

HEALTH SERVICES IN BAHRAIN

STAFF

3 Consultants
1 Chief Residents
10 Senior Residents

DISTRIBUTION OF WORK

The Department of Anaesthesia provides Anaesthetic services to main Operating Theatres, Day-Case Theatre, Central Maternity Hospital, Psychiatric Hospital and for Radiological procedures in the Dept. of Radiology.

One Anaesthetist is posted for each theatre, Endoscopy Rooms, Day-Case theatre and the Recovery Room.

One Anaesthetist remains Resident on call for Salmaniya Medical Centre and one on call for Central Maternity Hospital.

RECOVERY ROOM

The Medical supervision in the Recovery Room is the responsibility of the Department of Anaesthesiology. An Anaesthetist is assigned in Recovery Room in the morning work hours.

DAY-CASE THEATRE

The Day-Case theatre was commissioned on 1st, February 1981. The Surgical cases are oper-

Department of Anaesthesiology Annual Report for Year 1981

By Dr. A.J. Kooheji*

ated upon there on Saturday, Sunday, Tuesday and Wednesday and the Dental cases on Thursday.

The Day-Case theatre is not adequately utilised.

CONSULTANTS

There are three Consultants in the Department. One Consultant covers Operating Room II, III and the Recovery Room. Second Consultant covers Operating Room IV, V and Endoscopy Rooms. The third Consultant covers the Operating Room I, VIN Plaster Room and Day-Case Theatre.

TECHNICIANS

There are eleven Technicians working in the Department. Each is posted in one operating room to assist the Anaesthetist and to look after Anaesthetic equipments.

*Chairman,
Dept. of Anaesthesia,
Salmaniya Medical Centre.

All the Technicians are working on shift duty basis.

ADMINISTRATION

The Department is holding a Departmental meeting once a month to discuss and resolve the problems concerned to the Department. Also to discuss the morbidity and mortality associated with Anaesthesia.

The Department of Anaesthesia received two defibrillator ECG monitors one is to be used for Central Maternity Hospital.

STATISTICS

The total number of patients operated upon in 1981 is 14272.

The detailed statistics is given in Table No. 1 and 2.

The Table No. 3 compares the number of cases done during year 1980 and 1981.

Because of our more interest for regional Analgesia the number of Spinal/Epidural Analgesia has increased from 5 cases in 1980 to 52 cases during this year.

ACADEMIC ACTIVITIES AND MEETINGS

The Training in the Department is recognised for post-graduate studies by the Faculty of Anaesthetists of Royal College of Surgeons of England.

The Department of Anaesthesiology has got precise Training Programmes intended to train, educate and continue the education for the staff of the Department.

The Academic Activities of the Dept. are on Mondays and Thursdays and are arranged as follows :

Mondays

1st and 2nd — Principles of Anaesthesia.

3rd — Physics, Clinical Measurements and Statistics.

4th — Physiology and Pharmacology.

Thursdays

1st — Departmental Meeting

2nd — Medicine, Surgery and Related Anaesthesia.

(Speakers invited from other Departments)

3rd & 4th — Journal Review.

LECTURES DELIVERED FROM OTHER DEPARTMENT

This year the following Lecturers were invited :

Dr. M. Ebrahim

Dr. Ali Murad

Dr. Siddique Naeem

All from Department of Medicine.

Dr. N. Jamsheer

Dr. F. Kamal

From Department of Radiology.

Dr. Badran

from Defence Hospital

Dr. H. Blake

from Defence Hospital.

LECTURES DELIVERED TO OTHER DEPARTMENTS

Many lectures have been delivered to other Departments concerned, including lectures on Cardio — Pulmonary resuscitation to Nursing staff.

VISITORS TO THE DEPARTMENT

Dr. Felix Mar-Quand, an Accupuncturist at Miami Sunrise Medical Centre Inc. in USA has visited the Department in May, 1981. The topics of interest were discussed and due to non availability of Pain Clinic Accupuncture was not demonstrated.

Dr. R. Bodman, the newly appointed professor of Anaesthesia in King Faisal University i Dammam, visited the Department to study the Organisation and setup of the Department for teaching of the students. Dr. R. Bodman was very pleased and impressed.

MEDICAL STUDENTS

Medical students from King Faisal University Dammam are having their Anaesthetic Training in the Department. This consists of four days condensed training covering basis aspects of Pre Anaesthetic visit and Premedication, General Anaesthesia and Local Analgesic Techniques, and the recovery period. The students are practicing the technique of intravenous injection and endotracheal intubation etc.

EXAMINATION

Dr. Kooheji has been to Dammam on May 29th, 1981 for Oral Examination of 6th year Medical students of King Faisal University.

