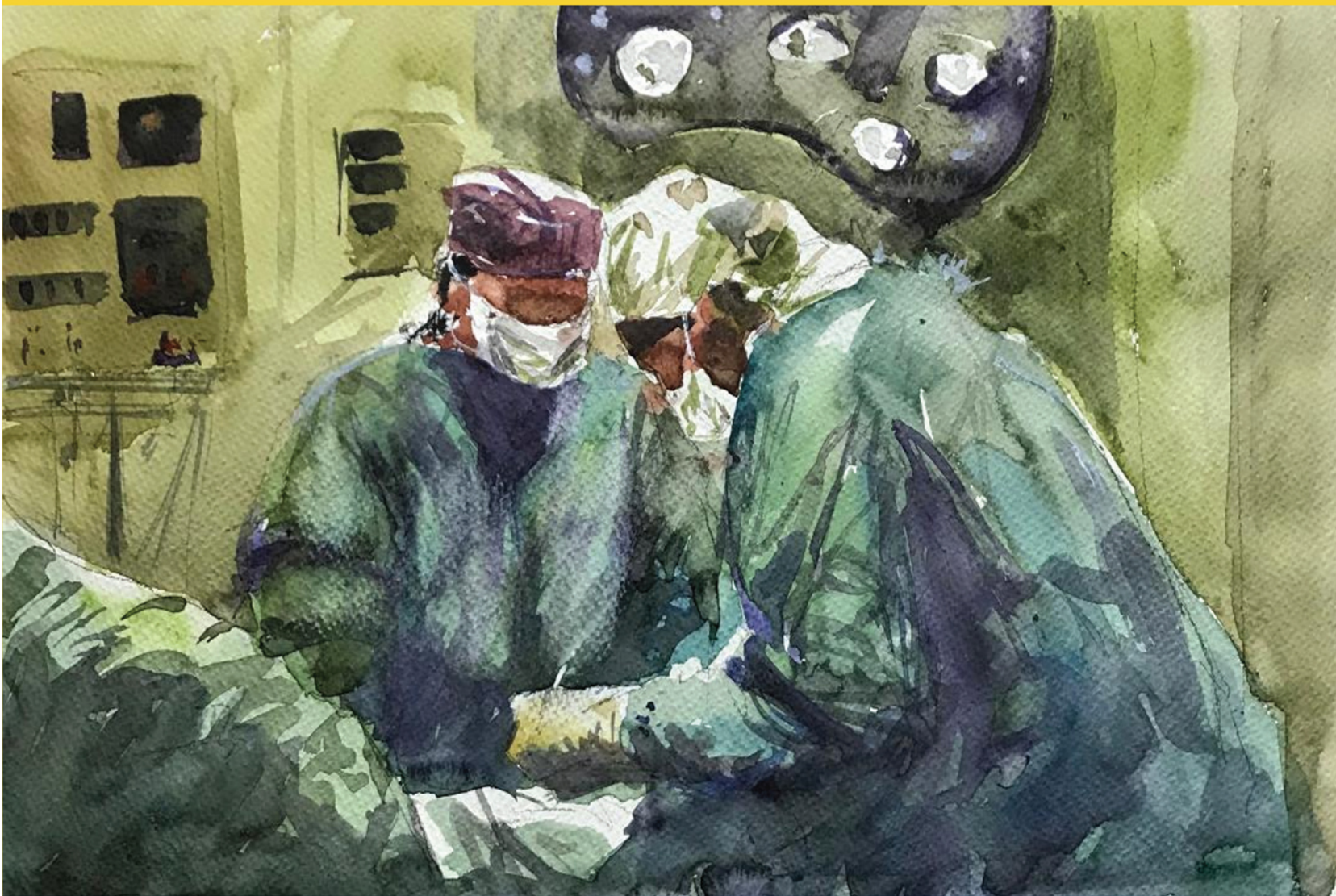




Incisions

The Newsletter of the Philippine College of Surgeons

Volume 39 Number 1 • pcs_1936@yahoo.com / www.pcs.org.ph • January - April 2019





Incisions

The Newsletter of the Philippine College of Surgeons

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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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Surgical Timeout

by Peter Raymund M. Quilendrin, MD, FPCS



Our Cover



No Weekends

Dr. Alvin de Jesus finished his IM residency in 1996 and started his practice also at MMC until 2008 while working as Provider Relations Manager for Maxicare. He then transferred his practice to Pateros. Currently, Dr. de Jesus is the Chief of Clinics at ACE Medical Center, Pateros. He also holds an MBA from DLSU Graduate School of Business and has been the President of PDC2005 Inc. - a multispecialty group practice in Makati from 2005- present.

He has had a solo exhibition in June of 2017 while also joining other group exhibits. Just recently in March 2019, his watercolor painting "BINONDO PLAZA" was awarded honorable mention by the International Watercolor Society Philippines during their annual watercolor juried exhibit at GSIS' Museo ng Sining.

He is a member of the Let's Paint Group and IWS Philippines and founding director of the Philippine Pastel Artist, Inc.

FROM THE EDITOR'S DESK

Marcus Jose B. Brillantes, MD, FPCS



“THE MAKING OF A SURGEON” and a Surgeon Writer

“You can make anything by writing.”

~ C.S. Lewis

After hurdling the Medical Board exams, I immediately set my sights in applying for a surgical training program in several certified institutions. With building anticipation within, part of my mental preparation before undergoing residency training in surgery directed me to a musty, tattered book which had been sitting idly for quite an extended period on the bookshelves at home. The passage of time could have been kinder and the yellowed pages have become worn and stained. It used to belong to my father whose quiet influence was naturally ever-present. The book was “The Making of a Surgeon” by Dr. William A. Nolen.

Dusting and gently leafing through those fragile first pages, I started to read the initial lines in earnest. Dr. Nolen writes in his Introduction:

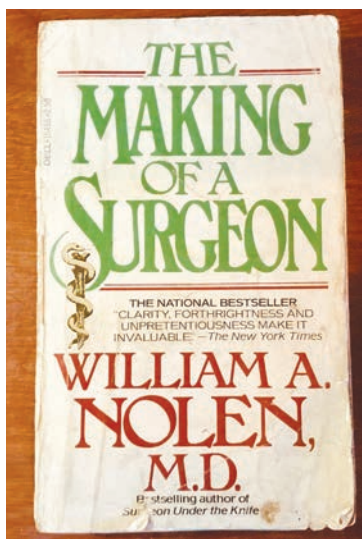
“Every would-be surgeon travels the same general path. It’s known as the residency system, a plan

originated in 1895 by William Halstead, a professor of surgery at Johns Hopkins Hospital, and one which has persisted, with minor modifications, since that time.”

Upon reading these opening sentences, I was hooked. I felt I had to absorb and digest this book before my own surgical “tour of duty”.

The original intended audience in which the author-surgeon wrote his now dated book was for the general readership; a memoir written of an intensely human record about a young surgeon’s journey apprenticeship purportedly to inform and attract the non-medical personnel on the challenging and complex little-known world of training in surgery. The 1968 publication of this bestseller book and its appeal to the ordinary reader may not have been given a seal of approval, one can imagine, by a good number of surgeons at that time because it had stripped away the veneer of the almost impenetrable inner workings and complexities in the making of a surgeon. Nothing quite like it has ever been written to such detail about the guarded secrets of surgical training and the undisclosed milieu of surgeons before or since.

What is remarkable about this paperback edition is not the author’s subpar literary style of simple diction but his direct, raw narrative with its to-and-fro emotional range: poignant, dispassionate, irreverent, intense, devastating, enthralling - which takes you right into the bedlam charity wards of the Bellevue Hospital as the odor violates your nostrils, wheeling you into the chaos and grueling workload in the Emergency Room on an ordinary day, the multiple intrigues of hospital politics, the mutual lack of admiration between surgeons and internists, the hushed talk about the idiosyncrasies of certain surgery consultants and then still manages to personally usher you into the Operating Room, with you standing over the draped anesthetized patient



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under the unforgivable bright lights and intense gazes of the OR personnel - the immediate slapping into your gloved hand of a cold blade as soon as you bark a single command word of "scalpel!" with marble composure yet steely nerves barely intact. You experience the slicing sensation of the knife as you deftly cut the taut skin, feel that oily sensation of the oleaginous layer of yellowish adipose tissue and appreciate the fascial membrane's shimmer upon emergence. The book connected both at a visceral and conceptual level.

For example, Dr. Nolen's vivid description of his faltering primal appendectomy case as a first year resident was hilarious as reassuring that we indeed will commit missteps during those initial formative years of surgical tutelage. The episode even merited a whole chapter. Dr. Nolen recounts:

"Everything felt the same to me. The small intestine, the large intestine, the cecum - how did one tell them apart without seeing them? I grabbed something and pulled it into the wound. Small intestine. No good. Put it back. I grabbed again. This time it was the sigmoid colon. Put it back. On my third try I had the small intestine again."

He gives his no-holds barred account of lapses in judgement with its morbid or fatal consequences which deeply affected him while also teaching him a painful lesson. Dr. Nolen wrote devoid of all pretensions and, with eager forthrightness and depth, takes you into his deep emotional conflicts. His book spoke of very real feelings - and failings. And the readers appreciated his honest efforts.

As we continue reading on Dr. Nolen's passage as a resident-in-training, we balloon with pride along with the author as we witness his refinement in dexterity, the gradual improvement in surgical decision making, the increase in responsibility, his growing confidence and mentorship with its personal gratification. He is on the road to becoming a surgeon.

The vicarious preparation for residency through the book's stirring prose inspired and strengthened my decision to pursue a career in surgery. Dr. Nolen certainly had a talent to make a story more interesting while simultaneously educating the reader. Aside from receiving the necessary information on what to expect and the grinding work that must be put into residency training, it related true accounts illustrating how a surgeon genuinely cares for a patient. It made me realize the selflessness of how noble a profession in surgery can be.

Dr. Nolen cited three influencing factors that helped him decide to become a physician and specialize in Surgery. First was his father who, incidentally, was a lawyer. He repeatedly witnessed his father's deference to his physician patients. His father's advise to him

then was: "If you're smart when you grow up, you'll be a doctor. Those bastards have it made." The second influence was by observation of the family's physician who seemed so knowledgeable and undaunted. (Dr. Nolen even recounts how the family doctor, while performing tonsillectomy on him in the clinic setting, accidentally incised his uvula.) The third factor came from his interest in reading the scientific articles of Mr. Paul de Kruif who was an American microbiologist and author most noted for his 1926 book ("Microbe Hunters") which inspired thousands of aspiring physicians and scientists.

With several books and magazine columns and articles neatly tucked under his name, Dr. Nolen encouraged countless of young idealistic individuals to pursue a career in surgery. In like manner, those among us who are also interested in writing are therefore urged to motivate our younger colleagues in the surgical field through writing. It may be considered fashionable among writers that the process of writing is disenchanting and one of prolonged misery. That experience is more pronounced for non-writers.

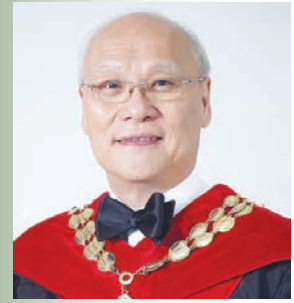
One technique shared by multi-awarded writer and Literary UP Professor Jose Wendell Capili during our Writers Workshop in dealing with writers block or the reluctance to write was to rudimentary draw on a blank sheet a scene that you wish to compose about. Focus on different aspects of that drawn scenery and describe each in greater detail. Be sincere. Distinctive voices often speak of that all-too-human aspirations, struggles and foibles.



At some designated period, it would be good to temporarily lay down the scalpel, pick up a pen and simply write. Throw caution to the wind and scribble away. For all we know, our writing may edify and inspire someone today or in the not-too-distant future.

FROM THE PRESIDENT

George G. Lim, MD, FPCS



(The following is the Inaugural Address given by Dr. George Lim on December 4, 2018 at the EDSA Shangri-La Hotel).

Please allow me to share with you the story of my surgical career.

When I first entered the General Surgery Residency Training Program of the Santo Tomas University Hospital in 1983 as a first-year resident, my concerns were only limited to the patients under my care. As I rose up the ladder, my waking hours were devoted solely to my operations and getting through the next conference and the most dreadful weekly audits. Finally, after 4 years, I got through.

At that time, I did not care about anything else except for my future surgical practice. The Philippine College of Surgeons was a blur to me except that I needed to pass the specialty board exams of the Philippine Board of Surgery to become eligible for Fellowship and be accepted in surrounding hospitals to practice my specialty.

So, I passed and became a Diplomate and later on, inducted as a Fellow of the College. Yet, the PCS remained a blur, because my primary concern then, together with my wife who is an anesthesiologist, was to provide a comfortable life for my growing family. During this time, I left briefly for a Fellowship in Colon and Rectal Surgery in Hong Kong and later on was inducted as a Fellow of the Philippine Society of Colon and Rectal Surgeons. My concerns remained the same throughout this time.

When I was appointed Training Officer of the General Surgery Residency Training Program of the Department of Surgery of the

Chinese General Hospital and Medical Center in 1989, I realized the relevance of the PCS. At this time, I had added another primary concern. It was now my GS program accreditation and my residents' performance during in-service examinations and their specialty board certification results. My only relation with the College was limited to committee work when Dr. Willie N. Lagdameo asked me or was it, ordered me, to work in a PCS committee. I have now forgotten what my first committee with the College was. Much later on, the Philippine Society of General Surgeons was established and then I got more involved with the College and the PSGS.

When I was elected PSGS President in 1999, I now focused my attention to the Society. Realizing and now more knowledgeable about the profession I have come to love, I devoted my term to strengthening my specialty.

Fast forward to now, as the 83rd PCS President, I ask myself, now that I am in a position that allows me the opportunity to do something for my profession, where do I start and where should I go?

There are external threats that we face today and in the very near future. The first is our residency program accreditation and certification process. We have done this for decades and we are satisfied that our programs have produced generations of competent surgeons who now answer the surgical needs of our nation. Unfortunately, we are not the only surgeons in the country. There are non-PCS surgeons performing surgery in many places and who far outnumber us, at least in a ratio

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of 4:1. They claim to be specialists like us. And because they have connections here and there, coupled with a strong lobby group, they want to take over surgery residency and certification, traditionally our functions, moved to the Department of Health where they have greater influence. We realized this strategy when we saw the attempt to insert this into the Physician's Act Bill in Congress, the Universal Healthcare Act that is now ready to be signed into law by our President, and the even the Medical Residency Act Bill pending and ready to be refiled in the next Congress.

Thus, you will see how this can affect our specialty in the future. I do not want to see the day when inadequately-trained surgeons who cannot pass our specialty board exams labelled as specialist surgeons in a similar category as the members of our prestigious College. I hope the Professional Regulation Commission would implement soonest its resolution number 25 of 2015 recognizing the PCS as the specialty society for surgeons - for that is the only way that the College can acquire government mandate for its role in the specialty of surgery – and we need to make this happen soon, before somebody inserts into law a provision appointing the DOH as the government agency to oversee residency and certification. So how do we do this?

There is a saying: When you truly want something, all the universe conspires in helping you achieve it. I trust we can do this.

Another threat that I see is the Bureau of Internal Revenue. For the last two years, we have trying to set our tax payments and liabilities above board and in compliance with current tax regulations. At the same time, we want to maximize our tax exemptions because of the nature and activities of our organization. Unfortunately, we have not yet been able to straighten everything out despite numerous meetings with our accountants including a forensic accounting expert and our legal counsel. To make the long story short, we need to fix this

so we can move on to other concerns. Again, I am confident we will.

We do have internal threats as well but I would like to consider them as challenges that we need to overcome. These are membership issues particularly membership database updating, recruitment of specialist surgeons who are not yet PCS members, and membership welfare. There are as well specialty society issues concerning their relationships with the College. Others include the establishment of PCS Commissions who can now take the bold step of being at the forefront of our national flagship programs in collaboration with government, non-government organizations and other specialty physicians, namely: Cancer, Trauma, Infection Control, and Surgery in Unvisited Regions for Education or the SURE program. Still another is the conduct of our conventions with the goal of facilitating our members' participation in these.

These are a mouthful and there is a chance that I may be taking in more than what I can chew. With the new Board of Regent's support and the tremendous work being done by our various committees, I am confident we can do this, or at least lay the groundwork for the next Board to continue and complete.

Somebody once said: Choices, chances, and changes are the basic reminders in Life. We need to make a choice, take a chance, or else our lives will never change.

