queen Mary Hospital (Hong Kong) Dr Rowena LEE, Hong Kong Children's Hospital (Hong Kong) Dr Emily YU, Queen Mary Hospital (Hong Kong) Dr. Paulo SAN PEDRO, De Los Santos Medical Center (Philippines)

This airway workshop focuses on the practical skills required to manage a CICO (Can't Intubate Can't Oxygenate) situation. It consists of 4 stations: 1. Scalpel boogie cricothyroidotomy technique, 2. Needle cricothyroidotomy, 3. Ultrasound identification of cricothyroid membrane, 4. Intubating following recue LMA pplacement.

CICOs are frightening emergencies that requires quick actions. This workshop provides the opportunity to familiarize ourselves in a safe environment the practical skills required to manage such crises.

## **Optional Workshops and Nursing Symposium**

### W3: Well-being Workshop

 Date:
 23 November 2024

 Time:
 16:00 – 17:30

 Fee:
 FREE (for ASM 2024 registrants)

Facilitators: Dr. Sharon LAM, Queen Mary Hospital (Hong Kong) Dr. Louisa YUEN, Queen Elizabeth Hospital (Hong Kong)

Instructors: Mr. Carl CHUNG, Founder of Teengineer, Institute of Positive Psychology (Hong Kong) Dr. Vansie KWOK, Consultant, Hong Kong Children's Hospital (Hong Kong)

Join us at the well-being and sustainability workshop this year for a thought-provoking sharing session on the environmental Impact of healthcare from the perspectives of anaesthetists and non-anaesthetists. This will be followed by a light-hearted workshop on positive psychology, to explore its role in our daily practice and how it can enhance one's resilience and well-being.

### W4: Regional Anaesthesia & Ultrasound Workshop

Date: 24 November 2024 Time: 13:30 - 15:00 & 15:30 - 17:00 Fee: HK\$1,500

Facilitators: Dr. Peter, Kam-To SIU, Queen Mary Hospital (Hong Kong) Dr. Kin-Fai KHU, Princess Margaret Hospital (Hong Kong) Dr. Wing-Sang CHAN, CUHK Medical Centre (Hong Kong) Dr. Ka-Leung MOK, Ruttonjee and Tang Shiu Kin Hospital (Hong Kong) Dr. Will CHAN, Queen Mary Hospital (Hong Kong)

This year we are pleased to announce a workshop that involve experts from various specialties including regional anaesthesia, orthopaedics and emergency medicine. Please join us for a 3-hour workshop on upper/lower extremity/ truncal blocks and PoCUS from perspectives of anaesthetist and non-anaesthetists.

Space is limited to ensure plenty of time for hands-on experience. Don't miss this chance to learn from experts from different fields which will certainly enrich your clinical practice!

## **Optional Workshops and Nursing Symposium**

### W5: Kids Save Lives Workshop

# Date:24 November 2024Time:11:00 – 12:30 (Latecomers may not be allowed to join the course mid-way)Fee:FREE (for ASM 2024 registrants)

#### Participant Requirements:

1. Target age group: 10-12 years old

2. Participant must be related to an adult registered to the Annual Scientific Meeting in Anaesthesiology 2024. The registrant will need to attend ASM on the day of the course before the participant can join the course. Maximum 2 course participants may be accepted per ASM registration number.

#### Instructors:

Dr. Lydia LAU, The University of Hong Kong (Hong Kong) Dr. Vivian YUEN, Hong Kong Children's Hospital (Hong Kong)

Kids Save Lives is a project supported by the WFSA (World Federation of Societies of Anaesthesiologists) and endorsed by the WHO (World Health Organisation). It is a global initiative to educate schoolchildren on BLS (Basic Life Support) skills so as to improve resuscitation training in the general public and improve bystander CPR (CardioPulmonary Resuscitation) rates.

Format: Didactic introductory lectures on basic life support skills with hands-on CPR practice on mannikins

Language: Course will be conducted in both English and Cantonese. Participants who can understand both languages will be able to benefit most.

#### Course Certificate:

Participants will be invited to participate in a short post-course quiz as well as evaluation. Course certificates will be distributed electronically after completion of the entire course and online assessment.

(Note: This is not an official Basic Life Support BLS course. Participants will not be awarded BLS provider certificates after the course.)

### **Nursing Symposium**

Date:23 November 2024Time:09:00 – 10:30Fee:HK\$700 (Nursing Symposium & Scientific Symposia on 23 Nov (1 day))

Speakers:

Ms. Fion LO, Mr. Tsun-Yee LI, Mr. Jacky YAU, Ms. Shirley NG (Hong Kong)

Nursing is an art that never ends, with empathy and compassion at the heart of what defines it. The past few years of the COVID-19 pandemic have expedited the evolution of perioperative nursing. The possibility to broaden the scope of perioperative nursing care is being investigated, from the preoperative to the postoperative phase. This year's nursing symposium programme will take the audience on an exciting trip, showcasing the potential of our enlarged perioperative nursing position, from the nurse-led preoperative anaesthetic clinic to the extended Postoperative Anaesthesia Care Unit service to nurse led pain management. The eagerness to share and be inspired by our professional guest speakers could not wait any longer. Join the ASM today and seize these opportunities to see the flourishing of perioperative nursing.

# **Venue Floor Plan**

### Venue: Hong Kong Palace Museum and West Kowloon Cultural District



Palace Academy Entrance

# **List of Exhibitors**

## Venue: LG/F, Foyer of HKJC Auditorium, Hong Kong Palace Museum



## Venue: LG/F, Magnus Hall, Hong Kong Palace Museum

Table No.	Exhibitors
7	Merck Sharp & Dohme (Asia) Ltd
8	Edwards Lifesciences Hong Kong Limited
9	Karl Storz Endosocopy China Ltd
10	Philips Electronics Hong Kong Limited
11	Viatris Healthcare Hong Kong Limited
12	Alpha Medtech Limited
13	Teleflex. Medical Ltd
14	Fresenius Kabi Hong Kong Ltd.
15	Pfizer Corporation Hong Kong Limited
16	Pacific Medical Systems Limited
17	Linde HKO Ltd.
18	BioVibes Medical Ltd
19	Prism Technologies Ltd.
20	Medtronic Hong Kong Medical Limited
21	Shun On Healthcare Limited
22	Draeger Hong Kong Limited
23	Aspen Pharmacare Asia Ltd



# **List of Exhibitors**

## Venue: Lau Bak Livehouse (Faculty Lounge)

![](_page_14_Figure_2.jpeg)

Table No.	Exhibitors
SB 1	Fisher & Paykel Healthcare Ltd
SB 2	CSL Behring Asia Pacific Ltd.
SB 3	Novo Nordisk Hong Kong Limited
SB 4	Sunshine Medical Supplies Ltd.

# **Plenary Session**

23 November 2024 09:00-10:30

![](_page_15_Picture_2.jpeg)

Dr. Amy LAM Former Chief of Service, Department of Anaesthesiology, Queen Elizabeth Hospital, Hong Kong

### The History of Anaesthesiology Development in Hong Kong

The specialty of Anaesthesiology in Hong Kong has gone through various challenging stages of development. In this presentation, Dr Amy Lam will embark on a personal account on key milestones, visionary individuals and technological breakthroughs that have shaped the practice of Anaesthesiology in Hong Kong till the present day.

In her picturesque timeline description, Dr Lam will present an introduction followed by the history and development of Anaesthesiology in Hong Kong and the rest of the world. She will share with you the important evolutionary changes that have made safer surgery possible and at the same time more comfortable and accessible to patients.

Keeping abreast with new advances of the modern world, Hong Kong has substantially reduced mortalities & morbidities related to anaesthesia through improved patient safety. The factors which have contributed to these positive outcomes include: structural training programmes for specialist Anaesthesiologists, quality assurance, advancement in monitoring systems, better anaesthetic drugs, revolutionary changes in anaesthesia equipment, machines & mechanical ventilation, which have totally changed the scene in the anaesthetic profession.

In honouring our legacy, we will continue to advance our specialty in the pursuit of medical excellence for even greater precision, safety & patient-centred care in our anaesthesia practice.

# **Plenary Session**

23 November 2024 09:00-10:30

![](_page_16_Picture_2.jpeg)

#### Dr. Fred SHAPIRO

Associate Professor of Anesthesia, Harvard Medical School, Harvard University, USA

# The Changing Landscape of OBA: Overcoming the Challenges to Ensure Patient Safety

Similar to the exponential growth of the ASC in the 20th century, there has been a significant growth of office-based surgery over the last 25 years - a new setting for surgery, minimally invasive diagnostic and interventional procedures. OBA facilities are inherently different from ASCs and hospitals with respect to infrastructural and personnel capacity. Although the OBA setting offers distinct advantages to both patients and providers, office-based practice also demands that all members of the medical team understand the multifaceted challenges involved in ensuring the highest quality patient care and safety. With a continued increase in the number and complexity of both patients and procedure and the lack of uniform regulations on the standard of care in office-based practice, we discuss our paradigm of the "6 Ps" to guide health care providers to help further develop and implement safe and efficient systems, optimize patient outcomes, and minimize morbidity in the surgical and office-based surgical and anesthesia setting. In addition, we highlight our latest initiatives in OBA safety research, publications, updated OBA Emergency Manual, and OBA educational opportunities for the next generation.

# **Plenary Session**

23 November 2024 09:00-10:30

![](_page_17_Picture_2.jpeg)

Dr. Libby LEE Undersecretary, Health Bureau, Hong Kong Special Administrative Region

## The Future Medical Landscape

This will be presented at the Meeting

23 November 2024 09:00-10:30

![](_page_18_Picture_2.jpeg)

Ms. Fion LO Advanced Practice Nurse in Ambulatory Surgery Services, Tseung Kwan O Hospital, Hong Kong

## Achieving Success: Patient-Centric Approach in Nurse Pre-anaesthetic Assessment Clinic at Tseung Kwan O Hospital

Day surgery is highly promoted nowadays as it brings significant benefits to both patients and hospitals. To achieve successful day surgery, pre-anaesthetic assessment is essential. This presentation provides an overview of the Nurse Pre-anaesthetic Assessment Clinic (NPAC) at Tseung Kwan O Hospital.

Since 2008, a nurse-led pre-anaesthetic assessment clinic has been established at Tseung Kwan O Hospital. Through pre-anaesthetic assessment, patients' potential risks can be identified for early optimization before surgery. The cancellation of operations is reduced, and patients' anaesthetic risks are minimized. In 2018, NPAC was developed, and Tseung Kwan O Hospital became the first training center in Hong Kong, aiming to train more qualified nurses to provide pre-anaesthetic assessment services.

