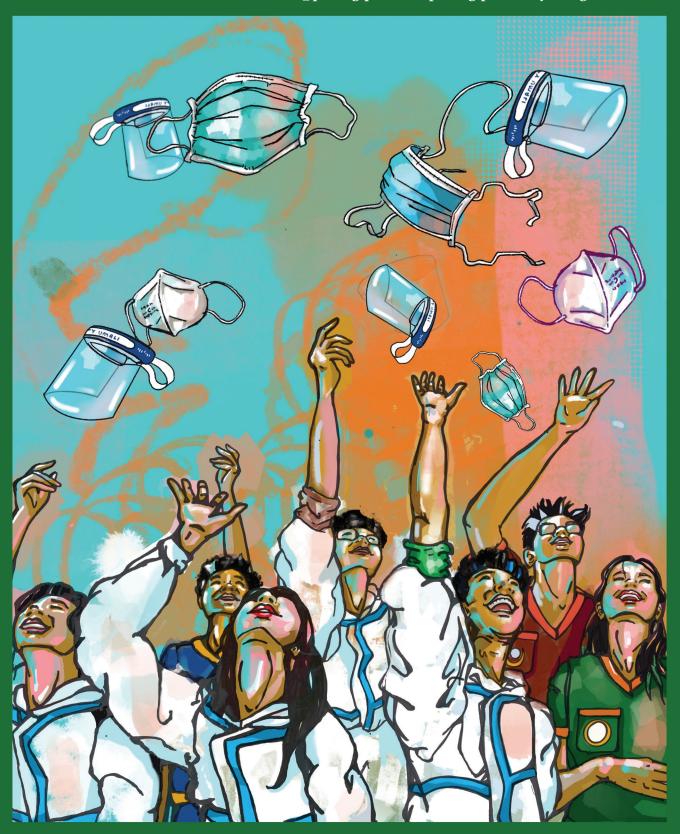


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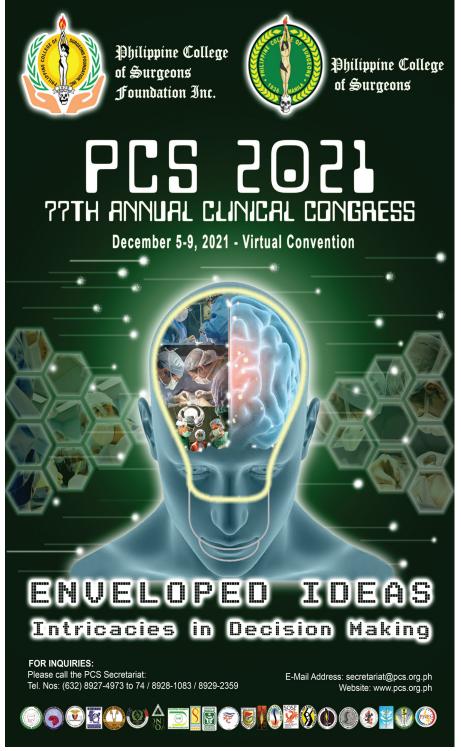
Incisions, the PCS Newsletter, is a triannual publication of the Philippine College of Surgeons, 992 EDSA, Quezon City 1005, Tel. No. 928-1083. Comments and feedback indicating the writer's full name, address, contact numbers and e-address are welcome. Letters to the editor may be edited for reasons of clarity and space. E-mail to pcs 1936 @yahoo.com.ph

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On the Cover



Dr. Kathryn Cecille Umali-Gomez is currently practicing as a General and Laparoscopic Surgeon at the Medical City Clark and St. Catherine of Alexandria Foundation and Medical Center, Angeles City. She finished her residency training at Pasig City General Hospital - Mary Chiles General Hospital Consortium in 2015. She is a Diplomate of the Philippine Board of Surgery, a Fellow of the Philippine Society of General Surgeons (PSGS) and of the Philippine College of Surgeons (PCS). She is currently Chief of Surgery at Philippine Rehabilitation Institute and Medical Center (PRIMC), and a faculty member of the Department of Surgery at Angeles University Foundation School of Medicine.

Her interest in painting began as a child all through her college years, but went on hiatus during her medical training. Recently she has revisited both painting and digital art as a fruitful and portable hobby. Her piece, "Graduation Day", is a hopeful look at a future when we overcome the COVID-19 pandemic and see each other again face to face without fear.

FROM THE EDITOR'S DESK

Marcus Jose B. Brillantes, MD, FPCS



Pandemic Odyssey Endgame: A Puzzling New Normal

Eighteen months into the COVID-19 pandemic of seesawing surges and long-drawn lockdowns have left many anxious, exhausted and puzzled in this odyssey as to whether a conclusive solution is at hand. We are caught in a whirlpool of uncertainty and centrally dragged by currents which man seems to have no control.

At the worldwide upheaval of the pandemic in the first quarter of last year, the term "COVID Herd Immunity" came to signify the endgame goal: the point when sufficient numbers of the global population would be protected from the virus and taking control of the pathogen to finally reclaim our normal lives.

However, with the rise of variants, further delays of the daily vaccination rates, the persistence of vaccine hesitancy/resistance and mass challenges of the cold-chain logistics in the transport and storage of vaccines, there has been a gradual realization among scientists and public health experts that the herd immunity threshold is not attainable.

The solution depends in part on how much of the country, and the rest of the world is vaccinated and how the SARS-CoV-2 evolves. It is already clear that the virus is mutating more rapidly than expected. As more contagious variants develop and with scientists realizing that the fully immunized can still transmit the virus, the calculations are requiring revisions anew.

Health professionals have repeatedly declared that COVID vaccinations remain the key to transforming the viral menace into a controllable threat. To date, the Philippines has inoculated less than 13% of its population of more than 108 million people. Even as millions of doses arrive in the country, a sizeable segment among Filipinos still maintain vaccine hesitancy. A Pulse Asia survey released earlier this year revealed that 6 out of 10 in Philippine society refuse to avail of the COVID vaccine. Filipino healthcare professionals point to the Dengvaxia controversy as the main reason why Filipinos have lost confidence in vaccines.

Given the degree of movement within regions in our country, a small viral outbreak in one region with a low vaccination rate can easily spill over into an area where a majority of the population is protected. If the herd immunity threshold is not attainable, what matters most is the rate of hospitalizations and deaths after pandemic restrictions are relaxed, health authorities warn.

The highly transmissible Delta variant (B.1.617.2) was declared a "variant of concern" by the WHO in May 2021 and this was seconded by the CDC last June 15. The Delta variant has been reported in more than 126 countries. The DOH on June 21 urged local governments to enforce stricter border controls to prevent this variant's spread in the country. At that time, the Philippines documented 19 cases of this virus type brought in by overseas workers. Of these noncommunity transmissions, 18 recovered and one died.

Despite the government's preventive measures, the Department of Health (DOH) confirmed on July 22 the first documentations of local transmission of the Delta variant in the country. President Duterte then approved the proposal to place Metro Manila under enhanced community quarantine (ECQ) from August 6 to 20, 2021. The first Lambda variant case in the Philippines was announced on August 15. It was then announced on August 16 that the MECQ with heightened restrictions was extended up to the end of August.

This viral force threatens to engulf humankind. In Homer's epic "The Odyssey", Ulysses was trapped between the giant whirlpool Charybdis that threatens to suck in his ship while at the same time facing a six-headed monster Scylla. Mankind seems to be placed in the same situation as Ulysses in coming face-to-face with a deadly viral vortex called COVID on one side while simultaneously battling a multiple headed-monstrosity on the other end representing another adversary of Man - that which is Man himself. Will Man be able to escape these external and internal forces and be delivered safely to his island home?

FROM THE PRESIDENT

ANTONIO S. SAY, MD, FPAO, FPCS



85 years of PCS

A happy and wonderful eighty-five years to the PCS! Thank you for celebrating this special occasion with us.

In the history of the Philippines, there was one uprising that persisted for years. Starting first in Inabanga, the Dagohoy revolt spread all over the island of Bohol as a protest against the Spaniards. Inevitably, it took Spain 85 years to quell the revolt and all who were involved in it were either punished or banished and exiled to several islands all over the Philippines.

I would like to equate the PCS's 85 years existence as that of a revolution. In its infancy, the PCS was formed to answer the call of the then Commonwealth President Manuel L. Quezon. It was a time to demonstrate abilities and moral high ground and the founders of the College heeded the call. The PCS was formed to put structure on the modality of training of surgery. Through early meetings the PCS mission was clear: to elevate the standards of surgical practice, continuous update on research, importance of technique and for safe surgery for the patient.

Eighty-five years hence, the revolution has taken its hold. Now spread across the regions of the country, the PCS is 12 chapters strong. It counts eleven several specialty societies and another eleven affiliate societies in its fold. From an almost exclusive enclave, the PCS has looked outward and has given its share to nation building.

Eighty-five years also calls for introspection, of not what we failed to do in the past but what we CAN DO MORE for surgeons, the Filipino patient and our motherland. As surgeons of the college, we safeguard the practice of surgery and surgical standards.

We are in the midst of a pandemic and there are restrictions to our mobility. But it did not hinder the ways that PCS has dealt with issues that affect surgeons and healthcare. We continue to take care of Filipino surgery, and at the same time, the PCS continues to support government initiatives and programs. If by chance, you are called to assist in some way or the other, I ask our Fellows to rise to the occasion.

What we dream, discover, and perfect today will be our legacy for future generations. Where do we want to be in 2036, on our hundredth-year anniversary? We peer into the future not seeing the bleakness of the pandemic, or the direness of poverty, but the hope of a brighter future. Let each of you put your best efforts into continuing to innovate and provide the best possible patient care. Let us strive to give surgery that which is affordable and available to more of our people, has better outcomes with less complications. With our team's efforts and proper networking, we can ensure that all surgeons have access to the best and latest surgical techniques and best practices. The pandemic has shown us the utility of online interactions. Let's continue using this modality to keep abreast and connected. We call on our young surgeons to lead us in this maximization of information technology.

Meanwhile, I enjoin our Fellows, residents and friends in participating in our festivities prepared by our PCS Chapters, Committee on External Affairs, chaired by Dr. Elvis Llarena and Regent-in-charge, Dr. Lui Aquino, and Dr. Jose Rhoel De Leon who is in-charge of the "Padyak PCS", a virtual bike ride of 85 kilometers for the 85th Foundation Day celebration of our beloved College.

Mabuhay ang PCS!----

ACROSS THE BOARD

Maria Concepcion C. Vesagas, MD, FPCS



4th Board of Regents Meeting April 17, 2021 (Saturday); 8:00 am to 4:50 pm (via Zoom Platform)

The following **Board Resolutions** were approved: BOR Resolution No. 2021-02: Creation of Ad-hoc Committee on Universal Health Care BOR Resolution No. 2021-03: Creation of Ad-hoc Committee on Medical Act BOR Resolution No. 2021-04: Infographic on the PMA Referendum

President's Updates:

- The PCS President presided/attended the following meetings:
 - Meeting with the Chapter Presidents (March 17, 2021)
 - PMA Townhall Meeting March 18, 2021
 - PCS North Eastern Luzon Chapter Induction March 20, 2021
 - Ad Hoc Committee on UHC March 25, 2021
 - DOH-HHRDB March 26, 2021: Consultative meeting on the proposed revised Guidelines on the issuance of training certificate under the Exchange Visitors Program
 - Meeting with Presidents of Specialty Divisions & Fil-Am Convenors (MDs), April 4, 2021: Appeal to US government to donate vaccines to the Philippines
 - ORNAP Consultation meeting with PCS : Advance Practice Nursing (APN), April 15, 2021

The PCS representatives were identified and assigned:

- National Antibiotic Guidelines Committee (NAGCom) and the Antimicrobial Stewardship Steering Committee (ASC), meetings and activities

Task: Program on Combatting Antibacterial Resistance, DOH

- Esther A. Saguil, MD
- Geobert L. Uyquienco, MD
- Health Technology Assistance Council (HTAC)
- Maria Concepcion C. Vesagas, MD
- Rodney B. Dofitas, MD

The POGS, through President Dr. Benjamin Cuenca, has expressed POGS' interest to collaborate with the PCS regarding plans on dealings with PHIC and HMO issues collectively with the end of having a common stand.

Treasurer's Report

- The Board has suggested the following:
 - To inquire from AXA, Sunlife what other options can they offer as the investment value is decreasing
 - To inquire from other banks what instruments can they offer for short term investments (2-3months) for the meantime

Board of Governors Report

- Agreed to the College's Infographic regarding the PMA referendum
- Disseminated the National Surgical & Anesthesia Manpower Study Google Forms
- Inquiry on PCS support for Fellows affected by Covid-19
- Associate Membership Category need for a framework to be formulated first
- Resident Membership Category open to all accredited training programs
- Reminders for:
 - Chapter Induction schedule
 - Bids for 2022 Midyear Convention

- Task Shifting:

- Sorsogon Provincial Hospital as the pilot hospital
- Dr. Robert Chacon, Jr, Medical Director has been invited to the SURE Commission meeting

Committee on Finance

- The Board approved to invite Mr JP Casas in his individual capacity as a member of the Sub-Committee on Investments as an investment advisor.

Committee on Building

- Aventus will extend their lease contracts up to December 31, 2021 from the original May 19 and June 30.

Committee on HMO/RVS

The Board approved the renewal of the Memorandum of Agreement with PAHMOC using the AHMOPI RVS rates.

Committee on Trauma

- Professor Mina Cheng will be given an honorarium as guest speaker during the 47th Midyear Convention for the session: "Multidisciplinary Approach to Complex Pelvic Injuries: Who Goes in First?
- The Subcommittee on Burns shall hold a webinar after the 4th Midyear Convention.

Trauma, Injury and Burn Care Commission

- ADP Pharma shall host the social media platform of the TIBCC on Facebook.
 - First project: Bike Safe PH
- TIBCC will participate in the PMA Convention scheduled on May 2021.

Committee on Cancer

- Participated in the development of the DOH Thyroid CPG through Dr Ida Lim's involvement as Project Manager for JRRMMC to which institution the project was delegated by DOH
- Other members of the committee participated as well.
- The committee was asked by the board to prepare a short video/infographic on Cancer for Children and Guidelines on Vaccination for Cancer Patients.

SURE & Community Services

- A meeting was held on March 20, 2021 to introduce the Health Human Resource (Manpower) Study.
- A surgical mission is planned on May 2021.

Committee on Surgical Infections

- The board was updated regarding preparations for the PCS-PSIS Virtual Congress, - July 10, 2021 (Saturday) (Zoom Platform using TNP); 1-5PM; Theme: Surgical Infections in Focus.

Committee on Conventions

- PCS CEV President Dr. Ron del Mar gave updates regarding the 4th Midyear Convention scheduled on May 5 to 7, 2021 in Cebu with the theme: "Classic Surgery in the Present Era".
- A meeting with Docquity representatives was held on April 13, 2021 for a run-through/update of MYC preparations.
- The format of the 77th Annual Clinical Congress scheduled on December 5-8, 2021 at Edsa Shangri-La Hotel with the theme: Enveloped Ideas Intricacies in Decision Making will be decided on by June 2021.
- The hosting of the 48th Midyear Convention scheduled on May 5-6, 2022 was awarded to the Central Luzon Chapter who was the lone bidder for the event.

Committee on Surgical Education

- The board approved the theme for the 78th Annual Clinical Congress 2022: Quality Surgery for All.

- The board approved a partnership webinar with J&J: Oral Health Consensus Guideline for Surgical Infection with Dr. Esther Saguil as speaker. PCS fellows, as well as Southeast Asian surgeons will be invited to the lecture.
- The PRC approved the 2020 MYC and ACC CPD units. The board approved that a certificate of attendance will be issued to registered delegates on a per day basis.
- For this year's 47th Midyear Convention, the Board upholds the issuance of the Certificate of Attendance with full PRC-CPD units to registered delegates.
- Lecturers and schedules for the 47th MYC were presented.

Committee on Research

- The status of the National Surgical and Anesthesia and Manpower Study was presented.
- The committee informed the board of the ongoing projects: 2021 Champion of Champions, EBCPG Development.

Committee on Surgical Training

- The committee will be holding a summit on July 3, 2021 with the theme: Challenges, Solutions, and Innovations in Surgical Training During the Pandemic and Beyond.
 - This will be sponsored by MIMS Philippines.
 - Speakers will be from CST members of the specialty societies, specialty board chairmen, presidents of resident organizations, and from PATOS.
- The Guidelines on the Conduct of Face-to-Face Activities were finalized and for publication in the website.

Committee on Administrative Concerns

- The Results of Performance Evaluation for 2020 were presented and the corresponding incentive bonuses were approved to be released.
- The PCSF shall adopt the PCS Employees Manual since there is no PCSF Employees Manual.

Committee on Hospital Standardization & Accreditation

- The board approved a letter of request to the PSGS for collaboration in the data gathering through electronic collection regarding procedures done in the Annual Reports submitted by residents.

Committee on Quality Assurance and Patient Safety

- The board approved the hiring of a statistician to analyze reports from the 12 pilot hospitals regarding the WHO Modified Surgical Safety Checklist.
- The subcommittee has prepared a draft on Guidance on Triaging and Risk-Stratification of Elective Surgeries.

5th Board of Regents Meeting (Zoom Platform May 15, , 2021 (Saturday); 8:00 am to 4:50 pm

President's Updates:

- The Board approved the Living Advisory on Triaging and Risk-Stratification of Elective Surgeries (May 2021).
- Meetings held/attended:
 - 1. Ad Hoc Committee on UHC: the PCS will identify areas of concern in health care for the creation of position papers which will be presented to the government.
 - 2. PCP Opening Ceremonies May 2 (online)
 - 3. DOH Health Facilities Standards Regulations Bureau-Standards Development Division Re: Accreditation of Residency/Fellowship Training Program in Cancer Specialty and/or Subspecialty May 5, 2021 (Represented by Dr. Bongala)
 - DOH desires to establish a hospital-based fellowship program in Surgical Oncology
 - Royal Australasian College of Surgeons Annual Scientific Congress (virtual)
 May 10, 2021, Opening Ceremonies
 - DOH Health Facilities Standards Regulations Bureau-Standards
 Development Division - Re: Ambulatory Surgery May 12, 2021 (represented by Dr. Leonardo O. Ona, III
 - 6. Philippine Cancer Center Scoping Review and National Cancer Registry under the DOH-PCC, FGD May 14, 2021 (attended by Com. On CA Chair, Dr. Ida T. Lim)

Treasurer's Report

The treasurer reported the sound state of the College's finances.

Board of Governors

- Financial assistance for Fellows affected by COVID-19 is not covered by the Fellows Assistance Plan.
- While there is a President's Fund and a Kapit Bisig Fund, the implementing rules and regulations of the latter have yet to be formulated.
- The BOR requested the Committee on HMO/RVS to conduct a feasibility study of enrolling Fellows in a health reimbursement program.
- The Governors gave updates on the percentage of fellows vaccinated and the status of covid in their areas.

Committee on Finance

- The board approved the committee's proposed PCS Financial Investment Summit which will identify the PCS investment road map.

Committee on HMO/RVS

- The MOA will be disseminated to all specialty societies and chapters; fellows are to submit the accomplished confirmation sheet.
- The committee, together with the BOR met with the POGS last May 4, 2021 to discuss matters pertaining to PHIC and HMO.

Committee on Trauma

- The committee will participate in the 77th ACC with "Burn Wound Care Under Austere Conditions: Surgical and Non-surgical Wound Management". Speaker is Dr. Kathrina Victoria B. Angeles, MD, FPAPRAS, FPCS.
- Online learning activities are scheduled in collaboration with the Asian Collaboration for Trauma Interactive Virtual Encounters; May 21, 2021 (Friday) 1830H Singapore (+8GMT)
 Theme: Saving the Sinking Ship: Damage Control Resuscitation in Trauma
- The Sub-Committee on BEST will conduct 2 online lectures on June 5 and 12, 2021.
- The Sub-Committee on BURN will conduct a webinar on July 31, 2021.

Trauma, Injury and Burn Care Commission

- The TIBCC will participate in A Decade of Success AHEAD! A Series of Webinars on Road Safety.
- The TIBCC will sign the STOPTHEBLEED MOA with DOH.

Cancer Commission

- The commission conducted virtual Multiidisciplinary Tumor Board sessions on Oral, Head and Neck Cancers and Childhood Cancers in April.

SURE Commission

- Exploratory talks regarding covid vaccination program was held last April 30, 2021.
- A survey regarding the above will be sent to fellows via Google forms.