The choice has been made, the chance to be taken, and we pray that we will have the fortune of seeing the change happen during our short term.

Thank you again for your confidence and I pray that my family will understand my new job. Can I ask them to rise to be recognized – my wife of 32 years, Lucille, an anesthesiologist; my son, Michael Geoffrey, who next year will be a senior resident in General Surgery and Chief Resident in Surgery at the University of Santo Tomas Hospital; and my daughter, Lara Gabrielle, who is a resident in Radiology at the same hospital.

11th Board of Regents' Meeting November 17, 2018 (Saturday)

President's Update

- A meeting with Dr. Jose Y. Cueto, Jr, PRC Commissioner was held on November 8, 2018 to discuss Residency Training, Certification and Accreditation.
- The Committee on External Affairs is to schedule a meeting with the Senate's and Congress' Committees on Health to present the College's issues/concerns

Treasurer's Report

- The BOR approved the proposed 2019 budget with a net income of PhP 2.5 M.

Committee on Building

- The LED wall is expected to be functioning by the first week of December.
- A new window type air conditioner is for purchase and to be installed in the Executive Secretary's office.

Committee on Administrative Concerns

- The Board approved a salary adjustment of PhP 25 to all PCS employees after the government approved an increase of the same amount effective Nov. 25, 2018 for all minimum wage employees.

Committee on Surgical Infections

- Approved for printing was "Fast Facts About HIV for Surgeons".
- The Symposium on Antimicrobial Stewardship for Surgeons is scheduled on December 4, 2018, 8 to 11 AM at the Garden Ballroom.
- The Board disapproved the sponsorship of the symposium by MSD.

Committee on Trauma

- The Seminar on Critical Care is scheduled on Nov. 26, 2018 at the Manila Medical Auditorium. The College will pay for the cost of meals and other expenses in advance pending settlement of the educational grant from B Braun to the College.
- The PRC-BETTER Workshop is scheduled on Nov. 19-20, 2018 at El Bajada Hotel, Davao.
- There will be an ATLS Educators/Faculty Meeting on Dec. 5, 8 to 9 AM at Kamia Room.
- The North American Rescue will be occupying a booth during the Annual Clinical Congress and has submitted materials/equipment for STOPTHEBLEED.
- The Trauma session is scheduled on Dec. 4, 2018 from 8 to 9 AM at the Garden Ballroom 1 & 2.

Committee on Conventions

- 74th Annual Clinical Congress

across the board



Maria Concepcion C. Vesagas, MD, FPCS

- All speakers will be requested to accomplish a disclosure form prior to the lecture and will verbalize this as well.
- Fondazione Merini has given an educational grant to the College and will be paying for the air tickets of Dr. Jorg Baral and Dr. Antonio Toesca.
- The delegates' congress badges will include a QR code for attendance purposes upon entry to the Isla Ballroom. Cellular phone units will be purchased for this purpose.
- Guidelines for sponsorship of sessions during conventions were formulated and approved by the BOR.
- The PCS Directory 2019 will be sponsored by A Menarini and the company will be taking pictures during the congress for this purpose.
- 45th Midyear Convention: May 1-3, 2019, Citystate Asturias Hotel, Puerto Princesa, Palawan
 - The proposed venue for the Midyear Convention will be the Microtel Hotel's beachfront.
 - PSGS will conduct its own Fellowship Night on May 3, 2019.
- 46th Midyear Convention
 - Chapter bids submitted as of date were from the Cordillera and Southern Tagalog Chapters
- 76th Annual Clinical Congress is scheduled on November 29 to December 2, 2020 at a venue still to be identified.

Committee on Continuing Surgical Education

- 75th Annual Clinical Congress: December 1 to 4, 2019; EDSA Shangri-la Hotel; "Game Changers in Surgery"
 - Additional international faculty
 - Muffazal Lakdawala, MD – Laparoscopic and Obesity Surgeon from Mumbai
 - Associate Professor Craig Lynch – Colorectal Surgeon from Melbourne, Australia
 - Confirmed speakers:
 - Prof. Scott Russell Steele
 - Dr. John Fildes
 - Telemedicine Network of the Philippines (TNP) is hosting the International Telemedicine Symposium on December 3-4, 2019. The TNP (composed of surgeons and engineers)

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is proposing that the 13th Asia Telemedicine Symposium be held within the PCS' congress, with the first day focusing on medical topics and the second day will involve the non-medical professionals. Their program will conform with the Congress' theme. Proposed venue: Garden Ballroom.

Committee on Cancer

- The First Tumor Board Summit will be held on December 2, 2018, 1:30 to 3:30 PM at Garden Ballrooms 1 & 2.

Committee on SURE and Outreach Services

- The Board approved the inclusion of Drs. Beda Espineda and Lester Suntay as co-chairs of the committee.
- The SURE Summit will be held on December 5, 2018 from 8 till 10 AM at Isla Ballroom I.
- A MOA between the PCS-PSA-ORNAP will be signed during the summit.
- A total of 9 missions were held during 2018 in cooperation with the AY Foundation and World Surgical Foundation.

Committee on Surgical Research

- The committee was tasked to gather and analyze data regarding surgical manpower, including fellows, non-fellows, surgical board takers and passers. Additional data will be requested from the surgical specialties and other organizations (e.g., PHIC)
- The committee will compile the CPGs from the specialty societies.
- The TWG of EBCPG on Management of Acute Post-operative Pain includes Drs. Rodney B. Dofitas (Chair) and Ma. Lourdes K. Cabaluna (Anesthesia/Pain), Dexter S. Aison (PSPS), Jose Rhoel C. de Leon (SOSP) and Mr. Jay Murcial M. Toribio, RN, (Pain Service Nurse).

Committee on Surgical Training

- A meeting with the presidents of the Residents' Organization of the different specialty societies was held on Nov. 8, 2018. Matters discussed were Residents' Working Conditions (PCS Position Paper submitted to DOLE), residents' working hours survey.
- The Surgical Grand Rounds-Presentation of Interesting Cases will be on December 5, 2018 from 12 NN till 5 PM at Kamia Room.

Committee on Membership Development

- Dr. Jumer C. Cadelina has been endorsed for fellowship, bringing the total number of inductees to 82.
- The Board approved the request of PSGS to consider all GS residents from year 1 to 5 under the Resident Member category.

1st Board of Regents' Meeting January 12, 2019 (Saturday)

President's Update

- PCS President George Lim congratulated the newly elected Regents for 2019. He proceeded with reminding the Board of Regents of their duties and responsibilities as contained in the Administrative Manual.
- Since the By-Laws still have to be amended (creating Commissions), the Board approved to proceed with the creation of the different Commissions and appoint regents as Directors in the interim: Cancer – Dr. Manuel Francisco T. Roxas; Trauma- Dr. Vivencio Jose P. Villaflores, III; Infection Control – Dr. Renato Montenegro; Community Services – Dr. Ramon S. Inso.

Treasurer's Report

- The College received PhP 5 M as donation from the PCSF to fund its projects.
- The Board approved investing the amount of PhP 10M in short-term investments.
- A supplementary budget for the Commissions will be assigned, considering that the budget for 2019 had already been approved.

Committee on Building

- An electrical outage occurred from December 23 till 25, 2018 at the PCS building due to damages incurred while demolition was ongoing for the construction of the LED wall.
- Repairs for the above and others were approved by the BOR which included installation of a new model electric meter and additional breaker, new electrical supply for the 3rd floor, elevator, 2nd floor hallway and ground floor lobby.
- The Board approved extending the complimentary use of PCS facilities by surgical specialties provided activities are not income generating. For such, a full amount of rental will be charged.
- The PCS has been given 320 slots of 10 seconds per day in LED walls of Infinit Grafex all over Metro Manila.

Committee on Administrative Concerns

- The Board approved the release of the retirement pay of Ms. Corazon G. Coronel.
- The college has placed an ad for new secretaries to replace Ms. Coronel and Ms. Samonte who was Ms. Coronel's replacement.
- Due to the vacancies of secretaries which still have to be filled, there was a reassignment of committees to the present pool in the Secretariat.

Committee Memberships and Tasks

- The proposed list of Committee Chairs and Members was approved.
- A meeting with the Directors, Regents-in-charge of some of the Committees has been scheduled on January 19 and 26, 2019 to present and discuss their tasks for 2019.
- The following have been identified by the Board as tasks for 2019:
 - a) Surgical Research
 - Manpower Study – update as bases in identifying Fellows, non-Fellows in areas of the country
 - Apply for research grants from PCHRD through their National Unified Research Agenda
 - b) Surgical Training
 - To study establishing a Joint Council comprising heads of surgical training of surgical specialties
 - To study non-monetary benefits for Residents and Fellows in Training
 - To follow-up status of PCS position paper on DOLE D.O. 182, series 2017
 - c) RUV
 - To consolidate all RUV of surgical procedures officially submitted by the surgical specialties
 - d) Trauma
 - To coordinate with the Committee on Hospital Standardization in setting up the guidelines in recognizing levelling of trauma care in hospitals (PCS seal of approval/excellence)
 - e) Hospital Standardization
 - To formulate minimum requirements for the operating room, emergency room to include, manpower, facilities, equipment
 - To coordinate with the Committee on Trauma in setting up these guidelines
 - f) Cancer
 - To set up minimum requirements for Tumor Boards and operating rooms
 - To fast-track creation of the Commission on Cancer
 - g) Surgical Infection
 - To establish minimum requirements for infection control
 - h) JAC
 - To collate accreditation requirements of all surgical specialties

PCS Executive Committee

- The following comprise the Executive Committee: President Dr. George G. Lim, Vice-President Dr. Jose Antonio M. Salud, Treasurer Dr. Antonio S. Say, Secretary Dr. Maria Concepcion C. Vesagas,

Dr. Ramon S. Inso, Dr. Esperanza R. Lahoz, Dr. Dr. Vivencio Jose P. Villaflo, III.

- The schedules for the Board of Regents' Meetings for 2019 were set and finalized.

Other Matters

- The College received PSCRS Board Resolution No. 2018-0001 in connection with the PCS Board Resolution No. 2018-0001 entitled: *“Restructuring of the Relationship of the Philippine College of Surgeons (PCS) with Surgical Specialty and Sub-specialty Societies”*.
- After discussion of the issues involved and the events leading to the issuance of PCS BOR Resolution 2018-001, the PCS BOR 2019 approved rescinding the same and formulating a revised Board Resolution (10 votes).
- The Philippine Society of Pediatric Surgeons is celebrating its 50th anniversary this year and has requested the inclusion of their name and logo in the College's Midyear and Annual Clinical Congress Publications.

2nd Board of Regents' Meeting February 9, 2019 (Saturday)

Matters Arising from the Minutes

- The Board approved that the Infection Control Commission need not be created as this will involve other specialties.
- Additional committee members of different committees were added and approved.

President's Update

- The PCS President attended a meeting at the PMA where the Universal Health Care Act was discussed, particularly provisions Section 19– *Integration of Local Health Systems into Province-wide and City-wide Health System; Section 20: Specialty Health Fund; Section 21: Income Derived from PhilHealth Payments*. The Primary Healthcare Provider was also retained in the UHC Act.
- The PMA and the PhilHealth will have a Memorandum of Agreement wherein the PMA will provide an on-line list of members in good standing submitted by the 8 specialty divisions.

Treasurer's Report

- A graph representing the Committees' expenses versus their budget was presented. The Board approved that the expenses of the Committee on Building should be treated as operational, capital expenditures, maintenance expenses unlike those of other committees.

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Committee on Finance

- Upon the committee’s recommendation, the Board approved the following:
 - To withdraw investments that are positive in performance
 - To leave investments that have performed negatively to prevent paper loss to being real loss
 - Funds withdrawn from investments will be used in the procurement of real property in order to counter the effect of inflation
 - To invest in low interest instruments in the market

Committee on Building

- The Board approved to offer the LED complimentary 320 10-second spots per day to Committees, Specialty Societies and PCS Chapters.
- The PhP 400 K budget for the painting of the exterior of the PCS building was approved.
- Tenants due to renewal of leases were presented.
- A 1.5 meter guardhouse shall be constructed at the corner of the property, beside the mango tree.

Committee on HMO and RVS

- A summit on HMO is scheduled for this year.
- The committee will schedule a meeting with Mr. Israel Pargas and Ms. Narisa Sugay, both of PhilHealth regarding payment scheme under the UHC.

Committee on Trauma

- Thirteen ATLS Courses are scheduled for 2019; the Instructors’ Course for 2019 schedule is still to be finalized.
- The Board requested for a detailed financial report on the ATLS Course (the last being 2017).
- The MOA with DOH on Regional Trauma Center Education was found to be in order by the PCS legal counsel.
- Four BEST Workshops are scheduled for 2019. Four BEST Workshops were held in 2018. STOP the BLEED was included in the BEST and BETTER Workshops.
- Burn Management during disasters will be included in the BETTER Course and will be incorporated in the BETTER Manual. The manual is for presentation to the PGH Division of Burns.
- A Critical Care Course is scheduled on September 28-29, 2019.

Committee on Cancer

- The Board requested for the fast-track organizational set-up of the Commission on Cancer.
- A Tumor Board Workshop is scheduled on June 22, 2019, with invitations to other oncology organizations planned.

Committee on Conventions

- 45th Midyear Convention – May 1-3, 2019; Citystate Asturias Hotel Palawan, Puerto Princesa City
Theme: Surgery and Its Complications

	Until April 15	After April 15
	Php 3,000	Php 4,000
Fellows		
Guest MDs (non-FPCS)	4,000	5,000
Resident Member	1,800	2,300
Resident Trainee (w/ certificate)	2,500	3,500
Accompanying Persons	800	800
Medical Students	300	300
Foreign Delegates:		
Consultants	USD 250	USD 300
Residents	USD 125	USD 150

- Note:
- a) 20% discount for 60-64 y/o (Senior Citizen)
 - b) 30% discount is given to the following:
 - Committee Chairs and Members (based on at least 50% attendance during Committee meetings)
 - Members of the Organizing Committee of the Host Chapter
 - c) Registration fees are VAT inclusive
 - d) 20% discount for PWD (BOR approved March 2017)
 - The chapter has hired Happy Day Events Solutions as the Events Organizer for the Midyear Convention.
 - Pre-convention activities are a sportsfest at the Microtel; Road Safety Session for school children and faculty; PATOS and PATACSI Symposium at Citystate Asturias Victoria Hall and a BOR Courtesy Call to Mayor Lucilo R. Bayron.
 - 75th Annual Clinical Congress – December 1-4, 2019; Edsa Shangri-la Hotel;
Theme: Game Changers in Surgery
 - Registration Fees – 2018 Rates (inclusive of VAT)

	On or before October 18	After Oct. 18
	Php 4,000	Php 5,000
Fellow		
Resident Trainee (w/ certification from Dept. Chair)	2,900	3,900
Resident Member	2,300	3,200
Guest (Non-FPCS)	5,500	6,500
Day Registrants (Non-GS Only)	1,680	1,680
Accompanying Person	1,200	1,200

Foreign Delegate (consultant)	USD 300	USD 400
Foreign Delegate (trainee with Certification from Dept. Chair)	150	200
Accompanying Person (Foreign)	50	50

- 46th Midyear Convention – April 30-May 2, 2020
Bids Submitted:
 - Southern Tagalog Chapter – Taal Vista Hotel, Tagaytay – March 14 (Thursday)
 - Cordillera Chapter – Newtown Plaza Hotel/ Holiday Inn/Crown Legacy, Baguio City – March 3, 2019 (Sunday)
 - Bicol Chapter – Avenue Hotel, Naga City – March 23 (Saturday)
 - Ocular Visits are to be conducted for the venue for 76th Annual Clinical Congress – November 29-December 2, 2020: Shangri-La at the Fort, Conrad Hotel Manila, PICC, Grand Hyatt Hotel.

Committee on Continuing Surgical Education

- Paolo Veronesi, MD and Wayne Shih-Wei Huang, MD were invited as additional faculty to the 75th Annual Clinical Congress scheduled on December 1-4, 2019 at the EDSA Shangri-la Hotel.

Committee on Surgical Research

- The committee was mandated to update the Manpower Study and present results to the government and other agencies.
- Other tasks of the committee: use Patient Safety Survey results to formulate benchmarks for surgical outcomes; research on the status of surgery in the country; look for funding for the committee’s research tasks.
- Conduct of workshops and seminars shall be devolved to the PCS Chapters.