A patient-centric approach is implemented to the development of NPAC. Different assessment aspects including history taking, physical examination, and investigation are enhanced so that nurses can identify patients' overall physical and mental conditions. At the same time, multidisciplinary collaboration is emphasized, aiming to optimize patients' physiological and psychological states to achieve the best possible conditions for surgery. Last but not least, NPAC nurses are dedicated to peri-operative education for patients in order to promote recovery after surgery.

23 November 2024 09:00-10:30

![](_page_19_Picture_2.jpeg)

#### Mr. Tsun-Yee Ll

Ward Manager, Department of Anaesthesia, Pain, and Perioperative Medicine, Queen Mary Hospital, Hong Kong

![](_page_19_Picture_5.jpeg)

#### Mr. Jacky Shui-Kwong YAU

Associate Nurse Consultant (ANC), Department of Anaesthesia and Operating Theatre (A&OT), Tuen Mun Hospital (TMH), New Territory West Cluster (NTWC), Hong Kong

### ePACU Service

In an attempt to ease the pressure on ICU, A&OT of Tuen Mun Hospital intentionally transformed one of its PACU beds into an extended PACU (ePACU) as a pilot trial for a period of ten months during the COVID-19 pandemic in February 2020. Once the admission criteria were met, the patient was admitted to ePACU and received overnight PACU care of not exceeding a 24-hour period. By alleviating the admission, ICU resources are reserved for patients with ultra-major surgeries such as Whipple procedure or oesophagectomy as compared with surgeries of lesser magnitudes such as sleeve gastrectomy or segmentectomy. Patients admitted to ePACU are extubated by anaesthetists and expected to be discharged within 24 hours post-operatively. However, this rapid transformation has caused consternation with the nursing staff of the A&OT, despite the fact that trainings on post-operative care are provided by NCs or ANCs of other disciplines. Meanwhile manpower remained unchanged, nursing staff are suffering from tremendous stress. Since 2023, our ePACU has become one of the routine practices and until now, we have served over 300 cases. We wish our experience could give those new starters some idea to overcome the obstacles.

23 November 2024 09:00-10:30

![](_page_20_Picture_2.jpeg)

#### Ms. Shirley Wing-Yi NG

Advanced Practice Nurse, Department of Anaesthesia, Pain, and Perioperative Medicine, Queen Mary Hospital, Hong Kong

### Interventional Pain Management - Nursing Perspective

Chronic pain is a complex issue that significantly affects both patients and their caregivers. Managing this pain often involves interventional procedures, which range from simple injections to advanced neuromodulation techniques.

Effective pain management requires a comprehensive approach that extends beyond intraoperative care. A thorough preoperative assessment is crucial, involving an evaluation of the patient's medical history, pain patterns, and psychological state. This ensures that interventions are tailored to meet individual needs. Additionally, postoperative follow-up is vital for monitoring recovery, managing complications, and assessing the procedure's effectiveness.

Nurses play a key role in this process. They educate patients about procedures, outline expected outcomes, and discuss potential risks. Beyond this, nurses provide holistic care, addressing not only the physical aspects of pain but also the emotional and psychological needs of patients and their families.

Collaboration among healthcare professionals is essential for effective interventional pain management. This multidisciplinary approach includes anesthesiologists, pain specialists, and nurses working together to deliver coordinated and comprehensive care.

In conclusion, understanding the multifaceted nature of chronic pain and utilizing interventional procedures can lead to better patient outcomes. Nurses, with their holistic perspective, are integral in supporting patients throughout the entire process, from initial assessment to recovery.

23 November 2024 09:00-10:30

![](_page_21_Picture_2.jpeg)

Dr. Yee-Eot CHEE Consultant, Department of Anaesthesia, Queen Mary Hospital, Hong Kong

## Anaesthesia Nursing Development

This will be presented at the Meeting

23 November 2024 11:00-12:30

![](_page_22_Picture_2.jpeg)

#### **Prof. Adrian GELB**

Professor Emeritus, Anesthesia, Department of Anesthesia & Perioperative Medicine, School of Medicine, UCSF Lecture, USA

### National Considerations in Workforce Planning

- The workforce is a key component of Safety, both patient and clinician, but is often dealt with as a separate issue i.e. with no relationship to Safety. Advocacy for workforce expansion would benefit from advocacy that includes safety as a core component
- Globally >70% of the world's population do not have access to safe and timely anesthesia and surgical care.
- World Health Organization resolution 69.15 "Strengthening Emergency and Essential Surgical Care and Anesthesia as a Component of Universal Health Coverage" was unanimously approved. It makes access to surgical care a basic human right and thereby creates a social responsibility challenge for us.
- Poor quality healthcare is thought to result in more deaths than failure to receive care.
- Metrics for reporting national surgical care performance include access to care within 2 hours; an adequate workforce doing an adequate volume of care; perioperative mortality rate; and financial protection
- The minimum number of anesthesiologists for safe care is calculated to be >5/100,000 population
- Planning for surgical services should be done in an integrated manner and include anesthesia, surgery, OB, and appropriate ancillary personnel. The more common siloed approach inevitably results in perpetual catch-up

23 November 2024 11:00-12:30

![](_page_23_Picture_2.jpeg)

#### Prof. Ligun YANG

Chair of Department of Anesthesiology, Renji Hospital, Shanghai Jiao Tong University School of Medicine, China

### Perioperative Airway Support & Pulmonary Complications

Laryngeal mask airway and tracheal intubation are the two most common airway approaches for patients who require general anaesthesia. Which approach is preferable remains unknown. We therefore tested the primary hypothesis that a composite of in-hospital postoperative pulmonary complications is less common with laryngeal mask airways than after tracheal intubation in patients having elective noncardiothoracic surgery with general anaesthesia and mechanical ventilation.

We enrolled patients  $\geq$ 70 years old who required general anaesthesia for elective noncardiothoracic surgery in 17 Chinese clinical centres. Patients were randomly assigned to airway management with tracheal intubation or a laryngeal mask airway. The primary outcome was the incidence of a collapsed composite of in-hospital postoperative pulmonary complications.

Between August 2016 to April 2020, 2900 patients were recruited and randomised (1454 to laryngeal mask airway group and 1446 to tracheal intubation group), of whom 2751 were included in primary analysis (1387 in the laryngeal mask airway group and 1364 in the tracheal intubation group). Preoperatively, 88% patients were evaluated with a PPC risk index of 1-2. Pulmonary complications — mostly coughing — occurred in 270 of 1387 evaluable patients (19.5%) assigned to laryngeal mask airway and 342 of 1,364 evaluable patients (25.1%) assigned to tracheal intubation: absolute difference, -5.6% [95%CI, -8.7% to -2.5%]; risk ratio, 0.78 [95% CI, 0.67 to 0.89], P<0.001.

Among low-risk geriatric patients having elective surgery with general anaesthesia and intraoperative mechanical ventilation, there were fewer pulmonary complications with laryngeal mask airway than after tracheal intubation.

23 November 2024

11:00-12:30

![](_page_24_Picture_3.jpeg)

#### Dr. Sharil Azlan ARIFFIN

Consultant Anaesthetist, Cardiac Vascular Sentral Kuala Lumpur (CVSKL), Malaysia

### Decision Making in Anaesthesia: From Safe to Safer

Anaesthetists have long strived to improve patients wellbeing under their care, initially focusing on the medical management of patients during the perioperative phase with all its concomitant challenges including the effects of the anaesthetic, the surgical effects, and the underlying health issues of the patient. Over time the progressive development and delivery of anaesthesia has contributed greatly to the wellbeing and hence the safety of patients under anaesthesia, which has allowed for the expansion in operative procedures which could be successfully undertaken. The scope for improvement has expanded and in more recent decades we have seen the development of more sophisticated monitoring systems being developed. Learning from other diverse areas of human interaction has benefitted our speciality, where we have come to recognize potential weaknesses in how we think, practice and interact when making decisions about the care of a patient, especially but by no means exclusively in times of stress. These may be generic, or there may be specific areas which influence interaction. Understanding more about the way we think and process information when making decisions is important to recognize and then acknowledge our own inherent areas of weakness. Addressing these with individual, and with organizational strategies is an important area for further improvement in patient safety under anaesthesia.

23 November 2024 11:00-12:30

![](_page_25_Picture_3.jpeg)

#### Prof. Junachan PARK

Associate Professor of Anesthesiology and Pain Medicine, Sungkyunkwan University School of Medicine, Samsung Medical Center, Korea

### How to Use Large Language Models for Clinical Research

This lecture explores the transformative role of Large Language Models (LLMs) in understanding and generating human language, highlighting their development, capabilities, and potential applications in healthcare and research. We begin by contrasting traditional programming approaches with modern AI methods, emphasizing how LLMs leverage extensive datasets and neural networks to perform complex linguistic tasks without the rigid coding required in earlier systems. The discussion includes the concept of Emergent Abilities, where models exhibit unexpected enhancements in performance as they scale in size and data availability.

We address the ethical considerations surrounding LLMs, including concerns about originality and domain-specific knowledge, particularly in medical contexts where accuracy is crucial. Guidelines from reputable journals on Al-generated content are reviewed, noting the evolving stance on Al's role in research. The lecture also highlights practical applications of LLMs in script writing, data analysis, and study conception, demonstrating their utility in aiding researchers, especially those for whom English is a second language.

Additionally, we examine the importance of prompt engineering, emphasizing how well-structured queries can significantly impact the quality of AI responses. The use of advanced features in models like GPT-4, including integration with tools such as Excel, showcases the ongoing advancements in AI capabilities.

By the end of the lecture, participants will gain insights into the practicalities and implications of utilizing LLMs in their work, alongside a balanced perspective on the associated challenges and ethical considerations. This comprehensive overview aims to empower researchers and practitioners to effectively harness the potential of LLMs in their fields while navigating the complexities of Al-driven communication.