Committee on Surgical Infections

- The 1st PSIS, PCS and SIS-AP Convention is scheduled on July 10, 2021 from 9 to 6 pm with the theme "Surgical Infections in Focus".
- The platform will be MIMS Philippines.

Committee on Conventions

The recently concluded 47th Midyear Convention was evaluated and observations were noted.

Committee on Continuing Surgical Education

- The board approved the request of the AWSP for sponsorship of their webinar with TNP.
- The committee presented the evaluation of the recently concluded 47th Midyear convention.
- The program for the 77th Annual Clinical Congress is being finalized with the surgical specialties.

- The surgical specialty societies were invited to participate in the 48th Midyear convention scheduled on May 5-6, 2022 in Clark.

Committee on Surgical Research

- An update on the ongoing Health Human Resources (Manpower) Study (HHRS) of 2020 was presented.

Committee on Surgical Training

- The Webinar on "Challenges, Solutions, and Innovations in Surgical Training During the Pandemic and Beyond" will be having 3 sessions every Saturday of July at 4:00-6:00pm (online).
- On July 3, 2021, Dr. Rodney Dofitas will lecture on "Surgical residents view in surgical training in the Pandemic period beyond the numbers: Looking at mental, emotional and physiological well-being".
 The AFN, PAO, POA and PSO-HNS will participate.
- On July 10, 2021, Dr. Warren Roraldo will lecture on "The covid 19 pandemic implications for medical students/undergraduates and surgical residency applicants: How do we choose?" Participants will be PAPRAS, PATACSI, PSTS and PUA.
- On July 17, 2021, the PATOS will lead the session. Participants will be PSCRS, PSGS and PSPS.
- The Board approved the following:
 - Health Protocol and Guidelines on the Conduct of Face-to-Face Meetings/Acgivities, Seminars, Workshops and Conferences (Philippine College of Surgeons, May 15, 2021)
 - o The Philippine College of Surgeons Health Protocol for Surgical Outreach Activities (Adaptation from WSFP)

Committee on Membership

- The board approved the extension of deadline for submission of application for Fellowship to July 31, 2021
- The list of 2021 Resident Member Applicants was presented.
- The committee will create a concept paper on the Associate Member category and will invite the specialty societies and chapters to a meeting to further discuss this.

Committee on Administrative Concerns

The board approved the incentive bonuses for the remaining members of the Secretariat.

Committee on External Affairs

- A webinar "Kalayaan sa Covid" is scheduled on June 12, 2021 from 5 to 6 pm. This will be through the TNP platform.
- A media campaign will be done by the committee through the following: DZRH, ABS-CBN, UNTV and Kapwa Ko Mahal Ko.
- Foundation Day Activities:
 - o A mass will be celebrated on Sunday, September 5 at the PCS building and will be broadcast.

- o "Padyak PCS" nationawide bike activity
- o A dinner will be held on September 12, 2021 in an outdoor venue with adherence to IATF rules.
- o A fellowship night program was proposed with a live band and video presentation.

Committee on Safety and Quality Assurance

- A workshop on Quality Surgical Improvement Program will be held in June or July with the topic on "Process of Adverse Event Reporting".

6th Board of Regents Meeting (Zoom Platform June 19, 2021 (Saturday); 8:00 am-6:21 pm

President's Updates:

- Approval of the Position Statement on the Conduct of Mass Circumcision During this Time of Pandemic (dated June 6, 2021)
- Meetings held/attended:
 - o PRC Career Progression & Specialization Program- Credit Accumulation Transfer System with PRC-BOM Chair Dr. Eleanor B. Almoro presiding (June 2)
 - Specialty Society Boards were requested to submit a copy of their Career Progression Program through the office of Dr. Zenaida Antonio
 - o Meeting with PhilHealth VP for Corporate Affairs Dr. Shirley Domingo and Dr. Enrique T. Ona (June 2): on the implementation of the DRGs in the near future
 - o PMA-CPS Meeting with PSMID, PIDSP (June 15)
 - Re: Senate hearing on the National COVID-19 Vaccination Program
- Ad Hoc Committee on UHC
 - o The board approved the following projects:
 - Professional fees: c/o Committee on HMO/ RVS; Drs JM Medoza and RJ Abdulla as point persons
 - Cost of Hospital Care: Drs VJ Villaflor, DC Ejercito and RC Magnaye as point persons

The Board approved Dr. ER Lahoz as PCS Spokesperson with regard to UHC issues.

Committee on Finance

- Financial Investment Summit July 3, 2021, Saturday from 1 to 4 pm, Facilitator: Mr. JP Casas
- The College will be paying the Pag-ibig Fund through an online account with Union Bank.

Committee on PCS Building

The following will not renew their lease: Value Care (ground floor), Philippine Orthopaedic Association (3rd floor).

Committee on Internal Audit

- The internal auditor, Mr. Benitez presented the Financial Statement for January to December 2020 which was adopted by the Board of Regents.
- The PCS is financially viable for 2020.

Committee on HMO-RVS

- The board approved a mandatory subscription of Fellows to a health program. Details will be presented once issues are sorted out (ex: legal, list of members, budgetary requirements, etc).

Committee on Trauma and TIBCC

- The board approved to a subscription to a Learning Management System Platform for the continuing learning activities of the committees, particularly the income-generating activities. This can be used by chapters and specialty societies.
- A request for online lectures for Basic Evaluation of Training in Trauma Emergency Response (BETTER) for non-surgeons was received from various municipalities.
- St. Luke's Medical Center, QC Department of Surgery will rent the BEST mannequins for their hands-on activity. They will be charged accordingly.

Cancer Commission

- A secretary will be hired for the commission who shall also handle the other 2 commissions and other PCS committees.
- The Commission will be a strategic partner of the DOH in developing the following: MDTApproach, CPGs, Care Outcomes Review of the NICCA Strategic Plan 2021-2030.

SURE Commission

- Disini and Disini will review the WSFP PCSF Research Collaboration Agreement regarding the Health Human Resources Study.
- The Mangatarem Surgical Outreach Program was moved to August 23-25, 2021.
- The commission had several meetings with the STC and MMC chapters and Unilab to discuss the Vaccine Access Program.

Committee on Surgical Infections

- The program for the 1st PSIS, PCS and SIS-AP Convention scheduled on July 10, 2021 was presented.
- The committee will formulate a self-instructional manual on Surgical Infection Prevention and Control for the OR (Teaching Module).

Committee on Conventions

- The committee discussed extensively the possibility of holding a hybrid congress and presented their recommendations for the annual clinical congress.
- Only the Isla Ballroom, Palawan Room and Isla Ballroom Foyer are available.

- The schedule of registration fees will be submitted after the committee's meeting next month.
- The 48th Midyear Convention is on May 5 to 6, 2022 at the Hilton Clark Sun Valley Resort in Clark, Pampanga.

Committee on Surgical Education

- The BOR approved the appointment of Dr. Alfred Q Lasala II as Chair of the 2023 Midyear Convention.

Committee on Surgical Research

- An update was given on the National Human Resource Study. The Philippine Society of Anesthesiologists will not share data due to the Data Privacy Law.
- A meeting was held with Dr. Pretchell Toelntino of the DOH HHRDB regarding procuring data for the manpower study. The Bureau, however, does not have data and is relying on the PCS' data.
- The collaboration of the Research Committee and the DOH on EBCPG development is ongoing.

Committee on Surgical Training

- The draft of the article "Post-graduate Surgical Training: The Philippine Model" was presented.
- The webinar series on "Challenges, Solutions, and Innovations in Surgical Training During the Pandemic and Beyond" is scheduled on 3 consecutive Saturdays of July, starting July 3 from 4 to 6 pm.

Committee on Membership

- The committee presented the candidates for PCS Fellowship for 2021 under the Simplified Fellowship Application.
- The board approved their induction on July 10, 2021, date of the next BOR meeting.

Committee on Ethics and Judicial Matters

The board approved the committee's stand on the non-endorsement of the Advanced Practice Nursing (APN) Program as drafted by the ORNAP.

Committee on Administrative Concerns

- Replacements are being sought for the following:
 - o Ms. Thelma Infante early retirement
 - o Ms. Eden Grace Paule early retirement
 - o Ms. Belle Limjoco Commission secretary, resignation, to pursue a degree in medicine
 - o Ms. Connie David resignation effective end of July 2021
 - o Ms. Corazon Coronel retired in 2019 but whose position still has not been filled
- Recommended for hiring are the following:
 - o Ms. Fatima Isanan replacement of Ms Coronel
 - o Ms. Fe T Jalimao replacement of Ms. Infante
 - o Ms. Ma. Francia A Velasquez replacement of Ms. David
 - o Ms. Justine E. Paule replacement of Ms. E. Paule

Committee on Quality Assurance and Patient Safety

- The board approved the workshop on Adverse Event Reporting with speaker Marie Karen C. Jiz, MD LlB, topic: Process of Adverse Event Reporting
- The board approved the appointment of Dr. Joe Ravelo T. Bartolome as subcommittee chair on recertification.

Other Matters

- The board approved the College's subscription to Vimeo at \$240 annually.

7th Board of Regents Meeting (Zoom Platform July 10, 2021 (Saturday); 8:00 am-4:14 pm

The Special Induction of New Fellows under the Simplified Application for Surgical Specialty Society Members preceded the BOR Meeting.

President's Updates

- Meetings attended:
 - o PMA General Assembly: June 22, 2021
 - The PMA reported the failure of the passage of the referendum since only 1/3 of the membership voted.
 - o DOH Consultative Meeting Disease Prevention & Control Bureau, July 6, 2021
 - The meeting was conducted by Usec. Rosario Vergeire, with Dr. Nikka Hao, Director III as presenter.
 - Requested for submission were CPGs, clinical pathways and algorithms from the years (2016-2020); current CPGs and protocol development of such
 - o PCS & Specialty Society leaders July 9
 - Dr. Nikka Hao presented to the body the items discussed during the July 6 meeting.
 - o Ad Hoc Committee on UHC
 - Agenda was the creation of a research protocol to be used to determine the cost of surgical care.
 - Focal persons identified were: Dr. Alvin Caballes, Dr. Edwin Mercado, Dr. Jose Tecson
 - A draft of the Terms of Reference and Preliminary Protocol was prepared by Drs. Dofitas and Panelo.
 - Participation in the 77th Annual Clinical Congress; topic: Prelimiary Report on the Research study; Dr. Po-Chang Lee, Director-General of the Taiwan National Health Insurance to be invited
 - o ORNAP Convention July 4, 2021
 - Represented by Board Secretary Dr. Maria Concepcion Vesagas last as panelist during the session on APN curriculum

Treasurer's Report

- The investment with PhilPlans was pre-terminated (maturity date March 26, 2043). The College had total proceeds of 39, 900 from the initial P1 M invested.

Committee on Finance

- The committee was reminded to collate data gathered during the Financial Investment Summit held last July 3, 2021 in order to formulate the investment guidelines of the College.

Committee on Building

- Aventus has submitted a letter of intent to occupy the space being vacated by ValueCare.
- Engr. Jonathan Merez will be hired to assist the PCS Building Committee to inspect/oversee future construction work of tenants.

Committee on HMO/RVS

- Dr. JM Mendoza presented the proposal from FWD Insurance: initial investment of PhP 20M-25M as a mutual fund.
- The board approved sharing with POGS the proposals on professional fees and hospital fees as drafted by the committee.

Committee on Trauma

- The committee was asked to survey among the chapters and specialty societies regarding the use of a Learning Management System Platform.
- Subcommittee on ATLS: to schedule within the year an executive course intended for past presidents and BOR.
- Subcommittee on BETTER/BEST: The budget of PhP 49,740 for 5 sets for mannequins to be used for courses was approved.
- Subcommittee on Burn:
 - "Acute Burn Management: During the Pandemic and Beyond" scheduled on July 31, 2021, 1-3 pm.
 - Participation in the Asian Collaboration for Trauma Interactive Virtual Encounters: Conflicts in the Grey Zone; Topic: The Critically-Ill Trauma Patient: A Management Paradox, July 21, 2021, 6 pm, Manila time

Trauma, Injury and Burn Care Commission

- The DOH Memorandum of Agreement was submitted to the DOH.
- The Siklista TIBCC FB page has 1,412 followers, and has 290 members.
- The board approved the nominees for the TIBCC Board of Directors for 2022-2024:
- Dr. Alejandro Tan (PMA Injury Prevention)
- Dr. Richard Henry Santos (PCEM Trauma Systems)
- Dr. Rolando Gerardo Dela Cruz (PSST Hospital Care)
- Col. Dr. Marinela Cailipan (AFP Rehabilitation)
- Dr. Carlos Gundran (UPRI Disaster Risk and Reduction)

Cancer Commission

- The DOH identified PCS Cancer Commission as one of its strategic partners for the development and implementation of Multidisciplinary Tumor Board, Cancer Surgery Outcomes Review, and National Practice Guidelines.
- Ms. Mary Amiabelle Limjoco, Commissions Secretary has resigned to pursue studies in medicine. She will be replaced by Ms. Fhey Tolentino-Jalimao.
- The general MDTB manual was disseminated to the training institutions that requested them.
- The board approved the appointment of Dr. Ida T. Lim as the College's representative in the TWG on Clinical Practice Guidelines. Alternates are Drs. Cathy Co and Joy Jerusalem.

SURE Commission

- Estimated number of patients for the Mangatarem Surgical Outreach Program are: major 40; minor procedures 160 patients
- Vaccine Access Program:
 - Dr. Villaflor has discussed with Dr. Alfred Q Lasala and Dr. Leonardo Ona III the possible vaccine program of the College, with St. Luke's Medical Center as the vaccination center.
 - The form has been prepared for verification by the Ad-Hoc Committee. (Link to access the form: https://forms.gle/8cpc5Hkk4PtJxWd89)

Committee on Surgical Infections

- The SSI Bundle Infographic was approved with Johnson and Johnson as sponsor of the printing of the posters.

Committee on Conventions

- Format for the 77th Annual Clinical Congress: December 5-8, 2021 at the EDSA Shangri-la Hotel with the theme: Enveloped Ideas- Intricacies in Decision Making will be HYBRID.
 - The committee will meet with possible providers for the ACC.
 - Quotations will be requested from the platform providers and events organizers.
 - The following were approved by the Board:
 - December 5 (Sunday) Opening Ceremonies, Business meeting to start at 1 pm and 3 pm respectively.
 - December 6 and 7: whole day sessions
 - December 8 onwards: Online sessions
 - Registration: Only pre-registered delegates will be allowed to attend the face-to-face convention with strict implementation of the allowable number of persons per room at a given time.
 - On-site/walk-in registrants will not be allowed
 - The number of on-site delegates are at 600 persons.
 - Registration fees are inclusive of access to all sessions, learning symposia, online sessions,

- meals (where applicable), entry to CME and Learning Stations
- Online attendees will have access to the live sessions, and access to virtual booths.
- Fees are as follows:

Category of Delegate	Face to Face	On-Line Registrant
Fellows	Php3,500.	2,500.
Resident Member	Php1,800.	800.
Resident Trainee		
(with letter from the		
Dept. Chair)	Php2,400.	1,400.
Guest (Non-Resident,		
Non-Fellow)	Php5,000.	4,000.
Foreign Delegate	USD 250.	USD150.
Accompanying Person	Php700.	

- o Discount vouchers issued in 2019 will be honored for the 77th ACC.
- 48th Midyear Convention May 5-6, 2022; Theme: Tailored Approaches to Surgery; hosted by the PCS Central Luzon Chapter, Venue: Hilton Clark Sun Valley Resort, Clark Freeport Zone, Pampanga.

Committee on Surgical Education

- 77th Annual Clinical Congress December 5 -10, 2021; EDSA Shangri-la Hotel
 - Live broadcast from EDSA Shangri-la Hotel with online fee on December 5 (from 1pm), Dec 6 & 7, whole day
- December 8-10: online live and pre-recorded sessions
- 48th Midyear Convention May 5-6, 2022; Hilton Clark Sun Valley Resort, Clark Freeport Zone, Pampanga
 - Objectives: Explores the concept of customizing surgical management to the individual characteristics of each patient for optimal outcomes
- 78th Annual Clinical Congress December 2022; EDSA Shangri-la Hotel

Committee on Surgical Research

- The committee will present preliminary date to the Philippine Society of Anesthesia Board of Directors on July 17, 2021.
- Preliminary report on the Surgical Human Healthcare Resource Study was submitted to the World Surgical Foundation Philippines through Dr. Don Prisno.

Committee on Membership

The board thanked the committee for facilitating the induction of the new Fellows under the Simplified Application for Fellows of Specialty Societies.

Committee on Administrative Concerns

- The committee reported on the ongoing orientation of the newly-hired employees.
- The retirement plan will not be registered with the BIR due to the small number of employees.

Committee on External Affairs

- The following will be interviewed regarding Kalayaan sa Covid:
 - ABS-CBN Your daily Do's by Dr. Luisa Ticzon-Puyat
 - Dr. Ma. Luisa D. Aquino July 10, 2021
 - DZRH Kaya Mo Yan Dr. Jose Rhoel C. De Leon – Aug. 7, 2021
 - DZRH Ang Galing mo Dok Dr. Rhoderick Casis
 - UNTV Good Morning Kuya by Dr. Joseph Lee Dr. Paul Anthony Sunga
- 85th PCS Foundation Day Celebration Activities:
 - September 5: 9 am Mass at the PCS Building with livestream
 - September 5-8: PCS Foundation Ride (Nationwide Bike Activity) "Padyak PCS para sa Kalayaan sa Covid"
 - September 8: Possible golf tournament
 - September 10: Konsierto ng mga Siruhano (Prerecorded)
 - September 12: Foundation Dinner and Fellowship at EDSA Shangri-la Hotel

Philippine Journal of Surgical Specialties

- The Surgical Oncology Society of the Philippines has written the College requesting for the possibility of a special edition of the PJSS sponsored by the Society.
- This was approved by the board.
- Clarification will be made regarding their role in publication.

Committee on Patient Safety & Quality Assurance

- The results of the WHO Modified Surgical Safety Checklist will be presented during the PSGS Surgical Forum scheduled on August 5-8, 2021.
- The workshop on Quality Surgical Improvement Program is scheduled on August 28, 2021 at 9-12 noon. Topic: Process of Adverse Event Reporting
- The PhilHealth-PCS Memorandum of Agreement has been forwarded to the PhilHealth office for the signature of their CEO, Atty. Dante Gierran, CPA.

Other Matters

- The President requested the regents to inform the Executive Secretary their interest to run for Regent for 2022 as the Committee on Nominations will be meeting next month.
- There is a proposal from Union Bank regarding automated check preparation, monitoring, disbursement of payroll, etc, online. This was endorsed to the Committee on Finance for study.
- A Webinar of Health Care organized by the Philippine Society in Health Care is scheduled on July 21-23, 2021 via Zoom.

PCS Midyear Keynote Speech

Surgery: A Mission To Heal, Save and Redeem

• Hon. Hilario G. Davide Jr. •

Former Chief Justice of the Supreme Court

President Dr. Say, the other officers and Regents of the Philippine College of Surgeons; President Dr. Del Mar and the other Officers of the Cebu-Eastern Visayas Chapter of the College; President Dr. Inso of your Foundation; and you participants in this 47th Midyear Convention of the College

Good morning and welcome to Cebu City. This online convention brings you much closer to each other than in the traditional face-to-face meetings. On your screen you can even touch the faces of your colleagues. You are not covered by the health protocols re social distancing and wearing of face masks.

Forthwith, I must thank Dr. Ron Del Mar for inviting me to keynote this convention; and Dr. Salonga for his kind words of introduction. He has no choice but to do so for he was a high school classmate of my daughter Noreen. He just manifested his valor, just like that of a famous General whose surname is Dr. Salonga's first given name – McArthur. I refer to Douglas McArthur who returned to the Philippines in 1944 to save and redeem our country and our people from the cruel clutches of the Japanese Imperial forces. The massive assault of his army against the Japanese forces ended the Second World War in the Philippines. What a tragedy that today we are virtually in a Third World War declared not by the superpowers with their most advanced weapons of destruction, but by an invisible invader, an invisible foe – a virus called Covid-19. It has now killed more than three million and afflicted more than two hundred million people worldwide in just a little over one year yet. These figures, still growing, are several thousand times more than those killed or afflicted in the Second World War which lasted for five years. Staggering too are the emotional, mental, psychological, physical, social, economic, and even spiritual sufferings this invisible foe is inflicting on the people. Neurological problems may even be getting serious. How tragic indeed! Yet, what a blessing too, even if disguised. This virtual Third World War, this invisible foe, has united the ambitious warring superpowers and the lesser ones to spend trillions in different currencies to find the cures against it and the vaccines to prevent its fatal spread. This first ever instant solidarity, unity and cooperation done without a treaty are amazing.