Committee on Administrative Concerns

- New secretaries were hired: Ms. Jemme O. Dioquito (re-hired) and Ms Chryza De Guzman.
- Committee assignments were given out to the Secretarial Staff.
- The Board approved an incentive bonus equivalent to one-month’s salary to employees who received a performance evaluation of 5-4.5 (Outstanding) and half-month’s salary to those who received 4.49-4 (Very Satisfactory).

Committee on Publications

- The Board approved the following: Press Guide for 45th Midyear Convention newspaper supplement; revised poster for the 45th Midyear Convention.

- The Board approved storing of still pictures and videos for documentation purposes on a hard drive (instead of a dedicated computer).
- The Board Approved the contents of the Newsletter Issue January to April 2019.
- New members of the committee are Drs. Rhoderick Casis, Joy Grace Jerusalem and Peter Raymund Quilendrina.
- A Writer’s Workshop: Creative Writing in the Digital Age by Prof. Jose Wendell Capili is scheduled on February 23, 2019 at the PCS Building from 8 to 12 noon.

Board of Governors

- Elected were Doctors Gerald C. Sy (Chariman), Lemuel C. Trayvilla (Vice-Chairman), Leo Carlo V. Baloloy (Secretary).

3rd Board of Regents’ Meeting March 9, 2019 (Saturday)

President’s Update

- The College will make representations with the DOH to be a member of the TWG or as a resource person for the formulation of the Implementing Rules and Regulations of the recently signed Universal Health Care Act.
- The First Quarterly Meeting with the Surgical Specialties was held on March 6, 2019 at the GT Singian Board Room.
- The PhilHealth has not submitted its update on the RVUs submitted by the specialties in 2017.

Committee on Finance

- The Board approved withdrawing funds from several investment portfolios and investing the same in short time investment in different banking institutions.
- The Board approved to purchase a 1,000 sq m lot in any major city for investment purposes.

Committee on PCS Building

- The Board approved the renewal of the lease contracts of New World Diagnostics and Value Care Health System.
- The repainting of the building exteriors was awarded to another contractor due to the illness of the previous winning bidder.
- Sliding gates will be installed by another contractor due to the illness of the previous winning bidder.
- The committee is requested to put up “NO SMOKING” signs in the PCS building areas being occupied by smoking SM merchandisers.

Committee on Trauma

- The Board approved the proposed joint program with the Quezon City Disaster Risk Reduction and Management through the PCS Metro Manila Chapter.
- The stakeholders' meeting will be scheduled on April 13, 2019 instead of May 22.

Committee on Cancer

- The Board approved hiring Ms Gemma Cunanan who will be the project manager for the Commission on Cancer.
- Two committee members Doctors Catherine Teh and Manuel Francisco T. Roxas are active members of the Coalition Against Cancer.
- A letter will be sent to DOH expressing the PCS' interest to participate as a member or resource person of the TWG for the Cancer Bill.

Committee on SURE

- A meeting was held on February 24, 2019 on the proposed Commission for Surgical Systems Strengthening. In attendance were G4 Alliance, World Surgical Foundations Philippines, Global Health Focus, FHF and Tebow Core. Pledges were received to jumpstart the commission's creation.
- The Commission will most probably be launched on September 12, 2019 during the 83rd Foundation Day Celebration.

Committee on Surgical Infection

- The committee will request the DOH to declare the 2nd Saturday of July as "Surgical Infection Prevention Awareness Day".
- The Philippine Surgical Infection Society will host the 2023 Surgical Infection Society-Asia Pacific International Conference.

Committee on Conventions

- 45th Midyear Convention – May 1-3, 2019; Citystate Asturias Hotel Palawan, Puerto Princesa City **Theme: *Surgery and Its Complications***
 - o May 1: Activities include a sportsfest (basketball, tug-of-war, relay and volleyball); Lay Forum and a Courtesy call to Mayor Bayron
 - o May 2 and 3: Convention proper
 - o The Board approved using the services of Docquity for the Midyear Convention.
- 75th Annual Clinical Congress – December 1-4, 2019; Edsa Shangri-la Hotel; **Theme: *Game Changers in Surgery***
 - o A. Menarini shall be sponsoring some Congress Activities scheduled on Monday, December 2, 2019.
 - o The Telemedicine Network of the Philippines is assigned to use the Garden Ballroom for their convention.

- The 46th Midyear Convention is scheduled on May 6-8, 2020 at a venue still to be recommended by the committee.
- Schedule of 2021 Conventions: 47th Midyear Convention (May 5-7, 2021), 77th Annual Clinical Congress (December 5-8, 2021).

Committee on Continuing Surgical Education

- The G4 Alliance through the Committee on SURE shall hold a pre-congress activity on November 29-30, 2019. Proposed venue is the Bayanihan Center.
- The Telemedicine Network of the Philippines is scheduled on December 4-5, 2019 at the Garden Ballroom.
- Theme for the 46th Midyear Convention- May 6-8, 2020: "Current Directions in Philippine Surgery" with the objective of assessing the current trends in local practices of surgery and comparing to international standards.

Committee on Awards

- The Board approved retaining the Criteria and Mechanics (with minor revisions) for the following:
 - o PCS Lifetime Achievement Award
 - o PCS Community Service Award
 - o Legends of the Knife
 - o Most Outstanding Chapter Award
 - o Outstanding Specialty Society Award
 - o Outstanding Resident Award
- The Cash Prizes for the Awardees are as follows:
 - o Php50K for the PCS Lifetime Achievement Award
 - o Php30K for the Community Service Award and Php20K for the Awardee's chosen community
 - o Php30K for the PCS Legends of the Knife
 - o Php50K for the Most Outstanding Chapter Award
 - o Php25K for the Outstanding Resident Award
- The Timeline for the awardees search is as follows:
 - o March 31 Deadline for Announcement to Training Programs
 - o May 31 Deadline for submission of nominees for the four (4) awards
 - o June 1-July 15 Verification and evaluation of nominees by Search Sub-committee
 - o July 16-31 Voting and deliberation by the Committee on Awards
 - o September 30 Deadline for submission of Chapter Reports and Specialty Society activities
 - o October 15 Voting and deliberation for the Most Outstanding Chapter and Specialty Society

Committee on Administrative Concerns

- The following PCS staff shall be transferred to the PCS Foundation: Ms. Thelma Infante, Ms Angelita

across the board... from page 12

Panfulme, Ms. Concepcion David, Ms Jemme Dioquito.

- Ms. Annette Tolentino, Ms. Cora Ribao, Ms. Eden Paule and Mr. Teng Cincua shall remain with the PCS as employees.
- The transfers will have no effect on benefits and years of service to the College.

Committee on External Affairs

- The list of topics and speakers for “Ang Galing Mo Dok” DZRH program for 2019 was approved.
- Doctors Ron del Mar and Ma. Luisa Aquino shall handle the Subcommittee on Legislative Liaison.

Philippine Journal of Surgical Specialties

- The Board approved attendance of the editor to the 1st Philippine Association of Medical Journal Editors, Inc. (PAMJE) Convention – March 16, 2019; Pan Pacific Manila.

Committee on Website

- The Board approved the creation of an instructional video on how to register on-line and secure certificate of attendance to conventions via the PCS website. This shall be shown during the MYC and ACC.
- A booth shall be set up during the 2019 MYC and ACC and 2020 MYC for the above purpose.
- Hosting and server of the website will be retained with Edgeweb Media.
- Doctors Narciso Atienza and Arturo Mendoza III shall serve as webmasters.

Committee on Patient Safety

- A workshop with PhilHealth is scheduled on April 12, 2019 from 9 AM to 12 NN at the PhilHealth Office.
- The Safe Surgery Checklist shall be customized according to specialty.
- The 2nd Patient Safety Congress “Making Patient Safety Work! Translating Theory in Practice” is scheduled on March 28-29, 2019 at the PICC.



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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Highlights of the PCS Annual Convention 2018

• Marwin Emerson V. Matic, MD, FPCS •

The 74th Annual Clinical Congress, with the theme “Resolving Conflicts in Surgery: From the Basic to the Complex”, was held on December 2-5, 2018, in its customary site, EDSA Shangri-La Manila, Mandaluyong City. The Clinical Congress was well-attended with 2506 participants, majority of whom are active fellows of the College. The Clinical Congress ran for a total of 6 days, including the 1st International Symposium of the Philippine Association of Hepato-Pancreato-Biliary Surgeons, Inc., and the PATOS workshop as pre-convention activities. A total of 18 distinguished foreign lecturers and 199 local faculty, panelists and preceptors shared their knowledge and expertise in addressing both basic and complex scenarios in various fields of surgery.

Probably the highlight of 74th Annual Clinical Congress was Atty. Antonio Oposa, Jr. who delivered an entertaining speech as the invited 49th Dr. Gregorio T. Singian Memorial Lecturer. Very timely, and as if a forecast of the celebrated Manila Bay clean up last February,

the distinguished guest talked about the love and respect of the environment and how he relentlessly fought for and won the Supreme Court mandamus of a comprehensive cleanup of Manila Bay eleven years ago.

During the Congress, the new Board of Regents was elected and Dr. George Lim was voted as the new President, Dr. Jose Antonio M. Salud as Vice President, Dr. Maria Concepcion C. Vesagas as Secretary and Dr. Antonio S. Say as Treasurer. The current board of the Philippine College of Surgeons again represents a multidisciplinary composition in an effort to be inclusive of the various cutting specialties and subspecialties. The Philippine Society of General Surgeons was recognized as the Best Specialty Society for 2018 and the Southern Tagalog Chapter was named as the Best Chapter of PCS.

To know more about the Philippine College of Surgeons and its activities, programs and publications, please visit the website pcs.org.ph.



DR. GREGORIO T. SINGIAN MEMORIAL LECTURE 2018

Protection of the Environment: The Principle of Inter-generational Responsibility

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

Atty. Antonio A. Oposa, Jr. was the GT Singian Memorial Lecturer for the 74th Annual Clinical Congress of the Philippine College of Surgeons during the Opening Ceremonies held on December 2, 2018 at the EDSA Shangri-La Hotel.

Atty. Oposa holds a degree of Bachelor in Business Administration (De La Salle University), a Bachelor of Laws (University of the Philippines) and a post-graduate degree in Energy and Environment from the University of Oslo. He earned his Master of Laws from the Harvard Law School, where he was also the designated commencement speaker of his graduating class.

As one of Asia's leading voices in the global implementation of Environmental Law, Atty. Oposa's work is internationally known for advancing the principle of inter-generational responsibility: that it is the legal duty of the current generation to protect the environment or Life-Sources for future generations.

Atty. Oposa mentioned in his speech how in 1993 he counselled for 43 Filipino children who initiated an action against the Philippine Government for the misappropriation of the country's forest resources. The trial court dismissed the complaint on the ground of lack of legal personality to sue. But in a widely-noted landmark case of *Oposa vs. Factoran* which made international headlines concerning inter-generational responsibility, the Philippine Supreme Court upheld the legal standing and the right of the children to initiate the action suit on their behalf and on behalf of generations yet unborn. It is now

known in Philippine and global jurisprudence as the "Oposa Doctrine."



The PCS Board of Regents, Fellows and guests listen intently to Atty. Oposa as he delivers the GT Singian Memorial Lecture during the opening program of the PCS 74th Annual Clinical Congress

He then related with much animation and to the delight of the audience of his efforts in organizing the Visayan Sea Squadron, a joint project of the Integrated Bar of the Philippines-Network Environmental Action Team, the Network of Legal Experts of the Law of Nature Foundation and many others, that took daring enforcement action against crime syndicates in illegal fishing. He revealed how a close work associate of his was killed because of these initiatives while putting a hilarious spin on the several death threats he has received.

Atty. Oposa's speech continued to chronicle on measures he took to jumpstart a legal strike force, comprised of elements of

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the Philippines FBI, Justice Department and Department of Environment and Natural Resources, to attack illegal logging and curb such practices. He outlined how he had to persuade the Supreme Court to designate courts around the country as special courts to try forestry law violations. He likewise participated in many task force raids of illegal logging operations. In cooperation with the University of the Philippines Institute of Judicial Academy, Atty. Oposa recounted how he designed and implemented an educational curriculum for the training of judges, prosecutors, law enforcement personnel, and others in the technical intricacies of prosecuting illegal logging violations.

In another class suit started in 1998 of which Atty. Oposa narrated in his speech concerned a ten-year legal battle wherein he was finally able to convince the Supreme Court in 2008 to order twelve government agencies and legally obligate them to prepare an action plan with a budget, tasking and a timetable to clean up Manila Bay. The Supreme Court, in another landmark decision on environmental protection, ruled for the plaintiff and directed all agencies to expedite the cleanup, restoration, and preservation of the Manila Bay. This is the direct result, in cooperation and under the direction of the Department of Environment and Natural Resources, of the current cleanup drive of the Bay.

In 2002, Atty. Oposa established the School of the Seas (S.O.S, Sea and Earth Advocates), situated at the Law of Nature Foundation, a non-profit organization working for the protection and conservation of the earth. In his PowerPoint presentation, Atty. Oposa exhibited how school is totally powered by

renewable energy with complete recycling of water. It is recognized worldwide and is showcased as a learning center for sustainable living.

Atty. Oposa has taught Environmental Law in the Philippines (University of the Philippines, Ateneo, San Beda) and around the world. He has written hundreds of articles and has authored four books, the latest titled "Shooting Stars and Dancing Fish." He transformed his beach house in Bantayan Island, Cebu into the School of the SEA and the SEA CAMP (Sea and Earth Advocates of Culture, Arts and Music for the Planet).

A recipient of several awards and recognition. Atty. Oposa received the Ten Outstanding Young Men of the Philippines (TOYM 1993), the highest UN Environment Award – the UNEP Global Roll of Honor (1997), the UP Centennial Distinguished Alumni Award (2008), the Washington DC-based Center for International Environmental Law Award (2008) and the Ramon Magsaysay Award (2009). In 2017, as the Harvard Law School celebrated its 200th Anniversary, Atty. Oposa was cited as its distinguished graduate "who changed the world by reason, question and action."

Atty. Oposa also bared his latest project: the Global Legal Action on Climate Change which focuses on the present danger of sea level rise and other global impacts of climate change.

Mr. Oposa has repeatedly emphasized that "every generation has a responsibility to the next to preserve rhythm and harmony," and that "it is not our world to abuse."

COMMITTEE NEWS

PCS Committee on Publications Organizes a Writers Workshop

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

“They all write very well,” was the assessment of the invited speaker in the Writers Workshop of the Fellows from the different subspecialties who attended the morning seminar organized by the Committee on Publication held at the Boardroom of the PCS Building on February 23, 2019.

The speaker was Professor Jose Wendell Capili who is a Professor of English, Creative Writing and Comparative Literature, UP Diliman and the Assistant Vice President for Public Affairs (Internal Communication and Cultural Projects), University of the Philippines System. Professor Capili earned his degrees from UST, UP Diliman, University of Tokyo, University of Cambridge and The Australian National University, where he completed his PhD. He has published 7 books and over 300 articles in Asia, Europe, North America and Australia. He received the Carlos Palanca, Cultural Center of the Philippines and Philippine National Book Awards for Literature as well as scholarships, grants and fellowships from Japanese, Korean, Malaysian, Singaporean, Hong Kong, Philippine, Australian, British and US governments.

Professor Capili gave a lecture on Creative Writing in the Digital Age for an hour and 15 minutes interspersed with practical pointers on how to improve in writing. As an introduction, he quoted National Artist Edith Tiempo that creative writing

is “this tension between technique and one’s raw emotions.” These were some of the writing tips he gave: write about what you know, develop one important point or thesis statement, create a structure (beginning, middle and end), be sincere, just write and edit later. He said that a writer must create tension between the concrete vs. abstract, the specific vs. general and ideas vs. image.



Prof. Capili

A writing exercise followed wherein participants were asked to write about a lifetime experience that they wish to relive. Collecting all the writing input, Professor Capili read each write-up and gave his critique and positive input for each composition.

Surgery is a stressful field. Writing can serve as an excellent de-stressor. Aside from making others understand our specialty better, it can serve as a permanent record for others to reflect on and learn from. Professor Capili suggested that the PCS comes up with an anthology of surgery stories written by Fellows. He mentioned that he could assist us in finding a notable publisher for the compilation and added that he wouldn’t mind having the honors of writing the introduction for the volume collection.



Workshop participants with guest lecturer, Prof. Capili (front row, middle)



The SURE Way with S.U.R.E.