# **Pain Symposium**

23 November 2024 11:00-12:30

![](_page_26_Picture_2.jpeg)

Prof. Marc A. RUSSO

Immediate past president, International Neuromodulation Society, Australia

## Peripheral Nerve Stimulator and Restorative Stimulation

This will be presented at the Meeting

# **Pain Symposium**

23 November 2024 11:

11:00-12:30

![](_page_27_Picture_3.jpeg)

#### Prof. Stanley Sau-Ching WONG Clinical Associate Professor, Department of Anaesthesiology,

Clinical Associate Professor, Department of Andestnesiology, The University of Hong Kong, Hong Kong

### Pharmacological Management of Chronic Non-cancer Pain

Chronic non-cancer pain affects 20-30% of the global population, significantly impairing quality of life, physical functioning, emotional well-being, and creating economic burdens. Effective management requires a comprehensive, multidisciplinary approach to address biopsychosocial issues. Pharmacological treatment remains an integral part of chronic non-cancer pain management and is probably the most commonly used treatment modality. Non-opioid analgesic medications that are commonly being used include nonsteroidal anti-inflammatory drugs (NSAIDs), acetaminophen, antidepressants, and anticonvulsants. Despite risks such as addiction, tolerance and overdose, opioid use for treating chronic non-cancer pain remains prevalent at 26-30%. Alternative analgesic medication with a better safety profile is needed. The evidence for cannabinoids and buprenorphine will be discussed. Cannabinoids, although not legalized locally, have been gaining increasing attention for their potential in pain management. There is some evidence that has demonstrated pain relief, anti-inflammatory effects, and improvements in mood and sleep quality. Buprenorphine is a partial agonist at the  $\mu$ -opioid receptor and antagonist at the kappa and delta opioid receptors. It may provide pain relief with fewer side effects such as risk of abuse/ addiction and respiratory depression compared to full opioid agonists. The long-term tolerability and safety of cannabinoids and buprenorphine remain uncertain. Nevertheless, these alternative medications may be components of a comprehensive pain management strategy tailored to individual patient needs.

# **Pain Symposium**

23 November 2024 11:00-12:30

![](_page_28_Picture_2.jpeg)

Dr. Dilip KAPUR Dean, Faculty of Pain Medicine (FPM), Australian and New Zealand College of Anaesthetists (ANZCA), Australia

### Professionalism in Pain Medicine

Clinical competence forms the foundation of professionalism in pain medicine, a specialty reliant on the trust society places in doctors. Consistently ranked among the most trusted professionals globally, doctors' ethical and professional standards sustain this trust.

Central to competence in pain medicine is the ability to listen effectively and take a thorough clinical history. A significant portion of diagnostic information—up to 85–90%—comes from the patient's narrative. This skill requires not only attention to subtle cues but also an understanding of the patient's cultural background to avoid overlooking vital information.

Equally important is the physical examination, which demands continuous practice to detect subtle abnormalities common in chronic pain states. Unfortunately, many patients seeking specialist pain services report years of inadequate assessments, underscoring the need for clinicians to remain diligent in applying their diagnostic skills.

Thorough clinical assessments also play a key role in building patient trust. When patients feel their concerns are heard and explored, they are more likely to adhere to treatment recommendations. Demonstrated competence reassures patients that their doctor is invested in their care, fostering a stronger therapeutic relationship.

Moreover, competence is essential in navigating ethical challenges, such as balancing patient satisfaction with safe medical practice. This is particularly relevant in pain medicine, where managing therapies like opioids often requires difficult decisions that may conflict with a patient's expectations.

Financial incentives can distort aspects of the relationship between doctors and patients. Whilst it is perfectly reasonable for doctors' hard work and diligence to be rewarded, the asymmetry in financial standing between doctors and their patients must never be overlooked.

Stress is a common problem in most areas of medicine. There may be particular problems in pain medicine. Behaving ethically and responsibly can foster a strong sense of self-respect which is vital in sustaining individuals' well-being in our tough, but rewarding specialty.

# Well-being / Sustainability Symposium

23 November 2024 11:

11:00-12:30

![](_page_29_Picture_3.jpeg)

Dr. Chow Yen YONG President, Malaysian Society of Anaesthesiologists, Malaysia

### Environmental Impact of Healthcare: An Anaesthesiology Perspective

These learning objectives aim to equip anesthesiologists with the knowledge and tools necessary to recognize and reduce the environmental impact of their practice, contributing to a more sustainable healthcare system.

- 1. Understanding the environmental impact of healthcare, with a focus on contribution of anesthesiology practices.
- 2. Identify the primary sources of environmental pollution within healthcare, including waste generation, energy consumption, and greenhouse gas emissions.
- 3. Explore sustainable anaesthetic practices and evaluates their efficacy in reducing environmental impact.
- 4. Develop strategies to adopt sustainable anaesthetic practices.
- 5. Role of anesthesiologists as leaders and advocates in environmental sustainability.

# Well-being / Sustainability Symposium

11:00-12:30 23 November 2024

![](_page_30_Picture_3.jpeg)

#### Dr. Amy CHEUNG

Deputy Chief, Division of Joint Replacement Surgery, Queen Mary Hospital, Hong Kong

### Sustainable Practises in Orthopaedic Surgery

The healthcare sector accounts for a significant proportion of resource consumption in society. In particular, the operating theatre consumes a vast amount of both human and material resources required to allow for safe and efficiency running of services.

Operating theatre related waste has been found to account for approximately 20-33% of total hospital waste. Hospital waste can end up in a number of destinations, the landfill, incinerator or being reused or repurposed.

Orthopaedic procedures are some of the most common surgical procedures worldwide. Such procedures require a vast number of resources in the preparation and processing of reusable surgical instruments, use of disposable items and in terms of manpower requirements.

Fortuitously, many orthopaedic procedures are also relatively routine in nature involving standardised surgical steps and instrumentation. Therefore, such procedures may provide ample opportunity for evaluation and streamlining in order to allow for waste reduction, resource conservation and to allow for best use of manpower which is of particular importance in the setting of strained healthcare systems.

In the current era of climate change and the aging population with increasing demands for joint replacement procedures, it is necessary for us to evaluate our current practises and to explore ways to achieve "greener" orthopaedic surgery.

# Well-being / Sustainability Symposium

23 November 2024 11

11:00-12:30

![](_page_31_Picture_3.jpeg)

Dr. Amy KONG Consultant anesthesiologist, Kwong Wah Hospital, Hong Kong

### Sustainability in Action: Our Hospital's Journey to a Greener Operating Theatre

Operating theatres are significant contributors to healthcare's environmental footprint, in anaesthetic greenhouse gas emission, energy consumption and waste generation. This presentation will share our hospital's experiences, successes, challenges, and future aspirations in achieving a greener operating environment.

Strategies, such as waste reduction, recycling, minimising greenhouse gas emission by limiting desflurane use and energy conservation, for example, through reducing off-hour ventilation, will be discussed.

Systemic changes are important in driving sustainable practices. For example, by removing desflurane from vaporizers and incorporating oral paracetamol into a premedication option on printed anaesthetic forms, we have created a more sustainable default setting. Educational initiatives have also played a crucial role, particularly in raising awareness among younger generations about the benefits of TIVA.

While progress has been made, challenges persist, such as corporate policies on single-use items. The necessity for some common practices, including the necessity of gowning up for single-shot spinal procedures and laminar flow ventilation in operating theatres, also warrants further discussion in college and organisational level, to further enhance the environmental sustainability of our operating theatres. By collaborating and sharing insights, we can overcome these challenges and foster a culture of sustainability in our operating theatres in Hong Kong.

# Lunch Symposium

23 November 2024 12:30

12:30-14:00

![](_page_32_Picture_3.jpeg)

#### Dr. Yu-Chang YEH

Director, Department of Anesthesiology, National Taiwan University Hospital, Taiwan

# Optimizing Intraoperative Hemodynamic Management: Role of Hypotension Prediction Index

Hemodynamic monitoring is essential in both intensive care units (ICUs) and operating rooms (ORs) to enhance patient outcomes by maintaining optimal perfusion and preventing complications. This talk focuses on the integration of the Hypotension Prediction Index (HPI), a cutting-edge tool powered by machine learning, into perioperative practice. The HPI enables early prediction of hypotensive events, facilitating timely and effective interventions to reduce the risk of organ dysfunction, shock, and mortality.

Traditional methods such as central venous pressure, mean arterial pressure, and lactate clearance have limitations in providing real-time predictions. The HPI overcomes these challenges by analyzing complex hemodynamic data to provide actionable insights. The presentation emphasizes the importance of individualized care, leveraging advanced monitoring tools to optimize patient outcomes. By adopting a protocol-driven approach and integrating predictive analytics into clinical workflows, HPI represents a transformative advancement in patient care. The key takeaway underscores the necessity of comprehensive monitoring strategies to maintain organ perfusion, minimize injury, and promote recovery in critically ill and surgical patients.

# Lunch Symposium

23 November 2024 12:30-14:00

![](_page_33_Picture_2.jpeg)

#### Dr. Kam-Yuen IP

Clinical Associate Professor of Practice, Department of Anaesthesiology, The University of Hong Kong, Hong Kong

# Are There Any New Measures for Us to Help Reducing Post-Operative Pulmonary Complication?

Postoperative pulmonary complications (PPCs) are a prevalent concern in surgical patients, significantly affecting morbidity, mortality, and hospital resource utilization. This presentation focuses on strategies to reduce PPCs through a multifaceted perioperative lung protection program. PPCs can arise from modifiable and non-modifiable factors. Modifiable factors including pre-operative status and administration of anaesthesia. While non-modifiable factors include patient demographics and specific surgical characteristics.

The key to reducing these complications lies in identifying high-risk patients through a comprehensive preoperative assessment utilizing validated risk stratification tools such as the ARISCAT and Las Vegas Score. These assessments allow for targeted interventions based on the varying needs of patients. The presentation recommends considering quantifying the risk of postoperative pulmonary complications for all adult patients undergoing surgery. Whereas the Perioperative Lung Protection Program should be implemented as a Bundle of Care especially in intermediate or high-risk patients.

Intraoperative strategies play a crucial role in preventing PPCs. Techniques such as protective ventilation, which includes low tidal volume and appropriate positive end-expiratory pressure (PEEP) settings, contribute to maintaining functional residual capacity and minimizing atelectasis. The choice of anaesthesia, especially the use of regional techniques when appropriate, can further enhance lung function during the postoperative period.

The presentation also pointed out the significance of neuromuscular monitoring and the careful selection of reversal agents, such as sugammadex, to prevent residual neuromuscular blockade, which can lead to respiratory complications.

With a comprehensive approach based on evidence that involves strategies for preoperative, intraoperative, and postoperative phases, many complications in PPCs can be minimized. This integrated care model not only improves patient outcomes but also enhances the surgical services efficacy, creating a better recovery trajectory for patients undergoing surgery.

# **Obstetric Symposium**

23 November 2024 14:00-15:30

![](_page_34_Picture_2.jpeg)

#### **Dr. Frances LUI**

Chief of Service, Department of Anaesthesia, Pain and Perioperative Medicine, Queen Mary Hospital, Grantham Hospital, and Duchess of Kent Children's Hospital, Hong Kong

### What's new in Obstetric Anaesthesia 2024?

In this 30 minutes talk, recent trials, guidelines and international consensus in the fundamental issues in Obstetric Anaesthesia will be discussed, including Obstetric airway, labour epidurals, behavioural outcomes of children and postpartum haemorrhage. Look forward seeing you in the ASM 2024!

