EDITION 6, MARCH 2026

PSA PASIFIKA PULSE

PRESIDENT'S MESSAGE

Mauri dear members!!
The executive team is pleased to start this 1st edition for the year with updates from our Kiribati members. Known for their hard work and perseverance, team Kiribati continues to play a vital role within their own community and that of the PSA. We congratulate Dr Tekeua and her team for the excellent work.

The year started off on a high note, and I congratulate the special Interest group leading pain management for successfully executing an online CME for World Day of Regional Anaesthesia and Pain Medicine in January. We thank all our members who attended these sessions.

On the same note, we congratulate Dr Emily Fuakilau for her appointment on to the WFSA Pain committee, a first for the society and a positive step forward for PSA representation on the global platform.

With a good start to the year the committee has begun the review of its articles of association and strategic plan, as agreed upon at the last AGM. We thank the individuals who have volunteered their time and expertise and shall keep the community updated as the process progresses.

Finally, I wish to encourage all our members to visit the PSA website on www.psaonline.info for regular updates and register for PSA's main event of the year the annual scientific conference. Space is limited and registration has a closing date so please register early to avoid disappointment.

I hope you all enjoy this 1st edition of the year and wish all our members the very best for 2026.
Faiaksia
Eunice

This issue:

COUNTRY FEATURE - KIRIBATI

We are grateful for the opportunity to share a glimpse of anaesthesia services in Kiribati, a small island nation in the central Pacific Ocean. Kiribati is made up of 33 coral atolls and reef islands spread across three archipelagos—the Gilbert, Phoenix, and Line Islands—covering a vast ocean area despite a small landmass. The total population of Kiribati is approximately 125,000, with 51% living on South Tarawa (the capital). Travelling to Kiribati can be challenging due to its remote location. The main international entry point is Bonriki International Airport in South Tarawa, and flights from Nadi, Fiji, to Tarawa usually take around three hours, depending on routing and weather conditions.

Healthcare services in Kiribati are delivered through a network of four main hospitals, supported by health centres and clinics across the outer islands. The primary referral hospital is Tungaru Central Hospital (TCH) in South Tarawa, which provides most of the country's surgical and specialist services. Given the wide geographic distribution of the islands, patients from the outer islands often face significant challenges in accessing surgical care. Travel to Tarawa may involve long boat journeys or infrequent domestic flights, which can delay access to urgent and emergency treatment.

Anaesthesia services are currently provided in two hospitals in Kiribati, with most surgical cases performed at Tungaru Central Hospital. We are proud to introduce the Kiribati Anaesthesia Team; a small but dedicated group of clinicians committed to providing safe anaesthesia and perioperative care for the people of Kiribati. The team is led by Dr Tekeua Uriam, who serves as the Director of Health and Head of the Anaesthesia Department. Under her leadership, the department continues to strengthen anaesthesia services and support surgical care across the country.

The team includes:

- Dr Yue Liu – Chinese expatriate specialist
- Dr Tetikannari Toom
- Dr Teraira Bangao (Based in Christmas Island)
- Dr Atuna Mareko
- Dr Teraiman Kabong
- Dr Kataraina Ionatan
- Dr Moannara Ierubara

Together, the team works closely with surgeons, theatre nurses, and visiting specialist teams to deliver anaesthesia for a wide range of procedures, including emergency, obstetric, paediatric, and trauma surgery. Over the past year, the operating theatres have managed an estimated 1,200 surgical cases, with a large proportion comprising general surgery (predominantly septic cases). Kiribati benefits greatly from the support of visiting specialist teams, who assist in managing complex cases and strengthening local surgical capacity. Teams from Australia, New Zealand, and regional partners regularly visit to provide specialist services, including orthopaedics, uro-gynaecology, endoscopy (ANZGITA), Interplast, ENT (RACS), gynaecology, ophthalmology, and paediatric surgery. These visits also provide valuable opportunities for training and mentorship for local healthcare staff.

The Kiribati Anaesthesia Team continues to work towards strengthening perioperative and critical care services in the country. Currently, two hospitals in Kiribati provide anaesthesia services, with most surgical cases performed at Tungaru Central Hospital in South Tarawa. A new operating theatre is currently being built at the new hospital in Betio, which will increase surgical capacity once completed. Future plans include developing a well-equipped operating theatre at Christmas Island (Kiritimati) to support surgical services for the Line Islands, as well as improving ICU capacity at Tungaru Central Hospital through better equipment and trained staff. The team also hopes to support overseas ICU training attachments and other professional development opportunities.