You in the medical profession are the first in the frontlines in this Third World war, this war of wars, risking your own dear lives to save and redeem the lives

of those afflicted. You are also in the rear or backfronts of this war using your time, talents and resources in the laboratories to find the more effective medicines and vaccines against the invisible foe.

You in the medical profession are truly among the chosen people of God to be instruments of His Love, Mercy and Compassion, to be on a great mission of Service to Heal, Save and Redeem lives. It is not then a mere coincidence that you have chosen Cebu City as the venue for your 47th Midyear Convention, and chosen the theme "Classic Surgery in the Present Era", with the Cebu-Eastern Visayas Chapter as host. Cebu is the seat of Christianity in the Philippines and then we are now celebrating the 500th anniversary or the Quincentennial of Christianity in the Philippines with the theme GIFTED TO GIVE. It was to Cebu City where, on 7 April 1521, the CROSS of Jesus and the image of the Holy Child Jesus were brought by Magellan and his forces. The CROSS was erected on the spot where you have now the Magellan's Cross. The image of the Child Jesus was given as a gift to Queen Juana, wife of King Humabon, at her baptism on 14 April. This was the first baptism in the Philippines. This image is now enshrined in the Basilica Minore de Santo Niño de Cebu.

As an outsider (being just a lawyer) looking in to your profession, I asked myself: Of what significance or relevance to you in the medical profession have this Quincentennial and this Cross? And also of what relevance and significance are these to the theme of your convention? To you as instruments of God's Love, Mercy and Compassion on a mission of Service to Heal, Save and Redeem lives?

To answer my own questions, I was led to reflect on many things.

I took a good look at the emblem or symbol of the medical profession: two snakes mounted on a staff or erect pole. I do not see in it Caduceus. I see it as one patterned after the Bronze Serpent mounted on a saraph or pole that Moses made upon instruction of God during the 40-year exodus of the Israelites from Egypt to the Promised Land. The Book of Numbers (21:4-6) of the Old Testament narrates that any Israelite bitten by a snake and who would have died was saved by just looking up at the Bronze Serpent. Thus, the Bronze Serpent became the symbol of salvation or redemption for the Israelites in their journey to the Promised Land.

This is the very Bronze Serpent that Jesus Himself referred to in the Gospel according to St. John (3:14-

15) in the New Testament where He said: "And just as Moses lifted up the serpent in the desert, so must the Son of Man be lifted up, so that whoever believes in Him may have eternal life." The serpent, lifted up from the wilderness, was God's chosen way to provide physical healing. Jesus, lifted up on the Cross, was God's chosen means of saving and redeeming His people. He sent His Only Son Jesus for that (John 3:16). Last Good Friday, April 2, we commemorated the crucifixion of Jesus on a wooden Cross. That Cross of Jesus is Healing, Salvation, Redemption. It is a memorial of the greatest defeat of Satan. Thus, when we see the CROSS of Jesus, we see the Bronze Serpent of Moses. And now, we see both in the symbol/emblem of your medical profession.

As you see then, dear Filipino Surgeons, your profession is the only profession whose symbol/emblem is Biblically-rooted. That of the other professions, including my Law profession, have no Biblical connections.

Your symbol/emblem too is at the heart of the Hippocratic oath which all of you had taken. This oath surpasses all other professional oaths not only in length (for it is the longest) but more so in terms of loftiness, values, virtues, principles and norms of conduct and even spirituality. Never forget your oath.

Thus, I believe that there is a Divine intervention in your decision to hold this Midyear Convention during the Quincentennial of Christianity in the Philippines right here in Cebu City where the CROSS of Christ was erected and the image of the Holy Child of Jesus is enshrined. Your choice of the theme, "Classic Surgery in the Present Era" is equally Divinely-inspired. You -Filipino surgeons all – are here in Cebu on a pilgrimage to reconnect yourselves to the source or the model of your symbol – the Bronze Serpent – and more so its successor, the CROSS of Jesus. As to your theme, this message is quite clear: you Filipino surgeons also seek to reunite yourselves with the root of surgery – classic surgery. You can never fully appreciate the miracles of surgery and its growth in the Philippines if you deliberately forget how it started. The poet T. S. Eliot beautifully said: "We shall not cease from exploration. And the final end of all our exploring will be to arrive where we started and know the place for the first time."

Indeed, classic surgery from its early beginnings has progressed beyond all expectations. Consider, for awhile, the innovations in procedures such as video-assisted technology, specializations, sub-specializations, then sub-sub-specializations, Yet, as a lawyer, I think that classic surgery remains the genius, the core. With the challenges of the present era – specially those presented by Covid-19 – much then is to be expected from you: How would you now deal with classic surgery as the genius of modern surgery in respect to Covid positive patients who could no longer be admitted in hospitals? Or of the thousands

who cannot afford the services of surgeons. This Midyear Convention may yet provide the way forward, inspired by the theme of the Quincentennial celebration which is GIFTED TO GIVE.

Let me just add a few more thoughts. Since your symbol is inextricably linked with the CROSS of Christ, you must now be reminded of what He proclaimed when He washed the feet of His disciples at His Last Supper with them on the Thursday before His crucifixion. He proclaimed "Servant Leadership" as a way of life, a way of service. You are His "servant-leaders" in the field of medicine in your mission to Serve, Heal, Save and Redeem people. To those of you in the government service, much more yet is demanded because our Constitution makes your office as a public trust and you are at all times to serve the people with utmost responsibility, integrity, loyalty and efficiency, to act with patriotism and justice and live modest lives (Sec. 1, Article XI).

At no other time than during this Third World War, this war of wars against Covid-19 are you called upon to be authentic "servant-leaders". Truly, much, much more is demanded. The Jesus on the Cross or your symbol or emblem now reminds you of what He said in the Gospel according to Luke (12:48): "Much will be required of the person entrusted with much, and still more will be demanded of the person entrusted with more."

Your convention theme, "Classic Surgery in the Present Era", should strengthen further your resolve to face this challenge.

The classic surgery for a servant-leader surgeon means Service for Healing, Salvation and Redemption to all, but more specifically now to those affected by Covid-19. The acronym PCS of your Philippine College of Surgeons should now mean Passion for Compassionate Surgery. Yes, Passion for Compassionate Service. May you thus be surgeons with cost-effective and accessible surgical service. You are all GIFTED TO GIVE.

Hold high the symbol of your profession, for in there is the Cross of Jesus or the Bronze Serpent of Moses.

Go, you Philippine Servant-Leader Surgeons in your mission of Service to Heal, Save and Redeem Lives.

Hail to the Philippine College of Surgeons – to Passion for Compassionate` Surgery! To Passion for Compassionate Service!

I wish you all a very successful convention in the Quincentennial of Christianity in the Philippines.

God bless the Philippine College of Surgeons and the Cebu-Eastern Visayas Chapter, and all of you!

The Robes of Inductions

• Maria Concepcion C. Vesagas, MD, FPCS •

The Induction Ceremonies for Fellows held every December during the Annual Clinical Congress is pageantry in full glory. For those who have witnessed this, it starts with the entrance into the meeting hall of all the inductees. The Chairman of the Membership Committee leads the procession, with all candidates behind him. Although the college's official colors are green and yellow, the candidates enter, bedecked in their black and crimson academic robes, eager for ceremonies to start. Interestingly, the color crimson, a deeper and vibrant shade of red, denotes nobility, royalty and of late, a symbol of vigor, passion and courage.

There had been occasions in the past that Fellows were inducted into the Philippine College of Surgeons outside of the December Annual Clinical Congress. These were done for 1 or 2 who had missed the December Annual Induction due to unforeseen circumstances. The Fellow, alone or together with his significant others will come in and have his oath-taking before the Board of Regents. After the ceremony and some pictures, it is over.

On January 9, 2021, during the first Board of Regents 2021 Meeting, BOR Resolution No. 2021-01 was passed. This allowed the induction of fellows accepted through the Simplified Application for Surgical Specialty Society Members during the monthly Board of Regents meetings for the year 2021.

July 10, 2021 was a morning like no other. An invitation was extended to the Board of Regents and Membership Committee members of the PCS for the Induction Ceremonies of New Fellows. Invitees and

inductees were asked to come in coat and tie or formal dress with which everyone complied with. Short of a processional much like what happens during the annual induction, the short program started with an invocation by Regent Esperanza Lahoz, followed by a message by President Antonio S. Say. Dr. Jose Rhoel C. De Leon, chair of the Membership Committee petitioned for the fellowship of sixteen inductees admitted through the Simplified Application pathway for Surgical Specialty Society Members. The PCS President conferred the fellowship, after which all inductees were introduced virtually, with an accompanying picture for each. As in the face-to-face induction ceremonies, all Fellows present were asked to join and renew their Fellowship pledge to the PCS, together with the new Fellows. PCS Vice-President Ramon S. Inso delivered the closing remarks.

The sixteen inducted are as follows:

NAME	SPECIALTY	CHAPTER
PAMELA ANN C. AH, MD	Orthopedic Surgery	MMC
MA. CONCEPCION M. BERNAL. MD	Plastic Surgery	MMC
ANA MARIA B. BAQUIR, MD	ENT-Head and Neck Surgery	MMC
ROSEMARIE A. CASTRO, MD	Obstetrics and Gynecology	CLC
EDGAR MICHAEL T. EUFEMIO, MD	Orthopedic Surgery	MMC
EUBENICE PAZ S. GUMASING, MD	Plastic Surgery	MMC
CORNELIUS P. JOVER, MD	Orthopedic Surgery	NELC
TERENCE E. LEVERIZA, MD	Orthopedic Surgery	MMC
AIMEE CAROLINE E. LIM, MD	ENT-Head and Neck Surgery	CEVS
PAUL JULIS A. MEDINA, MD	Orthopedic Surgery	NMC
ERIC JOHN L. MORALES, MD	Orthopedic Surgery	MMC
JAQUELINE T. MUPAS - UY, MD	Ophthalmology	MMC
MONICO O. PEREZ, MD	Thoracic and Cardiovascular Surgery	CEVC
REX F. SANTOS, MD	Plastic Surgery	MMC
GLEN DENMER R. SANTOK, MD	Urology	MMC
KATE C. TORIO, MD	Ophthalmology	STC

Pictures were taken and a short chitchat followed. And one by one, all inductees and guests exited the meeting.





Applicants to the PCS never reveal why they apply for fellowship. It could be the lure of belonging to the surgical group recognized by the PRC and the PMA. Or it could be that the promise of affixing the letters "FPCS" after one's name could open opportunities to the newly minted surgeon. However, through the years that one has worked for and in the PCS, the reasons change. One cannot put a finger on why one continues to contribute to the PCS and its goals and programs. From an agenda that starts as personal, it is replaced by a desire to work for the common good for the Filipino surgeon and Philippine surgery. Others might sneer and scoff at the

PCS as being exclusive and pretentious. They, however, do not see the hard work that chairs of committees, members, officers offer freely, and most of the time, cheerfully. Camaraderie and friendships develop, and the tasks just become lighter and easier to do.

Vigor, passion and courage. The crimson robe may have been absent in the July 10 Induction Ceremonies, but I am sure that in all of the 16 Fellows newly inducted into the college, these are very much present. To the sixteen, a warm welcome to the Philippine College of Surgeons!



Philippine College of Surgeons Foundation, Inc.

Commit to donate and help ensure the improvement and delivery of quality surgical health care to the Filipino patient. Proceeds will be used to sustain the operations of the following PCS programs:

- Surgery for Unvisited Region for Education (S.U.R.E.)
- ➤ PCS Chapter & Specialty Societies Research & CSE activities
- > Relevant surgical education activities
 - Advanced Trauma Life Support (ATLS) courses
- ➤ Development of Evidence-Based Clinical Practice Guidelines
- Patient Safety and Quality Assurance Advocacy
- Membership and Continuing Professional Development
- Disaster Preparedness

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COVID-19 VACCINES: Long and Winding Road to Population Protection

• Marcus Jose B. Brillantes, MD, FPCS, FPSGS •



The COVID pandemic has sickened 210 million and killed 4.4 million people worldwide since the outbreak emerged in December 2019. With the global pestilence still showing no signs of abating, governments around the world have placed their hopes in the vaccines. At least 4.72 billion doses have been administered globally, and 36.36 million doses are now administered daily. 31.4% of the world population has received at least one dose of a COVID-19 vaccine, and 23.6% is fully vaccinated.

Nevertheless, while the majority of third world countries have also started their vaccination programs, inoculation is still largely a privilege of the industrialized countries having administered 47% of vaccine doses thus far. By contrast, low-income countries account for just 1.3% percent of vaccinations to date.

In the Philippines, there have been 1,791,003 COVID cases with 30,881 deaths. Five months into the vaccine rollout, 39,861410 doses have so far been deployed with 13,049,907 Filipinos completing their vaccinations making that roughly about 12.40% of the country's population receiving the complete dose. 16,940,783 citizens meanwhile have received their first dose.



Health workers are briefed before conducting COVID=19 swab tests on public transportation drivers at a slum area in Manila. The Philippines is one of the Southeast Asian countries hit hardest by the pandemic. (Ezra Acayan/Getty Images)

The COVID vaccination campaign forges steadily along a winding path toward population protection. For the past four months, we have witnessed triumphant strides and occasional missteps around the globe in the race to grab hold and take control of the pandemic.

A SWS survey conducted in the Philippines from April 28 to May 2 in face-to-face interviews of 1,200 individuals nationwide found that only 32% of adult Filipinos were willing to receive the vaccine if they had a "chance to be given a free vaccine that can prevent COVID-19 that has been approved by the FDA." Almost as many adult Filipinos (33%) said they would not get the vaccine while 35% remained uncertain.

Toward the end of April, after successfully containing the coronavirus for much of the pandemic, Vietnam faced a more stubborn outbreak when it first detected the Delta variant prompting calls for the government to accelerate its vaccination program. The country had been a model of virus containment until late that month when a spike in infections began.

At the start of summer in the U.S., regulators have approved the re-start of the Johnson & Johnson vaccines temporarily halted over blood clot formation concerns. In Europe, Belgium authorized the J&J vaccinations for all adults, having already received a total of 1.4 million doses between April and June. The European Union as a whole said it would have enough vaccines to immunize 70% of its adult population by the end of July.

Around that period in May, the European Union announced it has launched legal action against AstraZeneca over alleged breach of contract concerning delivery of its coronavirus vaccine. AstraZeneca had committed to supplying 180 million doses to the EU in the second quarter of this year but has faced multiple delays to shipments.

With 60% of its population fully vaccinated by May, it was also reported then that Israel may have already reached herd immunity if those who have contracted and recovered from COVID-19 are included in its protected group. With that development, the benefits seemed immense. Though there have been reports of the B.1.617 - or the SARS-CoV-2 Delta variant - in Israel, the country reported some vaccine efficacy against it. A study in the New England Journal of Medicine showed that two doses of the Pfizer vaccine - in this nationwide, mass vaccination drive - had reduced cases by 94%.

Last May 10, 2021, the FDA approved Pfizer and BioNTech's request to allow their COVID-19 vaccine to be given to pre-adolescent and adolescent youths ages 12 to 15 on an emergency use basis. Within that week, it was also noted that Sinovac Biotech Ltd.'s vaccine was successfully wiping out infections among health workers in Indonesia, an encouraging sign for the dozens of developing countries reliant on the Chinese-developed vaccines, which performed less effectively than western vaccines in clinical trials.

Meanwhile, the COVID Resilience Ranking which uses a wide range of data to capture where the pandemic is being handled most efficiently, started its periodic publication. On May 25, 2021, the Philippines was ranked 43rd in COVID resistance.

In recent months, less developed nations such as Brazil and India have contributed to a growing share of coronavirus deaths, as outbreaks in both countries ran rampant through unvaccinated populations.

Throughout June, the Philippine government encouraged the eligible population belonging to priority groups A1 to A3 to register, get vaccinated and



A boy holds a while flag which his family hung to ask for help during Malaysia's lockdown. (Reuters: Lim Huch Teng)

complete the required number of doses as scheduled. The vaccinated population were also urged to continue practicing the minimum public health standards as this subgroup may still get infected with COVID-19 and infect others.

England's coronavirus infections have quadrupled since early June according to a new study by the Imperial College London, as the Delta variant gained additional foothold among the mostly unvaccinated populations.

Concurrent with the above development, the WHO designated the Lambda variant as a variant of interest on June 14 which was said to be more contagious and resistant to the vaccines. It was reported that the larger the number of the population getting infected with COVID, the greater the incidence of viral mutation. This situation was said to increase transmission risk, suspiciously decrease the efficacy of the vaccines, and making it more difficult to control the pandemic. The Lambda variant – known to scientists as C.37 – was first identified in Peru and had been detected in samples dating back to December 2020. Since then, it has become the dominant variant in South America where it accounts for more than 80% of new infections. It has been detected in 29 countries then.

On June 19, the Delta variant accounted for just over 30% of new cases in the United States. But in a matter of only two weeks, on July 3, it crossed the 50% threshold to become the dominant variant in that country.

At a blistering pace, numerous developments took place in the month of July around the globe pertinent to the pandemic. In the first week of July, the



People wearing face mask to help curb the spread of the coronavirus ride a subway car in Moscow. ($Photo \mid AP$)



Spaniards in Pamplona this month mark the traditional start date for the San Fermin festival, famed for its running of the bulls' event and cancelled for the second year amid the coronavirus pandemic. (@Susana Vera/Reuters)

Department of Health USEC Maria Rosario Vergeire said that the second dose of several COVID-19 vaccines may be administered as late as 6 months after the initial jab.

During that time frame of July, Indonesia and Malaysia saw record number of cases and deaths with the arrival of the Delta and the Delta-plus variants in their respective countries. With the alarming spike of COVID cases, partial lockdowns were ordered in Java and Bali to contain the highly infectious variant. In KL, total lockdowns in poverty stricken areas were seeing white flags (#benderaputih) being hoisted outside homes of barb-wired communities in KL as citizens appealed for food and other necessities. Based on the data gathered last June, the Pfizer vaccine appeared to be less effective against the Delta variant though it remains highly effective at preventing severe disease and hospitalization.

Malaysia reported more than 57,000 new cases from July 4 to July 11. Indonesia, which has logged more than 243,000 new cases over that same week, was struggling with a shortage of oxygen supplies amid a surge in their country. The White House press secretary announced that the Biden administration was dispatching 3 million vaccine doses to Indonesia and would also otherwise increase aid. At the opposite side of the globe on July 7, in accordance to the World Health Organization (WHO) and data compiled by Johns Hopkins University, the pandemic's official global death toll surpassed the 4 million mark, a figure authorities said was likely an underestimate.

Certain COVID vaccines have been linked to dangerous but highly rare blood clots. A study published also on July 7 described details how these clots form. Researchers focused on the vaccines developed by Johnson & Johnson and AstraZeneca.



WITH Japan reporting more than 20,000 Covid-19 cases last week, health authorities said its first case of the Lambda variant was associated with the recently ended Tokyo Olympics. (AFP file pic)

It was revealed that the vaccine-induced antibodies attach to a protein called platelet factor 4 (PF4) which causes clot formation. However public health officials continue to say that the vaccines' benefits against COVID-19 far outweigh the risks of the rare clotting condition.

The next day it was announced that the COVID vaccines have so far saved an estimated 300,000 lives and prevented over a million hospitalizations in the US alone, according to research from Yale University and the Commonwealth Fund.

On July 11, Russia reported over 25,000 new COVID infections for the third day in a row, with the daily death toll continuing to hover at over 700. Many of the cases revealed the predominance of the Delta variant. Also during that week, the United States announced it was sending 3 million doses of Moderna's vaccine to Indonesia with another 1 million doses to follow. In Vietnam, it was likewise reported that 2 million doses of the COVID vaccine arrived as the country was struggling to curtail another outbreak. South African authorities extended the evening curfew and ordered a ban on alcohol sales for another two weeks. It has logged more infections than any other country on the continent with only about 3% of the population fully inoculated.

Pharmaceutical giant Pfizer announced on the second week of July that it had seen waning immunity from its coronavirus vaccine. Although efficacy in preventing serious illness remains high, Pfizer did not detail the evidence. It said a third dose may be necessary in six to twelve months after full vaccination. The company said it would publish "more definitive data soon" and in August would seek emergency use authorization from the US Food and Drug Administration for a booster dose. However,

shortly after Pfizer made its public announcement, the FDA and the CDC issued a joint statement indicating that people who are fully vaccinated do not need booster shots yet.