# **Obstetric Symposium**

23 November 2024

14:00-15:30

![](_page_35_Picture_3.jpeg)

#### **Dr. Catherine SHEA**

Associate Consultant, Cardiology, Queen Mary Hospital, Hong Kong

### Pregnancy & Cardiac Disease

There are major physiological changes that occur during pregnancy throughout the whole antenatal, peripartum and postpartum period. Women with underlying cardiovascular conditions may be at increased risks, yet there is an increasing number of women with cardiovascular conditions embarking on the journey of pregnancy. How do we go about with risk stratification and counselling? Multidisciplinary collaboration is essential in formulation of their care plan so that we can take both mom and baby safely through this journey.
# **Obstetric Symposium**

23 November 2024

14:00-15:30



**Dr. Carmen LEE** 

Associate Consultant, Haematology, Queen Mary Hospital, Hong Kong

### **Peripartum Blood Management**

The prevalence of anaemia in pregnancy is high. In particular, iron deficiency remains a significant problem for pregnant women worldwide. Iron is an essential requirement for erythropoiesis, and its deficiency has been linked to poor health outcomes in the mother, foetus and infant. In order to minimise adverse clinical outcomes and to reduce the need for red cell transfusion, proper prevention, timely diagnosis and treatment of iron deficiency are of paramount importance in the antenatal and postpartum period. The latest recommendations for the management of iron deficiency in pregnancy will be discussed in this symposium.

# Critical Care / Trauma Symposium

23 November 2024

15:30-17:00



Dr. Chi-Keung CHAN Consultant, Hong Kong Poison Information Centre, Hong Kong

### Emerging Pharmaceutical Abuse Among Teenagers in Hong Kong

Due to the crackdown and decreasing availability of conventional abusive drugs in mainland China, drug dealers and abusers are exploring the more accessible pharmaceuticals with abuse potential. Etomidate and dextromethorphan abuse among teenagers are of particular concern in past two years. Since 2023, etomidate misuse has surged in mainland China and Hong Kong. It is marketed as "太空油" and mainly used via e-cigarettes (i.e. vaping). On October 1, 2023, the Chinese government officially placed etomidate under abusive drug control and surveillance.

In the fourth quarter of 2023, there were 29,000 cases of misuse with 21,000 new users identified in mainland China. Case series in Chinese literature published in mid-2024 reported over 500 cases and associated mortality. The situation in Hong Kong is rapidly worsening. Etomidate e-cigarette cartridges are sold in attractive packaging with various flavors, appealing to teenagers. It is considered as a trendy, low-cost, and concealed alternative to conventional abusive drugs. Sales are driven by social media and e-commerce. Etomidate may act as a gateway drug for teenagers, potentially leading to widespread substance abuse problems in adulthood. According to frontline social workers, etomidate vaping is rapidly spreading among teenagers in school and their peer groups.

# Critical Care / Trauma Symposium

23 November 2024

15:30-17:00



Dr. Tammy Sin-Kwan MA Queen Mary Hospital, Hong Kong

### Updates for Mechanical Circulatory Support in Critically III Patients with Haemodynamic Instability

Cardiogenic shock remains one of the most challenging clinical conditions in critical care, with high inhospital mortality ranging from 40% to 50%. In the past, the intra-aortic balloon pump (IABP), which augments the coronary blood flow and reduces the left ventricular afterload by counter-pulsation, was considered one of the standard treatments for cardiogenic shock due to its theoretical benefit in improving myocardial oxygen supplydemand balance. However, since the IABP-shock II trial was published in 2012, showing that IABP failed to reduce the 30-day mortality in patients with cardiogenic shock complicating acute myocardial infarction (AMI), IABP is no longer routinely recommended. Other mechanical circulatory support (MCS) modalities, including veno-arterial extracorporeal membrane oxygenation (V-A ECMO), percutaneous left ventricular assisted device, also known as Impella, or the combination of the above, EcPELLA (ECMO + Impella) and ECMO + IABP, have gained popularity in clinical practice in recent years. The MCSs mentioned above all have different mechanisms for stabilizing hemodynamics and maintaining end-organ perfusion. Understanding the underlying physiological impacts of each MCS will help physicians identify patients who may benefit from it and minimize the complications. This presentation will explain each MCS modality's underlying physiology, applications, and limitations and provide the latest updates and evidence on MCS management in cardiogenic shock patients.

# Critical Care / Trauma Symposium

23 November 2024 15:30-17:00

#### **Dr. Carolette GROENEWALD**

Associate consultant, Division of Vascular Surgery, Queen Mary Hospital, Hong Kong



Mr. Renier GROENEWALD Airline pilot, Hong Kong

#### Taking Surgery to the Skies

Medicine has a lot to learn from other industries including aviation. Cockpit resource management was born after fatal errors led to devastating consequences and loss of life in two well-known aviation disasters. Similarly, poor communication and ineffective leadership and teamwork in stressful surgical cases, can lead to poor patient outcomes. Crew resource management are essential non-technical skills all users of the operating room should be familiar with. The 6 essential CRM skills include effective communication, decision making, situational awareness, teamwork and leadership. These skills can be expanded to include preparedness and planning, to call for help early, prioritising and distributing workload effectively, coping with stress and managing fatigue. These all aim to recognise, avoid and mitigate risk and save lives. Comparing the operating room to firsthand experience in a cockpit, makes for interesting discussion on similarities and differences in medicine and aviation.

## **Paediatrics Symposium**

24 November 2024 09:00-10:30



#### Prof. Walid HABRE

Senior Associate, Department of Anesthesiology, Critical Care and Pain Medicine, Boston Children' s Hospital, USA

### Updates in Ventilation and Lung Protective Strategies in Pediatric Anesthesia

Under normal conditions, the lung is already heterogeneous and general anesthesia will promote lung heterogeneity. Therefore, there should be a coherence between the ventilation strategy we apply in normal or diseased lungs and the lung physiology. This talk will focus first on the physiological characteristics of the infant lung, particularly the premature baby, the factors contributing to ventilation induced lung injury, and how to determine the best ventilation strategy according to the lung condition. Four major physiological determinants have to be considered: i) molecular level: the surfactant, ii) the elastic properties of the lung, iii) the extracellular matrix and iv) the hemodynamics. The alveolar instability will promote ventilation heterogeneity with on one side a dynamic shear stress induced by the repetitive opening and closure of the alveoli and on the other side the overdistention of the adjacent alveoli during inspiration: the dynamic strain.

There is a difference in the lung strain between children and adults with children having more elastin fibers than collagen. When ventilating a child, one should consider the energy applied to the respiratory system. It comprises two components: the static component, which is the lung volume determined by the PEEP, and the dynamic cycling component determined by the driving pressure (or specific tidal volume). These elements have to be considered when ventilating a diseased lung where driving pressure should be kept under the threshold of inspiratory capacity stress. Thus, when determining the best ventilation strategy for a given lung, we have to consider four factors: 1) The driving pressure 2) the PEEP level +/- recruitment 3) the respiratory rate (major factor determining the mechanical power) and 4) the inspiratory time.

# **Paediatrics Symposium**

24 November 2024 09:00-10:30



#### Dr. Alice Kwai-Yee SIU

Assistant Professor, Acting Assistant Dean of Clinical Education, The Chinese University of Hong Kong Shenzhen, China

### Role of Surgery in Difficult Paediatric Airway

Managing a difficult pediatric airway presents significant challenges and surgical concerns, necessitating a multidisciplinary approach for effective outcomes. Pediatric patients have unique anatomical and physiological characteristics. Proportionally larger tongue, smaller airways, and higher oxygen consumption rates, all contribute to the increased complexity of airway interventions. Key concerns include preoperative assessment to identify potential airway difficulties, patient positioning to optimize visualization, and the selection of appropriate airway management. Surgical intervention including rigid laryngotracheobrochoscopy and tracheostomy must be meticulously planned to accommodate the variability and fragility of pediatric airways, with emphasis on minimizing trauma and maintaining ventilatory support.

## **Paediatrics Symposium**

24 November 2024 09:00-10:30



#### Dr. Josephine Swee Kim TAN

Senior Consultant, Paediatric Anaesthesia, KK Women's & Children's Hospital, Singapore

### Paediatric Airway Training and Simulation

Airway is often regarded as the main business of anaesthesia. However, airway remains largely managed by physicians other than anaesthetists. In short, airway management is an essential basic skill for medical staff and airway education should be mandatory for all physicians to various degrees.

Our anaesthesia residency programme airway modules has evolved to include mandatory competency evaluations to ensure satisfactory training outcomes. Experiential learning in the OT provides opportunities for safe and deliberate practice of airway techniques in patients with varied anatomy, pathology and physiology. Because apprenticeship training is unpredictable, high-fidelity simulation now allows demonstration of practical skills and also the integration of the whole team for the development of non-technical skills. But their use is limited by cost and time.

For the trained anaesthetists, airway training opportunities include individualized department teaching and airway workshops. Our National Airway Programme is open to various medical disciplines with emphasis on advanced airway skill on animal models and cadavers. Ex vivo animal tissues are preferred over mannikins for their haptic authenticity. However, employing animal models to provide realism raises ethical dilemmas, and their use requires familiarity with animal welfare regulations.

Airway curriculum development also requires consideration of the multidiscipline nature of the team. In KK Hospital, we have developed an airway curriculum for our nurses to empower them to be our airway copilots.

In future, formalisation of mandatory airway training programmes, introduction of regular competencybased assessment tests is likely to become the norm for both trainees and qualified senior practitioners.

Lastly, airway training curriculum must go beyond mastering skills in airway equipment. Airway crisis often results from poor judgement and bad decisions. Recognition of physiological contribution to poor airway outcomes, good communication and teamwork are cornerstones in effective airway management.

# **Cardiothoracic Symposium**

24 November 2024 09:00-10:30



Dr. Chow Yen YONG President, Malaysian Society of Anaesthesiologists, Malaysia

### Perfusion Emergencies for the Anaesthesiologists

These learning objectives aim to equip anesthesiologists with the knowledge and skills necessary to effectively manage perfusion incidents /emergencies during cardiopulmonary bypass (CPB), ensuring patient safety and improving outcomes.

- 1. Understanding the principles of CPB.
- 2. Prevention, contingency planning and early identification of critical perfusion incidents.
- 3. Intraoperative resuscitation and emergency procedures during perfusion emergencies.
- 4. Effective team communication and decision-making under pressure.
- 5. Post-CPB complications and their management.