• Rhoderick C. de Leon, FPCS, FPSGS •
Chairman, S.U.R.E. Committee



The Surgery for Unvisited Regions for Education (S.U.R.E.) Committee hit the ground running having completed 4 missions in the first quarter of the year 2019.

First stop in January was the grand surgical mission in Odiongan, Romblon. We called it a “grand mission” since the annual involvement of the World Surgical Foundation (based in Pennsylvania) headed by its founder Dr. Domingo Alvear, a pediatric surgeon. He was joined by his right hand (and anesthesiologist) Dra. Alvear who happens to be his better half. They were also joined by a group of volunteer doctors/nurses from the U.S. It was a sort of a homecoming for them for they had been part of a mission there 20 years ago. They marvelled at the progress of the place and of the hospital as well. This visit was different too for the World Surgical Foundation Philippines and S.U.R.E. delegates because the travel from Manila to Batangas plus the boat ride was close to 10 hours. We were able to finish 71 major procedures and do a total of 156 minor procedures in two days.

Our next stop was Balayan, Batangas in February. It was an “adopt a hospital project”. This was the second offering of a 5-year annual program that started last year. I saw the importance of visiting the same hospital periodically for we were able to see the impact on the lives of those patients who benefited from the previous year’s surgical mission. I specifically remember a 15 year old boy who had a huge lipoblastoma on the dorsum of his left foot. He was often bullied in school and was mercilessly teased by his classmates as “soccer boy” due to the huge mass growth on his foot. He became an introvert because of that and just confined himself at home. But he’s a lot different now. He is back in school and he now plays his favorite sport. No, not soccer - but basketball! All these became possible because of our partnership with WSF Philippines, headed by Dr. Marcus Lester

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PNHRS holds Stakeholders' Meeting with Specialty Societies

The Philippine College of Surgeons- Committee on Surgical Research attended the Philippine National Health Research System (PNHRS) Stakeholders' meeting held at the Pan Pacific Hotel on March 16, 2019. The activity came in at the tail end of the recently concluded Department of Science and Technology- Philippine Council for Health Research and Development's (DOST-PCHRD) 37th Anniversary with the theme "Health Research and Industry 4.0" last March 15, 2019 at the Philippine International Convention Center. The meeting, facilitated by the PNHRS Resource Mobilization Committee (RESMOB), was one in a series of consultations with different stakeholders to identify opportunities for possible partnerships in health research. After conducting similar discussions with the DOH and the hospital industry, the PNHRS RESMOB sought to engage the different specialty society networks as part of their Partners Engagement Framework.



and guidelines to institutionalize and operationalize their participation in the PNHRS.

The objectives of the Partners Engagement Network are threefold: 1) To identify the key stakeholders and partners in the PNHRS, their roles in and contribution to the System; 2) To identify the health research needs of key stakeholders and partners and match these needs with opportunities and resources of partners within and outside of the System; and, 3) To draw a stakeholders or partnerships framework as a guide for members of the System.

PNHRS Partners Engagement Network¹

The Philippine National Health Research System, an integrated national framework for health research in the country, aims to strengthen cooperation and integration of all health research efforts of stakeholders in the country. This is to ensure that research efforts and investments in health research yield the most benefits and sustain resources for health research.

As a convergence strategy, partnership underpins the workings of the PNHRS. This is underscored in the fourth objective of the PNHRS Law or RA 10532, that is, to engage in national and international partnerships and networks for health research development. As well, Rule 29 of the IRR of the PNHRS Law instructs the PNHRS network and implementing institutions to develop policies

Health Research Opportunities: PCHRD Programs and NUHRA

Dr. Jaime Galvez-Tan, former Health Secretary, presided over the Stakeholders' Meeting participated in by representatives from the different specialties, namely, Surgery, Pediatrics, Anesthesiology, Internal Medicine-Nephrology, Pain Society, and Nuclear Medicine. According to Dr. Galvez-Tan, there is about Php80 B worth of funds that can be used for health research that were mostly unutilized due to the lack of proposals. The PCHRD funds proposals aligned with the National Unified Health Research Agenda (NUHRA) and Harmonized National R&D Agenda (HNRDA). The DOST-PCHRD has also collaborated with the United Kingdom via the Newton Agham Programme through its delivery

partner, the British Council, to bolster science, research and innovation by providing additional funding and training opportunities in the UK. Updates on finished and ongoing health research studies are readily available from HERDIN and the Philippine Health Research Registry, respectively, for interested parties.

National Unified Health Research Agenda 2017-2022 Research Priorities²

The National Unified Health Research Agenda 2017-2022 outlines six themes comprising the research priorities, namely: 1) responsive health systems, 2) research to enhance and extend healthy lives, 3) holistic approaches to health and wellness, 4) health resiliency, 5) global competitiveness and innovation in health, and 6) research in equity and health.

The Research Priorities based on these themes include:

- Diagnostics
- Tuklas Lunas (Drug discovery and development)
- Functional Foods
- Biomedical Products and Engineering
- Information and communication technology for health

- Dengue
- Nutrition and Food quality and safety
- Disaster risk reduction
- Climate change adaptation
- Omic technologies for health- generation of new knowledge about health and disease using genomics, proteomics, transcriptomics, and metabolomics

The specialty societies in attendance were asked about their current health program needs and consequent research programs and resources (or lack thereof) to address them. A sample matrix to summarize each society's contribution was also given out to guide the societies in the creation of their health research framework. The PNHRS emphasized the need for health research that could translate to effective policies for health improvement and encouraged the specialty societies to take the lead in translational and transformative health research goals.

References:

1. Philippine National Health Research System (PNHRS) Partners Engagement Framework Concept Note
2. National Unified Health Research Agenda 2017-2022, PNHRS
3. www.pchrd.dost.gov.ph

Sunday, and the local government of Balayan and the Chicago based locals from the municipality. We were able to do 42 major and 208 minor procedures. These were less procedures compared to last year. That is a testimony that we're on our way to lessening unmet surgeries in a certain locality.

I must also commend the help extended to our committee by the PCS Southern Tagalog Chapter fellows through the efforts of its Chapter President, Dr. Froilan Dacumos. Kudos to you guys!

Led by PCS Regent Dr. Ramon Inso, we then headed to his hometown of Lapu-Lapu City, Cebu in March. He had his hands full for he worked as a surgeon and doubled as an interpreter in most of the cases. This mission was made possible through partnerships with the Lapu-Lapu City District Hospital and Megawide, a construction firm. A total of 47 major and 154 minor operations were

carried out with the help of Cebu Doctors General Surgery residents under the supervision of their consultants.

The Committee's final stop for the quarter was at the Ospital ng Binan, Laguna. The mission was made possible through the auspices of Congresswoman Lenlen Alonte-Naguia to help the underserved people of Binan. We were able to perform fourteen major charity cases for the underprivileged patients in this mission.

The S.U.R.E. Missions have also been organized by Dr. Juvie Villaflor, Regent-in-Charge. We are grateful to all the other personnel and organizations who assist the surgeons in these missions: the OR Nurses Association of the Philippines, the Philippine Society of Anesthesiologists, the Philippine Society Of Pediatric Surgeons, SM Foundation, Mabuhay Padala and the other sponsors.

Iwas Cancer sa Bawat Municipyong Hilagang Luzon

• Crispin Allan T. Viado, MD, FPCS •

The Philippine College of Surgeons –Northern Luzon Chapter recently launched its cancer screening program with the slogan “Iwas Cancer sa Bawat Municipyong Hilagang Luzon”. This was formulated with the principle that as Surgeons, we must establish ourselves as primary care providers. Ask ourselves, “Rather than being proactive or palliative, why not go preventive?”

PCS-NLC in partnership with the Ilocos Sur Medical Society, Ilocos Sur Provincial Hospital, PSGS-NLC, the Provincial Health Office of Ilocos Sur, Rural Health Units, and the local chapter of the Philippine Society of Pathologists has spearheaded a campaign on Cancer Screening for the three common surgical cancer sites. Breast, thyroid and prostate. Comprising more than 50% of cancers in the Philippines, these cancers can be detected early and when treated properly, they can be cured. Memorandum of Agreement (MOA) signing took place on January 17, in the presence of the said partners at the Vigan Convention Center. Our target will be to hold this campaign on Rural Health Units in every town of Ilocos Sur. We started last January 24 at RHU of Santo Domingo, Ilocos Sur and recently at RHU of Cabugao, and in Santa, Ilocos Sur. We did breast and thyroid palpation examination, and direct rectal exam for prostate. For those with possible positive findings, Fine Needle Aspiration Biopsy

(FNAB) is done. This does not require any expensive or sophisticated equipment and supplies other than materials for FNAB like the syringe with needle, glass slides, and a fixative. The specimen is processed

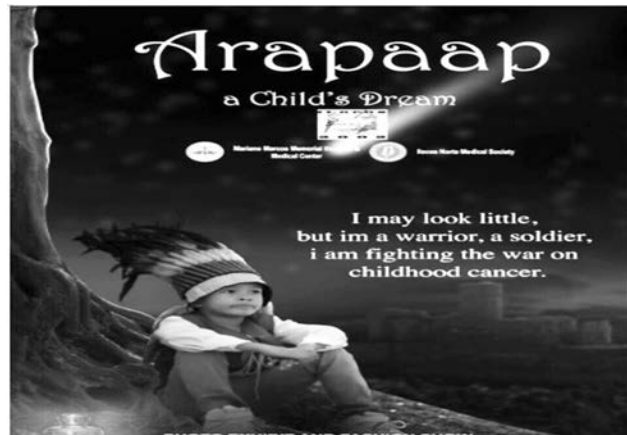


PCS-NLC... from page 21

by members of the local chapter of the Philippine Society of Pathologists, free of charge. If these specimens turn out positive for cancer, the patients are referred to the Ilocos Sur Provincial Hospital - Gabriel Silang for surgery and further management.

This is a commitment of the PCS-NLC to win a successful war against cancer with the aim of developing free screening methods at the rural health unit level, as opposed to just doing it at the hospital level, where these cancers are often diagnosed in their advanced state.

Through lay fora, PCS-NLC also aims to reduce the exposure of the population to risk-related factors of cancer. This will benefit the population of Northern Luzon. A template of the program will be disseminated to our Fellows in other provinces of Northern Luzon to become a chapter-wide activity and as means for us to gather data on breast, thyroid and prostate cancers. as well as develop referral systems for monitoring, evaluating, and offering best options for prevention or treatment of cancers.



“Arapaap” - A Child’s Dream Calendar

PCS-NLC in a joint project with Mariano Marcos Memorial Hospital and Medical Center (MMMHC) and the Ilocos Norte Medical Society (INMS) for the benefit of Child Cancer Patients of MMMHC and construction of a treatment play center came up with 'Arapaap': This was spearheaded by one of our members, Dr. Jose B. Orosa III, Chief of Medical Professional Staff of MMMHC. Subjects of the artistically taken pictures included in the calendars are child cancer patients themselves. With able support, for just Php1K pesos per calendar. kids with Cancer will benefit much from this endeavor.

KNB turns 10!

PCS – Northern Luzon Chapter/Pangasinan Medical Society Klinika Ng Bayan is the only surviving Indigency clinic established by the PCS Foundation, and is now on its 10th year Anniversary. It is located at the second floor of the Pangasinan Medical Society (PMS) building at A. B. Fernandez Avenue West, Dagupan City.

It was inaugurated last September 19, 2009 by the then PCS President, Dr. Alex Erasmo, with Clinic blessing and signing of the KNB Memorandum of Agreement between the Officers of the PMS and the PCS National and Chapter Officers.

In September, 2014, thru the initiative of the incumbent PMS President then, Dr. Betha Fe Castillo, FPOGS, the KNB underwent renovation together with the putting up of a boardroom adjacent to the clinic. The renovation project

was completed and inaugurated last December 10, 2014.

Since 2009, the KNB continuously render regular free surgical consultations / free clinics, free minor surgical operations, medical missions, breast screening and lay fora. Recently, officers of Philippine Obstetrical and Gynecological Society – Region 1 Chapter joined the Association of Women Surgeons of the Philippines (AWSP), PCS – Northern Luzon Chapter and Philippine Society of General Surgeons – Northern Luzon Chapter (PSGS – NLC) in celebrating the Women’s Month in March, and conducted free Cervical Cancer Screening thru Visual Inspection with Acetic Acid (VIA).

The PCS – NLC intend to sustain and maintain the KNB to serve the poorest of the poor in the locality.



A Yearly Challenge for the PCS-STC Fellows: Meeting the Mangyans - the Iraya Tribe of Oriental, Mindoro

• Froilan U. Dacumos, MD, FPCS •

It was a challenge indeed for the Fellows of the Philippine College of Surgeons - Southern Tagalog Chapter as to how it would conduct its first activity of the year. The question as to where to hold the Chapter induction was in itself a daunting task. Given the fact of limited resources, so much was at stake. And although the task seemed difficult at the onset, the challenge was accepted by the new officers of the Chapter.

The PCS-STC decided as early as December of last year to visit a place which wasn't ever previously considered. The visit required a contingent of Chapter officer Fellows to cross sea waters while it was raining with moderate level waves smashing the sea fairing vessel. For someone who was not used to this type of ride, this Fellow would shortly be seen after to actually enjoy feeding the fish from the boat's deck. But the journey continued and an assigned colleague waited by the shore for the team's arrival. The Fellow surgeons continued on their journey for another hour by land to reach the place - a place they would label as "sacred".

Upon their arrival, the Southern Tagalog Fellows were received by a simple arch made of grass hays and bamboos. The Iraya tribe community was surrounded by three mountains draped with lush green vegetation. At the back of each Fellow's mind was the possibility of malarial infection. Nonetheless,

the visit proceeded with enthusiasm and they were duly awarded by the warm welcome and reception given by the Mangyan people. It was at this moment that respectful conversations took place. With the tribe's representative, Ka Pabling de Jesus, the indigenous Mangyan community was introduced. The Fellows were able to know the details of the Iraya tribe's livelihood. As narrated, it was revealed that it would take two weeks for the community to finish a rattan work of art and another two weeks to sell and remit the earnings. Thus a total of month's hard work was required prior to addressing the community's basic necessities.

"This is it! This is where the chapter could share the blessings each of the Fellows received the past year."

Then everything was history: Sacks of rice and canned goods came pouring in from donations by the Southern Tagalog Chapter Fellows to the Mangyan



> 25



community. A feeling of gladness and satisfaction on both sides filled the air. A free minor surgical mission was conducted by the surgeons of the Chapter for the community - furthering the goodwill among the Iraya people.

At this very moment, despite the ravaging effects of the El Niño, the tribe community still enjoys the blessings the chapter has wholeheartedly shared. This is what transpired as a result of the chapter's unselfish unity: Meeting the Mangyan people and helping the Iraya tribe of Oriental Mindoro.

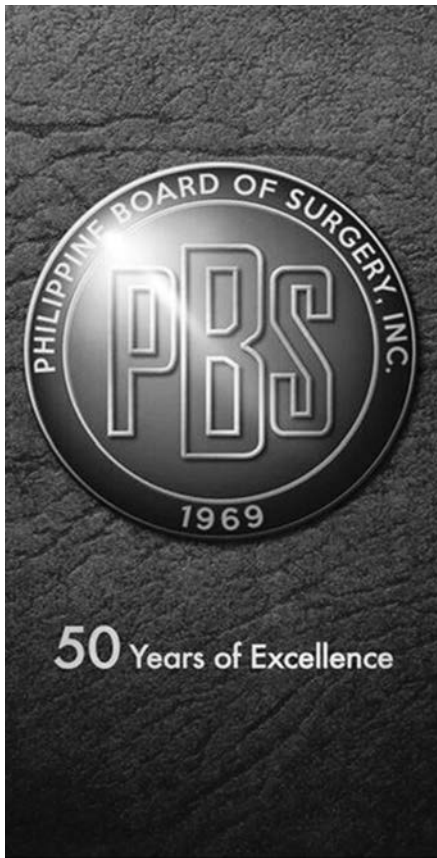
In union with the Mangyan people, the pride and plight of the Iraya tribe served as the backdrop of the PCS Southern Tagalog Chapter's 2019 Induction of Officers. The awarding of the Master of the Knife was given to Dr. Luis Buño. The event was

attended by the Fellows from the different Southern Tagalog provinces namely Batangas, Cavite, Laguna, Quezon and Mindoro. These two ceremonies were witnessed by the guest of honor, Dr. George G. Lim, 2019 National President of the Philippine College of Surgeons who also served as the Inducting Officer.