FUTURE PLANS

1. The Anaesthetist for (Central Maternity Hospital) will be Resident in the Salmaniya Medical Centre commencing January, 1982.
2. The Anaesthetic Technicians also will be Resident for Central Maternity section. When the number of Technicians will be increased they will again start working on shift basis.
3. For establishing the Pain — Clinic the Department is still strongly demanding.
4. To keep pace with the development Salmaniya Medical Centre the Department will continue expansion.
5. To arrange the joint meeting with other Departments for more cooperation and facilitation of work.

RESEARCH PROJECT

The following research project will be carried out by the Department of Anaesthesia.

1. Evaluation of Department Anaesthetic agents in Bahrain.
2. Response of public to Anaesthesia (before and after).
3. A Questioner study for Bahraini physicians on Anaesthesia as carrier.
4. Deaths associated with Anaesthesia in Bahrain (1970 — 1981).

**ANAESTHESIA DEPARTMENT
STATISTICS FOR 1981 FROM JANUARY TO DECEMBER**

Table 1

1981 MONTH	G.S.									GYNAE					
	MAJ	MIN	F	M	G.A.	L.A.	SP EPID	NO. A	DAY TOTAL CASE	MAJ	MIN	G.A.	SP. NO. A	TOTAL	
JAN.	185	394	145	434	432	116	6	25	—	579	9	175	180	4	184
FEB.	200	304	122	382	393	69	4	38	133	637	16	144	159	1	160
MARCH	203	349	158	394	411	91	6	44	140	692	21	188	204	5	209
APRIL	229	299	129	399	396	83	3	46	98	626	15	204	214	5	219
MAY	229	346	120	455	423	87	5	60	101	676	12	166	173	5	178
JUNE	243	348	154	437	450	87	6	48	107	698	9	192	197	4	201
JULY	225	290	113	402	372	87	—	56	107	622	15	167	177	5	182
AUG.	245	328	151	422	432	87	6	48	107	680	14	170	179	5	184
SEPT.	237	371	138	470	448	100	9	51	103	711	10	182	188	4	192
OCT.	210	324	139	395	377	86	7	64	68	602	9	143	150	2	152
NOV.	197	319	135	381	339	111	8	58	66	582	13	186	195	4	199
DEC.	220	315	391	144	369	104	5	67	95	630	10	149	159	—	159
TOTAL	2628	3987	1895	4715	4842	1108	65	645	1125	7735	135	2066	2175	44	2219

**ANAESTHESIA DEPARTMENT
STATISTICS FOR 1981 FROM JANUARY TO DECEMBER**

Table 2

<i>E.N.T.</i>		<i>EYE</i>					<i>PSYCHAT</i>		<i>C.M.H.</i>		<i>TOTAL</i>						
<i>MAJ</i>	<i>MIN</i>	<i>F</i>	<i>M</i>	<i>G.A.</i>	<i>L.A.</i>	<i>TOTAL</i>	<i>MAJ</i>	<i>MIN</i>	<i>F</i>	<i>M</i>	<i>G.A.</i>	<i>L.A.</i>	<i>TOTAL</i>	<i>ECT</i>	<i>LSCS</i>	<i>T</i>	<i>ANG / T</i>
90	37	64	63	116	11	127	40	34	28	46	56	18	74	80	47	1091	
108	40	68	80	146	2	148	44	39	31	52	52	31	83	84	34	1146	
122	59	77	104	176	5	181	50	40	40	50	63	27	90	65	50	1287	
112	43	71	84	148	7	155	46	38	32	52	55	29	84	66	40	1190	
106	37	69	74	132	11	143	49	48	37	60	61	36	97	79	34	1207	
165	47	117	95	203	9	212	57	41	47	51	58	40	98	53	41	1303	
137	33	75	95	162	8	170	26	26	25	27	37	15	52	27	31	1084	
179	29	115	93	201	7	208	45	47	52	40	52	40	92	15	33	1212	
181	37	119	99	212	6	218	62	50	47	65	67	45	112	33	62	1328	
125	48	89	84	167	6	173	43	40	40	43	48	35	83	50	58	1118	
134	25	77	82	155	4	159	36	45	34	47	47	34	81	52	48	1121	
131	38	86	83	164	5	169	49	40	44	45	50	39	89	74	42	1163	
1590	473	1027	1056	1982	81	2063	547	488	457	578	646	389	1035	678	520	14280	