# **Cardiothoracic Symposium**

24 November 2024 09:00-10:30



Dr. Eric CHAN Consultant, Grantham Hospital, Hong Kong

### Interventional Cardiology in 2024: How far have we gone?

Interventional cardiology is an evolving subspecialty in cardiology that focuses on diagnosing and treating various cardiovascular conditions with catheter-based techniques. It ranges from a full spectrum of coronary assessment, such as coronary angiography, pressure-wire based physiology assessment, intravascular imaging, as well as treatment of coronary artery disease with plaque and calcium modification devices and drug-eluting stents. In recent years, it has made huge progresses in the treatment of structural heart disease including transcatheter aortic valve replacement, percutaneous mitral and tricuspid valve procedures, left atrial appendage closure for stroke prevention, closure of septal defects and patent foramen ovale, and septal reduction procedures for hypertrophic obstructive cardiomyopathy. In this lecture, an overview will be given on various interventional cardiology procedures as well as their clinical relevance to the anesthesiologist colleagues as an indispensable part of the Heart Team.

# **Cardiothoracic Symposium**

24 November 2024 09:00-10:30



Dr. Tanya YAU Consultant, Department of Cardiothoracic Anesthesia, Queen Mary Hospital, Hong Kong

### Pulmonary Hypertension in Non-cardiac Surgery

Pulmonary hypertension (PH) is a complex condition of the pulmonary vasculature that results in considerable morbidity and mortality in patients undergoing non-cardiac surgical procedures. The current definition of pulmonary hypertension (PH) is a mean pulmonary artery pressure (mPAP)  $\geq 25$  mmHg measured by right cardiac catheterization. Elevated pressure in the pulmonary circulation has various etiologies and can be categorized into five clinical subgroups.

A comprehensive, evidence-based summary of the pathogenesis, diagnosis, severity, and treatment modalities of the condition is presented. The significance of a multidisciplinary team approach in perioperative management of patients with pulmonary hypertension is emphasized, encompassing preoperative comprehensive risk assessment, optimal intraoperative anesthetic management to avert pulmonary hypertensive crises and right heart failure, as well as vigilant postoperative monitoring to prevent clinical deterioration, including pulmonary vasoconstriction, arrhythmia, right heart failure, respiratory failure, and thromboembolism.

In conclusion, perioperative care of PH in non-cardiac surgery involves a multidisplinary approach, meticulous planning, and a tailored approach to reduce complications and improve patient outcomes.

# **CUHK Peter Hung Pain Symposium**

24 November 2024 09:00-10:30



#### Prof. Makoto TOMINAGA

Professor, Thermal Biology Research Group, Nagoya Advanced Research and Development Center, Nagoya City University, Japan

### Cutting Edge of the Recent TRPV1, TRPA1 Research and Drug Development

This will be presented at the Meeting

# **CUHK Peter Hung Pain Symposium**

24 November 2024 09:00-10:30



Dr. Lijun LIAO Director, Pain Management Department, Shanghai East Hospital, China

### Fecal Microbiota Transplantation for Chronic Pain Management

This will be presented at the Meeting

# **CUHK Peter Hung Pain Symposium**

24 November 2024 09:00-10:30



#### Mr. Edwin YU

PhD Candidate, Department of Mechanical and Automation Engineering, The Chinese University of Hong Kong, Hong Kong

#### Non-invasive Neuromodulation in Pain Treatment

The presentation will give an overview of existing non-invasive neuromodulation methods for pain treatment, with a focus on Transcranial Magnetic Stimulation (TMS). Numerous neuromodulation protocols have been developed for a wide range of pain indications, including various neuropathic pain conditions, fibromyalgia and acute pain conditions. Level of evidence, efficacy, regulatory status and clinical considerations will be discussed for representative protocols. Treatment strategies for maximizing the benefits of non-invasive neuromodulation methods to patients will be highlighted. By relating underlying mechanisms of neuromodulation with engineering, this presentation will also highlight recent endeavours of TMS system development in local research and their prospects in pain management.

24 November 2024 11:00

11:00-12:30



Dr. Daniel SESSLER Vice-president, Clinical and Outcomes Research at UTHealth, USA

### Perioperative Haemodynamic Monitoring - What to Target?

Myocardial injury after non-cardiac surgery is defined by elevated postoperative cardiac troponin concentrations that exceeds the 99th percentile upper reference limit of the assay due to a presumed ischemic mechanism with or without concomitant symptoms or signs. Myocardial injury after non-cardiac surgery occurs in about 20% of patients who have major inpatient surgery, and nearly all are asymptomatic. Myocardial injury after non-cardiac surgery is independently and strongly associated with both short-term and long-term mortality, even in the absence of clinical symptoms, electrocardiographic changes, or imaging evidence of myocardial ischemia consistent with myocardial infarction. Consequently, myocardial injury after non-cardiac surgery surveillance is warranted in patients at high risk for perioperative cardiovascular complications. Hypotension is strongly associated with myocardial injury and infarction, with a hard threshold ≈60-65 mmHg.

24 November 2024

11:00-12:30



#### Prof. Michael IRWIN

Professor, Department of Anaesthesiology, The University of Hong Kong, Hong Kong

#### **Eleveld TIVA**

The Eleveld propofol model is a recent addition to Target Controlled Infusion (TCI) systems. Its extensive covariate range ensures applicability for patients of all ages, weights, and sizes, effectively making it a universal model. This innovation resolves the long-standing "Marsh v Schnider" debate and mitigates the risk of incorrect model selection by the operator, thereby enhancing safety. There is no need to adjust patient weight inputs in the TCI system; the actual bodyweight should be used, as the model inherently compensates for obesity. The model was developed using the Bi-spectral index (BIS™), a clinically relevant measure of anaesthesia depth.

The original model development paper outlines the target concentrations, induction doses, and infusion rates designed to achieve drug effects suitable for anaesthesia (with opioids) or sedation (propofol alone). The target concentration decreases with age, aligning drug administration with recommendations from the propofol package insert. A clinical validation study confirmed that these targets are appropriate for anaesthesia across various populations, including children, adults, the elderly, and individuals with obesity. Compared to the Schnider model, the Eleveld model has a larger V1 and a slower ke0, resulting in a substantially larger initial bolus for a given target concentration. Clinicians should refrain from increasing the target concentration to accelerate induction, a practice sometimes employed with the Schnider model. Adhering to the recommended targets for induction is crucial, as this provides doses that are consistent with recommendations for all age groups.

24 November 2024 11:00-12:30



**Prof. Peter KAM** Professor Emeritus, Faculty of Medicine and Health, University of Sydney, Australia

### Perioperative implications of GLP-1 Agonists: Issues and Uncertainties

Glucagon like peptide 1 receptor agonists [GLP1 RA] have a pivotal role in T2 DM management and obesity management and, additionally, cardiac and renal protective effects. These agents slow gastric emptying by reducing antral contractions. Adverse gastrointestinal effects include gastroparesis, nausea, vomiting and abdominal pain/distention. Several new formulations of GLP1 RA used clinically have differences in half lives, hypoglycaemia risk and tachyphylaxis to gastroparesis.

An increased risk of aspiration because of delayed gastric emptying [predominantly from case reports] has raised concern for anaesthetists in the perioperative management of patients taking these drugs. There is a lack of high-quality data on the safety of GLP1 RA in surgical patients which has led to differences in guidance [bulletins, consensus statements and guidance documents] from Anaesthesia, Endocrine and Gastroenterology societies. These documents differ in focus and details and often conflicting recommendations. The differences in the recommendations and guidance regarding the perioperative management of GLP1 RA [fasting times, withholding drug, recognition of risk of aspiration and use of preoperative gastric ultrasonography] are analyzed. The comparative analysis can help develop clinical guidelines and institutional practice, and direct future research.

24 November 2024 11:00-

11:00-12:30



#### Dr. Lorenzo BALL

Researcher and Assistant Professor, Anaesthesia and Intensive Care, University of Genoa, Italy

# Protective Pulmonary Ventilation During General Anesthesia: Challenging Scenarios

The presentation "Protective Pulmonary Ventilation During General Anesthesia: Challenging Scenarios" focuses on optimizing intraoperative ventilation for high risk patients such as obese and those undergoing laparoscopic and robotic surgeries. These procedures are particularly challenging due to altered respiratory mechanics, chest wall and lung compliance issues, and the increased intra-abdominal pressure induced by pneumoperitoneum and positioning.

Key determinants of perioperative risk are obesity and surgical technique The presentation underscores the altered pulmonary physiology in obese patients, referencing key studies to emphasize the challenges of achieving adequate ventilation without increasing the risk of complications. The importance of titrating tidal volume on the predicted body weight rather than actual body weight is highlighted. Concerning the application of positive end-expiratory pressure (PEEP), the PROBESE, iPROVE and PROVILO trials and subsequent meta-analyses are discussed. However, the role of recruitment maneuvers remains controversial, with recent data advising against routine use due to potential risks, in particular when applied by the bag squeezing technique. Extubation strategies in obese patients are addressed, emphasizing the need for careful titration of ventilation also during the induction and extubation passes.

The presentation concludes with future perspectives on evolving surgical techniques, including advancements in robotic and laparoscopic approaches, which demand tailored ventilation strategies. The conclusion focuses on actionable take-home messages, emphasizing the importance of individualized, evidence-based approaches to protective ventilation in high-risk surgical populations.

### **Regional Anaesthesia & Ultrasound Symposium**

24 November 2024 11:00-12:30



#### Dr. Timmy Chi-Wing CHAN

Consultant Anaesthetist, Department of Anaesthesia, Pain and Perioperative Medicine, Queen Mary Hospital, Hong Kong

#### Role of Liposomal Bupivacaine in Upper Limb Surgery

Brachial plexus blocks are commonly used to provide regional anesthesia for patients undergoing distal radial fracture surgery, which is one of the most performed orthopedic surgeries. Regional anesthetic nerve blocks have been associated with improved postoperative analgesia. However, single-injection nerve blocks are limited by a short duration of action and the possibility of rebound pain. The role and analgesic efficacy of single-injection brachial plexus blocks for distal radial fracture surgery are currently uncertain. Results from two randomized controlled trials showed rebound pain at around 24 h after surgery in patients given brachial plexus block compared to those who received general anesthesia. Various medications to extend analgesia have been studied with the goal of improving postoperative analgesia and minimizing rebound pain.

Liposomal bupivacaine is local anaesthetic that is proven to have prolonged effect than standard bupivacaine and is Food and Drug Administration–approved for use in peripheral nerve blocks. In this talk, we will discuss this drug and its clinical applications in upper limb surgery.

