

Participation in a National Conference is a good reason to visit a foreign country, but where on Earth is Bulgaria – the latest venue for 'Thomson Tours'!

1st Conference of Obstetrics, Gynaecology, Anaesthesiology, Intensive Care

Bulgaria – 16-18 October 2003

Our team consisted of Consultant Obstetricians Claire Iffland and Vicky Osgood, Anaesthetists Keith Thomson and James Eldridge, and Julietta Gegova, a Bulgarian staff grade in anaesthesia at the North Hampshire Hospital in Basingstoke. We were invited by Anaesthetic Prof Ivan Smilov and Chief of Obstetrics Prof Todor Chernev.

The Journey

After an uneventful British Airways flight to Sofia, we were met by anaesthetic trainee Naso, and minivan driver Tetso who would be our guides/minders for the next 4 days. The journey to the meeting venue, the spa town of Sandanski, was only interrupted when we were stopped for speeding and Tetso had to pay a Lev20 fine (apparently as a backhander!). The scenery was quite like Scotland, particularly the A9 between Dunkeld and Inverness, but there was much evidence of new road building, financed by Euro-money, to allow faster access to Athens for the 2004 Olympic Games. After 3 hours we arrived at our hotel, the 4 star Sandanski, which stood out as a shining edifice among grey and drab blocks of flats which were badly in need of renovation.

The Conference

After the introductions at the opening ceremony in the hotel, we were invited to the Professors' dining table for a buffet of fascinating local delicacies including some superb marinated peppers. The various dishes were interspersed with a liberal supply of bottles of vodka, Johnny Walker whisky and red wine. The ambience of the evening was promoted by some excellent folk dancing and singing.

There were approximately 350 participants. The main sponsor was Draeger Medical and others included Aventis, Baxter, Eli Lilly, Pfizer and Schering. One particular promotion which stood out was for the "lady-pill." The relative position of the couple, apparently well known Bulgarian actors, might not have been acceptable to UK advertising standards (Fig 1).

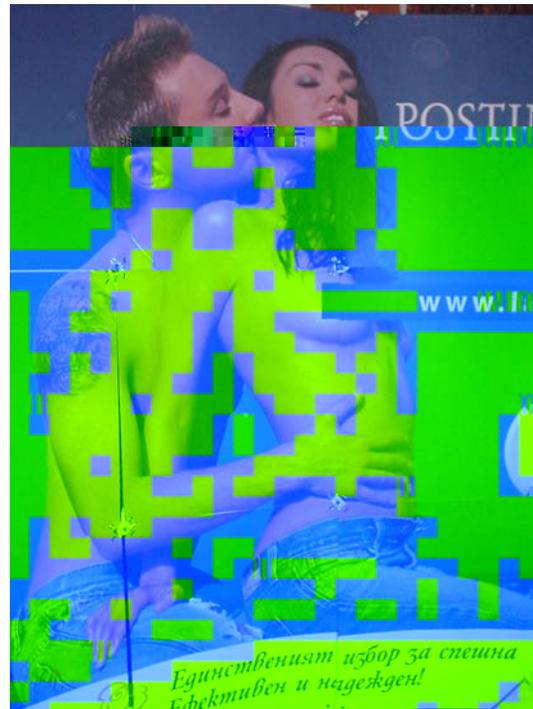


Fig. 1
Advert
for the
'Ladypill'

The "ladypill" was in fact for the 'morning after'! Our team gave six presentations (Fig 2) on the first day.



Fig. 2 Lecturing with help of translator

Powerpoint projection was available, although the screen was quite small compared to the size of the lecture hall. The team gave the following lectures, the anaesthetic ones of which were expertly translated by Julietta (who also shepherded us all around and was a fantastic facilitator).

Claire Iffland

- 1 *Impact of UK National Guidelines on Management of Labour*
- 2 *Caesarean Section. Can we do fewer?*

Keith Thomson

- 1 *Analgesia in Labour.*

Obtained a good reaction from the audience to a slide of a home 'waterbirth' with the partner also in the pool!

James Eldridge

1 *Aspects of Anaesthesia for Caesarean Section*
 2 *Anaesthesia and Analgesia in pre-eclampsia.*
 He mentioned that pre-loading is ineffective but pre-eclampsia seems to protect patients against spinal induced hypotension.