**ANAESTHESIA DEPARTMENT
STATISTICS FOR 1980 AND 1981**

Table 3

	<i>GEN. SURGERY</i>		<i>GYNAE</i>		<i>E.N.T.</i>		<i>EYE</i>		<i>PSYCH.</i>		<i>C.M.H.</i>		<i>GRAND TOTAL</i>	
	1980	1981	1980	1981	1980	1981	1980	1981	1980	1981	1980	1981	1980	1981
JAN.	506	579	169	184	161	127	96	74	84	80	29	47	1004	1091
FEB.	551	637	194	160	130	148	61	83	83	84	23	34	1075	1146
MARCH	663	692	209	209	158	181	81	90	73	65	25	50	1232	1287
APRIL	712	626	182	219	170	155	54	84	92	66	24	40	1235	1190
MAY	644	676	193	178	145	143	69	97	76	79	29	34	1188	1207
JUNE	676	698	190	201	154	212	61	98	66	53	33	41	1245	1303
JULY	698	622	195	182	153	170	70	52	35	27	40	31	1215	1084
AUG.	561	680	137	184	127	208	37	92	17	15	50	33	978	1212
SEPT.	630	711	196	192	183	218	84	112	38	33	40	62	1187	1328
OCT.	608	602	124	152	133	173	87	83	27	50	55	58	1025	1118
NOV.	594	582	169	199	123	159	48	81	17	52	38	48	1069	1121
DEC.	632	630	177	159	134	169	79	89	80	84	43	42	1164	1163
TOTAL	7475	7735	2135	2219	1771	2063	827	1035	722	678	429	520	13617	14280

**TRAINING IN THE
DEPARTMENT OF
ANAESTHESIOLOGY**

Recognition

The Department of Anaesthesiology is recognised for the postgraduate studies by the Faculty of Anaesthetists of the Royal College of Surgeons of England.

Definition

The Departmental Teaching Programme is intended to train and educate doctors as Anaesthesiologists and to prepare them for post-graduate qualifications in Anaesthesiology.

Examination and Requirement

The Faculty of Anaesthetists, Royal College of Surgeons conducts two types of examination, the Diploma of Anaesthesia (D.A.) and the Fellowship (FFARCS) examinations.

The Fellowship examination consists of two parts, Primary and Final. The Primary examination covers the Basic Sciences of Physiology, Pharmacology, Physics, Clinical Measurement and Clinical Chemistry. The Final examination consists of the Basics of Anaesthesia, Medicine and Surgery.

The candidate can appear for the Primary examination after completing his Intership, but has to have completed four years to sit the Final examination.

Duration

The candidate has to complete two years of training in Anaesthesiology at Salmaniya Medical Centre and one year in recognised hospital in U.K.

The Trainee is expected to appear for the primary Fellowship examination one year after joining the Department. He can also

Salmaniya Medical Centre Department of Anaesthesiology

appear for the Diploma examination after completing one year in the Department.

Courses

Primary examination is held twice yearly in London and Dublin. These examinations are preceded by refresher courses, which are of immense help to the candidate.

Organisation

The Department of Anaesthesiology has got precise training programme. It can provide training for two to four candidates at a time.

The Department has produced a programme covering the academic and practical syllabus for the examination of Primary and Final Fellowship. The Department has its own library which contains all the relevant books and current journals, all of which assist the candidate in his preparation for examination.

The academic teaching programmes of the Department are on Mondays and Thursdays from 7.30 to 8.30 a.m. and are arranged as follows :

Mondays

1st and 2nd — Principles of Anaesthesia.
3rd — Physics, Clinical Measurements and Statistics.
4th — Physiology and Pharmacology.

Thursdays

1st — Departmental Meeting.
2nd — Medicine, Surgery and

Topics related to Anaesthesia.
(Speakers invited from another Department).
3rd & 4th — Journal Review.

In addition to this academic training, the trainee will be actively involved in the practical and clinical aspects of Anaesthesia and in Pre-Anaesthetic evaluation and medication of patients and in the Recovery Room.

Selection

Candidate are selected to join the Department following an interview with the Chairman.

The trainee has to have completed one year rotating residency in Surgery and Medicine prior to join the Department.

Teaching Staff

The teaching staff of the Department consists of the Chairman, three Consultants and two Chief Residents. □□

THERE are three principal types of Tattoo : Traumatic, Medical and Decorative.

Traumatic Tattoo is the accidental deposition of pigmented particles within the dermis. Carbon in the form of black spots is the most common material found imbedded in the dermis.

Medical Tattooing involves the deposition of pigments into the skin using sterile techniques and multiple minute punctures in order to conceal, replace or recreate a state that appears anatomically pigmented. Surgical Tattooing was first pioneered by Hance and Co-workers (1) in 1944, since that time it has been utilized on the cornea (To conceal leukomatous spots). In the recreation of the breast areola (following loss from burn or from trauma), and to cover skin blemishes particularly port wine stains (nevus flammeus).

