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Introduction



Fig 1. Table Mountain from the Waterfront

What a great Conference in one of the World's most beautiful cities (fig 1), attended by almost 8,000 people including delegates and their partners. The warmth of the welcome under the hot African sun was a far cry from the grey of a rather miserable winter day we had left far behind in the UK.

I started learning on the airport bus with an American from Atlanta telling me how he was developing an inhaler to deliver nitric oxide to help patients with symptoms resulting from sickle cell disease.

The Opening Ceremony

This spectacular event at the Cape Town International Conference Centre, included an African choir, trapeze artists and opera singing with an unforgettable rendition of *Nessum Dorma* by black tenor Given Nkosi, accompanied by the Cape Town Symphony Orchestra. An hysterical local comedian/TV personality Solli Philander was the presenter for what he referred to as the "*Dream Weavers conference*".



Fig 2. Desmond Tutu

The keynote address was given by Bishop Desmond Tutu (fig 2) – what a privilege it was to see the great man who told two or three quite

amusing jokes and then reminded the audience that '*we could no longer live quarantined in our ghettos of prosperity and good health, 9/11 has showed us that. We can only be safe and secure if we all try and live together in harmony*'. The ceremony ended with the *1812 Overture*, accompanied by a cannon effect created by the audience all bursting blown-up paper bags.

The Conference

There was a daily problem of choice with up to ten lectures and five workshops to attend at any one time, not to mention the myriad of equipment and pharmaceutical companies displaying their products. I attended lectures during all sessions except the Thursday morning when we went to Robben Island. The dilemma seemed to be whether one attended one's own speciality or topics which one knew nothing about, or a mixture of the two. I definitely learnt some new facts but also was reassured that my routine management, particularly in obstetrics, was acceptable. After three days full I was rather 'burnt out' and regretting perhaps that I had not taken more time off to experience some of the interesting trips on offer.

Township visit

I obtained tickets for this evening trip after successful negotiation with an Australian. My wife was not so enthusiastic as she felt it might be too intrusive. But for the six of us who went on the tour it was an excellent evening, starting with a view of Cape Town from Devil's Peak (fig 3).



Fig 3. Cape Town from Devil's Peak

Our guides Randall and Robert were keen to point out various significant features like District Six and the Cape Flats, the latter our next stop.



Fig 4. Leader of a minstrel band

We visited the home of Namir (fig 4) who was the leader of a minstrel band called the "Fabulous All Stars". He was previously classified as 'Cape Coloured,' he had a big warm heart and used music and membership of his band to give children in the community a *raison d'être* to try and keep them away from trouble, particularly the devastating effects of a local readily available drug known as *Tik*, a form of crystal meths. His family provided us with a wonderful meal, mutton biryani, chicken and some samosas. They only ate with us once we had invited them to join us which was the custom. They told us about the annual New Year *Coon Carnival* and how their selected team of 60 out of about 300 members usually came in the top five. We then went across the road, a racial divide, to Langa Township, mainly inhabited by Xhosa to meet and chat to two interesting Rastafarian men who also ran a local vegetable stall. Culturally they seemed miles apart from their near neighbours we had just visited in Bonteheuwel Township.

This experience was in dramatic contrast to the following evening when we went for a party at a good friend's middle-class residence in a culturally very different part of Cape Town. The barriers of the former apartheid regime have changed dramatically since I first visited RSA in the mid 70's but, as in many countries in the world, economic disparity is still very marked. Education and healthcare are now free for all, but those who can pay benefit dramatically.

Robben Island

The visit to this infamous prison was for me the most memorable day of our trip. We began the tour in the District Six Museum where we heard from Noor Ebrahim (fig 5), a former resident, about the trials and tribulations associated with that area.



Fig 5. Former District Six resident

In 1966 District Six was declared a 'whites only' area and over the next five years, apart from religious and educational buildings, the whole area was bulldozed to the ground, 150,000 were evicted to make way for white housing which has never been built as the whites did not want to live there.

We then travelled about 40 minutes by ferry to be met on Robben Island by the first of two former inmates who acted as our guides. We saw the lime quarry where Nelson Mandela and his fellow political prisoners spent up to eight hours a day pointlessly digging.



Fig 6. Robben Island quarry with cave

In the centre was the famous cave (fig 6) in which they were obliged to urinate and defecate, but they also used the opportunity to discuss political issues away from the prying eyes and ears of their guards.

We saw Nelson's cell – No.5 in B block (fig7) – where he was incarcerated from 1964-82. We were told stories of atrocities done by both guards and criminal prisoners.



Fig 7. Nelson Mandela's cell

We also heard how some prisoners managed to become educated while on the island, even obtaining more than one University Degree, but the knowledge was always shared down the line with the maxim "each one teach one".

Our guides both stressed that there was now a spirit of forgiveness, apology, reconciliation and even friendship which existed between them and their former guards (fig 8). They hoped that this could be used as an example to people in post conflict situations all over the World.

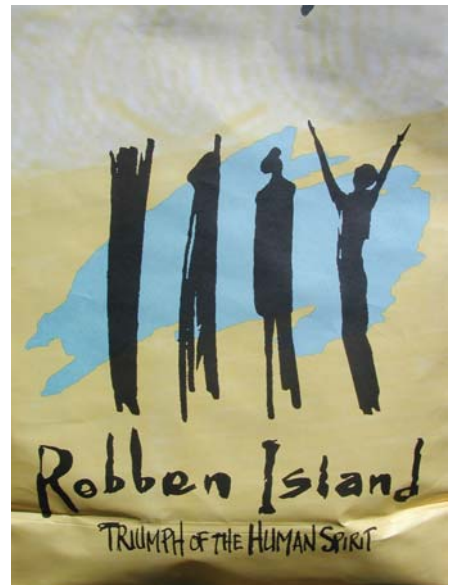


Fig 8. Robben Island poster

Now back to the Conference

What did I learn? So many facts to absorb in such a short time. Enteral feeding in a Ugandan hospital using *Magimixed* normal diet. A fixation for a nasal tube/NGT using an NGT inserted in one nostril and brought back out though the other. Solids until six and clear fluids up to two hours pre-op but fasting for emergency cases is 'nonsense.'

A *Proseal* LMA can be used for all cases with insertion facilitated by using a laryngoscope and a gum elastic bougie. One lecturer from New Zealand suggested that antacid chemoprophylaxis should NOT be part of any anaesthetic technique.

On a poster presentation awake volunteers were given 1.2mg/kg of rocuronium followed immediately by Sugammadex. None became paralysed!

Finally, in resuscitation training GOD is life where GOD is an acronym for **Good Oxygen Delivery**.

The final Ceremony

This began with a greeting from a Zulu Warrior and a melodious African Choir. Baton passing then commenced, firstly between Anika Meursing, the current President of the WSFA to Angela Enright, her successor, followed by Dr David Morrell, Chair of Cape Town 2008 to Dr Alfredo Cattaneo, the Chair of Buenos Aires in 2012. Tango dancers then filled the stage followed by a passionate plea for all of us to visit Argentina in four years' time from 25-30 March.