### **Regional Anaesthesia & Ultrasound Symposium**

24 November 2024

11:00-12:30



#### Dr. Peter Kam-To SIU

Associate Consultant, Department of Orthopaedics and Traumatology, Queen Mary Hospital, Hong Kong

### Pain Generators from the Shoulder and Hip: Operative and Non-Operative **Solutions**

This presentation covers pain generators from the shoulder and hip in an anatomical approach including the musculo-tendinous units, capsule, bursae and their neural networks. It also covers dynamic pathologies in their pain generation, from the common subacromial impingement, femoro-acetabular impingement (FAI) to the rare internal impingement. The talk highlights the important role of ultrasound in anatomical visualisation, dynamic evaluation, and a variety of interventions from various injections to barbotage, and surgery. The presentation is supplemented with ultrasound videos, MRI images, cadaveric anatomy, arthroscopic videos and realistic 3D models.

### **Regional Anaesthesia & Ultrasound Symposium**

24 November 2024 11

11:00-12:30



Dr. Ka-Leung MOK

Consultant, Accident & Emergency Department, Ruttonjee Hospital, Hong Kong

### Lung POCUS from Basics to Applications

Point-of-care ultrasound (POCUS) has emerged as an essential diagnostic tool for clinicians of almost all specialties. Lung ultrasound (LUS) can help clinicians reach a diagnosis and guide subsequent management in various medical and surgical emergencies. It can readily rule in and out important chest conditions, including pneumothorax, atelectasis, pulmonary oedema, and even one-lung ventilation. It can also be combined with Focused cardiac ultrasound (FoCUS) and Focused Abdominal Sonography for trauma (FAST) for various clinical conditions. In this lecture, the basics of LUS, as well as its clinical applications, will be reviewed. The pitfalls of LUS will also be discussed.

24 November 2024 11:00-12:30

#### Prof. Fun-Gee CHEN

Associate Professor, Department of Anaesthesia, National University of Singapore, Singapore

#### Mentoring in Anaesthesia: Challenges and Solutions

Many textbooks and articles in multiple disciplines has been written about mentorships, the relationships between mentor and mentee, the indisputable benefits in developing clinical careers, research, winning more grants and the effects on staff retention and greater career satisfaction. Yet we struggle to overcome the challenges in the discipline of anaesthesia, perhaps due to the nature of our clinical practice of working in isolation in the operating rooms. The mentor mentee relationship is sporadic and infrequent and after a long list many of us just do not have the energy and time to meet our mentees.

The ideal mentor is described as someone with admirable personal qualities, enthusiastic, compassionate, and selfless, acts as a career guide, offering a vision but purposefully tailoring support to each mentee, and most importantly a willingness and commitment to be available and approachable (Wenzel and Gravenstein 2016). Unfortunately, not many anaesthetists are "ideal". There is in practice no training to be a mentor, no protected time, and no recognition to be a mentor.

Mentors themselves need to be "mentored". Successful mentorship programs typically have mentoring training: to communicate effectively, deal with awkward situations, conflict management, and the ability to encourage growth and risk taking.

Mentorship with single mentor-mentee matches by the departmental administration face severe challenges in anaesthesia departmental mentorship programs. The solution lies with a mentorship culture where all members of the department seek opportunities in daily interactions to grow junior colleagues and peers (Johnson and Smith 2019). The University of Michigan approach will be described in the presentation as a possible strategy to develop a successful mentorship program.

24 November 2024

11:00-12:30



#### Dr. Tanya SELAK

Vice-President, Australian and New Zealand College of Anaesthetists & Faculty of Pain Medicine, Australia

### **Digital Scholarship**

In the past, medical education was only delivered in person by the teacher via lectures, conferences and bedside teaching with patients. This traditional teaching has a long, proud history which helped develop strong bonds between teacher and learner but could be variable and is increasingly difficult to deliver in these busy times. Resources were limited to physical textbooks and journals which could be expensive and difficult to access.

Digital resources have transformed medical education - webinars, podcasts and videos allow for rapid transmission of science and emerging themes and can be adapted to meet the needs of different learners. In this talk, Dr Selak explores some of the current trends in digital scholarship, the advantages and disadvantages of various methods, how to find substance in the FOAM (free open access medical education) and considers what the future may hold.

24 November 2024 11:

11:00-12:30



Dr. Hing-Yu SO President, The Hong Kong College of Anaesthesiologists

### **Feedback Literacy**

The presentation highlights the importance of feedback literacy ('Why?'), its core components ('What?'), and practical strategies for implementation ('How?'). It includes insights from multiple workplace-based assessment (WBA) workshops organized by the Hong Kong College of Anaesthesiologists and other partner colleges. The intervention utilizes WBA as a crucial tool for fostering effective feedback exchanges. Using Carless & Boud's Feedback Literacy Model, the workshops emphasize proactive engagement and reflective practice. Trainees are encouraged to actively seek feedback, reflect on it, and integrate it into their clinical practice—shifting feedback from being externally imposed to internally driven. The presentation also underscores the importance of managing emotional responses to feedback and recognizing feedback as a reciprocal process. Through structured workshops and the application of the Feedback Literacy Behaviour Scale (FLBS), trainees are empowered to make informed judgments, value feedback, manage emotions, and take meaningful action to enhance their clinical skills. This approach facilitates the shift from traditional input-based education to a competency-based framework, promoting lifelong learning and professional advancement in anaesthesiology and intensive care medicine.

24 November 2024 11:00-12:30



#### Dr. Albert Kam-Ming CHAN

Chief of Service, Consultant Anaesthetist, Department of Anaesthesia, Pain and Perioperative Medicine, Prince of Wales Hospital, Hong Kong

### Challenging Conversations in the Workplace

Throughout our careers, as anaesthesiologists, we have numerous opportunities to carry out conversations with peers, colleagues, residents, surgeons, nurses, patients and other members of the perioperative team. Inevitably, there are situations that arise that such conversations become very challenging -- such as interprofessional conflicts, critical feedback to colleagues, discussion after clinical events. In this session, we hope to guide participants to reflect on their own contributions to such challenging conversations, and to share some tips and guides as to how to manage these difficult conversations in the workplace.

### Lunch Symposium

#### 24 November 2024 12:30-13:30



Dr. Mandy CHU

Consultant Anaesthetist, Pamela Youde Nethersole Hospital, Hong Kong



#### Dr. Wing-Man KO

Specialist in Orthopaedic Surgery, former Secretary for Food and Health, Hong Kong Special Administrative Region



**Dr. Anne KWAN** Consultant Anaesthetist, Queen Mary Hospital, Hong Kong



Dr. KK LIU Specialist Anaesthesiologist in Private Practice, Hong Kong



Dr. Zhihao OON Consultant Anaesthetist and Interventional Pain Physician, National University Hospital, Singapore

### Anaesthesia in Conflict and Disasters

Despite busy work schedules and heavy family commitments, many anaesthetists in Hong Kong & abroad treasure the opportunity to help those in need in other countries.

The arrangement for the volunteer anaesthesia service is very different in various settings. It can be short surgical trips of few days duration providing elective orthopaedic or plastic operations in Mainland China, Indonesia, Philippines, Cambodia, Iran or Madagascar. Some other services (MSF, Mercy Ship) can last for a few months providing both emergency and elective operation of all types.

Dr Anne Kwan would discuss with Dr Ko on the logistics of setting up the Red Cross Hospital after the Sichuan earthquake. Dr Mandy Chu would share her experience at various places. Dr KK Liu would comment on use of the most basic equipment and techniques to safely anaesthetise patient undergoing orthopaedic operations.

Dr Oon, with his past work with MSF, will share his experiences in Syria, Yemen and the occupied Palestinian territories, whilst providing medical care in these conflict zones.

All welcome to join in with the sharing.

## Neuroanaesthesia Symposium

24 November 2024 13

13:30-15:00



**Prof. Xiao WEI** 

Vice Chair, Department of Anesthesiology, Xuanwu Hospital, Capital Medical University, China

### Strategies to Reduce Postoperative Cognitive Dysfunction in Elderly

Perioperative neurocognitive disorder (PND) is a neurocognitive complication commonly occurred in elderly patients, causing cognitive dysfunction. The objective of this lecture is to introduce the potential brain stressors for elderly patients undergoing general anesthesia, and also according to the potential brain stressors, how to develop a management algorithm based by multi-modal brain monitoring step by step. Multi-modal brain monitoring may improve postoperative cognitive function, decrease the incidence of PND and improve FC in elderly patients undergoing general anesthesia.

### Neuroanaesthesia Symposium

24 November 2024 13:30

13:30-15:00



#### Dr. James ZHUANG

Consultant, Department of Neurosurgery, Queen Mary Hospital, Hong Kong

#### The Anaesthetist in the Acute Stroke Team

The evolution of stroke intervention has seen a significant shift with the increasing adoption of intraarterial thrombectomy (IAT) over the past decade. Recent randomized controlled trials (RCTs) demonstrate a low number needed to treat, expanding eligibility criteria to include smaller vessels, older patients, lower ASPECTS scores, and longer ischemic times. At Queen Mary Hospital (QMH), we initiated a 24/7 IAT service in mid-2018, successfully treating over 500 patients, with outcomes surpassing international standards—over 40% achieving good functional independence at 90 days post-IAT.

Our multidisciplinary team, including dedicated anaesthetic support, primarily utilizes general anaesthesia (GA) for these procedures. While some studies suggest that GA may prolong procedural time, our experience indicates several advantages: GA facilitates higher recanalization rates, reduces hemorrhagic complications, and improves blood pressure management, especially in patients with lower Glasgow Coma Scale (GCS), dominant hemisphere stroke or anticipated complex vascular anatomy.

However, the use of GA requires substantial anaesthetic support and carries an increased risk of postoperative pneumonia, particularly in older patients. This presentation will explore whether our current practice should be maintained or reevaluated, contributing to the ongoing discussion regarding optimal anaesthetic approaches in acute stroke management.

We will also address some mysteries encountered when you are starting IAT cases. Understanding when interventionists choose GA versus conscious sedation (CS) is essential, especially as we work efficiently. Additionally, while "time is brain," can we prioritize setting up an arterial line or Foley catheterization before groin puncture? Target blood pressure control is crucial, as specific situations may require adjustments. Interventionists also face challenges, including neck punctures, ICAD and posterior circulation strokes, necessitating a clear understanding of the procedure's mechanisms.

# Neuroanaesthesia Symposium

24 November 2024 13:30-15:00



#### Dr. Mandy Man AU YEUNG

Department of Medicine, Pamela Youde Nethersole Eastern Hospital, Hong Kong

### Perioperative Management of Parkinson's Disease

This presentation provides an overview of Parkinson's disease (PD) and its implications for anesthesia. It explores the disease's epidemiology, pathophysiology, and the challenges it poses for anesthetic management.