Also during that week of July, the WHO officials issued stern warnings to nations planning to relax coronavirus restrictions as global deaths from the virus topped 4 million and the more virulent Delta variant was now spotted in more than 100 countries, including those with high vaccination rates.

In mid-July, Japan declared a state of emergency in Tokyo that was to run throughout the Olympics with emphasis on banning all spectators to the Games to combat rising infections in the capital and to stave off the spread of the contagious Delta variant.

Health authorities in Australia's New South Wales on July 18 noted the state's largest daily increase in local coronavirus cases this year. The Delta variant has driven a surge of cases in the state capital of Sydney causing authorities to order a lockdown until August. For the rest of the country, about 60% of the population of 25 million was now under lockdown.

For the European continent, in the Catalonia region of Spain, authorities in some areas reimposed restrictions on nightlife amid a surge in infections among younger people who have yet to be vaccinated. A French minister advised residents to refrain from travelling to Spain and Portugal, where the Delta variant is prevalent. Meanwhile, in England, where despite at least 95% of new cases are due to the Delta variant, Prime Minister Johnson announced plans to relax nearly all coronavirus-related restrictions later for the month of July.

The number of coronavirus cases in Southeast Asia has been relatively low until this year. But many countries in the region at this period were now facing the highly contagious Delta variant with low vaccination rates: Only about 5% of people in Thailand and Indonesia are fully vaccinated. Thailand has recorded more than 345,000 coronavirus cases and 2,791 deaths that the Southeast Asian kingdom announced the previous week new curbs in Bangkok and nine provinces in an attempt to slow transmission of the virus. The tightened rules included travel restrictions, a curfew and limits on the size of gatherings.

Vietnam also moved to limit gatherings in the month of July. In major metropolises like Ho Chi Minh City and Hanoi, people are allowed to leave their homes only for pertinent purposes, including the purchase of food and medicine. On July 12th, the government began restricting movement in the city of Can Tho for 14 days. A third of the 30,000-plus cases Vietnam has logged since the start of the pandemic came over the at the start of July.

France and Greece have both announced in mid-July on plans to mandate coronavirus vaccinations for health-care workers as the more virulent Delta variant gained ground across Europe. In Athens, Prime Minister Kyriakos Mitsotakis also announced that healthcare workers must be immunized starting September 1, and that nursing staff will be required to begin receiving vaccinations immediately.

French Health Minister Olivier Véran announced on July 12 that health workers in France would also be suspended without pay if they are not fully vaccinated by September 15. The Delta variant accounted for more than half of new infections in the country, the minister announced.

On July 13, the World Health Organization Chief Tedros Adhanom Ghebreyesus criticized wealthier countries for bearing plans for booster inoculations at a time when most of the developing world remains unvaccinated.

After a rapid vaccination rollout that had driven down coronavirus infections and deaths, Israelis relaxed protocols, had stopped wearing face masks and abandoned all social-distancing rules. Then came the more infectious Delta and the Delta plus variants were detected in the first week of July resulting in a rocketing of cases that forced the Israeli government on July 13 to reimpose some COVID-19 restrictions and rethink strategy.

Japan sent a third shipment of AZ doses to Taiwan on July 15. China is said to have delayed or hampered the delivery of its manufactured vaccines. China said it has administered over 1.39 billion vaccine doses, even as countries using Chinese-developed shots increasingly eye Western-made messenger RNA vaccines as boosters.

It was also reported by mid-July that more than 45% of adults in Greece were also fully immunized. Athens began vaccinating adolescents between the ages of 15 and 17 on the third week of July.

The amount of vaccination misinformation by social media persisted and has persuaded a sizeable segment of people that the vaccines were unsafe. Antivaxxers claim that the COVID vaccine development was fast-tracked or that it hasn't undergone sufficient

research despite the fact that the COVID vaccine was assessed for safety in tens of thousands to millions of patients - far greater than other extensively prescribed drugs such as Sildenafil (Viagra). Numerous numbers of the anti-vaxxers, refusing to be part of this "experimental" vaccine, ended up requiring hospital admissions, deeply regretting their decision. Ironically, a number of therapies that hospitals have used to treat COVID - like dexamethsone, remdesivir, hydroxychloroquine, and monoclonal antibodies such as tocilizumab - have much less data backup compared to the COVID vaccines.

On July 16, the Philippines confirmed its first death and locally transmitted cases of the Delta variant. Of the 16 new COVID-19 cases found to have contracted the Delta variant, 11 were tagged as locally acquired. On that day also, the EU's disease agency said it was predicting a sharp increase in coronavirus cases, with nearly five times as many new infections by August 1. The expected rise in cases was again being linked to the Delta variant.

India reported on July 21 its highest death toll in a month at nearly 4,000. Maharashtra, home to the financial capital of Mumbai, has reported 130,753 of the country's 418,480 coronavirus deaths, and added 3,509 earlier deaths to its tally, the federal health ministry announced. The ministry did not give a reason but authorities have in the past attributed other instances of deaths going unreported to administrative errors, before the mistakes are discovered and the numbers appear in official data.

The following day on July 22, President Duterte approved the IATF recommendation to place Metro Manila, Ilocos Norte, Ilocos Sur, Davao de Oro, Davao del Norte under GCQ with heightened restrictions from July 23 to July 31 with lengthened curfew hours from 10:00PM - 4:00AM amid the Delta variant threat.

Israel's prime minister on July 29 announced that the country would offer a coronavirus booster to people over 60 who have already been vaccinated. The announcement by Naftali Bennett made Israel, which launched one of the world's most successful vaccination drives earlier this year, the first country to offer a third dose of a Western vaccine to its citizens on a wide scale.

The following week it was reported that 86% of COVID-19 patients at the Philippine General Hospital

were unvaccinated, its spokesperson announced on August 4 as the hospital's occupancy for COVID-19 beds neared 70%.

The month of August ushered in blistering developments at a dizzying speed. The Delta-driven spike in COVID infections by early August forced the Philippine government to once again place the capital region under ECQ from August 6-20.

On August 10, the WHO announced that a second dose of Moderna or Pfizer can be given after an initial dose of AZ had been administered in areas where the COVID vaccines supplies are limited.

After months of revelry as one of the fastest and most vaccinated nations in the world and supposedly the first to acquire that elusive "herd immunity", the data that started to come from Israel on August 14 was disturbing. The Israeli Ministry of Health had to twice revise and downgrade the long-term efficacy of the vaccines - from the published 94% protection from asymptomatic infections against the then-dominant Alpha variant, to as low as 64% against the now-dominant Delta variant.

It was reported on August 15 that the first Lambda variant case had been detected in the Philippines. Japan likewise announced it also recorded this variant in a woman associated with the recently concluded Tokyo Olympics. Though the hosting of the Games was opposed by over 60% of the Japanese public, it pushed through as planned after a year's delay. The Lambda has been declared as a variant of concern by the WHO two months earlier.

In Washington on August 18, Federal health officials announced that vaccinated Americans will need to get booster shots eight months after receiving their second dose of a COVID-19 vaccine to maximize its protection against the virus and extend its durability. When millions of others have yet to receive their first dose, vaccine equity will be an issue. The booster program will start on September 20, public health and medical experts said. On the other hand, Malacañang said the following day on August 19 that they will be waiting for the recommendation of the Vaccine Expert Panel (VEP) on whether such booster shots are necessary for Sinovac recipients, who were fully vaccinated last April 2021.

There's one lesson still to be learned these past few months from the COVID pandemic: It's far from over. The summer season did bring out multifold surprises. But we are now about to enter a bitter cold winter.

Variants, Vaccines And Vigilance: Our COVID-19 Pandemic Response

• Teodoro Javier Herbosa MD, FPCS • Special Adviser to the National Tasks Force against COVID-19

In late March of 2020 as I had been posting my thoughts on social media about the COVID-19 Pandemic, I got a call from Sec. Carlito Galvez Jr. I didnt know who he was yet he asked me many questions about the Pandemic. Our one hour discussion mainly centered my on background in Disaster Medicine and Health Systems. I didnt realize it was a job interview for probably one of the most important tasks I had ever undertaken. I thought being Undersecretary of Health and addressing the international coordination for the health response in Typhoon Haiyan in 2013 was the height of my Disaster Medicine career. Little did I know that this Pandemic was going to be bigger! A few minutes after Sec. Galvez and I discused plans, I received another call from a certain Lt. Col Francel Taborlupa, Head Executive Assistant of Sec Galvez, asking me to report by Monday to the National Incident Command Center at Camp Aguinaldo. This began the COVID-19 Pandemic Response Saga.

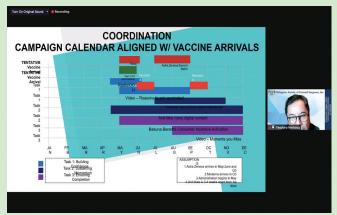
The Initial Operational Response to COVID-19 was not easy. We saw how the fragmentation of the Health system became a disadvantage to quick response to the pandemic at the local, regional and national levels. This too was recognized by the chief implementer of the National Action Plan Sec. Charlie Galvez.

Many had commented why there were so many exgenerals in the pandemc response. My quick answer to that is that clinicians aren't trained for disaster response. The clinical mind solves problems at the clinical setting but disaster response involves thinking outside of their comfort zones. In fact, Task Forces we use in disasters

and epidemics like the IATF EID were not designed by clinicians but by military operations. A Task Force means combining different arms of the military for a sign mission or task, thus the term "Task Force". Another is the operational logistics and supply chain management necessary to mount a pandemic response which was just tremendous and it is actually the military that knows how to mobilize soldiers, supplies and services from one area to another. So in the end, I pity those who comment that we need more clinicians and public health people to lead the response. I disagree. The clinicians and the scientists can advise using hard science but the decisions to make operational such responses depend on those who understand an Incident Command System, and Logistics and supply chain mananagement system.

When I was a student of Disaster Medicine abroad decades ago, we learned a term called "Complex Emergency". WHO defines it as: " a major humanitarian crisis that is often the result of a combination of political instability, conflict and violence, social inequities and underlying poverty." Our professors used it for war and civil strife. However, I learned this past year that we had been handling a complex emergency because, we had political instability by the criticism of the political oppositions to all actions of the government. The Communist terrorist groups continued to agitate and kill soldiers who were implementing its pandemic response and civil operations. The social inequities were heightened as the rich binged on Netflix while the poor were fired from their jobs and worried about where to get the next meal! The underlying poverty







of 20% of the Philippine population was also put to fore by the difficulties as the government imposed very strict lockdowns, suspended schools and restricted people mobility. Indeed, the COVID-19 pandemic in the Philippines was exceedingly complex as it unfolded and continues to be so to this day.

In a crisis or a disaster, we defer to the 4 C's: Communications, Coordination, Cooperation and Collaboration. Crisis and Risk Communications are the backbone of any pandemic response. In my training, my professors from the US CDC taught us the dictum "In epidemics, the rumors spread faster than the microbes!" In this pandemic, in the era of social media, fake news spread faster than the virus! Good risk communication is the key to this pandemic and the uncertainties of this event. Coordination is all about creating the IATF and the Task Forces at the national regional and local levels. Such organizational structure make sure that there is coordination among the different government agencies that are asked to respond to this pandemic. The use of the National Incident Command System is critical in making sure coordination happens. Cooperation is another element needed for people at all levels to succeed in this fight. Lastly, collaboration with the private sector is vital in making sure all gaps are covered in the fight against this pandemic.

As I write this, the Delta variant is raging all over the world. Many countries are reinstituting mask mandates and mobility restrictions to fight the rapid spread of this variant that is 4 times more infectious than previous variants.

Lockdowns will delay transmission, to buy the society time to surge its capacity as many cases appear amid an overwhelmed health system. This is the Hammer and Dance theory published by Pueyo and adapted by many countries. It is clear to me that a robust health system would not require a lockdown of the community

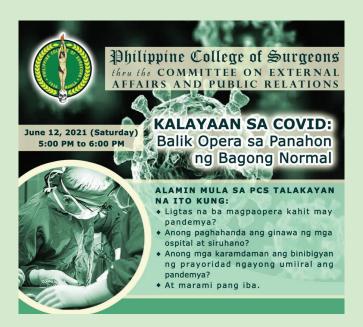


but just a surge in its healthcare capacity. Weaker health systems would crumble as its ERs are deluged by cases. The Philippine health system is not as robust and we needed to implement several types of community quarantine to catch up with the spread of the virus and now its variants.

So we decided that vaccination was our answer to protect the population and our fragile Philippine health system. Because of the global demand and lack of vaccine supplies, our governemnt implemented a strategy that is now showing its fruits. We decided early on to approach the problem of vaccines supply with a portfolio approach. We decided to get vaccines from 7 manufacturers and brands. Ordering about 20-40 million doses per manufacturer. Many of the manufacturers had quotas for countries. Other countries decided to get only 1-2 brands so they had economies of scale. However when the production of those vaccines stalled, they had to wait to continue vaccinating. Out portfolio approach helped us get steady supplies even how little and proceed and start our vaccination program by March 1, 2021. We now get vaccines from China, UK AstraZeneca, US Pfizer, US Janssen, Russian Gamaleya, US Moderna, Indian Novovax. Today, we have a steady supply of 12-15 million doses per month and increasing for the next two quarters.

The vaccination program went ahead with a very slow start in March 2021 but picked up by late May and sped up in June and July. We are now exceeding 600,000 injections daily or 2 million doses a week or 8-10 million per month!.

We now have a race as we impose the Enhanced Community Quarantine and continue to vaccinate all our high risk populations to decrease morbidity and mortality. Our hope is to vaccinate 70 million adult Filipinos by the end of November and achieve population protection.





PCS Webinar Opening the Hospitals to Elective Surgeries During the Pandemic

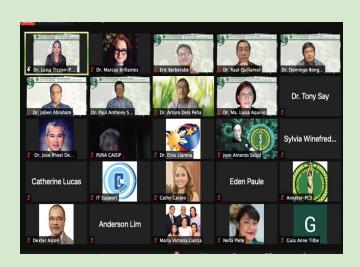
• Paul Anthony L. Sunga, MD, FPCS •

The Philippine College of Surgeons (PCS) National recently held a webinar entitled "Kalayaan sa Covid: Balik Opera sa Panahon ng Bagong Normal" coinciding with the Independence Day celebration last June 12, 2021 at 5pm. This was through the PCS External Affairs Committee led by its regent-in-charge Dr. Ma Luisa Aquino and the Committee Chairman Dr. Elvis Llanera.

This was a webinar dedicated to the public to disseminate the information that it is now safe to perform elective surgeries especially urgent cases like malignancies, transplantation and obstructive conditions of the gastrointestinal and genitourinary tracts. The invited resource speakers represented the hospital administration from the private and public hospitals led by Drs. Arturo dela Peña and Dr. Eric Berberabe, respectively. The different specialties were also represented by Dr. Raul Quillamor (OB-Gynecology), Dr. Jose Benito Abraham (Kidney Transplantation) and Dr. Domingo Bongala, Jr (General Surgery). The webinar was hosted and moderated by physician-Radio-TV host Dr. Luisa Ticzon-Puyat and Dr. Paul Anthony L. Sunga from PCS.

This was highlighted with an open forum wherein the queries and questions both from the public and

surgeon participants were answered by our panelists clearing the air and clarifying issues surrounding the state of surgeries in hospitals especially in Metro Manila during this pandemic time. The participants were assured that the hospitals are in fact the safest places during the pandemic since all health protocols are strictly observed and infrastructure modifications are implemented to make the hospital the safest place during this pandemic. Congratulations to the PCS for a successful webinar!



Acute Burn Management Webinar Held

• Gene Gerald Tiongco, MD, , FPAPRAS, FPCS •

The Philippine College of Surgeons through the Committee on Trauma Sub- Committee on Burns hosted a Webinar last July 31, 2021 entitled: Acute Burn Management During the Pandemic and Beyond.

The Webinar discussed the different aspects of the current Burn Management as well as an updated discussion of the present state of Burn Care in the Philippines.

On hand to join the webinar was president, Dr. Antonio S. Say who graciously delivered his heartfelt message to the speakers and participants. Dr. Jorge M. Concepcion, Chair of the PCS Committee on Trauma welcomed the participants of the webinar.

To lend their expertise on Burn Management and Care were the distinguished speakers and their respective topics:

Alexandra Tan – Gayos, MD, FPAPRAS, FPCS Consultant, Rizal Medical Center "Epidemiology of Burn Admissions in a Tertiary Hospital Burn Center"

Gerald Marion Abesamis, MD, FPAPRAS Consultant, UP-PGH ATR Burn Center "Initial Assessment, Resuscitation and Management of Acutely Burned Patients"

Maria Adela Nable – Aguilera, MD, FPAPRAS, FPCS Consultant, UP-PGH ATR Burn Center "Basics in Burn Wound Management"

The webinar was moderated by the Co-Chair of the Committee on Trauma Sub- Committee

on Burns, Dr. Gene Gerald Tiongco. PCS Regent and Chair of the Committee on Trauma Sub-Committee on Burns Dr. Glenn Angelo Genuino gave the closing remarks, highlighting the webinar's significance.

The event which was attended by more than 400 online participants demonstrated the importance of Burn Wound Management and its significance to the present state of Burn Care in the Philippines. The high number of participants has further encouraged the Committee on Trauma Sub-Committee on Burns to provide and come up with more webinars and symposia regarding Burn Care and Management in the future.



Model of Workmen

• Vietrez David Abella, MD, FPCS, FPSGS •



The Author

"When God wishes to raise a soul to greater heights, he unites it to St. Joseph by giving it a strong love for the saint." – St. Peter Julian Eymard

Let's take a cue from the model of workers. When we lack earthly figures to look to as mentors, who better to emulate than Saint Joseph?

But who is Saint Joseph? Apart from being the "Foster father of Jesus," most of us do not know anything about him. In modern homes, he may make a cameo in our Christmas belen, then is put back in storage for 11 months (shorter if we follow the Pinoy tradition of putting up the creche starting on the brrr months). In the Scripture, there is no Saint Joseph quotable quote. Not one word. He is mentioned in only two of the four Gospels (Matthew and Luke), and there is nothing about him in Saint Paul's extensive letters.

Matthew starts off with the genealogy of Jesus the Messiah, emphasizing that Joseph comes from the line of David. And there is only one description of him in the Gospels, translated variously as one of the following: "righteous" (in 24 out of 46 translations cited in the Bible Hub (biblehub.com), including the New Revised Standard Version [NRSV]), "just," (in 14, including the King James version)," "faithful to the law" (New International Version), "good" (Contemporary English), "always did what was right" (Good News), "honorable" (God's Word), "perfect" (Coverdale and Tyndale Bibles), "pious" (Lamsa), "good natur'd" (Mace New Testament), "kind-hearted" (Weymouth NT). The Amplified Bible is the only one that combined "just and righteous."

This virtue is cited in connection to the following: "Now the birth of Jesus the Messiah took place in this way. When his mother Mary had been engaged to Joseph, but before they lived together, she was found to be with child from the Holy Spirit. Her husband Joseph, being a righteous man and unwilling to expose her to public disgrace, planned to dismiss her quietly" (Matthew 1:18-19, NRSV).

Righteous and just indeed! But what struck me after that passage was how he can still sleep and dream! "But just when he had resolved to do this, an angel of the Lord appeared to him in a dream (Matthew 1:20)." Rather than having fitful nights thinking about his problem, remarkably, he was able to sleep, and even dream! Dreaming implies that he was able to attain REM (Rapid Eye Motion) sleep, or that deep sleep that happens

around 90 minutes after falling asleep. REM sleep cycles with non-REM sleep, and it is during REM sleep that we get intense dreams (see https:///www.webmd.com – Stages of Sleep: REM and Non-REM Sleep Cycles). Joseph Most Just, Pray for Us.

The dream must have been so intense that he heard the angel clearly: "Joseph, son of David, do not be afraid to take Mary as your wife, for the child conceived in her is from the Holy Spirit. She will bear a son, and you are to name him Jesus, for he will save his people from their sins (Matthew 1:20-21)."