Another important goal is the development of national anaesthesia protocols and clinical guidelines to support safe and standardized anaesthesia practice in Kiribati. The team also hopes to continue to support the development of a structured anaesthesia training pathway for doctors and nurses, helping to build a sustainable local anaesthesia workforce for the future. Similar to many Pacific Island nations, Kiribati experiences challenges with the limited availability of essential medications and oxygen supplies, therefore regional anaesthesia techniques are frequently utilised to facilitate safe surgical care. For this reason, the team hopes to pursue additional training attachments in regional anaesthesia and nerve block techniques to further strengthen these essential skills.

Due to the widely dispersed islands of Kiribati, the perioperative team also plays an important role in retrieving patients from the outer islands to ensure safe anaesthesia and surgery. With a new sea ambulance in planning, this is expected to improve inter-island transport. There are plans to deliver mobile outreach surgical services to selected outer islands, helping to improve access to safe surgery for remote communities. Recent research conducted at Tungaru Central Hospital examining delays to essential surgical care showed that the largest delays occur within the hospital (Delay 3), mainly due to limited operating theatre capacity and staff shortages. These findings highlight the importance of strengthening surgical infrastructure and workforce capacity. The long-term vision of the Kiribati Anaesthesia Team is to strengthen the resilience and sustainability of anaesthesia services, to support safe surgical care for the people of Kiribati.

“Our goal is to ensure that every patient in Kiribati has access to safe anaesthesia and surgical care, no matter where they live.”

Kam rabwa
Dr Tetikannari Toom

PAEDIATRIC CARDIAC ANAESTHESIA IN FIJI: REFLECTIONS FROM MY TIME AT THE SAI PREMA FOUNDATION FIJI.

The Sai Prema Foundation Fiji provided a valuable opportunity to gain exposure to paediatric cardiac anaesthesia, a highly specialised field that is not commonly available in Fiji. It offered a unique and invaluable insight into the care of children undergoing cardiac surgery in Fiji, and the complexities involved in managing these cases.

The Sai Prema Foundation Fiji is a locally established charitable organisation that has significantly reshaped access to paediatric cardiac care across Fiji and the wider pacific region. Through its flagship “Gift of Life” programme, the Foundation has facilitated hundreds of free life- saving cardiac surgeries for children who would otherwise have no access to such treatment, where overseas surgeries can cost in excess of FJD $100,000 per child.

The driving force of this effort is the Sri Sathya Sai Sanjeevani Children’s Hospital, a purpose built paediatric cardiac facility commissioned in 2022. The multimillion-dollar hospital is equipped with modern operating theatres, a catheterisation laboratory, intensive care facilities and dedicated perioperative wards. In addition to surgical services, the Foundation has developed extensive outreach initiatives, including nationwide screening programmes, rural medical camps, blood donation drives and support systems to improve access to care in remote and maritime regions.

A prominent feature of the Foundations model is the reliance on international collaboration with teams from USA, Australia, India, New Zealand, Singapore, UK and Oman. Visiting multidisciplinary teams including surgeons, anaesthetists, perfusionists, intensivists and a perioperative nursing team work with a local team comprising of both in house personnel and members from the ministry of health in Fiji.
To date, the foundation has carried out 445 free heart surgeries with a total of 24 surgical missions. I have been fortunate enough to be included in 3 of the surgical missions where I was able to learn from a great group of visiting anaesthetic teams from different training backgrounds and practicing environments. Concentrating on congenital heart disease repairs such as Patent Ductus Arteriosus closures and valvular/septal defect repairs.

Things That Stood Out...

The complexity of cardiac anaesthesia really hit me early on especially in paediatrics. These are tiny patients with sick hearts, and there is very little room for error. Every decision feels magnified. What also stood out was the number of moving parts involved in a single case. There's a huge amount of teamwork required, especially once bypass is involved, from preoperative preparation to coordinating blood products and getting everything ready before the patient even enters theatre.

One moment that stuck with me was seeing cardioplegia being administered for the first time. Watching the ECG trace flatten gives you a brief feeling of losing control but quickly realising that this is all part of the process, and that control has simply shifted in a very coordinated way across the team. I also really valued learning from different anaesthetic teams. Everyone had their own preferences, techniques, and ways of approaching cases. Seeing these different styles in practice added depth to my understanding and made me think more critically about my own approach.

Finally, the sheer amount of resources required to run a cardiac service stood out. The level of planning, equipment, and expertise needed to safely carry out these procedures is significant and easy to underestimate until you see it firsthand.

Things I Learned...

Paediatric anaesthesia can be just as fun as it is challenging. Sometimes it's about going the extra mile whether that's using songs, bubbles, letting kids choose a scent for their mask, or even using VR goggles to reduce anxiety before induction. Those small efforts can make a big difference. Communication is everything. In cardiac cases, you're constantly coordinating with surgeons, perfusionists, cardiologists, and intensivists. Everyone needs to be on the same page, especially during the critical moments.

