

## **EDITORIAL VIEW**

# **A story: Development of anesthesiology in Nepal**

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### **ABSTRACT**

In this editorial is the lively story of the early days of the specialty of anesthesiology in Nepal, and the early career of a young anesthesiologist at there. The author describes the circumstances under which his induction in the field of anesthesia took place. He called a special meeting of all the qualified anesthesiologists of Nepal, attended by only 12 people, and formed the first ad hoc committee of Anesthesiologist's Society, later to be registered as Society of Anesthesiologists of Nepal – SAN. It was followed by the start of examinations of DA and later on MD (anesthesiology).

**Key words:** Anesthesiology; Anesthesiologist; Society of Anesthesiologists of Nepal

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It was 3<sup>rd</sup> Sept. 1971 when I landed at Agra (India) to join MBBS course at S. N. Medical College under Colombo Plan. The whole dream was almost shattered due to Indo-Pakistan war during which 14 different places of India, including Agra, were bombarded and my parents thought that I had perished then. Bangladesh was created. In the final MBBS practical examination / viva voce of surgery, I was asked if I knew one Nepali doctor who did DA (Diploma in Anesthesia) from that college long time back. During internship, I had to take a Nepali patient for operative treatment from Nepal, for which the surgical head asked me to donate a set of close circuit for anesthesia machine. After completion of my internship, I was supposed to join a postgraduate course, but due to the sudden demise of my father, I had to go back to Nepal and join the regular health service. During the service period, I had the opportunity to work in Anesthesia department as a house officer that stimulated to create an interest in Anesthesia. Mean time, I suddenly lost my first son accidentally, for which I had tried my best to resuscitate him with the little knowledge that I had but failed. At that time I was the General Secretary of Nepal Medical Association. During which I had the opportunity to honor the pioneer anesthesiologist of Nepal by accepting

him as the honorary member of Nepal Medical Association. Later, I went back to my old medical college to pursue my post graduate study in MD (Anesthesiology). During MD residency program, I had to take one relative child for pediatric plastic surgery which really stimulated me to work in pediatric anesthesia. During this period two state level anesthesiology conferences were held in our college during my residency. It was really encouraging.

Once, I came back from medical college, I started working in the central government hospital of Nepal as an anesthesiologist with 200% financial incentive. In 6 month time, I called a special meeting of all the qualified anesthesiologists of the valley and formed the first ad hoc committee of Anesthesiologist's Society. It was attended by only 12 people. We conducted conferences, had election and hence officially registered Society of Anesthesiologists of Nepal – SAN.

Meantime there was the development of Diploma in Anesthesiology in Nepal under Canada's support. Then it was the time to start MD Anesthesiology program in Nepal, and news was published in the World Anaesthesia newsletter that a private institute headed by Dr Gautam Ratna Bajracharya was going

pace makers and intra operative monitoring

to start the residency program in anesthesiology in Nepal. That really stimulated other anesthesiologists and finally MD Anesthesiology program was started under the Tribhuvan University. We were two MD qualified anesthesiologists, who established the program with the help of all the other qualified anesthesiologists of Nepal. Today, we have four different universities conducting MD Anesthesiology residency program with the enrolment of about 40 residents each year. The programs were all competitive and successful with the provision of gold medal awarded to the top successful candidate each year.

Internationally, SAN became the member of World Federation of Societies of Anesthesia (WFSA) in 1988.

We made South Asian Confederation of Anesthesiologists - SACA in 1991 at New Delhi, and I was a founder member. Later it was renamed to SAARC-AA in the year 2007. SAARC-AA was recognized under WFSA in WCA Argentina in 2011. Nepal competed as the member of the central committee of WFSA in WCA Argentina in 2011.

Later in 2012, the author got retired from government service and joined a private medical college, Nepal Medical College Teaching Hospital, Jorpati, Kathmandu, as a professor and head of the department of anesthesiology, intensive care and perioperative medicine, and has been working there till date.

**Conflict of interest:** Nil

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### **My Most Unforgettable Experience**

Dr. Jamil Baloch  
Civil Hospital, Quetta (Pakistan)

In the history of Quetta, after 1935 earthquake, the bomb blast in Civil Hospital Quetta on 08.08.2016 was one of the most tragic incident, in which more than 75 highly educated young people of Balochistan were martyred and more than 100 severely injured.



**The OR in which Dr Elahi Bakhsh administered anesthesia, his blood visible on the floor**

After the blast the whole building shook and a cloud of dust, smoke particles, human body pieces and organs and shrapnel's of broken window glass panes took over the atmosphere.

In this catastrophic moment doctors and staff working in operating rooms were in a state of panic. At the same time there were routine surgeries going on. Dr. Elahi Bakhsh was anesthetizing a patient for laparotomy. The patient was paralyzed so he was ventilating him manually. A piece of glass from the broken window hit the doctor and his artery was cut, he started bleeding profusely but he did not leave the patient. After some time when he was about to collapse a young anesthetist Dr Abdul Razzak took over the patient till surgery was completed and the patient recovered safely. In the meantime a pediatric surgeon, Dr Daulat Khan, working in the theatre came to help and applied a crepe bandage to Dr Elahi Bakhsh's leg. The author immediately put him on a stretcher and rushed him to cardiac surgery operation theatre which is 500 meters away from the general surgical OT building. When he was put on operating table, he collapsed and had no blood pressure (BP) and palpable pulse, but on ECG his heart was beating. He was profusely sweating and was pale. Dr Elahi Bakhsh was 59 years old, was a known hypertensive and diabetic for the last 20 years and had been on regular treatment for both the complaints.

We put very quickly two large bore IV cannulas and infused 4 L of colloids and crystalloids which were available at that time under supervision and help of Prof. Dr Faiz Tareen. As we recorded the BP of 90/60 mmHg we anesthetized him with inj. midazolam, nalbuphine and propofol. His BP was given a push by dobutamine support and further BP was maintained by transfusing two pints of whole fresh blood. As the BP was maintained the dose of dobutamine was decreased to a very minimum. By the time cardiac surgeon Prof. Dr Dawood Shah arrived for his rescue. The wound was explored, anterior tibial artery was severed. Dr Dawood Shah took the control and repaired the artery.

Whole of the procedure took around 2 h. Patient was recovered and kept in CCU for 48 h. When all the parameters were normalized and stable, he was shifted to general ward. He was discharged from hospital the next day.

The job of anesthesiologist is to take care of the patient when patient sleeps. His job is very crucial and in every type of emergency he has to be focused on the safety of the patient without caring his own well-being. That is exactly what Dr Elahi Bakhsh did.