24 November 2024 13:30-15:00



#### Prof. Walid HABRE

Senior Associate, Department of Anesthesiology, Critical Care and Pain Medicine, Boston Children' s Hospital, USA

# Navigating the path: Challenges and Rewards of a Clinical Scientist's Journey

This will be presented at the Meeting

24 November 2024 13:

13:30-15:00



#### Dr. Timothy YANG Associate consultant, Queen Elizabeth Hospital, Hong Kong

**Overseas Training** 

In this presentation, I will share about my recent overseas training in anaesthesia across three countries: China, the USA, and Canada. The objective of this training was to enhance my clinical skills and gain exposure to varying healthcare systems.

In China, I did a 3 month hands-on training in Cardiovascular Anaesthesia at Fuwai Hospital Chinese Academy of Medical Sciences. This experience provided an opportunity to work in a high-volume, specialty hospital, learn how our mainland compatriots practice high quality medicine for a large number of patients, perform anaesthesia for a large number of patients, and challenge myself by practicing in a vastly different medical system.

In the USA, I did a 1 month clinical observership at the Mayo Clinic, which is one of the top 5 largest cardiac surgery centers in the USA. I divided it into 1 week of Cardiovascular intensive care unit and 3 weeks of operating room exposure, and had the opportunity to witness robotic cardiac surgery, heart and lung transplants and other complex cardiac cases.

Finally, I spent a month in Canada at the University Health Network hospitals, where I did 2 weeks of cardiac anaesthesia and 2 weeks of regional anaesthesia. This training opportunity allowed me to observe a healthcare system that prioritizes accessibility and equity, and a department that prioritizes research, innovation and creativity. It was a rewarding and enriching experience to learn echocardiography and regional anaesthesia from the authors of the textbooks I studied.

Overall, this training journey has inspired me and opened my eyes to how much more we can be doing to improve the quality of our anaesthetic service. I hope to share these valuable insights and practical skills with my colleagues, ultimately contributing to the advancement of anaesthetic practice in Hong Kong.

24 November 2024 13:30-15:00



#### Dr. Chi-Ho CHAN

Consultant Anaesthetist, Department of Anaesthesiology, Singapore General Hospital and Sengkang General Hospital, Singapore

### **Training in Singapore**

Singapore's medical training landscape is renowned for its rigorous standards and dedication to producing highly skilled specialists. As an anaesthetist trained in Singapore, I will share my insight into the multi-tiered approach that integrates foundational education, hands-on clinical exposure, and advanced specialization, and delve into the structure, opportunities, and unique challenges of anaesthesiology training in Singapore. By the end of the presentation, participants will have a comprehensive understanding of what it means to train as an anaesthetist in Singapore. I hope this sharing of experience would inspire prospective trainees and educators to further enhance and refine their training curriculum.

24 November 2024 13:30-15:00



Dr. Qi YAN Senior attending doctor, Department of Anesthesiology, Peking University People's Hospital, China

### The Pathway to Becoming an Anesthesiologist in Mainland China

In Mainland China, the journey to becoming an anesthesiologist is a structured one, encompassing medical education, postgraduate education, and continuing medical education. This presentation will delve into the intricacies of this educational framework, highlighting the importance of each stage in the development of a skilled anesthesiologist.

Medical education is the foundation, with options ranging from 5-year undergraduate programs to 7-year master's programs, and 8-year doctoral programs. The latter category further bifurcates into specialty doctors and research doctors, based on the individual's research contributions and career aspirations.

Postgraduate education is a critical phase, where residents undergo standardized training, a nationwide initiative aimed at uniformity in medical practice. This is complemented by the integration of master's education with resident training, ensuring a seamless transition from academic to clinical settings. For those pursuing advanced specialization, doctoral programs are aligned with specialty physician training, although this is more region-specific and varies across different medical institutions.

The presentation will also touch upon the medical professional ranking system, from resident physician to attending physician, senior attending physician, and ultimately, chief physician. Each level represents a milestone in the professional growth of an anesthesiologist, reflecting their increasing expertise and responsibilities.

# **Medicolegal Symposium**

24 November 2024

15:30-17:00



Ms. Katy YEUNG Senior Associate, Howse Williams, Hong Kong

### **Criminal Convictions and the Medical Council**

In this presentation, we will discuss the relationship between criminal convictions and professional responsibilities of medical practitioners.

Medical practitioners are obliged to report any convictions that are punishable with imprisonment to the Medical Council of Hong Kong within a prescribed period - even for offences such as careless driving, failing to comply with a Buildings Ordinance Order, riding as passengers in rear seat without being securely fastened by a seat belt.

We will discuss the obligations of medical practitioners under the Code of Professional Conduct in the event of a criminal conviction; and the significant factors which the Medical Council take into account in deciding whether s/he is fit to practice in fulfilling the Medical Council's duties to maintain public confidence in the medical profession by upholding its high standards and good reputation.

# **Medicolegal Symposium**

24 November 2024 15:30-17:00

#### Prof. Fun-Gee CHEN

Associate Professor, Department of Anaesthesia, National University of Singapore, Singapore

#### From Bolam to Montgomery: What Has Changed for Anaesthesia Practice?

In 1957, McNair delivered his judgement in Bolam vs Friern that led to the Bolam principle in medical litigation in English law. In essence the principle states that in medical defence, the healthcare professional should be judged by their peers. "If a doctor reaches the standard of a responsible body of medical opinion, he is not negligent" (1957] 2 All ER 118). To defend an action of negligence, healthcare professional had to produce an expert that agreed with the action and treatment modality.

The UK Supreme court ruling in Montgomery vs Lanarkshire Health Board (Montgomery v Lanarkshire Health Board [2015] UKSC 11) moderated the Bolam principle. In the case, the Supreme Court pronounced that a doctor's duty is "to take reasonable care to ensure that the patient is aware of any material risks involved in any recommended treatment, and of any reasonable alternative or variant treatments. The test of materiality is whether, in the circumstances of the particular case, a reasonable person in the patient's position would be likely to attach significance to the risk, or the doctor is or should reasonably be aware that the particular patient would be likely to attach significance to it." Medical defence can no longer be based on whether a responsible body of medical experts would have acted in a similar way. Rather it means that there needs to be evidence that stands to scrutiny and the onus is now on the medical professional to prove that the patient was adequately informed, understand the risks, significance and impact of the treatment and provided with reasonable alternatives.

Whilst there has been several medicolegal cases in UK and Singapore that applied the Montgomery principle, there is as yet none involving anaesthesia to my knowledge. The presentation focuses on the lessons learned in these cases, and how anaesthetist can apply these in our daily practice.

# **Medicolegal Symposium**

24 November 2024 15:30-17:00



#### Dr. Doris TSE

Consultant of the Palliative Care Unit, Department of Medicine and Geriatrics, Caritas Medical Centre, Hong Kong

#### Legislation of Advance Medical Directive and Perioperative DNACPR

The legislation of Advance Medical Directive (AMD) in Hong Kong shall turn a new page in end-oflife decision making. The Advance Decision on Life Sustaining Treatment Ordinance shall provide a legislative framework for making, revocation and operation of the AMD and DNACPR (Do-not-attempt Cardiopulmonary Resuscitation. The Ordinance also provides model AMD forms for 3 preconditions and a prescribed DNACPR form which will be recognised by the Ambulance crew. Amendments to related Ordinances including the Fire Service Ordinance; the Coroners Ordinance; the Births and Deaths Registration Ordinance and the Mental Health Ordinance shall remove impediments to operation of AMD and/or DNACPR and to facilitate dying in place.

The Best Practice Guidelines on AMD shall be issued by the Hong Kong Academy of Medicine in due course to provide a concise guidance for doctors in conducting advance care planning, making of Advance Medical Directive and DNACPR, dealing with doubts and conflicts and on the protection for treatment providers. All doctors should be acquainted with the validating copies of AMD and DNACPR; the assessment of their validity and applicability and their operation in the way such that doctors are protected from civil, criminal or professional liabilities. Case scenarios are included to facilitate understanding, including that on perioperative DNACPR. The evolution and contemporary standard in reconsideration of perioperative DNACPR would be discussed.

### **Future Leaders Forum**

24 November 2024 15:30-17:00



### Prof. Francis Ka-Leung CHAN

Choh-Ming Li Professor of Medicine and Therapeutics and Director of the Centre for Gut Microbiota Research, The Chinese University of Hong Kong, Hong Kong



#### **Dr. Mark PRIESTLEY**

Head of Department, Anaesthesia and Perioperative Medicine, Westmead Hospital, Sydney, Australia



Dr. Tanya SELAK Vice-President, Australian and New Zealand College of Anaesthetists & Faculty of Pain Medicine, Australia



#### Dr. Hing-Yu SO

President of the Hong Kong College of Anaesthesiologists, Hong Kong Academy of Medicine, Hong Kong



Prof. Jun-Heum YON President, Korean Society of Anesthesiologists, Korea



#### Dr. Chow Yen YONG

President, Malaysian Society of Anaesthesiologists, Malaysia
### **Abstracts of Formal Project Prize Presentation**

23 November 2024 13:30-15:00

### (1) Transversus Thoracis Muscle Plane Block for Acute and Chronic Pain Management in Cardiac Surgical Patients for Sternotomy: A Prospective Randomized Controlled Trial

### Dr. Chi-Chun TANG

Prince of Wales Hospital, Hong Kong

**Background:** Sternotomy pain is significant after cardiac surgery. The transversus thoracis muscle plane (TTMP) block is a novel technique that provides analgesia to anterior chest wall. The aim of this study was to investigate the effect of bilateral TTMP blocks on acute and chronic pain management in cardiac surgery.

**Methods:** This is a single-centre, double-blinded, randomized controlled trial. 86 elective cardiac surgical patients were randomly divided into TTMP or control group. Either 20ml 0.25% levobupivacaine or saline was injected on each side under ultrasound guidance after induction of general anaesthesia. The primary outcome was intraoperative opioid consumption. Secondary outcomes included hemodynamic changes at skin incision for sternotomy, postoperative morphine consumption, postoperative pain, time to tracheal extubation, length of ICU and hospital stay, and chronic postsurgical pain at 3 and 6 months after surgery.

**Results:** Intraoperative opioids requirement was reduced from a median (IQR) intravenous morphine equivalence of 21.4mg (13.8-24.3mg) in TTMP group to 9.5mg (7.3-11.2mg) in the control group (P<0.001). Hemodynamic was more stable in TTMP group at skin incision for sternotomy, represented by lower percentage changes in systolic, diastolic and mean arterial blood pressure from baseline. No difference was observed in time to tracheal extubation, postoperative morphine consumption, postoperative pain and spirometry, length of ICU and hospital stay. The incidence and degree of chronic postsurgical pain was similar between groups.