What Joseph did afterwards illustrates how he is a man of faith and a man of action. "When Joseph awoke from his sleep, he did as the angel of the Lord commanded him; he took her as his wife, but had no marital relations with her until she had borne a son, and he named him Jesus (Matthew 1:24-25)." A man of faith, for he believed unquestioningly that what had been revealed to him in a dream was indeed a message from God. He did not ask for signs nor consult anyone else, but made a life-changing decision, one that will impact generations and the whole of humanity for all the time to come. And more importantly, he ACTED on it. Too many times we may be paralyzed from replaying and thinking through various courses of actions that may be open to us. We must be attuned and in sync with God, through deep prayer, to attain this deep state of faith, that ultimately manifests as action. Joseph Most Chaste, Pray for Us.

Joseph is also consistent. After the birth of Jesus and the visit of the wise men, "an angel of the Lord appeared to Joseph in a dream and said, "Get up, take the child and his mother, and flee to Egypt, and remain there until I tell you; for Herod is about to search for the child, to destroy him. (Matthew 2:13)."

What does Joseph do? He doesn't get a second opinion, verify with other sources, or dallies with preparations. Rather, "Joseph got up, took the child and his mother by night, and went to Egypt, and remained there until the death of Herod (Matthew 2:14)." Recognizing the urgency of the command, Joseph was at the ready for an arduous journey with his young family. Joseph Most Prudent, Pray for Us.

Take note that it is a 40-kilometer journey from Bethlehem to the border of Egypt; more if the Holy Family traveled further into Egypt. Popular illustrations of the flight to Egypt show Mary atop a donkey, carrying the swaddled Jesus in her arms, while Joseph led the donkey on foot. In the book "Consecration to St. Joseph: Wonders of Our Spiritual Father," Donald H. Calloway describes this trip - "The terrain is rough, the heat intense, and the dangers many." Scary, considering Mary was post-partum and Jesus but a few days old, but Joseph was up to the challenge. Joseph Most Courageous, Pray for Us.

The last recorded walk of Joseph in the Gospel of Matthew was the return trip to Israel: "When Herod died, an angel of the Lord suddenly appeared in a dream to Joseph in Egypt and said, "Get up, take the child and his mother, and go to the land of Israel, for those who were seeking the child's life are dead (Matthew 2:19)."" Without hesitation, "Joseph got up, took the child and his mother, and went to the land of Israel (Matthew 2:20)." How many of us complain first before following? Ask for explanations and rationales to convince ourselves to do what is being asked of us, even by persons of authority in our lives? Joseph Most Obedient, Pray for Us.

Although the period of the Holy Family's stay in Egypt is not mentioned, Pope Francis, in the encyclical "Patris Corde" explains, "They certainly needed to find a home and employment. It does not take much imagination to fill in those details. The Holy Family had concrete problems like every other family, like so many of our migrant brothers and sisters who, today too, risk their lives to escape misfortune and hunger." We invoke

St. Joseph as the Patron of Overseas Workers, as Pope Francis continues: "In this regard, I consider Saint Joseph the special patron of all those forced to leave their native lands because of war, hatred, persecution and poverty."

The said encyclical, A Father's Heart, highlights Saint Joseph's virtues as a father. But is devotes several paragraphs to him as "A working father." "An aspect of Joseph that has been emphasized from the time of the first social encyclical, Pope Leo XIII's Rerum Novarum, is his relation to work. Saint Joseph was a carpenter who earned an honest living to provide for his family. From him, Jesus learned the value the dignity and the joy of what it means to eat bread that is the fruit of one's labor." Joseph Most Faithful, Pray for Us. We can reference Matthew 13:55 that indicates Jesus was called "the carpenter's son." The original Greek text is "tekton," which is "a common term for an artisan/ craftsman, in particular a carpenter, woodworker, or builder. The term is frequently contrasted with an ironworker, or smith, and the stoneworker, or mason (Wikipedia)." Thus, surgeons can relate to St. Joseph, as much of our active work involves our hands. Surgery is cutting, piercing, puncturing, poking; stitching, stapling, tying. Let us turn to Saint Joseph, the Model of Workers.

Let us pray. God, in your infinite wisdom and love you chose Joseph to be the husband of Mary, the mother of your Son. May we have the help of his prayers in heaven and enjoy his protection on earth. We ask this through Christ our Lord. Amen.

Litany of St. Joseph

In the Year of St. Joseph, December 8, 2020 to December 8, 2021

Lord, have mercy	R/. Lord, have mercy.
Christ, have mercy	R/. Christ, have mercy.
Lord, have mercy	R/. Lord, have mercy.
God our Father in heaven	R/. Have mercy on us.
God the Son, Redeemer of the world	R/. Have mercy on us.
God the Holy Spirit	R/. Have mercy on us.
Holy Trinity, one God	R/. Have mercy on u
Holy Mary	
	R/. Pray for us.
Saint Joseph	R/. Pray for us.
Noble son of the House of David	R/. Pray for us.
Light of patriarchs	R/. Pray for us.
Husband of the Mother of God	R/. Pray for us.
Guardian of the Virgin	R/. Pray for us.
Foster father of the Son of God	R/. Pray for us.
Faithful guardian of Christ	R/. Pray for us.
Head of the holy family	R/. Pray for us.
Joseph, chaste and just	R/. Pray for us.
Joseph, prudent and brave	R/. Pray for us.
Joseph, obedient and loyal	R/. Pray for us.
Pattern of patience	R/. Pray for us.
Lover of poverty	R/. Pray for us.
Model of workers	R/. Pray for us.
Example to parents	R/. Pray for us.
Guardian of virgins	R/. Pray for us.
Pillar of family life	R/. Pray for us.
Comfort of the troubled	R/. Pray for us.
Hope of the sick	R/. Pray for us.
Patron of the dying	R/. Pray for us.
Terror of evil spirits	R/. Pray for us.
Protector of the Church	R/. Pray for us.
Lamb of God, you take away the sins of the world	R/. Spare us O Lord.
Lamb of God, you take away the sins of the world	R/. Hear us O Lord.
Lamb of God, you take away the sins of the world	R/. Have mercy on u

Lessons from COVID 19

• Tamarah P. Cristobal, MD, DPBS •



"This experience made me realize and appreciate the extent of what my mind can endure and the power that hope can bring to a grieving heart. I refused to be a statistic is what I always said during my confinement and scared as I am, I vowed to do everything to make sure that I will get out alive and survive this whole ordeal and treat it not as a lesson to feel that my profession's risks is not worth it, but as a lesson to serve as an instrument of optimism and courage to those who feel beaten down by this virus. To make sure that once I am fully recovered and go back to the hospital, I will try to lead by example and not just by my opinion. And if there is one thing that should be contagious, it should be empathy and appreciation towards the people around you. To remain grateful to those people who choose to remain kind and positive in a very chaotic and toxic time. To remain steadfast and believe that you are stronger than you give yourself credit for and that you are powerful in your own way. "This was one of the last few paragraphs of my article last issue which tackled my entire family's battle with COVID-19 including my personal experience of having severe COVID as well. I was so sure that when I wrote that, the road to recovery is nothing short of a feat because I have been through the worse part. And I could not be more mistaken.

To say that my experience left a dramatic change in me is an understatement. Recovering was not as easy as I thought it would be nor was it easy as it seems and during the first few weeks, I would wake up in the middle of the night to someone crying and shouting only to realize that the one having the nightmares was me. I was freed from the four corners of my hospital room but I was still a prisoner of this virus even in the comfort of my own home. I was on my way to having a full recovery but what the body forgets, the mind always remember.

I used to say that during my two weeks inside the hospital I never had enough sleep because all I did was to breathe in and out heavily 24/7 and one of my goals when I get better, was to sleep all day and drift into a peaceful slumber. But that seemed to be a farfetched fantasy for my dreams were nothing short of a nightmare and it always involves me either being inside the hospital again with all the contraptions or me being showed a positive RT PCR result once again. For a month, I had to deal with the constant fear of getting sick and ending up inside the COVID ward once again. I questioned myself if I can return back to work with the mental torture that this virus left me with and it gave me a bit of a scare to realize that it could have drained the very last morsel of bravery that I had within me.

I have never been the one to shy away from a difficult task and challenging myself to dothe things that seem impossible has always been the driving force of my existence. To realize that I may be physically well but my mind is not mentally ready sent me into a pit of frustration and depression. The things that I vowed to do when I get back on my feet seemed like a distant wishful memory and I could not care any less. I planned to read a lot of books and play a lot of video games to my heart's content, but up to now, a lot of my books are yet to be opened and a lot of adventures are yet to be explored in my PS4. What I wanted was to just be safe inside my room and lie on my bed and wait until the pandemic is over. It was like my mind and my body was deliberately not cooperating with the plans that I had for myself and being the OC person that I am, it was a surprise that I was fine with it. The activities that I so excitedly planned for stayed as plans written on my board and I could not find the words nor the emotions to explain why my enthusiasm was at an all time low. Aside from still feeling weak and tired most of the time despite not doing anything, my mind was constantly riddled with thoughts of death, unfinished businesses, and the possibility of not going back sooner than expected. The passion that I had for my craft was drained down to its very core and instead of being excited to go back after 3 months, I dreaded that day that I am scheduled to go back.

The road to recovery was initially planned as a stepping stone for me to motivate myself but what came out of it was an experience that made me take one step back further to what was initially intended. My once braver-than-a-knight persona while inside the COVID wards ironically became the cowardly scarecrow from The Wizard of Oz when I was eventually discharged. It made me think that in the midst of those critical weeks, I became stronger mentally to challenge the virus to try its best to extinguish me and when I won, it left a sense of victory and more so a defeat at the same time because I cannot even make it out the front door without fearing for my safety.

Three months have passed since that fateful month and three weeks after the last dose of my vaccine, I gathered up all the courage that I have left inside of me and decided to walk inside the Hospital premises once again. With every step that I took, I tried to remember all the things that made me happy whenever I was inside

the hospital and the operating room. I reminisced all the times when I felt victorious when I was dealing with a hard case and the feeling of gratification that I always felt whenever I step out of the hospital. They all seemed like distant memories just there to be remembered and not to be recreated because the eagerness that I so greatly cherished has vanished without a warning.

It was not because I fell out of love with my job but it was because of extreme anxiety that I was left with when I recovered. The feeling that I could not function well both physically and mentally made me feel like I am the weakest person alive. My thoughts would start to drift off to random things and I struggled to find the words to express how I felt and I also grappled physically with how my body would react to minute things. It was like moving for me meant that I was either moving the virus or I was moving to catch the virus and so my bet was to just stay still and let the time pass me by.

They said post COVID anxiety is not unusual and it would last for a few months or more but I refused to be in a group that would be labeled as such and make the virus as an excuse for being weak and scared. I vowed that I would not let it consume me and yet there I was, being eaten alive by my trepidations.

During the first year of the pandemic, being a medical frontliner entailed a great deal of sacrifice because we were dealing with the unknown and we were at a lost as to how we could carry out our duties without compromising our safety. We lost a lot of lives but none can cause a more unbearable pain as to when the loss is one of your own. We hang on to the wishful thinking that a miracle could happen or that the brightest minds in science can come up with something that can end our misery.

This year has been a year of hope with the start of the vaccinations and we remain resolute once again with our responsibilities despite the fear and the apprehensions. A lot of our colleagues lost their battle along the course of the pandemic and it's heartbreaking that we cannot take the time to mourn their loss and celebrate their achievements and contributions for our own fight with this war which is far from over. For us to not be able to comfort their afflicted families and express our heartfelt gratitude to their service and dedication to serve, is the same as letting their memories die in vain. To top it all off, my anxiety was riddled with anger and frustration with all the things that I have been seeing on the news and on social media. We have waited so long for this and now that it's here people have turned to conspiracy theories and rely on their opinions rather than science. It felt to me like it's a wasted opportunity for the uninformed, the ignorant, and the stubborn. For me and my family to miraculously recover and be given the chance to be protected is like a blessing of a second life. This virus will not make you proud nor will make you feel invincible but rather it will humble you enough to respect it's power. A lot of patients asked me if I was not afraid to get the shot after having COVID. And my answer would be a fierce NO. Nothing is worse than death and I am given the chance to bounce back 6 feet apart from it and I won't take my chances because nothing is scarier than being confined in a room all by yourself without knowing if you'll still be alive after a

few hours. It's like coming back from a warzone wherein you were suddenly thrown in by yourself without a Kevlar vest and coming back to base in one piece and then being sent back to fight but now with the safety of an entire fleet of heavily armed men forming a wall around you. Seeing those who refuse to get the shot frustrated me more than I expected it to be that my fear was converted into an energy of being driven to inform the misguided. It slowly became my fuel to face my fears and get back out there to try to inform people any way that I can.

For every patient that I saw, I made it a point to tell them about my experience and to educate them in any way that I can. I ask them to spread the word so that more people will not have the same unfortunate experience that I had. If there is one thing in life that can crush a person's soul, it is regret. Regret for those who lost loved ones, regret that they can never bring back someone from the grave in order to get a shot of protection. And I feel for my colleagues who lost their lives early on who never had a chance to be given this opportunity. For those who deliberately refuse to take advantage of this, I wish that they will not have to experience life's greatest regret. In the end, we only regret the chances that we didn't take, and the decisions we waited too long to make. Until it's too late, our regrets will just serve as a lesson to be learned and everyone will move on but it's the end of the line for some.

What started for me as distress ended up being the exact same fuel that reignited my passion to continue what I love to do despite the odds. It incited the very first steps that Ineeded to take to seek for my lost courage. Though our minds can break us with the most devastating experiences, it does not hurt to remember that those instances are not only made to break us but to remake us and mold us into a stronger person. Part of surviving this pandemic is accepting the fact that there are things that we cannot control and part of that acceptance is letting go of all the anger and frustration and focus on the things that we can have a hold of or things that we can control to sway us into a more positive path. If there is one good thing that came out from my experience, it was the realization that I had a lot of things that I am thankful for - things around me that seemed to have no value up until I learned how fortunate I am to have them. A realization that I should be more grateful to the people around me, and to make it a silent conscience to always see the goodness in every single person no matter how awful they are. That what I should be spreading is not the negative impact of what this virus can do to you but the positive vibe that comes along with its lesson. It may take a while but the greatest journeys always start with small steps.

And just like the last paragraph of my previous article, I was able to achieve little by little what I vowed to be after this experience. I am relieved that I became strong enough to refuse to be a statistic. In a way, being inflicted with COVID-19 gave me a new meaning in life and gave me a new sense of purpose. That is, to impart my experience to inform, to serve as an instrument of optimism, and to continue serving as a warrior during the pandemic with a happy heart full of gratitude and my head held up a little higher than before.

AWSP Tackles Abdominal Pain in Pregnancy for Safe Pregnancy Week

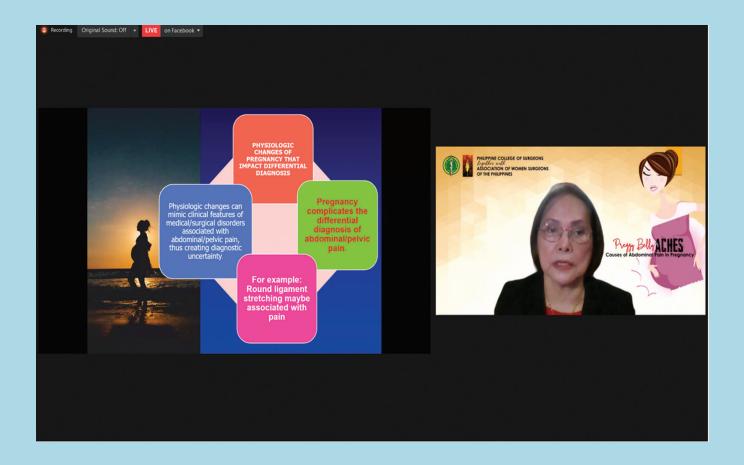
• Joy Grace G. Jerusalem, MD, FPCS, FPSGS •

The Association of Women Surgeons of the Philippines and the Philippine College of Surgeons conducted a webinar entitled "PREGGY BELLY ACHES: Causes of Abdominal Pain in Pregnancy" last May 27, 2021 to commemorate Safe Pregnancy Week. The event was graced by Dr. Florencia T. Miel, an Obstetrician and Gynecologist currently practicing at the Cebu Doctors University Hospital, where she serves as a member of the Board of Directors and Chair of both its Department of Obstetrics and Gynecology and Credentials Committee.

In her lecture, Dr. Miel delivered a comprehensive and exhaustive review of the common causes of abdominal pain during the course of pregnancy. An open forum followed whereby three cases representing the most common surgical causes of abdominal pain in pregnancy were discussed, namely, Acute Appendicitis, Acute Biliary Disease and Intestinal Obstruction. Three reactors joined Dr. Miel in the discussion of the different cases, they were, Dr Joy Grace G. Jerusalem, a General Surgeon; Dr Catherine S. Co, a Colorectal Surgeon; and Dr Karen B. Latorre, a Hepatobiliary Surgeon.

The session was hosted by Trustee, Dr Ida Marie T. Lim, with Trustee, Dr Hilda M. Sagayaga, who ably moderated the Open Forum. Keynote messages were given by incumbent President, Dr. Anita C. Tarectecan, and Vice President, Dr. Esther A. Saguil. Dr Maria Concepcion C. Vesagas, Trustee and current Board Secretary of the Philippine College of Surgeons introduced the Guest Speaker.

The event was broadcast over Zoom, in partnership with ADP Pharmaceuticals, and Docquity. A total of 150 participants viewed the webinar live and received 847 views, to date, over at Docquity.



AWSP webinar on Healthy Diet Plans

No Time to Weight: Fast and Healthy Meal Preparation for Busy People

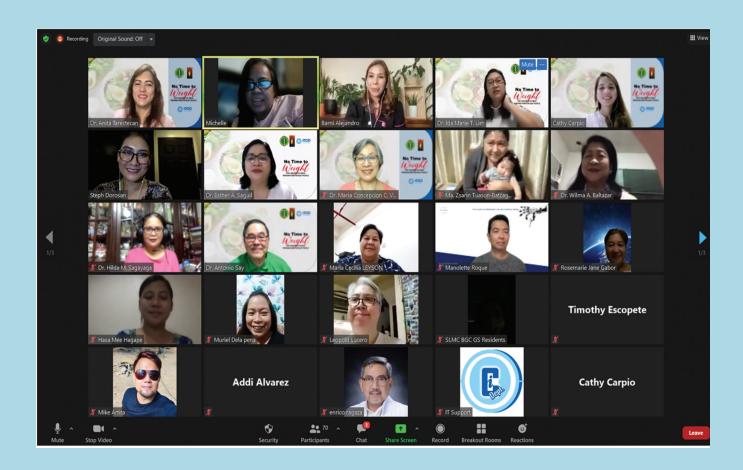
• Joy Grace G. Jerusalem, MD, FPCS, FPSGS •

Perhaps one of the most indelible effects of the pandemic is how it has wrought havoc on everyone's health. With easy access to any type of food, owing to ease of online ordering and food home deliveries, coupled with the relative forced inertia due to quarantine restrictions to outdoor activities and sedentary lifestyle, problems with maintaining a healthy weight have gained ground. Last July 17, the PCS and AWSP, in partnership with ADP Pharmaceuticals, conducted another webinar emphasizing health management entitled "No Time to Weight: Fast and Healthy Meal Preparation for Busy People". Chef Barni Alejandro, who co-owns The Sexy Chef, one of Manila's top diet food and healthy meal deliveries, was invited to share her expertise in the ins and out of healthy eating. Also present was Ms Stephanie Dorosan, one of the The Sexy Chef's inhouse nutritionists and Dietetians, to assist Chef Barni in answering specific queries on proper diet and food

choices. Singer Actress, Ms Rachel Alejandro, also shared a short video to the delight of viewers.

Chef Barni and Ms Dorosan shared important information on what constitutes a healthy diet. Veering away from traditional concepts of percentages of food groups in healthy eating, the speakers touched on the importance of proper food choices and portions in weight management. The question and answer session followed where speakers entertained various health and weight related concerns of the participants.

The webinar had a total of 297 live viewers on both Zoom and Docquity, and has garnered 2597 views on Docquity via streaming. The event can still be viewed at the Association of Women Surgeons of the Philippines Facebook page.



PAHNSI

Doing its share in the National Integrated Cancer Control Act and the Universal Health Care Law

• Ida Marie T. Lim, MD, FPCS •

As a multidisciplinary organization composed of specialists caring for patients with head and neck conditions, the Philippine Academy for Head and Neck Surgery, Inc. organized various educational activities to increase public awareness on goiter and oral, head and neck cancer as well as continuing medical education activities for the physicians.