Other activities conducted at the area outside the tribe community were lectures about Breast Cancer, a beach clean-up drive along the shores of Puerto Galera, and a fellowship night which fostered camaraderie among the fellow members.

Truly, these are rigorous challenges the chapter faces every year. But with the unending support and cooperation of each member of the PCS-STC, these adversities are met with the desire to serve and succeed.





50 STRONG YEARS

The Philippine Board of Surgery celebrates a grand milestone of its existence! We rejoice in its dramatic and colorful history...initiated by 8 well-trained visionary surgeons; we glory in its advancement and achievements... kept alive by the dynamic and progressive Board of Directors, Governors and Examiners; and, we look forward to its bright future...carried on by the next generation of committed and competent surgeons.

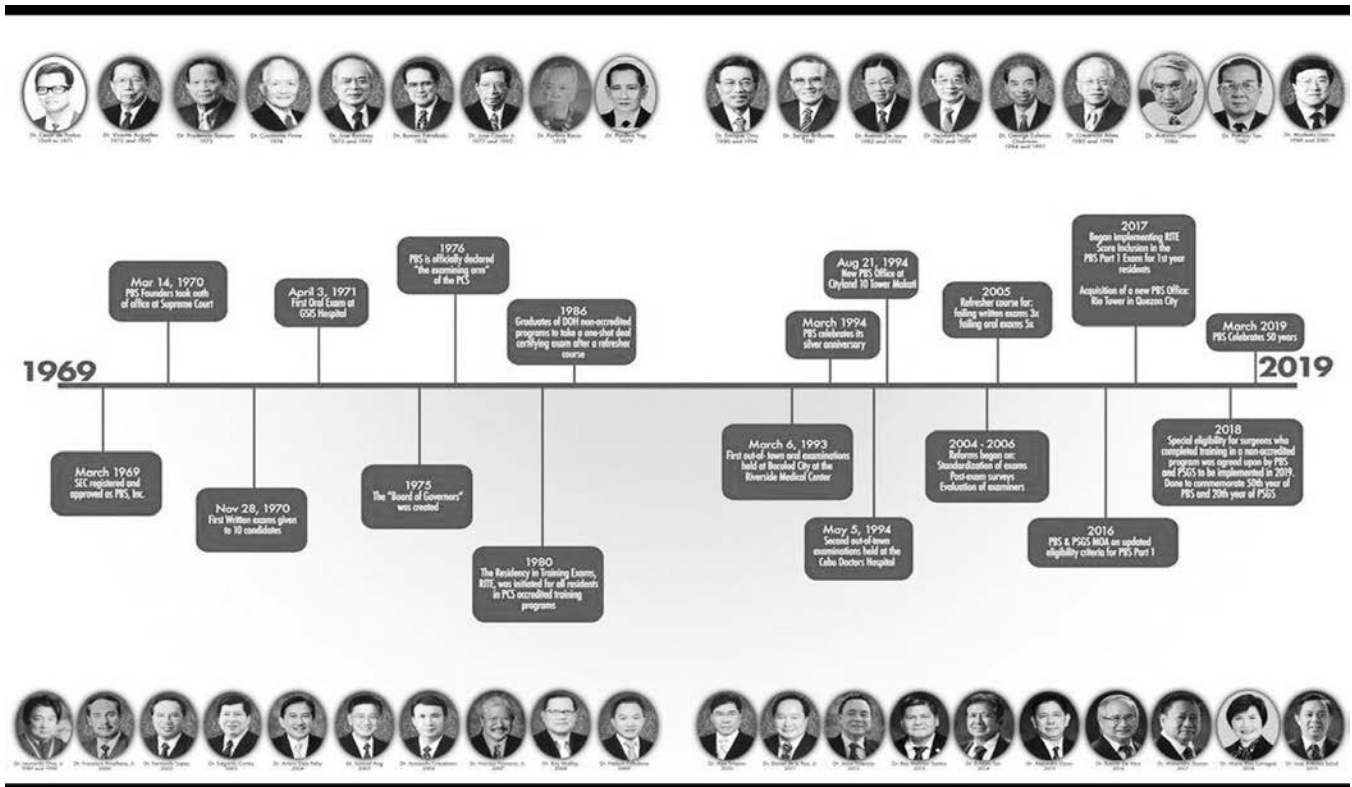
The Board was founded 50 years ago by a group of eight idealistic Filipino surgeons, namely: DR. CESAR DE PADUA (Chairman), DR. VICENTE ARGUELLES (Vice-Chairman), DR. CONSTANCE FIRME, DR. JOSE CAEDO, DR. ROMEO ESTRELLADO, DR. ANTONIO CABRAL, DR. JOSE RAMIREZ and DR. PRUDENCIO SAMSON. All were trained in the US and certified Diplomates of the American Board of Surgery. At that time, they were all affiliated with the University of the East-Ramon Magsaysay Memorial Medical Center College of Medicine. They aimed to upgrade the standard and quality of surgical practice in the Philippines. The certifying process was patterned after the American Board of Surgery, independent of other existing organizations. Its main function was to administer the certifying examinations and issue certificates of qualification for the successful passers of both the written and oral examinations. Seven years after its inception, the Philippine College of Surgeons officially declared PBS as the examining arm of PCS. Since then, there were strategic reforms that have been implemented to advance the standard of certification...Residency in-training exams, eligibility requirements, standardization of oral exams, post-exam surveys, evaluation of examiners, and workshops on test- construction. PBS will continue in its commitment to uphold the highest standard in the practice of Surgery in our country.



Our predecessors may have set an incredibly high bar for surgical excellence, but it is the extravagant love for their craft that made an impact so profound, it continues to inspire us to pursue even greater heights, and to spur us on to grow as surgeons and as human beings by God's grace.

Soli Deo Gloria!

Maria Rica Mirasol-Lumague, MD, DPBS
PBS Chairperson, 2018



Source: PBS 50th Commemorative Book. Reprinted with permission

ASSOCIATION NEWS



Philippine Academy for Head and Neck Surgery, Inc.



The year 2019 marks the 25th year anniversary of the Philippine Academy for Head and Neck Surgery, Inc. a non-boarded subspecialty society under the Philippine College of Surgeons composed of fellows of General Surgery, Otorhinolaryngology and Plastic Reconstructive Surgery, with a vision to promote and maintain world class training and practice in Head and Neck Surgery by harnessing the strengths and resources of the three component specialties through a harmonious relation of their fellows participating in joint educational as well as sociocivic activities.

PAHNSI, Inc. evolved from a Joint Council for Head and Neck Surgery which was created on March 27, 1990 under the PCS leadership of Dr. Enrique T. Ona. This later paved the way for the creation of a Head and Neck Society composed of members of Plastic Reconstructive Surgery, General Surgery and Otorhinolaryngology, now known as the Philippine Academy for Head and Neck Surgery, Inc. and was approved by the SEC on July 13, 1994 hence officially established on this year.

Through its almost 25 years of existence, PAHNSI has been actively conducting scientific and

education activities through its Biennial Conventions, and mini symposia held during the PCS Congress and PSGS Surgical Forum which provide fellows and residents the opportunity to learn what's new in the field and as a venue to share best practices of the more experienced fellows. Last year on July 30, the Philippine Society of General Surgeons through the leadership of Dr. Rex Madrigal, involved PAHNSI in its first Cadaver Head and Neck course as a concrete move to help training programs especially in General Surgery, to improve on the prerequisite skills for head and neck operative procedures.



Inaugural and Induction Ceremonies, Kalayaan Hall, Club Filipino, Greenhills, San Juan, August 26, 1994

With the current practice of embracing a multidisciplinary approach in cancer management, PAHNSI has made pioneering efforts in the creation of Evidence-based Clinical Practice Guidelines in partnership with PCS and other relevant organizations which include Oral Cavity Cancer, Thyroid Nodules and Cancer and the latest was on the Initial Diagnosis and Management of Cervical Lymphadenopathy in partnership with the Philippine Society of General Surgeons.

PAHNSI has also made its presence felt in the national level through its participation as part of the TWG in the drafting of DOH policies involving the management of head and neck disorders particularly the National Policy on Thyroid Disorder Prevention and Control as well as through active participation in the observance of the Goiter Awareness Week every last week of January and the National Thyroid Cancer Awareness Week every September.

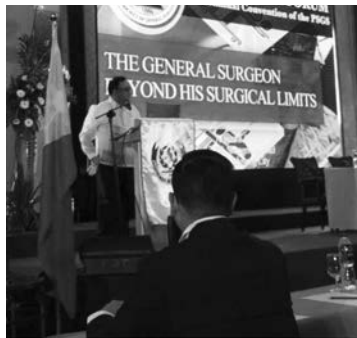
With more activities involving the cooperation of each component society, it is the ultimate aim of the Academy to see a truly unified Head and Neck Society with no other distinction except the competence and compassion of its fellow members in taking care of the patient with head and neck cancer and their commitment to further training and specialization in their special field of interest- Head and Neck Surgery.

Past Presidents of the Philippine Academy for Head and Neck Surgery, Inc.

- 1999, 2000 Dr. Edgardo R. Cortez
- 2001, 2002 Dr. Alfredo QY. Pontejos
- 2003, 2004 Dr. Placido P. Calimag Jr.
- 2005, 2006 Dr. Henry G. Falcotelo
- 2007, 2008 Dr. Jacob G. Matubis
- 2009, 2010 Dr. Melanio G. Cruz
- 2011, 2012 Dr. Rodney B. Dofitas
- 2013, 2014 Dr. Joselito David
- 2015, 2016 Dr. Juan P. Sanchez
- 2017, 2018 Dr. Ida Marie Tabangay - Lim



A



B



C



D



E



F



G

- A - PAHNSI Officers and active fellows as trainers in the Philippine Society of General Surgeons, Inc. led Head and Neck Cadaver Workshop last July 30, 2018.
- B - PAHNSI Session during the Philippine Society of General Surgeons' Forum August , 2017 "The General Surgeon Beyond His Limits"
- C - April 21, 2017, in cooperation with PCS MMC and PSGS MMC: Symposium on the Diagnosis and Management of Cervical Lymphadenopathy
- D - Participation in the DOH Draft of National Policy on Thyroid Disorder Prevention and Control (June , 2017)
- E - Participation in the National Thyroid Cancer Awareness Week, September 25, 2017
- F - Participation in the Cancer Coalition and 'No to Tobacco' Advocacy of PCS
- G - 2017, 2018 PAHNSI Board members with past presidents and new fellows during the induction ceremonies held last January 21, 2017.

Twenty years of the Philippine Society of General Surgeons, Inc. - Looking Back as We Move Forward

Although the dream to be recognized as a distinct specialty was a shared dream among General Surgeons, it was Dr. Edgardo R. Cortez who made the first attempt to form a national society of General Surgery in 1980 which was however, met with resistance hence did not see fruition. The idea lingered but no concrete measures were made to realize it until 1991, during the PCS Presidency of Dr. Willie N. Lagdameo when the aspiration was revived. Still, the move met strong opposition.

Meanwhile, in the Visayas, a group of surgeons consisting of Drs. Marianito Ante, Kenneth S. Chan, Camilo M. Enriquez Jr. Josemar A. Mercado and Stephen Sixto Siguan, established the Cebu Society of General Surgeons (CSGS) which was chartered on Nov 6, 1993 with Dr. Cesar O. Chan as its first president and Dr. Samuel D. Trocio giving the keynote speech during its launch. The society got involved in continuing surgical education activities in cooperation with PCS Cebu Eastern Visayas Chapter and inviting fellows from Manila as well. There were also sports related activities as well as socio-civic advocacies which improved camaraderie among the general surgeons.

It was in 1996 again, when Dr. Lagdameo became chairman of the PCS Board of Governors that he re-introduced the idea of having a specialty society of General Surgeons. Instruction was then given to the CSGS President Arturo T. Mancao through PCS Cebu chapter governor Dr. Trocio to submit a proposal. This was endorsed to the 1997 PCS president Dr. Florentino C. Doble and it was in 1998, under Dr. Antonio B. Sison when a task force was created consisting of Dr. Adriano V. Laudico, Dr. Edgardo R. Cortez, Dr. Arturo S. de la Peña and Dr. Narciso S. Navarro Jr. to draft the constitution and promote the idea to the different chapters. Thus, during the 1998 PCS Midyear in Davao, a

meeting was convened to admit charter members. After months of laying down its foundation, the Philippine Society of General Surgeons, Inc finally came to exist on January 26, 1999.

Twenty years from its establishment as a distinct specialty society, the Philippine Society of General Surgeons, Inc. (PSGS) currently enjoys a membership of 1600 regular Fellows and still growing. The Society is composed of 10 chapters through which many of the various programs are being implemented.

PSGS has several activities aligned with its advocacies: P-patients' welfare first and foremost ;S-safe surgery at all times; G –general surgeons who are ethical and competent and S - tandardized raining and quality continuing surgical education. These many activities include the formulation of up to date continuing surgical education programs to broaden its members' knowledge on the latest surgical information; upgrading of the curriculum of General Surgery to keep it relevant and adopted to current times; monitoring of 71 accredited GS Residency Training Programs nationwide to ensure the quality of training of the general surgeons; preparation of Evidence-Based Clinical Practice Guidelines and research of new surgical information and technology to contribute to new information and evidence, and the conduct of various community outreach and socio-civic activities. All of these are geared towards the achievement of its vision to be the globally recognized organization of general surgeons in the Philippines by 2020 with our mission in mind, that is - to ensure the development of General Surgery as a premiere and distinct specialty, pursue world class, competent, and ethical surgical education and training for our residents and fellows and to deliver safe and compassionate service to our patients.

(Reference: Unang Dekada, PSGS Coffeetable Book, 2009)



PSGS Board of Directors 2018-2019

Digitalization of Plastic Surgery

• Benjamin G. Herbosa, MD, FPCS, FPAPRAS •

The issue of Digitalization delves into the techno-surgical breakthroughs which benefit both medical and surgical fields. But in the practice of Plastic and Reconstructive surgery, our outmost concern remains to be patient welfare and satisfaction which our specialty society primarily focuses on.



Digital technology has arrived and Digital Evolution has revolutionized much of what things we have been using. Flashback to the 1970s when I started to love watches (being given some hand-me-downs). I watched that 007 Bond film “Live and Let Die” with Roger Moore wearing the Pulsar Digital Watch made by Hewlett-Packard. I started to think, “Wow, this will be a great beginning of watch making.” And truly, not just of watches today, even the so-called inverters of refrigerators and many other heavy industry equipments have turned their eyes towards digitalization for efficiency and therefore better profits. I remember that first encounter with the word “digital” because of the fancy watches of the past. Digitalis, on the other hand, is a drug that came to my awareness while in medical school. The medication was to increase blood flow to the rest of the body and therefore increase cardiac output as a “re-entrant effect” (or parasympathetic

effect) to slow the heart rate especially to control cardiac arrhythmias like atrial fibrillation. Thus in my simple thinking, “Digital” simply improves the work of a vital organ or system. Interesting maybe though unrelated, the term DIGITAL, has truly come of age.

The era of Robotics is here. And while we felt doing Endoscopic facelifts years back or the use of Endotines (Threads) would change the hands of time, it really didn’t. Some, if not most of us, still feel that certain procedures, especially the Conventional Facelift, still remains the Gold Standard for purpose, results and safety. Though there have been many modifications to suit patients’ wants and needs for a quick fix, the traditional maneuvers still remain a decision to be rendered by the specialists’ choice.

The rate of change and disruptive (on the traditional) trends are extra armamentaria at hand. The Introduction of Artificial Intelligence



Induction of 2019 PAPRAS Officers at Manila Golf and Country Club



PAPRAS Annual Congress during the PCS Clinical Congress 2018

to Internet of Things have come to fruition. Augmented and Virtual Reality and even blockchain have ripened much like fruits on trees ready to be picked and eaten. There used to be a computer software program that tried to do actual simulations to show patients the high-definition results after his or her physical dimensions have been inputted. But it was too costly and too unreliable that it did not withstand the test of its own resolve.