**Conclusions:** Bilateral TTMP block provides effective intraoperative analgesia and opioid-sparing. It would be important as part of the multimodal analgesia for enhanced recovery in cardiac surgery.

### **Abstracts of Formal Project Prize Presentation**

23 November 2024 13:30-15:00

### (2) Outcome of neurosurgical patients with different SARS-CoV2 RT-PCR Cycle Threshold values

### Dr. Siu-Lun WONG

Queen Eliabeth Hospital, Hong Kong

**Introduction:** Multiple different previous studies showed increased risks of post-operative complications in patients with COVID-19 infection. However, there is limited data comparing post-operative complications in neurosurgical patients with different CT values in our locality.

**Objective:** To have a retrospective analysis of a case-series of patients with COVID-19 who underwent neurosurgical procedures to look for difference in post-operative complications.

**Data Source:** For neurosurgical patients with COVID-19 undergoing neurosurgical interventions, SARS-CoV2 RT-PCR Cycle Threshold value would be collected prior to surgery. The data retrieval period is 1st February 2022 to 15th May 2022.

Primary Outcomes: neurological status at hospital discharge and in-hospital mortality

**Secondary Outcomes:** other post-operative complications (including duration of mechanical ventilation, requirement of oxygen supplement, requirement of tracheostomy, cardiovascular complications, respiratory complications, thrombotic events, acute kidney injury), hospital length of stay and intra-operative parameters.

**Results:** There were differences in the background of patients, especially GCS on admission (p=0.034), ASA (p=0.002), requirement of intubation before operation (p=0.017) and requirement of oxygen preoperatively (p= 0.017). However, the primary outcome did not show statistically significant difference. There was no in-hospital mortality in both LOW-CT value ground and high-CT value group. The mean rank of GCS on discharge is 10.67 in the LOW-CT value group compared to 13.60 in the HIGH-CT value group. (p=0.218).

**Conclusion:** The lower-CT value did not translate to poor outcomes in patients undergoing neurological procedures. With current knowledge including our study and previous studies regarding neurosurgical population, delaying neurosurgical intervention in COVID patients may not provide additional benefits.

## **Abstracts of Formal Project Prize Presentation**

23 November 2024 13:30-15:00

# (3) Hip fracture surgery in elderly patients at a designated COVID-19 hospital in Hong Kong - a retrospective cohort comparison

#### Dr. Michael Yiu-Kei WAN

Queen Elizabeth Hospital, Hong Kong

**Hypothesis:** There is a significant increase in the perioperative risk of patients with concomitant COVID-19 infection undergoing hip fracture surgery compared to the control group.

**Methods:** This retrospective observational independent cohort study included all patients admitted to Queen Elizabeth Hospital (QEH) into the Department of Orthopedics and Traumatology under the Geriatric Hip Fracture pathway and concomitant COVID-19 infection who underwent surgery during the fifth wave of the COVID-19 pandemic. The primary outcome investigated was 30-day postoperative mortality. The secondary outcomes included the incidence of pneumonia and chest infection during hospitalisation, acute coronary syndrome/myocardial infarction, cerebrovascular infarctions, date of admission until surgery (wait time), acute hospital total length of stay, convalescent length of stay, and total hospital length of stay.

**Results:** One hundred and twenty-six patients were identified and included in this study. The majority of the cohort was female (68.3%), with a mean age of 85.4 years. The most prevalent diagnosis was acute closed traumatic fracture of hip and most common operative procedure was a closed reduction and fixation. The majority of patients received subarachnoid anaesthesia. The most common ASA grading was class 3. There are an equal number of 30-day postoperative mortality cases in both COVID-19 negative and positive groups.

**Conclusion:** There is no significant increase in the perioperative mortality risk of patients with concomitant COVID-19 undergoing hip fracture surgery compared to the control group. Our findings indicate a no significantly increased risk of 30-day postoperative mortality among patients with active COVID-19 infection; however, the risk of postoperative pneumonia increased in patients with an active COVID-19 infection. The acute hospital length of stay is also longer in patients with COVID-19.

# **Abstracts of Free Paper Presentation**

23 November 2024 15:00-16:00

### (1) The Myth Of Bupivacaine/ Levobupivacaine Induced Hepatotoxicity -A Case Study And Analysis

### Dr. Justin Ho-Yin NG<sup>1</sup>, Dr. Arthur P. SO<sup>1</sup>

<sup>1</sup>Department of Anaesthesia and Operating Theatre Services, New Territories West Cluster, Hospital Authority, Hong Kong SAR

Bupivacaine and levobupivacaine are two amide-based local anaesthetics commonly used in regional anaesthesia. During anaesthesia, other drugs, for instance, intravenous prophylactic antibiotics are routinely used at induction of anaesthesia. The likelihood of bupivacaine/ levobupivacaine alone causing induced hepatic damage has been a subject of debate. This case report depicts a 66-year-old female who developed acute liver injury following two lower limb operations within two weeks. Both surgeries were performed under neuraxial anaesthesia, first with levobupivacaine and then with bupivacaine. Both operations were accompanied by use of cefazolin as surgical prophylaxis. The patient exhibited two episodes of significant liver function derangements postoperatively. The pattern of liver function derangements was cholestatic in nature, a common feature associated with both cefazolin and bupivacaine/ levobupivacaine. While initial suspicion fell on the local anaesthetics, our analysis indicates that cefazolin is the most likely cause, given its higher documented prevalence of hepatotoxicity and greater systemic absorption following intravenous injection compared to the local anaesthetics after subarachnoid or epidural administration. This case highlights the need for careful consideration of differential diagnoses when evaluating drug-induced liver injury in the peri-operative period.

# **Abstracts of Free Paper Presentation**

23 November 2024 15:00-16:00

### (2) CT-guided Percutaneous Cervical Cordotomy: An Emerging Precision Option For Managing Intractable Cancer Pain

### Dr. Janice Chun-Ying LIU<sup>1</sup>

<sup>1</sup>Pyneh, Hong Kong SAR

Pain in cancer patients can lead to significant suffering and distress. Efficacy of pharmacological treatment may be limited by side effects and tolerance. Studies have shown that percutaneous cervical cordotomy is safe and effective in managing intractable unilateral cancer pain below C4. It involves highly selective ablation of the lateral spinothalamic tract. CT-guided cordotomy is safer and more accurate than traditional fluoroscopic-guided technique. It has been newly available in Hong Kong since last year with the establishment of the hybrid operating theatre and availability of the intraoperative CT imaging facilities. Complications are rare in highly specialized centres with multi-disciplinary team. We reported three cases of CT-guided percutaneous cervical cordotomy for the treatment of unilateral cancer pain below C4 performed in the hybrid theater in Pamela Youde Nethersole Eastern Hospital. At one-month post-cordotomy, our patients had 25-60% improvement in Karnofsky Performance Status (KPS) and 80-90% reduction in pain rated with Numeric Rating Scale (NRS). We aim to raise the awareness of physicians on the procedure and increase its utilization for selected cancer patients.

# **Abstracts of Free Paper Presentation**

23 November 2024

15:00-16:00

### (3) Hybrid Laryngoscope: A new design of video laryngoscope

### Dr. Wei XIA<sup>1</sup>

<sup>1</sup>Tongji Hospital, HUST, Wuhan, China

### Objective:

The purpose of this study was to design a new laryngoscope. Our new concept of laryngoscope consisted of two major parts. The first part is a blade with an endotracheal tube channel. Another part is a micro-camera that going through an endotracheal tube like the fiberoptic scope or video stylet.

### Method:

The curved shape of the blade was based on physiological curves measured from a great quantity of lateral cervical x-ray imaging, which could decrease the pressure to teeth, laryngeal soft tissues and cervical vertebra due to the ergonomically designed blade. Furthermore, the micro-camera were located at the distal tip of the endotracheal tube, instead of paralleled to the tube like other laryngoscopes.

To evaluate the efficacy of the Hybrid Laryngoscope, 48 medical students with limited experience were recruited. In random order, all participants used a Macintosh, an Airtraq, a Glidescope and a Hybrid laryngoscope for adult airway trainer (Laerdal) to perform intubation.

### **Results:**

Our study demonstrated that the Hybrid Laryngoscope had a clear distinction on the mean intubation time, the first pass intubation success rate, the CL grades and teeth damage rates compared to other airway devices. Furthermore, the short learning curve showed the Hybrid Laryngoscope would be suitable for both anesthetists in operating theatre and paramedics outside the hospital.

#### Conclusion:

The simulation study had demonstrated that our new Hybrid laryngoscope had a clear distinction on the mean intubation time, the first pass intubation success rate, the Cormack-Lehane grades and teeth damage rates compared to other airway devices.

# **Academic Accreditation**

Local participants can be accredited by Continuing Medical Education (CME) points, Continuous Professional Development (CPD) points and Continuing Nursing Education (CNE) points from various colleges and professional institutions.

#### As of 19 November 2024

College / Association	Points Awarded						
	Max. for whole function	23 Nov 2024 (09:00 - 17:30)	24 Nov 2024 (09:00 - 17:00)	23 Nov 2024 Nursing Symposium	Category and Remarks		
CME							
The Hong Kong College of Anaesthesiologists	14.50	7.50	7	N/A	PP-PP		
Hong Kong College of Community Medicine	Pending	Pending	Pending	N/A	Pending		
Hong Kong College of Emergency Medicine	Pending	Pending	Pending	N/A	Pending		
The Hong Kong College of Family Physicians	10	5	5	N/A	OEA-5.02		
The Hong Kong College of Obstetricians and Gynaecologists	5	5	5	N/A	PP-PN		
Hong Kong College of Paediatricians	12	6	6	N/A	A-PP		
Hong Kong College of Physicians	6	3	3	N/A	PP-PP		
The College of Surgeons of Hong Kong	12	6	6	N/A	CME-PP		
Medical Council of Hong Kong	10	5	5	N/A	CME- PASSIVECME		
CPD							
Hong Kong Physiotherapy Association	Pending			N/A	Pending		
Hong Kong Occupational Therapists Board	Pending			N/A	Pending		
CNE							
Accredited by The Hong Kong College of Anaesthesiologists	(23 Nov) Nursing Symposium: Pending						

College / Association		CME / CPD				
	1	2	3	4	5	Category
CME: The Hong Kong College of Anaesthesiologists	1.5	1.5	1.5	3	1.5	Anaes- Active
CPD: Hong Kong Physiotherapy Association		Pending				

The final accreditation will be at the discretion of individual college / association. The Secretariat will send the attendance to the listed Colleges you specified during your registration directly.

# Acknowledgement

The Organizing Committee would like to extend their sincere thanks to the following Sponsors for their unfailing support and generous contribution towards the success of the ASM 2024.

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Companies are listed in alphabetical order.

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