Decorative tattooing consists of planned impregnation of fine particulate material into the skin to create an artistic design or pattern. This can be divided into two categories; professional (Figure 1a) practiced by artistically trained personnel and non-professional (Figure 2a). The latter have irregular, illdefined out-lines which are also thick and contain variable amounts of pigmentation. The designs are rather simple and they are usually placed on the distal portion of the extremities. Since 40-50 percent are self-inflicted and most people are right-handed, the majority of such tattoos are found on the arm or the left leg. The majority of tattooing is done when the subject is between 12 and 24 years of age, a time when there may be great emotional instability and when the need for identification with peer group is very strong (2) often these tattoos combine letters,

The Religious Aspects of Tattoo Excision

By Abdul Aziz Hamzah*

* Department of Surgery
Salmaniya Medical Centre

numbers, dots, and interposed lines In a symbolic pattern intended to be understood only by those in Group (Figure 1a & 2a).

It is usually in the mid of the late twenties that the individual finds the decorative tattoo a liability. It is at this point that social pressure and stigmata related to the tattoo becomes apparent to the individual, and the removal of the tattoo is sought.



Figure 1a. :

Professional tattooing and scar of burn in the forearm after self attempt to remove it.

Figure 1b.:

Early post-operative view after excision and skin grafting.

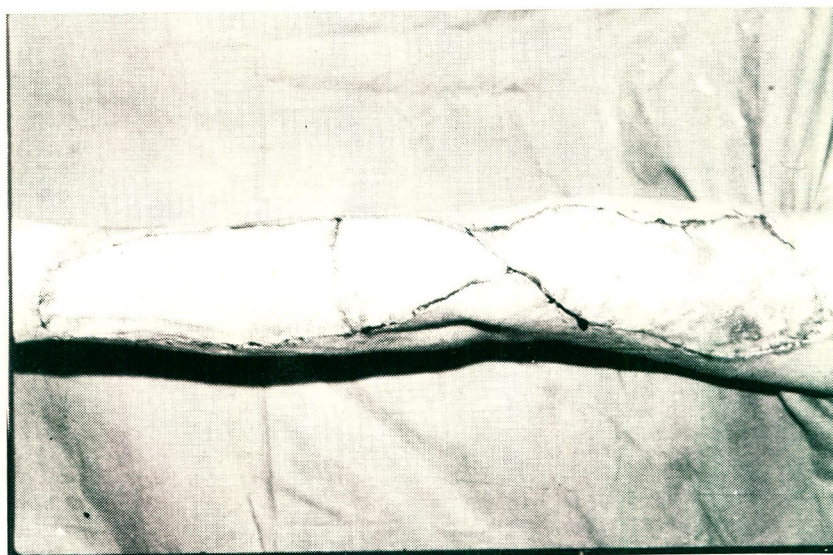




Figure 2a.:
Non-professional Tattooing

Figure 2b.:
Non-professional tattooing after excision and skin grafting.



Often such individuals have attempted to remove a portion of the tattoo themselves by burning (figure 1a) the area with a hot object or abrading the area with salt or sand paper, only to find the procedure painful and the scarring that results as objectionable as the tattoo itself.

REMOVAL OF DECORATIVE TATTOOS :

A wide variety of techniques have been described for the obliteration of decorative tattoos (3, 4, 5, 6).

No one techniques is completely satisfactory, and each case must be individualized.

It should be ascertained that it is the individual who wants his tattoo removed and not the parent, spouse, or close friend. The physician must also explain to the patient what the residual will be following removal.

Tattoos are removed by the following methods:-

1. Surgical Removal :

- A. Biopsy, punch method
- B. Direct Incision
- C. Multiple Excisions
- D. Excision and Flap transfer
- E. Excision and Grafting

2. Mechanical removal

- A. Pure dermabrasion (full thickness)
- B. Superficial Dermabrasion

3. Chemical Removal

4. Combination methods

- A. Mechanical and Chemical removal
- B. Surgical and Chemical removal

5. Superimposed tattooing or retattooing

6. Electrical removal

- A. Cautery
- B. Laser Beam
- C. Combination with chemical
- D. Combination with mechanical

ISLAM AND TATTOOING

During the period between September 1979 and June 1981 twelve tattoos were removed at Salmaniya Medical Center by excision and skin grafting (Figures 1-2). The age of individuals ranged between 20 and 40 years. In all cases the removal was the understanding that tattooing is against the religious practice of Islam.

ISLAMIC OUTLINES CAN BE QUOTED

1. As narrated by Imam Bukhari and Imam Muslim after IBN Umar, that prophet said Allah cursed who takes false hairs and who dresses others with false hairs, and who marks, herself with others with tattoos (7).

عن ابي عمر رضي الله عنه ، ان النبي
صلى الله عليه وسلم قال :
« لعن الله الواصلة والمستوصلة
والواشمة والمستوشمة »
- متفق عليه -

2. ABD Allah IBN Masoud reported that Allah cursed those who mark themselves with tattoos and who mark others with tattoos (8).

عن عبدالله بن مسعود رضي الله عنه
قال :
« لعن الله الواشمة والمستوشمة » *

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