Recently and not necessarily to favor but to simply mention, Crisalix has provided the 3D and 4D tech Virtual Reality Plastic Surgery Simulator. Using their ultra tech head gear, it can show body and breast augmentations and reductions using different implants to potential patients. It

works for all types of contouring that includes the face and the body to show the how “a proposed change will appear”. This is with the thought of managing patients’ expectations, to cut down on unwanted results and dissatisfactions. But this obviously comes with a hefty price for its surgery imaging and business solution. As I mentioned in Robotics, this system as well can be used and shared from the comforts of everyone’s clinics and homes. Magnificent and certainly impressive, it is like walking in your own museum: keeping all results and patients records stored and seeing every detail of your works literally. A video and a system to alter what needs to be and see it and even try on various looks on yourself and view the changes in all possible angles. Beat that. But will



PAPRAS Accreditation visit in Cebu



St. Luke's workshop of PAPRAS on Breast and Butt Surgeries with Dr. Giles

we be able to afford and purchase the said systems using Bitcoin and be repayed by our clients the same way in the near future would be interesting.

Expect more programming and coding advances as Asean Integration happens. Not only will this be for school curricula but also for companies in the private and the public sectors. Slowly but surely, even the different professions will succumb to this and unsparingly, the specialties will be involved. But care and concern for data privacy will come into play as well with Internet of Things (IOT) and increasing social media platforms come in array.

Let us now slow down for a moment and realize that all these startups and rare technologies have achieved and realized, they have been all the products of human intelligence and virtual concepts that have been laid to us long before; to return and understand then these principles simply summarize that we assuredly hold the change and destiny we would all like to inculcate to ourselves and to others.

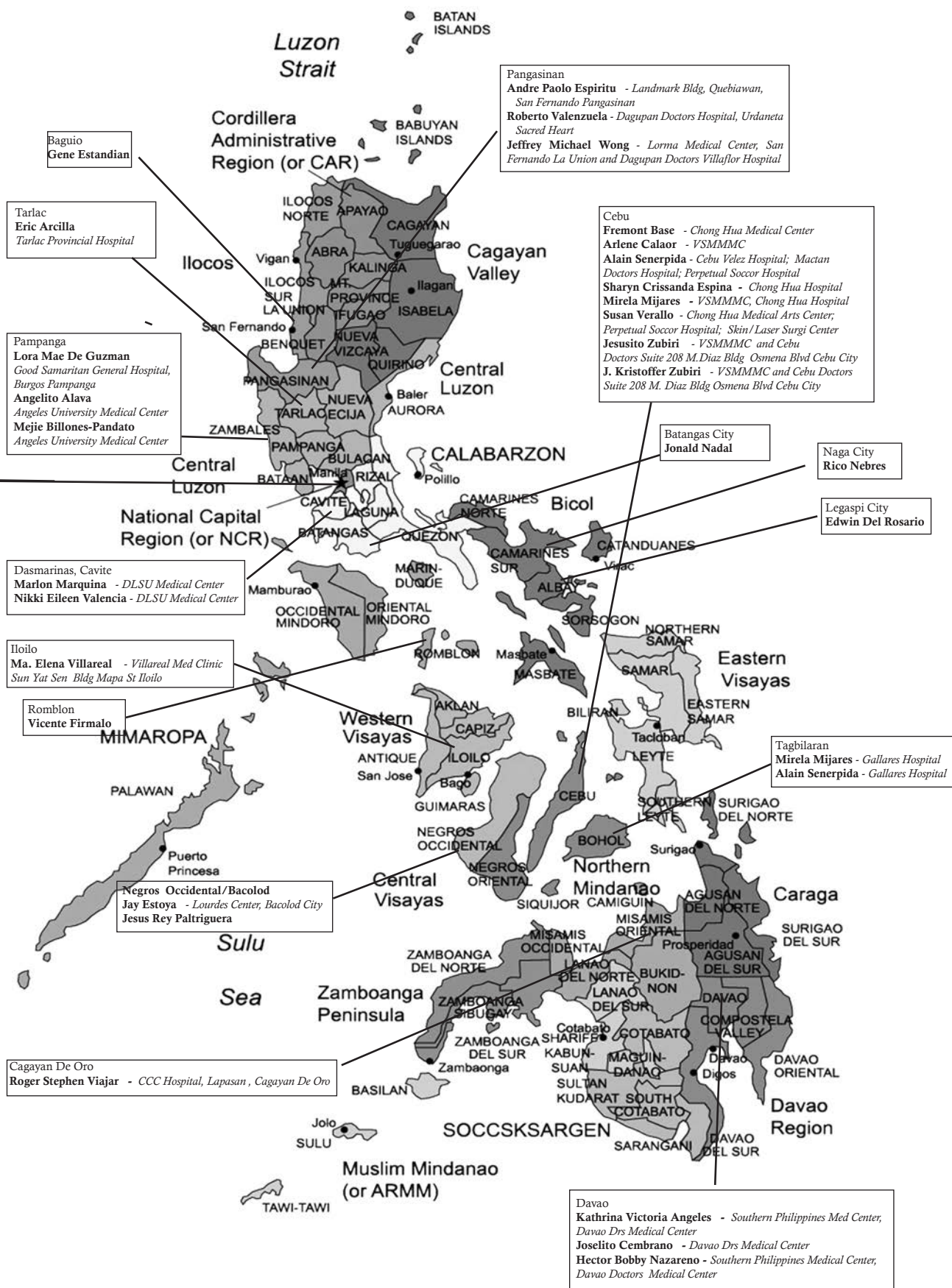
As we make of traditions that cannot be left behind much like the chimes and complications of a Patek Philippe or an Adam Louis Breguet, the watchmakers much like plastic surgeons, still need to give attention to detail on what will work with a standard coupled and partnered with technology. At the end of it all, it is still the surgeon's skill enhanced with technological advances and not just the machine.

Cheers to the specialists who have trained and worked so hard in their craft and bless them for adjusting their learned system to adapt to a new one.

I present the members of the Philippine Association of Plastic Reconstructive and Aesthetic Surgeons Inc. and their geographic localities.

Let them prove that with expert skills that comes from great learning and training now partnered with technology advances, is possible and complimentary to bring about patient care and satisfaction.

Metro Manila
Ma Redencia Abella - Our Lady of Lourdes Hospital, Jose Reyes MMC
Dale Raymond Abraham - Abraham Clinic, QC; St Lukes Medical Center QC; Beverly Hills Med Group
Aser S Acosta - Makati Medical Center
Ma Adela Aguilera - Manila Doctors Hospital
Angelito Alava - Z Inst Plastic Surgery/Dermatoaesthetics; Intermed; Veterans MMC
Brian Ang - Chinese General Hospital, St Lukes Medical Center QC
Arnold Angeles - St Lukes Medical Center Global and QC, Univ of the East RMMMC
Briccio Alcantara - St Lukes Medical Center QC; Far eastern Univ NRMF; Belo Med
Eric Arcilla - St. Lukes Medical Center Global and QC, Philippine General Hospital
Christopher Christian Aro - St Lukes Medical Center Global, Manila Doctors Hospital
Catherine Asedillo - The Medical City
Jeanne Azarcon - Philippine Gen Hospital, The Medical City
Mary Joy Bernardo - St Luke's Medical Center Global
Richard Joseph - Cabotage St Luke's Medical Center; Philippine Band of Mercy; Quezon City General Hospital
Lutgardo Caparas Jr. - University of the East RMMMC; Z Inst of Plastic Surgery/Dermatoaesthetics; Belo Med
Karlo Marco Capellan - Rizal MMC, Synergy
Vicente Castillo - Asian Hospital Med Center; Cardinal Santos MMC; Medical Center Manila
Tristan Catindig - St Luke's Medical Center Global, Manila Doctors Hospital
Joanne Chuasuan - St Luke's Medical Center Global
Trishyalin Mae Correa - Tondo General Hospital
Jose Joven Cruz - University of Philippine General Hospital; Asian Hospital; Beverly Hills Medical Group
Mel Anthony Cruz - Far Eastern Univ NRMF
Melanio Cruz - Far Eastern University NRMF
Ferri David-Paloyo - Manila Drs Hospital
Conrado De Gracia - The Medical City
Alexander De Leon - La Nouvelle Image Clinic, The Medical City
Edwin Del Rosario - Mega Clinic, Manage Care Center, QC, Makati Medical Center
Andre Paolo Espiritu - St Luke's Medical Center QC, Manila Doctors Hospital, Makati Medical Center
Gilbert Esquejo - Our Lady of Lourdes Hospital, Philippine Band of Mercy, QC
George Byron Ferrer - Veterans MMC, Quezon City General Hospital
Vicente Francisco Firmalo - University of the East RMMMC, Centuria
Rocelyn Ann Gannaban - University of Santo Tomas Hospital, Lumina Aesthetic Clinic
Glenn Angelo Genuino - Philippine General Hospital; Manila Doctors Hospital; Asian Hospital; St Luke's Global
Gerardo Germar - The Medical City, Medical Center Manila
Edgardo Gonzales - Manila Doctors Hospital, San Juan de Dios Hospital
Benjamin G. Herbosa - Makati Medical Center, Medicaid King's Court, Makati
Ma Pilita Mijares-Gurango - The Medical City, Philippine Childrens Medical Center
Angela Rose Hernandez - University of Santo Tomas Hospital, Lumina Aesthetics
James Joaquin - Rizal Medical Center; University of the East, RMMMC; Amang Rodriguez MMC; Centuria
Stanley Kho - SkinCareRx, Greenhills; The Medical City; Pasig City Gen Hosp; Quirino MMC
Marlon Lajo - St Luke's Medical Center QC; SkinCare Rx, Greenhills
Carlos Lasa Jr. - C. Lasa Cosmetic Center, QC; Manila Doctors Hospital; St Luke's Medical Center QC
Anisette Christina Librojo - Managed Care Center; Casa Medica; Mega Clinic
Jesus Lizardo II - General Hospital; St Luke's Medical Center QC
Alfredo Lo - Mandaluyong Medical Center, Delgado Medical Center
Laurence Loh - Jose Reyes MMC; LIPS, QC; St Luke's Medical Center QC
Florencio Q. Lucero - St. Luke's MC Global; Manila Doctors Hospital; Beverly Hills Medical Group
Edwin Paul Magallona - Managed Care Center; University of the East RMMMC; STI Megaclinic
Francisco Manalo - Makati Medical Center; Asian Hospital MC; Philippine General Hospital
Ponciano Manalo - Makati Medical Center
Edmund Mercado - East Ave Medical Center; St. Vincent's General Hospital
Nicanor Montoya - Asian Hospital; The Medical City; Medicaid Clinics
Jorge Neri - Makati Medical Center
Edgardo Orlina - University of Santo Tomas Hospital
Kathryn LLanera Nunez - Rizal Medical Center, Philippine Children's Medical Center
Lourdes Josephine Angliongo-Ramos - The Medical City
Jesus Recasata - Faces and Curves, Greenhills
Michele Rivera-Nuez - Manila Doctors Hospital, Shinagawa Lasik and Aesthetics
Juan Sanchez - Plastic Surgery Center QC; MD Eastwood; PCMC; Phil. Heart Center; FEU Med Center
Hector Santos Jr. - Veterans MMC; Managed Care Center, Mandaluyong; East Avenue Med Center
Rex Santos - Mary Chiles Hospital
Jose Melvin Sibulo - University of Santo Tomas; Chinese General Hospital; St Luke's QC
Evangelina Sison - Clinical Suite, Makati, Fairview General Hospital, NeoMedical Skin Clinic
Mark Sison - Asian Hospital MC, Managed Care Center, Mandaluyong
Ramon Sison - VR Potenciano Med Center
Rowena Sudario - Jose Reyes MMC
Gerald Sy - Cardinal Santos; Phil Heart Center; Jose Reyes MMC; Quirino MMC
Oscar V. Tagulinao - University of Santo Tomas Hospital, Cardinal Santos Medical Center
Ma. Irene Tangco - University of Santo Tomas Hospital
Bernard Tansipek - Philippine General Hospital; Asian Hospital; Manila Doctors Hospital
Gene Gerald Tiongco - St Luke's Global; Healthway Market/Market; Clarity Aesthetic Edsa Shangrila Mall
Joel Reginald Unson - Makati Medical Center, AIP Aesthetic Institute, Green Hills
Nikki Eileen Valencia - St Luke's Global, Quirino Medical Center
Enrico Valera - St. Luke's Medical Center QC, Our Lady of Lourdes Hospital
Rene Valerio - St Luke's Medical Center Rm 1118 CHBC North, St. Luke's Global
Lourna Leah Velasco-Victorio - Clinica Manila Tiendesitas, Providence Medical Center
Socorro Velasco - Makati Medical Center
Eric Samuel Yapjuangco - Aces Hospital, Marikina City





Philippine Society for Transplant Surgeons

When something new and beautiful emerges, there usually is no shortage of those who will claim paternity. Kidney transplantation started in the Philippines in the early seventies, and several institutions claim to have done it first. Two private hospitals the A.B.M. Sison (now The Medical City) and Capitol Medical Center, two academic institutions University of Santo Tomas (UST) and UP- Philippine General Hospital (PGH) and a government hospital, Veterans Memorial Medical Center (VMMC) are among the claimants. Undisputed however is the fact that with the establishment of the NKI (now National Kidney and Transplant Institute) in 1983 the science of treatment of Renal Diseases acquired focus and a permanent home. Part of this was not only renal transplantation but organ transplantation in general.

From the core group led by Dr Enrique T. Ona, a meeting of 10 transplant surgeons was held in 1999 which led to the organization of the Philippine Society for Transplant Surgeons with Dr. Enrique T. Ona as the President, Dr. Rose Marie O. Rosete-Liquete as Vice President, Dr Dennis P. Serrano as Secretary, Dr. Angel Joaquin M. Amante as Treasurer and Dr. Benito V. Purugganan Jr. as PRO. Members of the Board were Dr. Vanessa De Villa and Dr. Servando Sergio DC. Simangan Jr. It was resolved during that

meeting that the Society will become the mother society of solid organ transplant surgeons and will work to advance and promote the practice of organ transplantation in the Philippines. The society is a conglomeration of a handful of surgeons hailing from fairly similar but equally distinct backgrounds, all recognizing the need for an organization that will unify the practice of organ transplantation in the country. As a subspecialty it is imbued with several unique features. Its ultimate aim is to replace non-functioning vital organs. Which can be possible only if another otherwise perfectly healthy individual shall consent to undergo a major operation and let go of a healthy part of him or herself. On the other hand, it is also a specialty in surgical intensive care except that the “patient” is a dead person, a certified brain dead person and the aim is not to save but to maintain the viability of the body until it is ready to possibly save, prolong and improve the lives of up to a dozen people. To improve the chances of success, the practitioners have to give such medications to wipe out otherwise healthy and functioning cells, impede their normal function and prevent their proliferation thus ensuring that the patients are made more vulnerable to infection and other side effects. Thus a delicate and precise balance must be struck first between the risk to the donor and the benefit

> 35

of the recipient then the detrimental effects of the medications and the protection of the transplanted organ. In terms of surgical skills, the dissections and preparations necessary to prepare a recipient and procurement of organs from a deceased donor may be learned beginning from general surgical practice but have to be refined as delicate vital parts such as blood vessels and ducts have to be preserved for eventual reanastomosis. So much so that in training, these skills are honed by numerous surgeries involving hemodialysis access and when necessary peripheral vascular surgery that it formed an integral part in the training and practice in the subspecialty.

Its corporate birth and thus its existence as a person by legal fiction commenced in 2001 with its registration with the SEC. With its leaders being stalwarts of the Philippine College of Surgeons, it naturally affiliated itself with the PCS. "We are grateful to the PCS for having welcomed this new society under its wings, thus recognizing the status of transplantation in the Philippine surgical practice. – (President's Message, Graft Talk, Vol.1 No. 1, June 2003)

As the number of those who finished training in the specialty here and abroad began to increase,

the Philippine Board of Transplant Surgery was organized in 2003. It has been conducting biennial written and oral examinations for qualified surgeons trained here and abroad since then. It also has been conducting annual midyear conventions in various cities outside of Metro Manila attended by members and non-members and have their own session at the annual convention of the PCS. Its members are spread throughout the length and breadth of the country from Davao, Cagayan De Oro, Zamboanga in Mindanao, Cebu, Bacolod, Iloilo in the Visayas, Naga City in Bicol Region and Dagupan City and San Fernando City in La Union. Its members man the 34 transplant centers in the country.

It has partnered with other organizations such as the Transplantation Society of the Philippines (TSP) in various activities and has participated in the DOH and the legislative processes in the crafting of relevant statutes. Its members have been representing the Society in various fora dealing with organ transplantation, living and deceased organ donation and advocacies related to these. Crafting of a new law on deceased donation, increasing the frequency of the board examinations to annual and publishing a regular Society newsletter are presently the additional activities of the Society.