I also learned how essential specialised equipment is in cardiac anaesthesia. There are things you simply cannot substitute such as bypass machines, advanced monitoring, cooling systems, and reliable access to blood products. These are all fundamental to running a safe service.

My Take-home from the Experience...

Cardiac anaesthesia is a highly specialised field that requires significant expertise and resources. A fully equipped centre such as the Sri Sathya Sai Sanjeevani Children's Hospital represents an important step forward in providing safe, high-quality cardiac surgery free of cost for children in Fiji and the wider Pacific region.

My time at the Sai Prema Foundation Fiji made it clear just how much of a difference this work makes. For many of these children, surgery is truly life-changing and often something they may never have had access to otherwise. For this model to be sustainable, continued investment in training local Fijian doctors and healthcare staff is essential. Building a self-sufficient cardiac service will ensure that these life-saving interventions remain available for future generations.

Vinaka

Dr Terence Fong
Anaesthetist, CWMH, Fiji

WORLD DAY OF REGIONAL ANAESTHESIA AND PAIN MEDICINE – 3RD EDITION

Date: 24 - 31st January
Theme: Equity. Access. Relief

The WDRAPM 2026 brings a focused and practical message: “Equity, Access, Relief – through Regional Anaesthesia.” This global initiative reflects the rapid growth of regional anaesthesia as an essential component of modern perioperative care, driven by expanding training opportunities, improved access to ultrasound, and safer, standardised practices. With an emphasis on delivering reliable neuraxial and peripheral techniques across all clinical settings. The 2026 campaign calls for actionable progress in ensuring equitable access to skills, equipment, and effective pain relief for all patients.

In line with this global momentum, anaesthesia teams across Fiji marked the week with a series of activities at the three major hospitals, demonstrating a shared commitment to advancing regional anaesthesia and pain medicine in our local context.

The weeklong celebration featured an engaging series of webinars led by regional anaesthesia and pain medicine leads across the country. Dr Shivankar Sen from Aspen Lautoka Hospital opened the series with an excellent session on Upper Extremity Nerve Blocks, delivering a clear and practical review of brachial plexus anatomy and key approaches – interscalene, supraclavicular, infraclavicular, and axillary blocks.

His presentation struck a perfect balance between foundational teaching and practical insight, making it highly valuable for both beginners and experienced practitioners looking to refine their technique and improve block success and safety.

The second webinar was delivered by Dr Priyanka Shristy from CWM Hospital, focusing on collaborative care for pain following decompression illness. This engaging case-based session explored the challenges of managing neuropathic pain as a long-term sequela, with a strong emphasis on evidence-based treatment strategies.

A multidisciplinary approach, incorporating the hyperbaric team, Acute Pain Services, physiotherapists, and counsellors, demonstrated meaningful improvement in patient outcomes. The discussion that followed highlighted an important takeaway: decompression illness-related neuropathic pain may be under-recognised and requires greater awareness and targeted management.

The final webinar, hosted by Dr Yogen Deo, brought the series to a compelling close with three fascinating chronic pain cases. The session sparked lively discussion on the evolving role of regional anaesthesia in conditions such a post-herpetic neuralgia, plantar fasciitis, and chronic back pain.

Blending clinical insight with practical application, the cases highlighted how targeted regional techniques can transform pain management beyond the perioperative setting - leaving participants with fresh perspectives and renewed enthusiasm for integrating these approaches into everyday practice.

Across all three centres, the week came alive with hands-on learning, interactive teaching, and dynamic CME sessions that reinforced regional anaesthesia as a practical, everyday skill. At Colonial War Memorial Hospital, each day was dedicated to focused, bedside teaching on upper limb, lower limb, torso, and abdominal blocks, with registrars actively performing a wide range of techniques - turning theory into confident clinical practice.

Dr Enele Tuima teaching Dr Simran supraclavicular brachial plexus block as Dr Pooja looks on.

Dr Priyanka demonstrates the sonoanatomy for Rectus sheath and TAP blocks on fellow registrar during teaching session.

Sciatic (popliteal) block performed by Dr Seini, assisted by Dr Priyanka

Dr Pooja performs an epidural block for a pregnant patient with severe mitral stenosis

In Labasa Hospital, the momentum continued with a series of engaging CME sessions. Dr Allan Seniloli delivered an insightful session on local anaesthetics, complemented by live demonstrations and lectures from Dr Emily and Dr Watisoni. Participants were exposed to a diverse range of blocks which included sciatic popliteal, supraclavicular, infraclavicular, axillary, and erector spinae plane - bringing depth and variety to the learning experience. Meanwhile, at Aspen Lautoka Hospital, Dr Awez Khan led a highly engaging workshop on popliteal sciatic blocks, drawing enthusiastic participation from the Lautoka team.

Dr Awez Khan demonstrating ultrasound guided sciatic – popliteal block during WDRAPM workshop week at Aspen Lautoka Hospital.