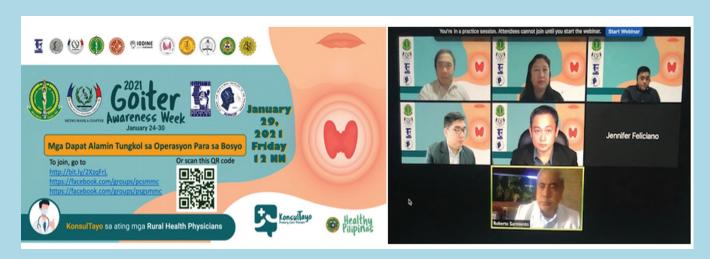
The fourth week of January has been designated as Goiter Awareness Week based on Presidential Procalamation 1188 which was signed 2016. In line with this, PAHNSI partnered with the Department of Health and other relevant organizations in a week long observance of Goiter Awareness week .Being the surgical organization in the group, PAHNSI together with PCS Metro Manila Chapter . PSGS Metro Manila chapter, Philippine Society of Otorhinolaryngology -Head and Neck Surgery and AHNOP, held a lay form on" Mga Dapat alamin tungkol sa Operasyon sa Bosyo. The lay forum discussed the common issues asked by the public before they undergo surgery as well as the additional treatment and follow up therafter. The activity was well attended.

A three part symposium title International Collaborative Oral, Head and Neck Cancer teleconference - I.C.O.H.Ne.C.T. was held on

April12 (Epidemiology and Diagnosis); April14, (Management) and April17 (Training Programs). Three international guests were featured in a panel discussion with local experts: Professor Jatin Shah of Memorial Sloan Kettering Cancer Center; Professor Sheng Po Hao, Professor & Chairman, Department of Otolaryngology Head and Neck Surgery; Director, Comprehensive Oral Cancer Center, Shin Kong Wu Ho-Su Memorial Hospital, Taiwan; and Dr Elizabeth Mathew Iype, a head and neck surgeon from the Regional Cancer Center, Kerala India. The panelists shared their experiences in managing head and neck conditions during the pandemic as well as strategies to mitigate the effects of Covid.

A multidisciplinary Tumor board hosted by the Philippine Cancer Commission was held on April15, 2021 featuring cases from UST Benavides Cancer Center, UP-PGH and Rizal Medical Center.

A lay forum was then hosted by PCS MMC and PSGS MMC on April 16, with the able support of its concurrent President Dr. Alfred Lasala. The lecturers were surgical oncologist Dr Anthony Dofitas, Dr. AJ Fabic, a head and neck surgeon, Dr. Warren Baccorro, a radio oncologist, and Mr. Jojo Flores, a cancer survivor. The audience appreciated this activity which tackled the realities faced by an individual afflicted with head and neck cancer and their families.



What's in a name? The MVS Memorial Lecture

• Karen Latorre, MD and Catherine Teh, FPCS, FPAHPBS •





Never forgotten: MVS (Dr. Menandro V. Siozon) led a life of service, education, and innovation.

The Covid-19 pandemic appears to be persistent after nearly two years. It continues to disrupt our daily lives. We struggle with so many things all at once; at times, misinformation, clashing ideologies, personal illness, and the seemingly endless uncertainty divide rather than unite us. COVID-19 has claimed millions of lives worldwide. It has hit many of us too close to home. Unfortunately, the Philippine Association of HPB Surgeons lost one of its pillars, Dr. Menandro "Jing" V. Siozon Jr, to Covid-19 unexpectedly, suddenly, and painfully.

But through this pervasive feeling of melancholy, we find comfort and an enormous amount of inspiration to carry on from the great role models of our times. A hero in his own right, Dr. Jing Siozon's legacy continues to live on in the lives he has touched. In revisiting his storied career, we learn about a man who has worked tirelessly to better Philippine Surgery, particularly the dynamic and enormously challenging field of HPB surgery. His work set the standard from which subsequent generations of HPB surgeons learned, and many patients benefitted.

Perhaps, no words or accolades could ever provide an accurate measure of Jing's valuable contributions. He courageously sailed the unchartered seas of pancreatic surgery and became a towering figure with more than 430 pancreaticoduodenectomies in his lifetime. His inspiring life and deeds led the PAHPBS to dedicate in his honor one scientific session named the MVS Memorial lecture to be held regularly at the PAHPBS General Assembly during the PCS Annual Clinical Congress every December.

Together with the family of MVS, the PAHPBS First MVS Memorial Lecture (via Zoom) was launched last December 9, 2020, at its 5th general assembly. An introduction followed by a video tribute for MVS was live-streamed online. Afterwhich, distinguished speaker Professor Steven Strasberg delivered an outstanding talk on the indications and technical aspects of Radical Antegrade Modular Pancreatosplenectomy for Pancreatic Cancer which he popularized

in 2003. Prof Strasberg's profound interest and immense contribution to biliary and pancreatic surgery in the



world was only fitting for this milestone in Philippine HPB.

Through the countless stories retold by his mentees and colleagues, we share with you the life of MVS that inspired many.

Mastery in Surgery

Throughout his career, Dr. Jing Siozon was devoted to the mastery of surgery, education, and training of surgeons, pushing boundaries, supporting and encouraging innovation, as he served the institution that he matured with and the home he built for many of the surgeons here. Generations of HPB surgeons who had the privilege of learning surgery under his tutelage attest to Dr. Siozon's expert mentorship described a balance between skill, academic excellence, and paternalism. He provided a rich background for training through clinical exposure to complex surgeries and some of his innovative surgical techniques. Likewise, he is remembered for his magnanimity and generosity in caring for the young surgeons under his wing. A quick look at Dr. Siozon's enormous and impressive curriculum vitae cannot truly measure the impact he made in the field of Surgery.

Since the start of his loyal career in St Luke's Medical Center in 1979, his work has been exemplary, his ethics beyond reproach. He served in various positions in SLMC, with responsibilities ranging from medical education, research, training, and innovation. Eventually, he earned his much-deserved chairmanship of the Department of Surgery in the hospital that he loved and served. He expanded this to an Insitute serving as the home of various surgical departments and sections through the years.

Visionary Innovations

Not one to rest on his laurels, Dr. Siozon paved the way to start various fellowship training programs in the country: most notably, the first MIS fellowship program and the first Hepatopancreatobiliary Surgery Fellowship Program in a private institution (SLMC).

And who could ever forget his innovative and original ideas such as his Rectus-Sparing Technique for Cholecystectomy and his Alternative Celiotomy for Cholecystectomy (Mini-Lap Chole) in the era before laparoscopy taking flight in the country. Dr. Siozon distinct himself as having performed the largest number of Pancreaticoduodenectomies in the country, with an astoundingly low morbidity rate and excellent surgical outcomes with his novel technique of Pancreaticojejunostomy Dunking Technique with Total Pancreatic Juice Diversion.

Dr. Jing Siozon exemplifies a lifelong learner in surgery. He would update himself by regularly attending local and international surgical congresses, even at the peak of his career. He kept an open mind and adapted to the changing paradigms, sometimes contributing gamechanging concepts to the surgical community himself. Many colleagues fondly remember him as a forward-thinker, a mover, and an innovator. A "Boss," as he is often called fondly, in the best sense of the word.

Surgeon leader

Dr. Siozon's work extended well beyond the halls of his beloved institution. His many contributions also spanned across the PCS, being one of the associate editors of the PJSS from 1983 to 1990 and other committees such as the committee on surgical infection and CSE. He also served in the Philippine Board of Surgery for many years and became its Chairman in 2018. Jing was a staunch proponent of continuous improvement, excellent quality, and standardization of the PBS certifying examinations to produce competent, board-certified Surgeons. He was instrumental in bridging the gap and forging a harmonious relationship between PBS and PSGS to achieve this goal. He likewise actively served PALES and advocated for the advancement of laparoscopic surgery in the country. And amidst all of this work, he made significant contributions to the needy through surgical missions, serving as an active consultant staff of SAGIP Bayan Medical & Surgical Mission Group.

Most of all, Dr. Siozon was passionate about expanding the field of HPB. He served PAHPBS with his utmost energy, giving the organization the direction and drive to innovate and improve since its inception.

Due to complications of Covid-19, Jing's untimely passing on October 12, 2020, was an enormous loss for the surgical community. A family man, a compleat surgeon, dedicated teacher, leader, innovator and friend to many. His legacy lives on through his wife and four children and in the many colleagues, trainees, and patients whose lives he has touched.

The PAHPBS will continue to honor the legacy of MVS in the years to come by paving the way for innovation, leading in opportunities for education, training and research, and elevating the standards for quality HPB surgical care in the country.

Stay tuned through our social media accounts (FB: Philippine Association of HPB Surgeons and IG: @ pahpbsi, Twitter:@pahpbs1) for more information and updates. Join us in December for the 2nd Annual MVS Memorial Lecture!

Resilience of Our Society

• Benjamin Herbosa, MD, FPCS, FPAPRAS • President. PAPRAS

We remain busy though most businesses are conducted via virtual mode as portions of the country are once again placed under quarantine. And truly, we would remain undeterred by the challenges of the vaccine deliveries, distribution and inoculation. But count us in to remain tough as a group while addressing the countless difficulties we face as health care specialists with another trying year of the COVID pandemic. And the PAPRAS will do its part in carrying out responsible, societal and not just political, leadership.

From the time the PAPRAS Directors were inducted into office, many of them and their colleagues immediately carried out the tasks at hand. They were focused in promoting local activities such as the Nutrition on Wound Healing Conference (Dr. G. Genuino), Heal Summit on Burn Wound Management (Drs. G. Tiongco/G. Genuino/D. Aguilera/G. Abesamis/JJ Cruz), Pearls on Advance Burn Wound Care (Drs. JJ Cruz/Nable/Tiongco) and the PCS/ PSGS Southern Tagalog Joint PAPRAS Meet (Drs. J.So/R. Qhang/J. Nadal), the 2nd Quarter PS on Medico-legal and Ethical Issues (Dr. O. Tagulinao/C. Lasa/J. Macalino) and Comprehensive Cleft Care (by the UP-PGH Section of Plastic Surgery). Our Mid Year PCS participation was on Optimizing Aesthetic Breast Outcomes (Drs. Y. Asedillo/L. de Guzman).

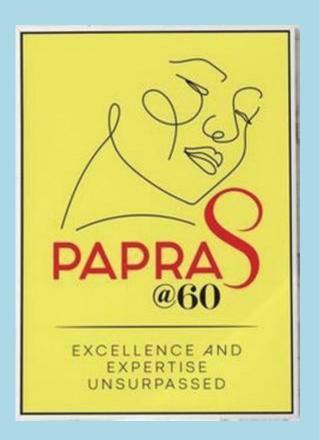
The international scene was also well represented with the ASPS/Asia on Head and Neck Surgery under regional blocks(Dr. J. Sanchez), RhinoSociety of Asia webinar on Clefts (Dr. B. Tansipek), Merz Meet on Beauty Tips (Dr. G.Sy), the PAHNSI on COVID Head and Neck Surgery Urgency (Drs. M. Cruz/B. Herbosa/PCS). Furthermore, the exciting launch of the Asian PlasticReconstructive and Aesthetic Surgery (APRAS) is eagerly awaited and will be completed sooner than later. The ongoing dialogues certainly continue and are attended by yours truly with the presence of the National Secretaries Dr. Gene Tiongco and Fremont Base. We are determined to establish this part especially on societal capacity.

The PAPRAS has advanced its purpose and usefulness in streamlining the PRC's Professional Practice Outcomes for Specialists (duly noted on PQF Level 7-8). This will in turn be the defining foundation for Reconstructive and Aesthetic procedures, without

exception, in all Ambulatory Surgical Clinics (ASCs) under the Department of Health all over the country. I should say that the Society will remain focused, productive and determined to thrive and survive. After all, the Society stands on this important aspect Alsi more of social trust-worthiness.

The three dimensions for a country seeking stability relies on the three main factors I mentioned earlier which hold true even for a small organizations like the PAPRAS, being a specialty society of the PCS that perfectly is a microscosm. These are State Capacity, Social Trust of its People and the right Political Leadership being the key ingredients to the right menu for a society and national prosperity.

Damocles must have produced more than one sword which hang over many heads, if not, over all of us with the imminent and ever-present invisible peril. Luckily, we are in the position of using our scalpels (not a sword) in the proper manner to combat the health risk brought about by this viral resurgence.







Innovation and Evolution Through Constant Collaboration Colorectal Surgery United

• Ryan Rainiel Abary ,MD, FPSCRS •

"Lockdowns, Masks, Quarantines and Pluses, Vaccines, Variants and New Normal" -- terms we have heard over and over again in a span of more than 500 days. We have been soldiers in this war of invisibility and attrition. We have battled and toiled countless lives for more than a year with fluctuations and aspirations in our situation, seemingly unable to grasp the light at the end of the tunnel. But I do believe that we still have a chance to end all of this if we are all united.

Never in my wildest dreams have I envisioned a future of where we are right now, this is the stuff of nightmares. And as such, I daydream now of things gone by rather than things of today. Let me take you five years before this happened. It was a very different story when I was a fellow in training, full of hope and ambition of things that will come and things that will be. Difficulties and problems were different back then-- aspirations for excellence, individual greatness, operative prowess, and national/international recognition are goals that every colorectal training program strives for. Back then I was locked-in, focused, and determined to prove that I matter, we matter, our training matters. The Philippine Society of Colon and Rectal Surgeons (PSCRS) has always been very supportive regarding matters of unity and collaboration in training, and as such, the society has cultivated strong and open-minded leaders that have continually molded, pushed, and shaped the Society's members in the forefront to its future. Currently, there are 11 accredited colorectal training programs serving as a stronghold in producing future colorectal surgeons in the country.

The Combined Colorectal Meeting came into fruition even before the pandemic, which was spearheaded by my two mentors, Dr. Carlo Cajucom and Dr. Joseph Roy Fuentes. It was primarily formed so that institutions develop uniform thoughts and concepts in colorectal surgery. What started as a meeting involving three colorectal training institutions every month progressed into regular weekly or bi-monthly meetings where trainees from five to six colorectal training programs discuss topics, preoperative cases, census, and journals. After-sessions were more fun; at the end of each meeting, trainees and mentors would gather with a drink or two in a nearby place discussing again the same topic: "COLORECTAL". You would be surprised by the quality of ideas, researches, and

plans formed for the future in this "AFTER-SESSION" discussions. The Combined Colorectal Meeting has served to bridge the divide, identify gaps, and unify colorectal training programs in the country. Some may call this overachieving, others may call it inspirational, but to me this is downright dedication of our mentors for the betterment of colorectal surgery in the Philippines. However, in this pre-pandemic set-up, institutions outside Luzon were not able to join due to topographical limitations and our lack of awareness on technological possibilities at this time. But even then, the vision to have a unified mindset as a Society was deemed possible though seemingly out of reach.

Then the pandemic of epic proportions happened--stories only heard and seen in movies became a painful reality. Generalist and specialist medical professionals were indistinguishable in fighting this new deadly virus. Scrambling, unprepared, and dumbfounded on the situation that we are facing, we muster the strength to handle this predicament that we found ourselves in. People were isolated, families were separated, health care workers were delegated to the frontlines, and life came to a complete stop. Nature appeared to come fighting back as if telling us that it too had a say in our fates. We were not the center of the universe anymore. We were reduced to a nutshell of masks and shields that fight the invisible enemy capable of annihilating us in ways we have never seen before. Morales are low, things taken for granted now became apparently important, even breathing became a luxury. Sometimes it takes the darkest of times and the most serious of circumstances for us to recapture our focus and grasp on the simple things of life. Yes, we may be bludgeoned, tired, and out of breath in this pandemic but it is also in this instance that we find our true strength to transform bad experiences to good realities, and hopelessness into triumph and success. Unwavering adaptability and unbreakable resilience, this is how we have weathered all the storms and tribulations that have come to us. Life has to move on and so must we too.

As imprinted in our own genes and by nature, humans are social; we always find ways to connect with each other, may it be physical, emotional, and now webbased social platforms to bring meaning in what we do each and every day. Technology has given us the means to connect with each other on the tip of our fingertips

and indeed, the world is small and is literally on our hands. Around two months after the first lockdown, together with Dr. Jeryl Anne Reyes, we initiated the virtual combined colorectal meeting. It served as a way of regaining some semblance of normalcy to our lives so that our fellows-in-training (FITs) and Fellows of the PSCRS will be interconnected through online platforms. The combined colorectal meeting has now achieved one of the initial goals, that is, to grow further in its reach through the helms of technology and fostering interconnectivity of all training programs in the country. Now, new trainees and seasoned consultants from each institution, from Luzon to Mindanao, are able to interact, discuss, and contribute their knowledge in colorectal surgery.

The **Combined Colorectal Meeting** also served as an avenue for learning opportunities for FITs and Fellows of the PSCRS alike. It is also through the Society's efforts that we have started giving landmark lectures (Basics and Beyond CORE lectures), as well as Journal Clubs to update us on concepts ranging from the basic skill sets to state-of-the-art technologies in our field. In one of our meetings, we held the PSCRS Research Proposal

Presentation, where the presenters were critiqued and given advice by PSCRS fellows. This initiative hopefully provides a path into producing quality multicenter research studies for FITs that can be published locally and internationally. Lastly, census presentations, interesting case discussions, and review of recorded procedures were continued, being the cornerstone of the Combined Colorectal Meeting. This is a way to showcase different learning and operative experience from various institutions, where all surgeons can learn from one another.

Yes, the road to healing and recovery is on the horizon and I know it is really hard to look around and continue the progress, with all the distractions and happenings that we are experiencing right now. Nevertheless, I do believe that if we look hard enough, if we hope deep in our hearts that this confusion and these tragedies are all but fleeting, we may soon find the light that can lead us into the right path. That there is something better to look forward to in the future. For it is in this time of greatest peril that human innovation and evolution is at its best and that we can achieve the highest goals and end this pandemic if we work together.











The First Dr Serafin Hilvano Memorial Lecture is held in memory of this great surgeon. This talk will be delivered by the incumbent president of the Philippine Society of General Surgeons. Starting this year 2021, it will be a mainstay of the PSGS Annual Surgical Forum. Professor Hilvano is President of PSGS in 2001, is the epitome of the compleat surgeon, widely known for his skills in and out of the operating room. This annual lecture seeks to inspire the Fellows of PSGS and trainees of his dynamic leadership and important contributions to PSGS and to surgical training.

Big Hands, Ten Thousand Hour Rule and the Parable of Talents

Roberto A. Sarmiento, MD, FPCS, FPSGS, MHA
 President, PSGS 2020-2021

In the current Netflix Korean telenovela sensation Start Up, the leading actor asked his girlfriend: What is it that you like about me?

She smiled and replied: you have nice BIG Hands! Before naughty thoughts come into your mind... let me expound:

According to Yuval Noah Harari author of bestseller book Sapiens -

"when humans left all fours and walk upright on two legs, the advantage is very apparent: standing up, it's easier to scan the savanna for game or enemies and the arms that are not necessary for locomotion are freed for other purposes like throwing stones or signaling other members of the tribe.

Harari further elaborated: the more things our hands can do, the more successful we humans were, evolutionary pressure brought about an increasing concentration of nerves and finely tuned muscles in the palms and fingers and as a result of this great adaptation in evolution, Homo Sapiens can perform very intricate tasks" With our BIG hands, writing, use of scalpel, thumb forceps and clamps. Here is a picture of the modern day surgeon operating using the Da Vinci Robot system.

The Philippine Society of General Surgeons to date has 1743 Fellows with "Big Hands" with the latest addition of 46 new Fellows inducted this morning. Congratulations to the new Fellows and welcome to PSGS! Find your niche and Bloom where you are planted!

Our organization has come a long way since its inception by Dr Samuel Trocio in Cebu 22 years ago, composed of 1743-member general surgeons.

With the smallest chapter from

Bicol, where we, past President Rex and me come from; with only 32 Fellows to the biggest chapter which is Metro Manila chapter with 812. Every year, we have graduates from the accredited general surgery programs who after passing the PBS examinations eventually become Fellows of the PSGS.

WE at PSGS are guided by the Mission and Vision.

Our Mission:

- > To promote general surgery as a premier and distinct specialty
- > To provide excellence through innovation, surgical training, education and research
- > To deliver world class, safe, compassionate and holistic service to the community.

Our Vision:

To be an organization of General Surgeons of Global Expertise

Both mission and vision are vital in directing our goals, the mission our marching orders focus on today, and focus on what the organization does to achieve it, while the vision focuses on tomorrow and what our organization wants to ultimately become.

These mission and vision was dreamed and shared by our founders, past presidents and officers including Dr Serafin Hilvano who we are honoring today.