Dr. Servando Sergio DC. Simangan Jr.
President

Dr. Leo Carlo V. Balalay
Vice-President

Dr. Arwin Roman P. Ransayra
P.R.D.

Dr. Jose Benito A. Abraham
Treasurer
Chair- Board of Transplant Surgery

Dr. Adolfo C. Parayno
Secretary

Dr. Siegfredo R. Palaya
Auditor

Newly elected PSTS officers took their oath of office to Dr. Alejandro Dizon (PCS President) as inducting officer last December 3, 2018 during the PCS Annual Clinical Congress at Edsa Shang Ri La Hotel, Mandaluyong City

PSCRS marks its 50th Anniversary

The Philippine Society of Colon and Rectal Surgeons (PSCRS) recently celebrated its 50th year anniversary during the 10th Annual Congress and Scientific Meeting on April 5-6, 2019 at the Edsa Shangri-La Hotel.

It has been 50 years since nine distinguished Filipino surgeons, who trained in Colorectal Surgery in different centers in the United States, decided to form the Society. The Society which was previously known as, “Samahan Pilipino ng mga Siruhano ng Isaw at Bitukamtuwid”, was established on March 8, 1969. Dr. Porfirio M. Recio, became the first President of the Society, Dr. Felix H. Tambuatco - Vice President, and Dr. Teodoro P. Nuguid - Secretary/Treasurer. The rest of the founding members are as follows: Dr. Miguel V. Ampil, Dr. Teodoro M. Collantes, Dr. Mariano V. Dela Cruz, Dr. Romeo R. Gutierrez, Dr. Carlos M. Magsanoc, and Dr. Redentor G. Pagtalunan.

For the past 5 decades, the members of the Society have been instrumental in contributing the following changes to Philippine Surgery: Miles’ abdominoperineal resection and sphincter preserving techniques for low rectal cancer, use of staplers for colon and rectal anastomosis, flap technique for extensive Grade IV hemorrhoids, total mesorectal excision, lateral pelvic lymph node dissection, laparoscopic and robotic colorectal surgery, transanal minimally invasive surgery and hyperthermic intraperitoneal chemotherapy.



Changes in practice from a 3-day to a 1-day bowel preparation in colorectal operations, from staged resections to single stage surgery with en-bloc resection for colorectal malignancies, immediate maturation of ileostomy/colostomy, highlighting the importance of peri-operative nutrition in reducing peri-operative complications, preoperative radiotherapy, photographic documentation of the TME specimen for quality control in rectal cancer, the concept of completeness of the TME in specimen evaluation and the inclusion of circumferential resection margin involvement in the pathology report.

The pre-operative evaluation and management of patients became comprehensive and included: the use of endoanal and endorectal ultrasound, pelvic MRI for rectal cancers, multidisciplinary team conference for colorectal cancer and pelvic floor evaluation and management. Quality control measures were implemented such as patient safety in the Philippine College of Surgeons, national surgical quality improvement program and enhanced recovery after surgery. In partnership with Philhealth, the z- package for curable colon and rectal cancer was implemented in 2016. The Society has the distinction of having a band known as the “BOWEL SOUNDS”, who performs both nationally and internationally.

At present, there are eight Colorectal Surgery fellowship training programs: University of the Philippines – Philippine General Hospital, Jose R. Reyes Memorial Medical Center, Southern Philippines Medical Center, The Medical City, Quirino Memorial Medical Center, Rizal Medical Center, St. Luke’s Medical Center (Quezon City) in consortium with the University of the East Ramon Magsaysay Medical Center, and Batangas Medical Center.

The Society started holding its own annual conventions in the year 2010, and conducting and participating in workshops locally and internationally. With 62 fellows strong, and with vibrant and energetic leaders at the helm, the Society’s possibilities are limitless.

AWSP Celebrates Women’s Month

The Association of Women Surgeons of the Philippines (AWSP) in cooperation with the Philippine Society of General Surgeons and the Philippine College of Surgeons and their Chapters sponsored numerous breast and gynecologic screenings and lay fora throughout the country in celebration of Women’s Month last March 2019. A total of 375 participants availed of lectures on common women’s diseases and free breast and cervical cancer screenings.

The following institutions and facilitators contributed to the nationwide commemoration:

- Dr. Jose Fabella Memorial Hospital, Manila and Quezon City- Dr. Alfred Lasala
- Zamboanga del Sur Medical Center, Pagadian City- Dr. Babie Normita T. Lucero/ Dr. Rey Auman
- Klinika ng Bayan, Dagupan City- Dr. Anita C. Tarectacan/ Dr. Phamela Mae Sevido
- Rizal Medical Center- Dr. Rica Lumague
- Perpetual Help Medical center, Las Pinas- Dr. Jennifer Mercado/ Dr. Joy Grace Jerusalem
- National Kidney and Transplant Institute- Dr. Amihan Banaag

- Kabankalan City Hall, Bacolod City- Dr. Joan Torre
- UERMMMC- Dr. Joan Tagorda
- PGH UP Health Service- Dr. Wilma Baltazar
- JR Borja General Hospital, Northern Mindanao- Dr. Natasha Elazegui





Half a Century of the Philippine Society of Pediatric Surgeons

• Ma. Celine Isobel A. Villegas, MD, FPSPS, FPCS •



Some of the biggest egos in surgery cannot handle the idea of operating on the smallest patients. The pediatric surgeon, however, doesn't shy from performing surgery on the most vulnerable segment of the population: the 10 year old with appendicitis, the mischievous three year old who walks into the path of a tricycle on a provincial road, the gunshot wound victim from Cotabato and the adolescent with an abdominal tumor. Not uncommon is seeing a patient in the clinic who is brought there not by a parent but a caretaker, be it a child whose parents are OFWs or an orphan in an institution. Tragic also is having to deal with child victims of violence. Increasingly in the past decade, the pediatric surgeon has had to deal with patients less than a kilogram in weight.

At the core of the pediatric surgeon is the recognition that he/she is but a member of the team. Successful outcomes of operating on the youngest patients doesn't occur in a vacuum. Decreased morbidity and mortality rates only happen because of intense cooperation among the numerous superspecialists that surround the smallest patients: the pediatric pulmonologist, the pediatric intensivist, the pediatric anesthesiologist, the hematologist-oncologist, the pediatric cardiologist, the pediatric gastroenterologist and a whole lot more. Without these specialists that are now available in different regions in the country, a pediatric surgeon is ever grateful for a good result. Increasingly common is having to understand the ramifications of performing surgery on children with different developmental disorders like autism.

In the Philippines today, certified pediatric surgeons are Fellows of the Philippine Society of Pediatric Surgeons. This organization was established in 1969 and currently, fifty four pediatric surgeons belong to this Society. With only four accredited training programs (NCH PGH, PCMC and SPMC), the Society has made a conscious effort to place its graduates all over the country. It is striving to be all inclusive; requirements for the Philippine Board of Surgery have been waived encourage all previous graduates of pediatric surgery programs to finally take the board. International ties are progressing especially with our Southeast Asian neighbors. Early in its infancy, the Society has hosted an international conference, and it did so again last 2017.

It is interesting to note that pediatric surgeons in high income countries are seeing less of the more complex surgical congenital anomalies because of birth rates that have radically declined and the changing demographics of their populations. Trainees from high income countries envy the trainees from low income countries like India, Egypt and the Southeast Asian regions for having been exposed to rare and unusual surgeries. Thus, a more substantial research agenda of the PSPS is being planned.

The Society also has close ties with its Fellows such that they meet four times a year for interhospital conferences so that they keep tabs on the different training institutions and learn from each other. Workshops are held in a spirit of learning and camaraderie. Participation in in-hospital missions are encouraged.

Despite the small size of the Society, prominent Fellows of the PSPS have held positions of leadership in the Philippine College of Surgeons, and have been chairs of their respective departments of surgery in their hospitals. They have progressed to being chapter presidents of the PCS in

their regions and even the apex of leadership of the PCS. Notable too that some Fellows are prominent as medical/surgical educators on a national scale.

Currently, as the PSPS enters middle age, there are only four training programs that adhere to the strict requirements set by the Society. These include the National Children's Hospital, Philippine Children's Medical Center, Southern Philippines Medical Center and the UP-Philippine General Hospital. The Society recognizes that there is a pressing need for more pediatric surgeons, and there are two hospitals that are planning to start their own training programs, namely, Vicente Sotto Memorial Medical Center in Cebu and Jose Reyes Memorial Medical Center. It is a must that the programs cover the whole archipelago.

The PSPS is adapting to the changes of 21st century surgery. With the current technologically -driven trends in the cutting specialties, one must be aware that what applies to adults doesn't necessarily mean early adoption for the child patient. Pediatric surgeons are now engaged in the use of laparoscopic surgery, albeit a few years behind adult MIS. In the same way that not all pharmaceuticals are all right for children, ethical use of new equipment and trends must be paramount when applied in pediatric surgical management.

For the 50th year of the PSPS, professorial lectures in different regions of the country are being planned such that the Society's latest advocacy will be disseminated: "Pediatric Surgeons for your kids...They only deserve the best." It has been increasingly clear that the first surgery in a child with a surgical condition, should be the best surgery. The pediatric surgeon is in the perfect position to deal with and understand the complexities of a particular congenital anomaly.

This year, a postgraduate course on ultrasonography for the pediatric surgeon, and a series of talks by foreign speakers are planned. The PSPS will also coordinate and participate with the World Surgical Foundation in conducting missions in the provinces, and with the different training institutions in conducting in-hospital missions. Additional activities will culminate in the PCS annual convention of 2019 to solidify its ranks in the succeeding half century.

When a cardiovascular surgeon performs a successful CABG on an adult, the patient can look forward to ten more years of life. When a pediatric surgeon performs a successful operation on a neonate, the baby can look forward to a lifetime.

"Pediatric surgeons for your kids... They deserve only the best"

Healing

• Vietrez David Abella, MD, FPCS, FPSGS •



The Author

The business of healing: complicated.

Before a patient is seen by a doctor, there's the security guard, the triage officer, the nurse-on-duty: asking questions, touching, poking.

When the doctor finally sees you, more questions: Do you have insurance? Then a slew of tests and some needle-pricks. And you just wanted to ask the doctor a question!

On the doctor side, the patient has morphed from a person to be treated into a source of financial gratification bundled with these adds-on by the regulating arms of Big Brother.

Diagnoses we painstakingly learned through five years of medical school and three to five to seven years of specialization or subspecialization had to be reworded in the name of insurance claim processing expediency. Customized and personalized treatments suited for each unique patient are now a thing of the past, with pressure to follow standard protocols for efficiency and cost-effectiveness.

And the forms, time-guzzling forms! Time better allocated to getting to know the patient is instead reserved to filling out those dang forms! Remember to dot your t's and cross your i's or else those Four-Headed Forms would rear their ugly heads come 30 to 60 days hence and you go through that tedious claims process once again, if said claim is not DENIED. Denied, because treatment did not happen? Or denied because someone along the yellow-brick processing way did not provide the right document, did not attach the right document, did not scan the right document, did not scan the right document correctly; or the electronic system did not submit correctly, concisely, clearly, etc., etc.

What happens then to the hapless healer and his hospital team? \$100 poorer. And meantime the patients continue to pour in, all needing staff who have to be given their wages on month's end, drugs and medicines and laboratory reagents that are used faster than they get replenished; consuming water and electricity; the sphygmomanometer and stretcher get worn down, the bed mattresses thinned out, the hospital building depreciated, the ambulance reduced to rolling casket.

And when did we put much premium into getting sick? Get sick and get a free 4-day, 3-night stay in the government hospital of your choice! Make sure though that you brought all the right documents, that said hospital is insurance-accredited, that the doctor who treats you is insurance-accredited...And prepare to be questioned from your work to your family life to your love life, to be handled and man-handled, to be pricked by that dang needle once, twice, three time's the charm. To stand in that cold room, with your flimsy patient gown blowing this way and that, with your chest made to press against that cold machine...

How come nobody has taught me how to avoid getting sick? There are much more fun things to do with \$100 than to spend three to five to seven days in a smelly, stuffy ward, crammed with 10 other patients, with only one "comfort" room that reeks of discomfort because there's usually no water. Privacy is a

privilege only for those who have. Three to five to seven days surrounded by people who care only to do their work of asking, poking, touching, and that dang needle! Doctors appear every so often like automaton with their laundry list of questions and their equally-long grocery list of prescriptions and orders! Has anybody asked how I feel and told me how the next three, five, seven days would proceed? Would I come out walking or feet first? Do I have to take a loan or sell my carabao or my small piece of land? Hey, nurse, nurse...

While the job-order nurse is lost in his thoughts, wondering if last month's salary would already come in, 15 days and counting; if he would still get called for work next month, with the house bills piling up and the baby coming out soon...a few more months just to get the needed work experience so I could fly out to join the thousands of nurses all over the world, get a decent salary to support my growing family, and pay my parents' loans that got me through nursing school. Oh, yeah, smile, unggoy lang daw ang nakasimangot, at kailangan daw pataasin ang score sa Patient Satisfaction Survey...

And down in that corner office, the hospital administrator scratching his head, mulling over yet another failed Patient Satisfaction Survey score; the procurement requests still held up somewhere in the government bureaucratic machinery, needing one of those tens of signatures that would certify that yes, the hospital needs paracetamol and cotton balls and IV fluid. The paracetamol and cotton balls and IV fluid that was used up by that patient several weeks ago! Whoever used up millions and millions of brain cells just to think up a process that would typically take 30 to 60 days, to buy much-needed drugs and medicines and medical supplies and oxygen? How can I run a business where 9 of 10 customers are on credit, with the payment coming in after 6 months, if at all? Where is the capital that the business owners promised? So we are the ones who don't plan well? What about those bureaucratic high-and-mighties sitting in their cushy back-supported armchairs and having their coffee Venti's in their conference rooms who, year after year have seen the aches and pains of the health care delivery system, and yet expect year after year for EXCELLENT results to be delivered, with just minor tweaks in the system?

How did healing get so complicated?

"He went around all Galilee, teaching in their synagogues, proclaiming the gospel of the kingdom, and curing every disease and illness among the people. His fame spread to all of Syria, and they brought to him all who were sick with various diseases and racked with pain, those who were possessed, lunatics, and paralytics, and he cured them." (Matthew 4:23-24)

In the midst of noise and chaos, sit still, and listen. His voice is in the soft whispering.

We need to get back to our healing roots: in the beginning was the sick and the healer. The sick needed to be cured, and the healer cured him.

Come to us all who are sick, that we might cure them.

Surgical Complications and Their Impact on Surgeons

• Joy Grace G. Jerusalem, MD •

"Ano ba ang ginawa mo sa asawa ko?", the distraught wife screamed into the phone. The surgeon willed himself to calmly explain the patient's condition knowing fully well that he had lost the family's confidence. The line on the other end goes off, the surgeon returns to the ICU to write his orders on the chart. In a span of an hour, he has talked to the patient's wife, children, the family doctor, a relative living in the US and close friends, detailing why the patient deteriorated after a second operation to address a surgical complication. He recalls the first time he sees the patient, the room full of well wishers nodding as he explains why the patient needs to be operated on, the potential risks and complications and projected hospital stay. *Ano bang ginawa mo sa asawa ko?* Sitting in the Nurses' station amid the constant beeping of the cardiac monitors, he mentally reviews the conduct of the two procedures, a virtual checklist going off on his head. The Nurse on Duty relays the latest urine and drain outputs, and asks him about the IVF to follow. An alarm sounds off in the background; the patient's oxygen saturation has fallen. *Ano ba ang ginawa mo sa asawa ko?* He confers with the ICU resident regarding the latest mechanical ventilator settings and orders that a new ABG determination be done. A cursory glance at his watch tells him he is running late for another operation. Almost automatically, he maps out what he thinks would be the fastest route to the other hospital. He leaves the ICU to attend to another patient, but not before leaving strict instructions that he be updated on the patient's course. His stomach growls and he feels lightheaded, he remembers he had not eaten yet. *Ano ba ang ginawa mo sa asawa ko?*

Surgical complications are inevitable risks in the conduct of an operative procedure. There is a saying in surgical circles that a surgeon who has not had a complication has not operated enough. Errors are avoidable commissions or omissions with potentially negative consequences. Despite their differences in definition, the impact of both are similar. Although we are taught the rigors of performing a thorough preoperative assessment and the proper technical skills to avoid them, so too are we trained to properly evaluate and manage the myriad number of potential adverse events that can result from surgical intervention. But to err is human, so it is stated in the landmark Institute of Medicine study that brought the impact of medical error to the forefront in 1999. It is noteworthy to quote:

Beyond their cost in human lives, preventable medical errors exact other significant tolls. They have been

estimated to result in total costs (including the expense of additional care necessitated by the errors, lost income and household productivity, and disability) of between \$17 billion and \$29 billion per year in hospitals nationwide. Errors also are costly in terms of loss of trust in the health care system by patients and diminished satisfaction by both patients and health professionals. Patients who experience a long hospital stay or disability as a result of errors pay with physical and psychological discomfort. Health professionals pay with loss of morale and frustration at not being able to provide the best care possible. Society bears the cost of errors as well, in terms of lost worker productivity, reduced school attendance by children, and lower levels of population health status. [To Err Is Human: Building a Safer Health System, IOM, 1999]

Errors impact not just the patients but their relatives, health care providers and society. The priority in surgical adverse events is the well being of the patients, as such, there are numerous articles and discourses to underscore and address its impact. While rightly so, there are now emerging studies that focus on the management of the so-called "second victims"- the surgeons.