The celebrations concluded on a high note with vibrant quiz nights at CWM and Labasa Hospitals, where teams competed with energy and flair in regional anaesthesia and pain medicine trivia - blending learning with camaraderie and a healthy dose of competitive spirit

Much gratitude to all who volunteered to moderate the session and to those who presented – more so to those who took time to log on and to be a part of the planned seminars. See you in the next WDRA-PM Celebration.

Vinaka
Dr Priyankar Shirsti
Anaesthesia CWMH, Fiji

REAL WORLD ANESTHESIA COURSE – (RWAC)

It was a great privilege to have been part of the inaugural Gold Coast RWAC course held last October and lead by Dr Chris Bowden. The course which has been running since the 1990's was first developed by Australian anaesthetists Dr Hayden Perndt and Dr George Merridew.

The aim of RWAC is to prepare anaesthetists for work in low- and middle-income countries "the real world" including humanitarian work. The course was originally named Remote Situation, Difficult Circumstances, Developing Country Anaesthesia" Course – RSDCDCA which describes the work environment the course discusses during the training. Since its inception the course is now run in Darwin, Christchurch, the Gold Coast and soon to start at the Northern Hospital, Melbourne, 2026.

For PSA members who have done RWAC, the course has provided us with the opportunity to share work experiences and culture and at the same time gain insight into the workings of the developed nations medical systems. A wonderful time of networking, socialising and learning.
I take this opportunity to thank Dr Bowden and the RWAC team whose efforts and commitment toward this course has directly impacted the positive development of the anaesthesia profession throughout the PSA community and the globe

Vinaka vaka levu

FIJI NATIONAL UNIVERSITY ACADEMIC YEAR 2026

2026 started like any other year, with local and regional postgraduate students returning to begin a new academic year. For some, this will be the year they sit their exit exams—the culmination of years of hard work and sacrifice. For others, it is just the beginning. To our regional students starting their first-year Diploma programme: Bula vinaka, and welcome to Fiji and Fiji National University.

In February, we enrolled seven Diploma in Anaesthesia students; eight Master of Anaesthesia Year I students; ten Master of Anaesthesia Year II students; six Master of Anaesthesia Year III students; two Intensive Care Medicine Year I students; and three Intensive Care Medicine Year II postgraduate students. In total, across all programmes, 21 students will sit their exit exams at the end of this year—one of the largest cohorts we have had.

The first quarter began with the rollout of our essential workshops: Basic Assessment and Support in Intensive Care (BASIC), Beyond BASIC Mechanical Ventilation, and Beyond BASIC Airway. The workshops were delivered over a week and a half (16–24 February). Over the years these workshops have always been exciting and challenging, with colleagues from other specialties like Emergency Medicine, Surgery, Paediatrics and Theatre and ICU nurses joining the course as participants. This is also the 4th consecutive year where local counterparts (emergency medicine physicians, anaesthetists , nurses) were trained as course instructors, with the hope that the courses may be locally sustainable in the new future.

This is a welcome change, and we have received positive feedback from participants and department heads alike. The courses were facilitated by our visiting consultants Dr Ross Freebairn (co-founder and Global Chair of the BASIC course), Dr Peter Kruger (President of the College of Intensive Care Medicine (CICM) of Australia and New Zealand), and Dr Carton Costello (CICM College Examiner), in collaboration with local FNU and CWMH counterparts, including Dr Elizabeth Bennett, Dr Maika Seru, Dr Kaajal Swarup, and Dr Anisi Kavoa, to name a few.

Beyond BASIC Airway was also very special, as it was the first Beyond BASIC advanced airway course to be facilitated entirely by local facilitators—an excellent achievement for course coordinator and FNU Anaesthesia lecturer Dr Sherene Prasad.

We also like to thank and wish Dr Kartik all the very best in the new chapter in his career path. Assistant Prof Kartik Mudliar had joined the FNU department 4 years ago and while based in ASPEN Lautoka he worked closely with Dr Elizabeth Bennett as the supervisor and coordinator for the Masters in Medicine – Anaesthesia program. Even though Dr Kartik has left the pacific, he will always be a vital member of the PSA and the FNU anaesthesia department and we look forward to seeing him at this year's PSA refresher course in Rakiraki, Fiji.

The FNU Anaesthesia Department would also like to formally welcome Drs Neeraj Sharma and Eunice Fesaitu of ASPEN Hospital, Lautoka, who have joined the department as part-time lecturers. They both bring years of knowledge, skill, and managerial expertise, while continuing their clinical roles at Aspen Hospital in Lautoka.

We look forward to another exciting year of growth through learning, teaching, coaching, and sharing.

Vinaka

Dr Apaitia Goneyali
Anaesthesia/ICU Consultant
FNU







UPCOMING EVENTS