Mission or Marching order number one:

To promote General Surgery as a premiere and distinct Surgical Specialty:

General Surgery as a distinct specialty is evident of the more than 1500 active Fellows from ten chapters , PSGS oversees more than 2000 general surgery residents in our 94 accredited training programs nationwide. Our achievements were not unnoticed. Modesty aside I am very proud to say that PSGS has been awarded for the past three consecutive years, the Surgical Specialty Award by the Philippine College of Surgeons. Congratulations PSGS!

In an article in the PCS publication Incisions, Dr George Lim past PSGS and PCS President highlighted the role of General Surgeons in Task Shifting, The General Surgeons play a prominent role, together with our OB, anesthesiologists and orthopedic surgeons counterpart;

These specialists deliver the so called Belwether procedures which include emergency cesarean section, management of open fractures and emergency

laparotomy. According to the Lancett Commission on Global Surgery, primary hospitals should be able to provide these procedures within two hours. The provision of these procedures is indicative of a functional surgical system.

Vital surgical services must be delivered especially in geographical isolated disadvantaged areas or GIDAS.

At present, we have 1743 Board Certified General Surgeons comprising 43.4% of the Surgeons roster in PCS. The ideal ratio is 7 doctor specialist/ 100,000 population but at present it is 4/100,000. We need 7700 surgeons to serve the current 109,035, 343 Philippine population. No easy answers to fill the gap, we should encourage new graduates to serve in rural areas like the return service system in government hospitals, incentives for practicing in the province like priority in residency slots, higher remuneration and risk allowance, improvement of infrastructure and equipment in the rural areas and development of networking systems. The challenge for PSGS is the participation of our fellows in the Task Shifting and training more dedicated and boardcertified GS surgeons to address our growing population patient base.

To provide excellence through innovation, surgical training, education and research:

Excellence and Big Hands

Malcolm Gladwell author of the book Outliers , said that the idea that excellence at performing a complex task requires a critical minimum level of practice , this surfaces again and again in studies of expertise. In fact researchers have settled on what they believe is the magic number for true expertise: ten thousand hours literally one thousand fours per year or ten years...

Neurologist Daniel Levitin, remarked that the emerging picture from such studies is that ten thousand hours of practice is required to achieve the level of mastery associated with being world class expert in anything. In a study of basketball players, chess players musicians etc., it seems that it takes the brain this long to assimilate all that it needs to know to achieve true mastery .

Consider these:

To become a chess grandmaster also seems to take ten years, only the legendary Bobby Fischer got to that elite level in less than the amount of time, it took him Nine years!

The Sargent Pepper's Lonely Hearts Club Band album, the Beetles 'greatest achievement took ten years -the time 1960s where the group experienced as a performer in a strip club called Indra in Hamburg Germany -all told they performed 270 nights and by the time they bursted into the limelight they have done live concerts twelve hundred times!

The Serbian recent Wimbledon champ Djokovic took ten years from 2011 to 2021 to win all 20 Grandslams and the longest ranking as number one in the ATP

The pattern keeps on recurring: Giannis Antetokounmpo took ten years 2 years in European league and eight years with Milwaukee bucks before he became NBA champ.

Locally our gold medalist Hidilyn Diaz took four olympics to grab the gold!

What's the point on all of these? It just says that a winner or for a fact a surgeon is not born or made overnight, like a pilot, he must earn his wings by gaining the required flying time because he is primarily responsible for the lives of patients.

For a General Surgeon graduate of a residency program, If you do the math: it will take eight hours a day multiplied by five days a week again multiplied by four weeks then twelve months then multiplied for five years to reach 9,600 roughly ten thousand hours, I am confident that our graduates will be able to achieve the numbers with at least 100 major operations of different varieties, fulfilling 45 months rotation in general surgery and 15 months in Subspecialties, performed index cases, before the Resident is eligible to take the Philippine Board of Surgery examinations.

The challenge is how to generate more cases, share cases and resources among our 94 training programs. In the PSGS funded research by Dr Ocampo et al "Trends in Case Load and case Variety in the Philippine Society of General Surgeons Accredited Training institutions 2009-2018", it is obvious that certain index operations like Parotidectomy are monopolized by government hospitals. Clearly case sharing through consortiums, having MOUs, networking and cooperation among the training programs are a must, most specially in these covid times when there is expected decrease in patient census. The Accreditation Committee without compromising the required number of cases to be eligible to take the PBS examinations, allowed residents to get their cases from other hospitals as long as they are shadowed and monitored by a Fellow of PSGS. The counted cases from private patients were also relaxed in order for graduating residents to claim more cases for eligibility.

Rest assured that the Committees of PSGS in particular, the Committee on Accreditation, Committee on SurgicalTraining and Committee on Surgical Educationare doing their best in assuring a standard and quality General Surgery training program across the country.

The Committee on Accreditation in response to the pandemic switched to virtual visit mode in monitoring the general surgery training programs.

The Comprehensive External Residency Evaluation for Surgery or CERES was successfully done last December 2020 via virtual mode, simultaneously nationwide among the Surgery training programs, allowing training programs to have a uniform internal evaluation of the didactics of Surgery residents per year level.

The Hybrid On Line Training by the subcommittee on MIS Project was disrupted by the Pandemic, because transportation was not possible, Virtual face to face on line learning was invented, what a great innovation to continue the HOL training to all training hospitals of PSGS. The well-defined modules were taught by dedicated trainors. This was recently completed full circle among the training hospitals and is up for another cycle this year and thanks to our friends in the pharmaceutical industry, funding for the project is assured for the next three years.

The next marching order is: To deliver world class, safe and compassionate, holistic services in the community.

CSR Corporate Social Responsibility

Operation Giving Back: Mathew 25 The Parable of Talents

"For unto everyone that hath shall be given and he shall have abundance, but from him that hath not shall be taken away even that which he hath "...

The story goes that:

The Master left for a foreign land and entrusted money to three servants to invest, the two servants invested the money while the third servant dug a hole and buried the money...come redemption time, while the two servants invested the money and multiplied it, the third servant returned the buried untouched, unused money to the Master, money entrusted to him which he did not use wisely ...

The Philippine Society of General Surgeons CSR or Corporate Social Responsibility...Operation Giving Back The response of PSGS fellows to the Calamities and the Pandemic was immediate and phenomenal. Help to the Taal Volcano eruption victims, cash and kind donations to the provinces affected by typhoons Rolly and Ulysses, PPE s and financial support from our Fellows Assistant Fund. Cancer advocacy was continued despite the pandemic. Pink Run vs. Breast Cancer was

held successfully albeit via virtual mode and was able to solicit funds for our cancer patients. Lay forum and telemedicine consultation were done. Emergency and semi urgent operations especially cancer operations were performed. What a site to behold, Surgeons taking care of patients even at the risk of getting infected or harmed. Congratulations and hats off to your passionate concerns for our patients!

Community pantries and tree planting activities were done simultaneously nationwide among the ten chapters in celebration of the 22nd Foundation day of PSGS last May 22, 2021.

Each person is endowed by the Almighty with a variety of gifts, and is expected that we make full use of these gifts in HIS service!

When I was doing my research on Dr Hilvano, I came across an article he wrote in the PSGS Gazette circa 2000, entitled Circuit Review

Course he wrote ... we left Manila at 4 am to Ilocos Norte Provincial Hospital to start our lecture series which we aim to do all over the country. The goal was to teach our Surgery graduates especially those coming from the province to interact with experts, so that the graduate can be confident in taking the oral examinations and pass the PBS and eventually become Fellows of the PSGS. He lectured on Acute Cholangitis and Necrotizing Pancreatitis together with the other noteworthy speakers. Of course the lecture series was capped by a round of golf the following day at Camp John Hay. In Baguio! A compleat surgeon in and out of the operating room indeed!

It is very evident from the article that Dr Hilvano is very much into teaching and training General surgery residents and is genuinely concerned for the welfare and future success of us General surgeon. He is not selfish to share his talents, sharing his precious time for the sake of Surgical education and training. This is a feat worthy of emulation. We are very proud that he has been an integral part of the Philippine Society of General Surgeons. His memory will always linger in our hearts and minds....

It is said that your heart is as big as your fist! And your two fists are as big as your brain!

Following Dr Serafin Hilvano as the perfect role model to all Fellows of PSGS, go forth and be ready to serve with your heart, your brain and your BIG Hands!

Mabuhay ang legacy ni Dr Hilvano! Mabuhay ang PSGS!

Looking Back and Moving Forward: The Philippine Society of Otolaryngology – Head and Neck Surgery at 65

• Frances Mary Cristi-Agustin, MD, FPSOHNS •

2021, much like the year that preceded it, brought with it a crisis – one that had tremendous impacts not just on the healthcare system, but also on the economy and on the human person. As we celebrate our 65th anniversary, the Philippine Society of Otolaryngology – Head and Neck Surgery (PSO-HNS) looks back on our rich history, with our founders and mentors serving as our beacons. We move forward with the intention of using our experiences from this crisis as an opportunity to learn, grow, and adapt to the ever-changing needs of both our members and our patients. We remain steadfast in our commitment to build and nurture our members, all while keeping our advocacies in mind, and ensuring that excellent ENT care is brought forth to the public.

This year, to continue fostering learning and giving service even in the light of the obvious challenges of this new age, we have done away with old-world face-to-face events, and have gone virtual-heavy. Activities this year included the Virtual Midyear Convention hosted by the Central Eastern Visayas Chapter, with the theme "Staying Sharp with our Senses: The Aging ENT Patient", held successfully last April 29 to May 1, 2021. Webinars, workshops, interhospital grand rounds, research contests, and scientific meetings also continued throughout the year, with the help of the different training institutions and study groups within the Society. Advocacies, such as Goiter Awareness Week, International Ear Care Day, World Sleep Day, World Voice Day, Head and Neck Cancer Consciousness Week, Deaf Awareness Week, Cleft and Craniofacial Awareness and Prevention Month, World Head and Neck Cancer Day, and National Thyroid Cancer Awareness Month were still observed by holding lay for aand webinars. Other advocacies, such as Sore Throat Awareness

THE PHILIPPINE SOCIETY OF OTOLARYNGOLOGY-BEAD AND NECK SURGERY

65TH ANNIVERSARY
AND
2ND VIRTUAL ANNUAL MEETING

THROUGH THE YEARS
AS WE FORGE INTO THE FUTURE

DECEMBER 1-3, 2021

Day, and Ear, Nose, and Throat Consciousness Week remain to be celebrated this coming October and December, respectively.

Not forgetting its responsibility to the environment, the Society, together with the Philippine Academy of Rhinology (PAR), planted 500 seedlings at the La Mesa Watershed last August 1, 2021. This activity was done in cooperation with Bantay Kalikasan and the ABS-CBN Lingkod Kapamilya Foundation, who will assist in the continued care of the seedlings, and will ensure their survival.

In celebration of our 65th anniversary, the Society will be holding its 2nd Virtual Annual Meeting this coming December 1-3, 2021. Entitled "ElemENTs Through the Years, As We Forge Into the Future", this year's annual meeting stays true to our intention of looking back on the essential lessons, experiences, milestones, encounters, and tenets we have gathered over the past 65 years, and harnessing these as we move forward. With an impressive line-up of speakers and highly relevant topics, we look forward to imparting our members with innovations, procedures, and best-practices, enough to arm them for the next 65 years to come.

We now grow closer to ending the year 2021, albeit still in the situation very much like how 2020 ended – with people still in face masks and face shields, physically distanced, and worried about the future. Going into the third year of this pandemic, some of us have fallen, but many still stand strong. Much like the power and strength symbolized by the blue sapphire, the PSO-HNS will continue to stand strong and serve as a pillar for its members.





The First Adult Deceased Donor Liver Transplant of UP-Philippine General Hospital: Very Much Alive

· Siegfredo R. Paloyo, MD, MPH, FPCS, FACS ·

"Choose life," says Ewan McGregor's character in the 1996 film "Trainspotting," an adaptation of Irvine Welsh's novel about a group of heroin addicts in Edinburgh. Those words aptly describe the journey of this patient (who is not an addict) into getting a second chance at life.

Liver transplantation has evolved into what it is today, a treatment of choice for decompensated liver disease, because of the advent of better immunosuppression, improved pre- and post-transplant care, as well as surgical techniques.

Mr. A.I. was then a 56-year old salesman from Cavite who had end-stage liver failure. Here are excerpts from his interview, as he celebrated his 7th year of life after transplant.

The Challenge: Hepatitis B infection

"I was diagnosed with liver cirrhosis with hepatitis B in October 2011 by an internist at Medical Center Manila after a series of tests, imaging and endoscopies. My condition gradually deteriorated: from weakness, bloating, and weight loss, I developed ascites and an umbilical hernia. This necessitated multiple hospital admissions and repeated paracentesis (11 times in 2 years), eventually draining our finances."

"When I was told I needed a liver transplant, I had several concerns. Where will I find an organ donor? Where will I get the money to shoulder the expenses? Can I withstand a major surgery like liver transplant?"

The initial results with liver transplantation for chronic hepatitis B in the 1980s were disappointing, mainly because of limited antiviral therapies. Aside from this, graft reinfection rates were virtually universal, and in many patients, reinfection was associated with severe and rapidly progressive liver disease, resulting in unacceptably low post-transplant survival. With these dismal results and a limited supply of donor organs, many centers denied access to liver transplant for patients with chronic hepatitis B.

However, since the introduction of preventive measures such as hepatitis B immune globulin (HBIG) and subsequently, nucleos(t)ide analogues (NAs), transplant outcomes have significantly improved. The overall survival of patients transplanted for HBV-related cirrhosis now exceeds 85 percent at 1 year and 75 percent at 5 years.

The Solution: Liver Transplant or Bust

"In November 2013, my surgeon from MCM introduced me to Dr. Paloyo, who at that time had recently came back to the Philippines after finishing a transplant fellowship in the USA."

"After reviewing my labs and running additional tests, Dr. Paloyo concurred with my internist that indeed, a liver transplant was needed. He explained that I should start looking for potential organ donors from within our family or friends and prepare for a living donor liver transplant, and at the same time, be listed at the national waiting list for deceased organ donors at the National Kidney and Transplant Institute (NKTI). Expectedly, I had a difficult time convincing people to donate a part of their liver, since this procedure was rarely done at that time."

Back in 2013, there were only two centers actively involved in living donor liver transplant: The Medical City, and St. Luke's Medical Center. Though this was an option, the lack of a potential living donor precluded him from this.

"The call came after 8 months on the waiting list. There was a deceased donor at NKTI and they asked me if I was willing to take the organ. I said to myself, if Dr. Paloyo and his team are ready, then I am ready. I now consider June 7, 2014, the day I had my transplant, as my second birthdate."

Organ donation in the Philippines remains unpopular despite efforts from various sectors to promote awareness and acceptability. Referrals for possible donors peaked in the years 2006 to 2008 when we had around 30 successful organ retrievals per year. It has since dropped to less than 10 per year, pre-pandemic. Recently, there has been some renewed interest and efforts to jumpstart organ donation.

After the liver was retrieved at NKTI, we performed the orthotopic liver transplant at UP-PGH. Although, the graft had immediate function, Mr. A.I. had to stay for almost a month in the hospital for other medical issues.

The Results: Rebirth

It was a bumpy road to recovery. He had to undergo physical rehabilitation for his severe muscle wasting, which was compounded by anorexia. On the sixth month, he felt better, and started regaining his appetite. By the second year post-transplant, he was ready to travel abroad.

"Now after 7 years, I am living normally again. I can do light household chores, go out malling, and even travel. Of course, I comply strictly with my doctors' advice, and never miss my immunosuppressive meds."

Recent data from the United States of America (USA) Scientific Registry of Transplant Recipients (SRTR) showed a total of 8900 liver transplants done for the year 2019 to 2020, with 1- and 5-year graft survival rate of 91% and 75%, respectively, for all age groups. Overall patient survival rate was at 92 % at 1 year, and 80 % at 5 years. In the Philippines, we have done around 30 liver transplants, though the results are yet to be published.

"My advice to those in liver failure needing a transplant:

- 1. Be strong and keep your faith. Don't lose hope, and always think positive.
- 2. Always have regular consults with your doctor and follow their advice. Find a doctor you are most comfortable with, and trust him or her.
- 3. When transplant day comes, be brave and keep in mind that transplant is your only cure.
- 4. Realize that after the transplant, it is your second chance in life. Live a clean and healthy one."

"To my donor - I will forever treasure your gift. I will take good care of this organ you have given me, this liver that keeps me alive."

"He who has a why to live for can bear almost any how." – Friedrich Nietzsche

Post-Script: History of the Division of Organ Transplantation in UP-PGH

Drs. Enrique Esquivel (urologist) and Manuel Tayao (cardiovascular surgeon) led the team that did the first kidney transplantation in the country, on December 26, 1968, at the UP-Philippine General Hospital.

This was followed by several other attempts, but it was only in 1974 that the first **successful** kidney transplant took place. Pioneer transplant surgeon, Dr. Enrique Ona, then recently returned from a surgical fellowship in the USA, collaborated with other specialists from the ABM Sison Hospital and the Polymedic General Hospital. Though this was followed by sporadic cases of kidney transplants done at UP-PGH, eventually National Kidney and Transplant Institute took the lead in transplants.

In 1993, due to the increasing demand for renal replacement therapies and the growing expertise in the country, the UP-PGH Kidney Transplant Program was revived. The first "revival" kidney transplant was performed by Dr. Ona and Dr. Genaro Yusi (urologist), marking the creation of the Division of Organ



Transplantation, the youngest in the Department of Surgery.

Over the next 11 years, the division grew modestly, as specialists came in, and went on to establish transplant programs in other hospitals: Dr. Vanessa De Villa (now at The Medical City) joined in 1995, and Drs. Dennis Serrano and Angel Joaquin Amante (now at St. Luke's Medical Center, and Capitol Medical Center, respectively) in 1996. In 1998, Dr. Ona was appointed Director of the NKTI and relinquished his position as Division Chief to Dr. Carlo Ramirez (now in Thomas Jefferson Hospital, Philadelphia, USA). Dr. Ramirez served as Division Chief until 2003 and was eventually succeeded by Dr. Serrano.

To date, more than 200 kidney transplants have been performed at the UP-PGH, majority with grafts from living donors. Drs. Paloyo (the author) and Junico Visaya have done two Philippine "firsts:" the first isolated intestinal transplant (2013), and the first successful adult deceased donor liver transplant (2014, this case).

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About the Author

Siegfredo R. Paloyo, MD, MPH, FPCS, FACS, is currently a Clinical Associate Professor at the College of Medicine of the University of the Philippines and also serves as a consultant staff of the Department of Surgery, Philippine General Hospital. He is a board certified transplant surgeon as well as a general surgeon. He has authored a number of international publications on topics such as organ preservation, kidney paired donation, surgical technique, and immunosuppression. He recently finished his graduate studies (Master of Public Health) at UP-Manila and has also been an active member of the Free and Accepted Masons since 2013 under the Grand Lodge of Florida, U.S.A.

Philippine Spine Society Excellence in Healthcare in Time of Pandemic

Richard V. Condor, MD, FPOA
 Secretary Philippine Spine Society

The COVID-19 pandemic required hospitals to rethink how they managed their surgical services — both from an operational and resource perspective. Now, more than ever, hospital leaders are required to reprioritize when, where and how often surgical services are provided. A flexible approach is critical to improve organizational efficiencies, keep staff and patients safe, and optimize margins.

With the unprecedented upheaval brought about by the pandemic, the Philippine Spine Society along with other surgical services, were designated to address the need to manage patients with urgent problems despite of Covid-19. The Society, in all certainty, played an active role in this united effort against this formidable enemy most specially our residents and consultants who untiringly served as frontliners, notwithstanding, the considerable risk, anxiety, and not to mention the rigid protocols one has to adhere to. Indeed, service beyond the call of duty. Prompted upon by the still lingering threat in our midst, we made adaptive changes to dampen the dire effects of the situation, instituted modifications in our usual activities, specially towards quality patient care. Teleconsultation at the OPD, on-line conferences, which has its limitations but nonetheless are significant innovations more so for learning activities. As we try to allay our patients' anxiety over their spine illness, there is also that concurrent fear of possible

infection. Our patients' conditions continue to be our priority, and current health conditions have modified our care for our spine patients.