Vicki Osgood

1 *Obstetrical management in severe pre-eclampsia and eclampsia*

There were certain contrasts in lecturing styles. Professor Smilov and colleague Dr Uzonova gave a talk on regional techniques for pain relief during normal labour. An excellent graphically illustrated presentation which covered every possible aspect of this subject, including differing epidural and spinal needle points and complications particularly stressing that numbness down the leg after delivery is unlikely to be caused by the epidural. They seized the opportunity to educate the captive audience of obstetricians about the finer details of obstetric anaesthesia! Some other Bulgarian lecturers just sat and read from closely typed A4 sheets or else used Powerpoint with very 'busy' slides.

An additional speaker was Prof. Paul Weinbaum from Baltimore, Maryland who gave a detailed talk about diabetes and pregnancy. In the USA 1:20 parturients have gestational diabetes, but there is definite ethnic variation: 1:8 in Afro-Americans, Hispanics and 1:4 in American Indians. These women have 3-4 times the risk for C-section, PIH and PNM. All pregnant women in the USA are screened for diabetes (24-28 weeks gestation) with 50gm glucose load. (The normal level is less than 140mg% or 7.8mmol/L)

After our lectures, Vicky went swimming, Claire sent her first ever text messages while James and I went jogging. We received funny looks from some local people – presumably running was not a popular pastime in Bulgaria?

For dinner we went to the Hotel St. Nicola where there was plenty of food, even more booze, and we were initiated in the ancient art of Macedonian line dancing. A dynamic blonde singer also turned a few heads! At the dinner I sat beside an interesting Bulgarian doctor who ran a group of private IVF Clinics. She told me about five Bulgarian nurses and one doctor who had been held in a Libyan jail for the past four years. Allegedly they were involved in 400 Libyan children becoming HIV positive after blood transfusion because syringes and needles were reused.

The Bulgarians have confessed, allegedly under torture, and President Gadaffi wants Lockerbie equivalent payments for the relatives of these children. It was felt that the new Bulgarian Government is not doing enough to obtain their release.

The Following Day



Fig. 3 Village of Melnik

We were taken to see the attractive village of Melnik (Fig 3) where we visited an old house up a hill which was a museum (Fig 4) to the many generations of the winemaking family who had lived in it. In the house were big caves and storage barrels full of wine which we sampled with some gusto!



Fig. 4 Garden of the Wine Museum

On the way to and from the village I was reminded by several small hamlets each consisting of about 20 houses dotted about the landscape of TV images of similar buildings in flames during the relatively recent conflict in the Balkans, not many miles away. We had an excellent lunch as guests of our generous hosts Professors Smilov and Chernev in spite of the fact that the food was all cooked on an open fire as there had been a power failure. After lunch we went to visit the amazing 9th Century Monastery in Rojen. The Chapel had extraordinary graphic frescos all round the walls, depicting saints and significant events from the New Testament.

After returning to the Sandanski Hotel, we enjoyed the huge swimming pool which had both indoor and outdoor components in continuity with each other. The temperature was 31C. We walked into the nearby town. There seemed to be wedding parties everywhere, indicated by honking cars with balloons tied to their wipers. One driver was even observed with a steering wheel and cigarette in one hand and a whisky bottle in the other! Professor Smilov had generously left money for dinner at a restaurant of our choice. The total bill for an excellent three course meal plus drink for all of us including Naso and Tetso was only Lev 93, the equivalent of about £5 each.

The Final Day

We were driven back to Sofia, where again there seemed to be many weddings. We went into the Cathedral and also into St Sofia Church where Naso had been married, and observed the interesting ceremony of the best man changing crowns three times between the head of the bride and groom. Apparently local superstition said that if the crowns touched during crossover many years of bad luck for the couple would occur.

Naso also took us for an unscheduled visit to the Maternity unit of the University Hospital where he worked. It had 3,500 deliveries with a 25% C-section rate. Regional analgesia was said to be the preferred method of anaesthesia. Epidurals were supposedly widely available during labour but we did not see any. The women were four to a room during the first stage, there seemed to be no privacy nor partners allowed. Vaginal delivery tended to be performed in the obligatory lithotomy position. There were three operating theatres designated for C-sections, laparoscopic work and major gynaecological surgery. In Bulgaria the training for anaesthesia is 4 years although there is a proposal to do an extra compulsory year in Intensive Care. An Obstetric CCST equivalent is obtained after five years.

The return flight to the UK was uneventful but we had had a great four days in a fascinating country. Being involved in a Medical conference makes short trips abroad so much more interesting because one is hosted by fellow medical professionals and there is plenty of opportunity in convivial settings to share information and experiences.

Bulgaria, by the way, is situated to the South of Romania and to the West of Macedonia. Greece is to the South and Turkey to the East across the expanse of water coming out of the Black Sea. The country has several ski resorts – perhaps a winter conference next time?

