

3rd International Baltic Congress of Anaesthesiology and Intensive Care

Vilnius
18 –20 October 2007

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Introduction

What an excellent Congress this proved to be with almost 800 participants, the majority from the Baltic States, but also from Poland, Iran, Israel, UK, Norway, Eire, Serbia and France.

The Congress President was Lithuanian Juazas Ivaskevicius and the Vice Presidents were Antonina Sandore (Latvia) and Joel Starkopf (Estonia). The venue was the Reval Hotel situated on the bank of the River Neris in the centre of Vilnius. The official language was English, with no translation provided. The registration fee was EU180 with an additional EU50 for the Congress Dinner.

The opening and Welcome Reception were held on the evening of the first day and began with wonderful music played by a five piece string orchestra. This was followed by a speakers' dinner at a hotel with outstanding food. The following evening was the Conference Gala Dinner at Le Meridien Villons Resort, which was attended by several hundred participants. An interesting evening of food, live music and dancing. I sat beside a very charming Serbian lady, Dr Ana from Belgrade and she seemed very enthusiastic about my suggestion to bring my 'medical aspects of childbirth' team to Belgrade, possibly in autumn 2008.

Presentations

These occurred in four venues: the Alpha, Zeta, Lambda and Tau Halls. Simulation sessions and some industry workshops also took place. There was a Poster Exhibition with 50 entries, surprisingly those by the Iranian and the Israeli anaesthetists were beside each other! Apart from the Baltic States there were contributions from Spain, Serbia, Russia, Portugal, China, Germany, Mexico and Poland. The general standard of presentation by Baltic speakers was much improved and I was impressed by the enthusiasm for the various studies and audits described.

There were many stands ranging from Chinese-made monitoring equipment to promoting the WCA in Cape Town and even alternative transfusion fluids promoted by a team of Jehovah's Witnesses (fig 1).



Fig 1. Jehovah's Witness Stand

In the current trends in Anesthesiology session on the 18th there were excellent presentations by Philippe Scherpereel from France, current President of the FEEA, on Xenon (apparently used to keep Boris Yeltsin cardio-stable) and Scandinavian colleagues on 'Anaphylaxis, the Septic Patient and Peri-operative Fluid Management.' Adrian Lloyd-Thomas from Great Ormond Street gave a well researched review of systemic analgesia in children. He even suggested that inadequate pain relief during surgery in young children could lead to psychological problems later on life.

Before my talk on 'Complications in Obstetric Anaesthesia' Dr Rimaitis from Kaunas gave an interesting presentation on 'Changes in Obstetric Anaesthesia Practice in a Tertiary Care Centre'. He emphasised the dramatic increase in the use of regional anaesthesia in Lithuania over the past few years. Certainly when I first visited the Baltic States eleven years ago, regional anaesthesia for Obstetrics was only theoretical.

I remember in Estonia in 1996 feeling compelled, after being told by a Lithuanian colleague that he had found an 18% incidence of awareness in 200 Caesarean sections, to deliver an additional lecture entitled 'GA – The worst anaesthesia for Caesarean Section.'

I asked the women present in the audience to say if they had to have a Caesarean Section that afternoon whether they would prefer a GA or a spinal. I then asked them again after my presentation. I cannot remember if there was actually much of a swing, but in those days people were reluctant to put up their hands, worried that their opinion might not be the right one – a legacy of the years of Soviet occupation.

Interesting Fellow Delegates

One of the great things about International Conferences is the interesting people that one may meet. Dr Nazeem, a Consultant Anaesthetist in Luton, was born in Pakistan and is the inventor of the Igel supraglottic airway which has just come into production as a rival to the LMA.

His graphic presentation showed sections of cadavers with an Igel *in situ*. The main advantage claimed was less trauma to the laryngeal mucosa than with the LMA. Nazeem and I co-chaired a session on 'Airway Problems' and suitably praised each others' presentations.

I also met an anaesthetist from Durban in South Africa who worked as a fulltime private practitioner. He was a much travelled man and had some very interesting stories, including being robbed at knife point on the trans-Siberian Railway. He remembered vividly that in 1969 as a young boy when the *Group Areas Act* became law and the town where his family were living in near Pietermaritzburg was designated 'white.' At relatively short notice they had to leave everything and move to a 'coloured area.' Coincidentally enough he had been born at the old Gray's Hospital where my own son was born in 1984.

One interesting story concerned his role as a doctor for the 2007 South African Grand Prix. Two days before the race one of the F1 drivers came to him and said he had had unprotected sex with a black prostitute on a beach. This certainly was fairly crazy behaviour in a country where

the incidence of HIV is over 20% of the population and considerably higher in some areas among the black people. The dilemma was whether or not to give post-exposure prophylaxis because that could undoubtedly effect his patient's performance in the race.

Old friends

We also met up with two Lithuanian anaesthetists who had both in the past worked on board the Mercy Ship 'Anastasis' in West Africa. On our last night in Riga after a fascinating afternoon visit to the island Castle of Trakai, an impressive 15th Century Gothic structure (fig 2).



Fig 2. Trakai Castle

We took Drs Laima and Ineta (fig 3) to see *Aida*, our seats in the middle of the auditorium were only about £10 each.



Fig 3. Lithuanian friends at the opera

The production with a cast of over a 100 was excellent, although *Aida*, the teenage Ethiopian slave girl, was played by a famous Lithuanian opera singer who was apparently 60 years old! There was also a mystery man with a beard and a dinner jacket who kept wandering on to the stage and playing the piano or handing things to some of the leading actors. Whether he was perhaps representing Verdi the composer we were unsure but he was obviously some quirk of the producer.

Later that night we did manage to find a French satellite channel on our bedroom TV to watch the rugby World Cup Final during which South Africa triumphed 15-6 over England.

The next day we attended 1130 mass at Laima's Catholic Church. It was a beautiful building but had obviously seen better days and apparently had been used as a storage facility by the Russians during the many years of occupation. The church was full, standing room only, with at least 400 people.

Towering above the altar was a crucifix (fig 4) with absent arms, presumably broken off some time during the occupation. I had this recurrent bizarre thought that maybe Jesus after all was in Sierra Leone during the carnage and amputations which occurred there during the 1990s.



Fig 4. Crucifix with no arms

We returned home after a great four days in a beautiful city where the people in restaurants and hotels were so friendly and the children were polite and well behaved.

For me it was exciting to see the remarkable improvement in Baltic anaesthesia over the past 10 years particularly the recognition of the sub speciality of obstetric anaesthesia with the majority of Caesarean sections now performed under spinal and an epidural rate in some hospitals of 40%.