The Society headed by our passionate President Dr. Francisco Altarejos, led our Philippine delegation in the online International Congress of Korean Society of Spine Surgery, last May 28 – 29, 2021, at the Swiss Grand Hotel, Seoul, Korea, to present their research and lectures. Other projects that the Society is doing are the quarterly Residents and Fellows Interactive Discussion, on interesting spine cases and the Introductory Medical Writing Short Course Series led by Dr. Jose Florencio F. Lapeña Jr. AB (Hons), MA, MD, FPCP. Just like the other subspecialty societies, the Society is in the process of creating a Philippine Spine Society Specialty Board who will be responsible for the Accreditation of Spine Fellowship Training Centers and examination of those fellows who have special interest in taking care of the Spine.

As we adhere to our mission to uplift the standards of management of the myriad ailments afflicting the human spinal column, the Philippine Spine Society, upholds its goal to provide quality health care, integrity and competence of its members. I hope people from all around the world who are suffering from this pandemic can overcome the hardship and this situation would disappear as soon as possible.



Basic Work-up for Male Infertility

• Raphael Ray De Guzman, MD, FPUA •

The Philippine Urological Association with its dedication to learning and excellence has recently held its second virtual Philippine Urological Association Midyear Convention 2021 with the theme, "Still Standing in 2021: Mastering Male Sexual and Reproductive Health."

As part of the two day convention, the second day dealt mainly on discussions on men's health and male infertility.

The program started with a lecture done by Frances Monette P. Bragais, MD who discussed the topic on the Basic Work-up for Male infertility. The lecture was informative with special emphasis on the nature of infertility; the discussion was brief but was studded with clinical pearls which would guide the urologist in the work up of this disease.

Lecturesque in nature, the discussion gave attendees a feeling of being a student once more; The lecture of Dr Bragais gave the necessary overview of the disease and on how to arrive at the correct diagnosis from the initial encounter with the patient up until the planning for treatment initiation.

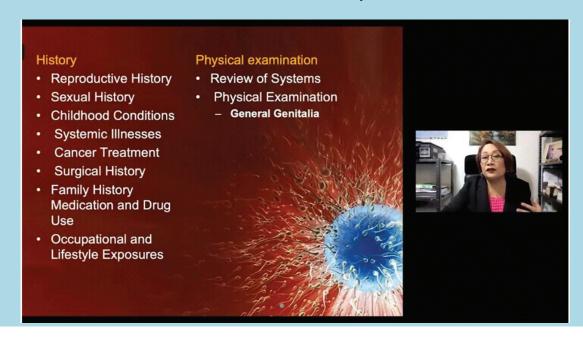
The lecture concisely covered on the manner on which to obtain the proper history and it gave



key points upon what to perform in the physical examination as well as the laboratory work up for this special set of patients.

A key point in the lecture was the discussion on the interpretation of the semen analysis and its implications on the diagnosis and treatment. Another highlight was on the discussion on the implications of endocrinopathies to fertility.

The lecture of Dr Bragais served as the necessary primer for the succeeding lectures as it gave an in depth account of the disease as well as the needed work up and the pearls for a proper diagnosis of infertility.



Future Proofing MIS: PALES

• Vivencio Jose Villaflor III, MD, FPCS •

The on-going Covid 19 pandemic has made healthcare providers to drastically realign its health care system priorities in bid to stem the tide against the virus.

While a sudden shift in healthcare priorities has somehow "slowed-down" compared to the prepandemic period, the biggest challenge is the need to change and to evolve in order to effectively handle whatever difficulties lie ahead. While no one can predict the future, PALES believes that it has been able to build the tools of resiliency, innovativeness with a complement of dedicated, passionate and committed MIS surgeons. PALES further believes that in order to overcome these global health crisis, our healthcare systems need to change and evolve to prepare whatever the future may hold.

Against these new challenges, PALES vows to vigorously discover and pursue new ways to further improve Minimally Invasive Surgery and to "future proof" the progress and advances it has developed in the past as a specialty as well as expanding the indications for minimally invasive surgery ... through concepts and philosophy, surgical techniques, instrumentation and involvement of subspecialties. But the question is how ..?

Edgardo R. Cortez MD, FPCS, FACS challenged everyone to "ride out pandemic with careful planning but do not stop" and to "re-visit" the organizations Vision and Mission. He also urged everyone to find ways how are we going to win? "Everything not in line with vision sidelined but those in line must be pursued relentlessly with passion and clarity" he explained.

While Dr. Cortez sees the important role of innovation in making future gains, he explains that innovation is not just doing something new but doing something new to increase the value of what we do. In innovation, one must be able to "Think Big, Start Small and Move Fast". With the







objective of efficient and effective result of surgery, patient safety, pain free surgery and early return to mainstream society during the new era of MIS healthcare innovation.

Dr. Cortez outlines five cornerstones of Future Proofing PALES. These are:

I. Continuous Technical Innovation

While laparoscopic surgery here to stay, we should also look into "robotics" for improved accuracy and precision (computer science), better optics, improved dexterity and maneuverability and may be used for remote access surgery. Through the emergence of new technology will make MIS exciting, efficient and safe. The possibilities are limitless as we witness the parallel growth in science and technology.

II. Innovative Training of Young Surgeons

Young surgeons are strongly encouraged to strengthen core knowledge and not just the technical aspect. Balanced training programs should be developed with emphasis on "life long learning" and ethics and professionalism. And establishing role models as a mindset and new way of thinking where "trainers acting as role models and trainees inspiring their mentors"

III. Research

Data-based decision making tempered by clinical experience should be enhanced and clinical and technical research should be encouraged. And for all surgeons must be able to utilize research output in our clinical practice.

A PALES Research Road Map should be put in place as a unified research development plan for the different specialties and medium to long term monitoring of KPIs.

IV. PALES Influencing Governance

MIS should be made more accessible to the people through legislation and administrative orders. A

national referral center for training, service and research should be established and appropriate tax reduction on instruments or supplies should be considered by the government.

In addition, PALES should work ways to influence the DOH to set up Advanced MIS Centers in Regional Hospitals and to lobby for the creation of MIS-Z package from PHIC.

V. Leadership Training

A platform for a PALES Surgical Leadership Course as a prerequisite for accepting applicants for residency or fellowship should be put in place.

The Leadership Course should be able to define the following:

- Qualities of a good leader (leaders a role model or as a follower)
- Breaking the Silos or barriers
- Team work
- Crisis management

Dr. Cortez firmly believes that MIS must be recognized as a unique surgical specialty on its own and not just a different way of performing surgery.

He finally reminded everyone that future Proofing PALES and MIS is not at all a one big event celebrated like a fiesta but rather a long, progressive, arduous but otherwise fulfilling process for everyone who participated in its exciting journey...

" the need to do more , as a PALES way of life... " $\,$

.....article was based from Dr. Edgardo R. Cortez key note lecture during the last PALES Hybrid Annual Convention held a the Edsa Shangrila Hotel July 8, 2021. Dr Cortez is a past president of the Philippine College of Surgeons and former President and CEO of the St. Lukes Medical Center and a mentor of Dr. Miguel C. Mendoza our incumbent PALES president

CHAPTER NEWS

Keeping the Love for PCS Cordillera - Alive

• Gerarld P. Libatique MD, FPCS • Chapter President

Circumcision Drive and Colon Cancer Lay Forum • June 12, 2021 •

PCS Cordillera in cooperation with Pinget National High School and Barangay Pinget provided circumcision to 50 patients. It also conducted Colon Cancer Lay Forum to local barangay, parents and Pinget National High School staff.



Men's Health Prostate Awareness



PCS Cordillera in cooperation with BAGUIO MASONIC LODGE and BENGUET GENERAL HOSPITAL provided Lay-forum on Men's Health Prostate Awareness.

Baguio Masonic Lodge – Prostate Cancer Awareness • June 12, 2021

Benguet General Hospital Surgery
OPD with Dr. Francis Yabut providing
lecture, Question and Answer on Prostate
Awareness to Benguet General Hospital
OPD patients and employees.



Quarterly Joint Institutional Journal Conference • May 27, 2021

Topics include: Transfusion of Plasma and Platelets, Red Blood Cells in a 1:1:1 vs a 1:1:2 Ratio and Mortality in Patients with Severe Trauma. The PROPPR Randomised Clinical Trial, Prognostic Accuracy of Massive Transfusion, Critical Administration Threshold, and Resuscitation Intensity in Assessing Mortality in Traumatic Patients with Severe Hemorrhage: A Meta-Analysis; and Association of Prehospital Plasma Transfusion with Survival in Trauma Patients with Hemorrhagic Shock when Transport time are longer than 20 minutes: A Post Hoc Analysis of the PAMPer and COMBAT Clinical Trials.







Rite Exam • June 20, 2021



PCS CORDILLERA took the lead in supervising RITE 2020 examinations for Region I, Region 2 and CAR surgical residents.

Choledochoscopy Workshop • July 31, 2021

PCS Cordillera in cooperation with Benguet General Hospital Department of Surgery and Karl Storz Philippines and Saviour Medivices Inc. hosting Choledochoscopy Lecture and Workshop for surgical residents and nurses.



DAVAO SOUTHERN MINDANAO CHAPTER

Uncertainty- Training During the Pandemic

If there's one thing that Surgeons love, it's being right. Whether it be in an exam, a case presentation discussion, or when confirming our working impressions intra-operatively, it's a huge ego boost when we are correct.

Being right requires a great deal of certaintyand to strengthen our chances we have a wide range of scoring systems, pathognomonic clinical signs and mnemonics, and a whole specialty's worth of imaging modalities at our disposal. We use these tools to increase our level of certainty- to increase our chances of being right. Gone are the days of the REAL "Exploratory Laparotomies"- rarely do surgeons need to go in blind anymore. But despite the high-tech clinical and diagnostic weapons we have to treat surgical diseases, COVID-19 has made certainty a scarce commodity. All surgeons, whether young or old have felt it, but this is tremendously magnified in those who are still in training.

It is worth it to start or continue surgical training during this pandemic? Surgical training is hard enough as it is, but with the added stress of putting ourselves and our loved ones at risk, it has become more grueling.

The lack of surgical experience increases the levels of uncertainty skills-wise as well. With the surge in COVID-19 cases, some hospitals have put elective surgical procedures on hold. Surgical trainees are scrounging for cases so that they can graduate, and some are being promoted without having performed some procedures appropriate for their year level. It also looks like training extensions are going to be mandatory for some institutions, throwing lifetime plans and aspirations into chaos.

While residents may be "imported" by their consultants to perform or assist in procedures outside of their parent hospitals, this is fraught with its own set of complications regarding accountability for patients, and cross-contamination between different health institutions. While trainees are allowed in the OR, are they allowed to do rounds post op, and will this interfere with their tasks from their home-base, given the physical distance, and stricter travel restrictions? How will trainees learn how to manage their patients postop, if they only actively participate in the OR, but not in the post-operative phase as if they were learning JUST how to operate only through an "a-la-carte" basis? How can they be certain they did the right thing intra-op? How will they learn how to recognize and manage post-operative complications? How can they learn how to be sure? How can they learn how to be... certain?

Even if trainees make it through graduation, there are also delays in both written and oral exams, putting the lives and careers of many into uncertainty- with delays in board accreditation comes a delay in being accepted into fellowship training, being accepted by an HMO, or as a staff member in a hospital. Professional and academic lives are left in limbo.

No one knows when this pandemic will truly end, or when our lives can go back to normal. We can only hope that throughout all of this, we don't forget the struggles of trainees and fresh graduates everywhere. They can only blindly, and heroically move forward one duty cycle at a time- bravely facing a world of uncertainty.

Northern Luzon Chapter

Klinika Ng Bayan

Klinika ng Bayan in cooperation with the Pangasinan Medical Society in Dagupan, Pangasinan sustained its services until this time. It's a monthly free multidisciplinary clinic catering indigent patients. Dr. Anita Tarectecan of PCS NLC's pioneered the circumcision of teenagers during this time of pandemic done at the PMS Building, Dagupan City

Handwashing

The seven steps of hand were initially demonstrated among the children who attended the hands on lecture on hand washing which was don at the atrium of the Black Nazarene Hospital last July 1, 2021. This is a very timely activity especially during this time of pandemic wherein hand washing is a very important health protocol in preventing the spread of the Covid virus.

Share A Meal

Eiusmod tempor PCS NLC in cooperation with Rotary Laoag Sunshine Club launched the "share a meal" program which aims to augment the meals of the indigent children in the province of Ilocos Norte. In this time of pandemic, limited number of children were invited to take part with the said activity.

Dugo Mo, Ligtas Ang Buhay Ko Program

Augmenting the blood supply of the province of locos Norte, PCS North Luzon in collaboration with Ilocos Norte Medical Society, The Black Nazarene Hospital and The Philippine Red Cross conducted last July 12, 2021 a blood donation program at The Black Nazarene Hospital Inc. This program sustains the regular blood letting activity with its partner organizations as an interventional strategy to treat bleeding disorders, blood requirement during surgical intervention and even COVID 19 using their convalescent plasma. A total of 20 donors donated at least 250 mL of blood which were turned over to the Philippine Red Cross. This campaign ad was also advertised thru facebook.









Men's Health Month 2021

PCS NLC spearheaded the prostate cancer awareness program in collaboration with the Ilocos Norte Medical Society (INMS) last June 23, 2021 at the atrium of The Black Nazarene Hospital Inc. Dr. Jonathan G. Noble delivered his lecture on Prostate Cancer while Dr. Michael Mercado and Dr. Mark Anthony Marcos helped in doing the DRE among the participants of the activity.

Bike Run for a Cause

PCS NLC supported the advocacy of The Black Nazarene Hospital together with the Ilocos Norte Medical Society to raise funds for the indigent patients of the said hospital.

Prostate Cancer Awareness

Dr. Jonathan G. Noble, the President of PCS NCL who is also a urologist, cascaded the education campaign of prostate cancer awareness last June 20, 2021 thru DZJC radio program in Laoag City, Ilocos Norte. This is a yearly activity of Philippine Urological Association as a father's day gift to all men 40 years old and above for their free digital rectal examination (DRE) of their prostates.

SCUBASURERO

Scubasurero" is a term coined from scuba diving and "basurero" (garbage collector) which become an underwater clean-up program of the city government of Alaminos since it was launched in 2016. This is to maintain the cleanliness of the waters of the Hundred Islands in Alaminos, Pangasinan which is a famous tourism site. Keeping the waters of this famous attraction to be pristine is a priority which attracts both local and foreign tourists with its unique characteristics.

Last June 28, 2021, PCS NLC headed by Dr. Juvie Villaflor together with the members of the Pangasinan Medical Society spearheaded the clean up drive of the Hundred Islands waters. Usually, this activity in cooperation with other NGO's and other government agencies like Department of Environment and Natural Resources, Bureau of Fisheries and Aquatic Resources, Philippine National Police and Philippine Coast Guard also participate in the Scubasurero program.

Cardiac Surgical Mission

Despite of the wrath of the unseen enemy, the COVID 19, surgeons bravely rendered their unselfish kindness in performing this special surgical mission. Two of PCS NLC cardio thoracic surgeons namely Drs. Michael Martin C. Baccay and Cherrise N. Vinoya participated the Cardiac Surgical Mission spearheaded by the Philippine Heart Center management and surgical team at the Mariano Marcos Memorial Hospital and Medical Center last July 18-22, 2021 in Batac City, Ilocos Norte. This project was in partnership with Rotary Club of Metro Manila Pasig, Heart Warrior of the Philippine Inc., Imee Kalusugan Program of Senator Imee Marcos. The team output had a total of PDA Device Closure on 9 patients and CABG procedures on 4 patients.

#timeoutilocosnorte

PCS NLC represented by their President, Dr. Jonathan G. Noble joins with Ilocos Norte Medical Society and Philippine College of Physicians Ilocos Abra Chapter in calling for a time out in the province. With the dramatic increase of COVID – 19 infection in the area as early as the 1st week of July, the health care workers of the province has felt the tremendous work load brought about by the increasing number of Covid infections in the area. The hashtag (#'timeoutilocosnorte) was the appeal of the different medical specialties and subspecialties in the province for an ECQ to limit movement of people and to implement stricter health protocols. This activity was held at the Malacanang of the North last July 19, 2021 in Paoay, Ilocos Norte

PCS-NM in the midst of the COVID-19 Pandemic

When the COVID-19 Pandemic was declared by the World Health Organization (WHO) in the 1st quarter of 2020, everything came to a halt. It was so palpable that it can be felt anywhere else in the 4 corners of the world. It has devastated not only the health and welfare of the population but also our day to day life. In fact, it has somehow become an equalizer among all social classes of society because it doesn't cull who will be affected.

The Medical Community particularly in Cagayan de Oro City, of which the PCS-NM is actively involved, was somewhat fortunate to have been involved early on and working closely with the regional office of the Department of Health as well as the local government units in formulating strategies on how to conduct and face this health scare. We were at the forefront in batting this pandemic irrespective of the specialty we are in.

For the Philippine College of Surgeons - Northern Mindanao chapter, the usual activities that were supposed to be done for the year 2021 were put on hold, just like in the year 2020. Curricular and extra-curricular activities were set aside because of the quarantine regulations set forth by the government. Being part of the healthcare force, we practiced and acted as role models for the general population by following the minimum health protocols imposed by the Health Department. Much of the activities of the fellows of the PCS Northern Mindanao chapter were spent attending or joining virtual conferences brought about by local, national or international surgical

and other medical organizations which may or may not be related to the COVID pandemic. We were very grateful to all these organizations who shared to us the latest innovations/advances in our respective surgical subspecializations.

Although our local chapter had not come up with our own activities, we have contributed in our own little ways (individually or in groups) to the vaccination drive of the Department of Health. Just like in other medical societies, several of our fellows volunteered and spent some of their time in the vaccination programs. Some of us were also assigned to the triage areas of the different hospitals serving to sort or assign the patients either to the regular/main Emergency Room or to the "infectious" Emergency services to be attended to by the respective specialty units. Another significant but not so much talked about contribution of the fellows is the moral support lent to the other surgeons, surgical residents and other healthcare workers who contracted COVID. I know this cannot be measured or documented in any way because most of us don't want to make a big deal out of it. The psychological and emotional effects of this scourge are so great that spending even a little time talking or sending a text message to those afflicted is very comforting and somehow eases their stress away. A little assurance really goes a long way.

This COVID pandemic has been a burden to us all. Frustrations can be seen and felt everywhere we go. But it is also the time to reflect and assure ourselves that this will soon pass. As all else in this world, nothing is permanent.

Viber Chronicles: The PCS Southern Tagalog Chapter 2021

The PCS Southern Tagalog fellows started May with their own Pre Mid Year Convention activity last May 4, 2021: the formal signing of the MOA with De La Salle Medical and Health Sciences-College of Medicine, on the use by the chapter of the Moodle Learning Management System for its residents in training and fellows alike.







The 2021 PCS Mid Year Convention was attended by almost all fellows of the chapter; most specially the fellowship night where STC fellows showcased a meaningful rendition of the song "Huwag Kang Matakot", an OPM from the 1999 album of Eraserheads, a very appropriate song during these time.

May is Skin Cancer Month as calendared by PCS Commission on Cancer. The chapter had its webinar lectures on Basal Cell Carcinoma and Treatment of Postoperative Scars last MAY 13, 2021; delivered by fellows of the chapter who are likewise prominent members of the Phil Association of Plastic Reconstructive and Aesthetic Surgeons.





True to it's commitment to "Heal the world... make it a better place", the chapter had its second quarterly simultaneous native tree planting for the year 2021, Sunday May 23 at 8:00am. Viewed and documented thru Zoom, each fellow planted Kamagong tree in each own's backyard.

The chapter also had an audience, albeit virtually with two presidents of two societies that are very much in the thick of things at this time. A webinar with the presidents of the Private Hospitals Association of the Philippines Dr Rene De Grano, and that of the Philippine Medical Association Dr Benito Atienza was held last May 27, 2021.

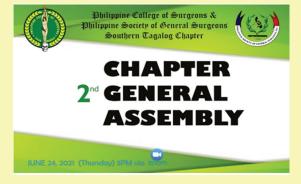




June is National Organ Donation Awareness Month as declared by DOH. A webinar to re-orient our fellows, and a layforum to educate the masa were held last June 17 and 19 respectively.

The PCS Southern Tagalog Chapter fellows had its regular quarterly assembly last June 24, 2021. The PCS roll out of vaccines and the bid for 2023 mid year convention were among the agenda





PCS STC embarked once more on an activity that will be first done by the chapter. This was the Surgical Strokes Challenge last July 17, 2021. It was participated by the training institutions of BatMC, PHMC, DLSUMC, GEAMH, MMMC, AHMC, and OsMun.