Dr. Albert Wu, a professor of health policy and management at the Johns Hopkins School of Public Health, in 2000, coined the concept of the second victim, to describe the hospital providers primarily involved in cases resulting in adverse events from errors or complications are similarly traumatized by the occurrence. Seys, et al , in a systematic review, pegged the prevalence of the second victims at 10-40%. However, this study included all types of medical errors, and was not specific in terms of surgical adverse events.

Surgeons, in comparison with other specialties, are known to be more equipped against the stress of clinical practice because they are exposed to a high-risk environment and serious complications. They are expected to be resilient in difficult situations, decisive under pressure, and tough-minded. Pegrum and Pearce found in their study that surgeons, compared to the general population, had high scores on stress immunity, and that the prevalence of this trait better facilitated patient care. But recent studies like that of Shanafelt, et al and the Boston Intraoperative Adverse Events Surgeons' Attitude (BISA) study both show a strong relationship between the occurrence of an adverse events from perceived medical errors and surgeons' emotional distress.

So how does surgical complications affect the surgeons' well being? A study by Pinto, et al in 2013

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utilized semi-structured, individual interviews with general and vascular surgeons, consultants and senior registrars from two National Health Service organizations in the UK. The results of the study were as follows:

Twenty-seven surgeons participated. Many were seriously affected by major surgical complications. Surgeons' practice was also often affected, not always in the best interest of their patients. The surgeons' reactions depended on the preventability of the complications, their personality and experience, patient outcomes and patients' reactions, as well as colleagues' reactions and the culture of the institution. Discussing complications, deconstructing the incidents and rationalizing were the most commonly quoted coping mechanisms. Institutional support was generally described as inadequate, and the participants often reported the existence of strong institutional blame cultures. Suggestions for supporting surgeons in managing the personal impact of complications included better mentoring, teamwork approaches, blame-free opportunities for the discussion of complications, and structures aimed at the human aspects of complications.

The study recommends the need for a framework to support the needs of surgeons in the aftermath of a major surgical adverse event.

The Joint Commission issued the following in its Quick Safety advisory on supporting second victims.

Safety Actions to Consider: The Joint Commission urges health care organizations to take the following actions to support second victims as soon as possible after an adverse event occurs. By addressing the traumatized health care worker, organizations can help ensure that other patients are protected from the domino effect that adverse events can have on health care worker performance.

- Instill a just culture for learning from system defects and communicating lessons learned.
- Engage all team members in the debriefing process and sharing of the lessons learned from the event analysis.
- Provide guidance on how staff can support each other during an adverse event (i.e., how to offer immediate peer-to-peer emotional support or buddy programs).
- If the Employee Assistance Program (EAP) is the sole source of support for second victims, consider creating supplemental programs after evaluating the EAP's structure and performance.

If your organization has, or decides to create, a second victim program, be sure it includes the following components:

- A strong patient safety culture, which is an essential foundation for implementation of a clinician support program.
- Obtain buy-in from organization leadership and the board.
- Engage executive champions.
- Develop an educational campaign to introduce the second victim concept, reduce stigma and biases, increase awareness and the utilization of services. Staff should know exactly what to expect if they

are involved in an adverse event and how to access support.

- Develop policies and procedures, including guidance for direct first responders.
- Develop the program using evidence-based guidance, and ensure that the program is applied fairly toward all staff.
- Identify the current confidentiality protections designed for the support program. Leaders may want to seek legal counsel about options for preserving confidentiality since state laws vary.
- Create additional tiers of service for those who do not recover with peer support or who endure litigation
- Identify professional resources for external intervention to ensure that the unique needs of each clinician are met.
- Survey health care workers to determine benchmarks of program effectiveness (one resource is the Medically Induced Trauma Support Services (MITSS) Toolkit). Repeat the surveys regularly to track progress.
- Measure utilization, but keep in mind that low rates of use may reflect program deficiencies or barriers to access rather than lack of need.
- Measure effectiveness of the program and services; revise the program, if needed.

There is nothing quite as devastating to a surgeon as having a complicated morbidity and a surgical mortality. If it happens to you, to add to the burden of worrying for your patient, you have to contend with feelings of guilt, loss of confidence, and concern for one's reputation or fear of litigation. If it happens to a colleague, we commiserate and offer advice, all the while breathing a sigh of relief that its not you in their shoes. We may differ in the way we cope with the stress, but it is clear that we all need to support each other to ensure that patient care, above all, is not compromised.

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Surgical LAUGHaroscopy

• Jose Benito A. Abraham, MD, FPCS, FPUA •



Clinic chronicles

Episode 1:

A patient arranges his admission through text and emails and finally travels from out of town and arrives in the hospital (we had never met...)

As I enter the room quietly, I smile and greet him “Good evening po! Dr. Abraham po...”

He gives me a startled surprised look, squints his eyes and says... “Doc iba hitsura mo...”

(Translation: Doc, you look different...)

I asked politely: “what do you mean po?” (Smiling)

To which he remarks: “Mas guwapo ka sa TV!

Telegenic ka pala...”

(Translation: “You are better-looking on TV...” “It must be because you are telegenic...”)

I don’t know if I should be happy or not...

Hahahaha, na-frustrate ata...

(Translation: think he got disappointed...)

Episode 2:

A patient comes to consult...

Me: “Kumusta po? Who referred you po?”

Patient: “Wala po, we just looked and chose you among the list of doctors po...”

Me: “Salamat po... maganda din po yung letter A po ang last name, ano po?” Smiling...

Patient: “Ay Hindi po, pinili po namin kayo kasi kayo po pinakagwapo!”

Me: “ah Ganun po ba? Dahil po dyan, you get 60% discount!” (More smiles)

Patient: “naku thank you po Doc!”

Hahahaha nabigla ata ako...

Clinic chronicles:

DrJ: Hello po... Good afternoon po... kmusta po sila? What brings you to the clinic?

Patient: ok Lang po, Wala naman po problema... papacheck-up lang...

DrJ: Ah ganun po ba? Ano po papacheck-up nila?

Pt: “May bato daw po kasi ako sa kidney?”

DrJ: (me thinking... aaaaaah may bato pala) Pano nyo po nalaman na may bato kayo?

Pt: sa CT Scan po... “staghorn” daw...

Ok then, so as excited as I was, I explained to him what he had and discussed the treatment options, then asked...

DrJ: May diabetes po ba at high blood?

Pt: Wala “naman” po...

DrJ: ok po... may iniinom po ba na mga gamot?

Pt: Ano po... Metformin Losartan at Rosuvastatin... Meron din po Febuxostat...

DrJ: (aaaaah diabetic and high blood pala at mataas pa ang cholesterol at uric acid)...

“Heart disease po ba meron?”

Pt: Wala po... pero Meron po ako stent sa puso

DrJ: (aaaaah may stent pala...) kelan pa po?

Pt: Mga 3 years na po Kaya Meron din po Aspirin at Clopidogrel ako...

DrJ: (Ganun?!) ah so may antiplatelets po pala kayo...

So, at that point, I felt I needed to help improve his insight on his clinical conditions, I started to say...

Ok po... we need Cardio, Endo, Renal and Urology services to manage your case. Because you have the following problems po:

1. Staghorn calculus, Complicated UTI

2. Diabetes Mellitus

3. Hypertension

4. Hyperuricemia

5. Dyslipidemia

6. Coronary artery disease

Pt: ok po Doc. Thank you po... So maysakit po ba ako? Haaaay! (Deep sigh...)

DrJ: Wala naman po... ok Lang! Hahaha

Clinic chronicles...

Me: “Hello Good afternoon po... musta po?”

Patient: “Good am Doc... musta din po?”

Surgical LAUGHaroscopy... from page 41

Me: “So, how can I help you po? What brings you to the clinic? Ano po nararamdaman nila?”

Patient: “Ok lang po, wala naman po...”

Me: (Deep thought, ah ok...) “ah pa check lang po ba?”

Patient: “Opo, kasi po umihi po ako ng dugo, pero magaling na... tapos nilagnat din po ako ng isang linggo, pero wala na... saka parang sumakit din likod ko, pero ok na rin... ngayon po ok na ako.”

Ah... may ganun?

Magaling na pala....

Clinic chronicles:

Patient comes in to discuss his prostate biopsy results... As soon as I looked at the official results showing cancer of the prostate, I compose myself to give an empathic explanation...

Me: (Clears my throat) “Sir, your biopsy came back positive po. Meron po kayong prostate cancer...”

Patient: “Ganun po ba Dok? Ano po dapat gawin?”

Me: (looking really concerned) “We need to stage the disease: do a bone scan and a CT scan... this way we will know if it is localized and if it is operable...”

Patient pensive and quiet...

Me: (wanting to soften the bad news...) “But don’t worry, prostate cancer is slow-growing, and is not fatal... do you have any questions po ba?”

Patient: (looks at his wife, with a naughty grin, asks) “Dok, kasi may reunion po kami, Pwede po ba ako uminom?” Bawal po ba litson?”

His question moved me and made me smile...

Me: “Naku pwede po uminom, pati po lechon ok lang... Mag-enjoy lang po... wag lang pong sobra! Dalhan nyo din po ako...”

Aw, the simple joys of life... I am not about to take those away from a sick man...

Clinic chronicles: on medical terms and jargon...

Last clinic date, I recommended an outpatient infusion procedure on a patient... Later, he comes back to my clinic looking concerned...

Patient: “Doc, Good Afternoon, Hindi po kasi maibigay Yung medicine na in-order mo...”

Me: “Ganun po ba? Eh bakit daw po?”

Patient hands me the “Informed Consent” form and points to a blank space (where it says attending physician...)

Patient: “Eh kasi po need nyo po i-sign Yung “conscience” nyo po...”

Me: “Ah ok po...” then signs the “consent form” smiling and laughing inside...

Patient: “thank you po Doc! May bayad po ba?”

Me: “Wala na po...” (thinking: “Hindi po Kaya ng conscience ko...”)

Clinic chronicles:

A 225lb 5’4” man was at the clinic...

DrJ: “It’s been a while po,” (looking at chart noticing follow up was 6 months ago)... “How are you?”

Px: eh Doc, bakit kaya cholesterol ko at sugar mataas pa rin? (pointing to his recent blood chemistry)...

DrJ: Ah eh katapos lang po ng Pasko madami po ba kayo kinain?

Px: Medyo lang po... (smiles) Christmas po eh...

DrJ: need nyo po mag lose ng weight...

Px: eh Doc, di po kaya mahina yung gamot?

Me thinking: “Ganun? Eh ang taba nyo po kaya?”

#mahinadawgamot #paskodaw #dietandexercise

#letsloseweight #gymulit #kainpamore

Clinic chronicles: “Laughter is the best medicine!”

“All about pain...”

Episode 1

A 27-year-old male patient comes to the clinic complaining of lower abdominal pain.

DrJ: “Since when pa po and gaano po kasakit?”

Pt: “Mga 3 weeks na po at Hindi naman po sobra sakit, parang un-com-for-ta-ble lang, kung baga yung intensity, mga 0.5/10 lang...”

(Translation- it started about three weeks ago, it is not so severe but there s a sense of discomfort and the pain score is 0.5/10)

Wow ha? 0.5! Galing ng pain metric system!

Episode 2

A 58-year-old male patient complains of leg pains

DrJ: “Good morning po? How are you po?”

Pt: “Masakit po yung legs ko mula tuhod hanggang paa...”

(Translation: My legs hurt from the knees down to my feet)

DrJ: “Gaano kasakit po? How painful?”

Pt: “Yung parang manhid po, walang pakiramdam...”

(Translation-It is almost like it’s numb, without any sensation)

DrJ: “Ah so Hindi nyo po nararamdaman...”

(Translation-So that means you don’t feel anything?)

Pt: Opo...

DrJ: Ah 0/10 pala...

Disclaimer

Please take note that the characters mentioned here are fictional and the events were just made up by the author. Any similarity to actual persons is purely coincidental...

The author and this newsletter respect patients’ privacy and this section is not meant to ridicule the patient or undermine the medical profession

MY YOGA JOURNEY

• Marlene Ricci M. Castillo, MD, FPCS, FPSGS •

Yoga piqued my interest sometime in the summer of 2014 when I saw a college friend's post on Instagram of her doing a headstand. I thought at that time that it was pretty cool, and I wondered if I could do that too. So, I downloaded videos and tried practicing at home. I did so probably 2-3x a week, for 30-40minutes. Then I thought, how do I know if I'm doing it right? I decided to go to a yoga studio. I reached out to a high school friend who I knew was attending yoga classes in a studio in Las Piñas (because of course I didn't want to be the newbie who didn't know anybody).

Having been guided by a yoga teacher, I discovered a few things I wasn't doing properly:

Breathing In yoga, we practice ujjayi. It's when you completely fill your lungs while slightly constricting your throat, breathing in and out through the nose, making an "ocean sound". Ujjayi (victorious breath) is used to regulate the heating of the body. The air passing through the lungs and throat generates internal body heat, preparing and steadying the body for/during asanas (poses).

Finding balance. I struggled with this one at first when doing poses. The key is to plant your feet firmly to the ground, somewhat creating a suction at the arch. Of course it didn't help that I was flat footed, but as I got along, I was able to get the hang of it. Though I still stumble from time to time after a day of wearing high heels.

Focus. I remember my first teacher sitting us down a few minutes before the class starts to dedicate a couple of minutes to meditation. She used to say, let go of all your fears and all your worries, be here at the present moment. Clear thinking and concentration were as essential as strength.

Flexibility follows strength. Like most people, I initially had a mindset that yoga is for flexible people. I was soon proven wrong. Yoga requires strength, and flexibility comes after. I literally struggled doing chaturanggas (low push ups). Yoga requires a lot of core work, especially for those fancy poses.

Suffice to say, I enjoyed my first class so I came back as often as I could. I found myself getting stronger and more flexible as I practiced more often. And as I see and feel my progress, I am encouraged to continue. I sometimes would attend every day, other times I'd even attend 2 consecutive classes. I started challenging myself by attending advanced classes, and I felt good every time I got the pose right. It was like a small/big victory that the whole class celebrates.

Five years into it, I can attest to the many physical and mental benefits of yoga. It relieved my insomnia. I used to get by on just 3-4hrs of sleep, being unable to sleep early. Now I am able to get a full night's sleep. It improved my core strength and helped me lose my belly fat. Mentally, yoga helped me manage stress better. It promotes clarity and positive thinking. It taught me to be more patient and accepting. Yoga is so ingrained in my daily routine that I cannot imagine a day without it. It also helps that I have grown close to the fellow yoginis in my class. I'd like to think that we have grown into a family unit supportive in each other's advancement, sharing in the pain of learning new poses as well as the triumph of perfecting them. I encourage fellow surgeons to join a class. You owe it to yourself to engage in activities that promote holistic wellness to help make us not just better surgeons but also better people.



COMMITTEE APPOINTMENTS, 2019

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 Commissioners: Vicente Q. Arguelles, MD
 Leonardo A. Ona Jr., MD
 Adriano V. Laudico, MD
 Roman L. Belmonte Jr., MD

CLUSTER A: NATIONAL PROGRAMS (Trauma, Cancer, Outreach Services, Infection Control)

Head: George G. Lim, MD

Committee on Health Maintenance Organization (HMO) (including PHIC)

Chair: Fernando L. Lopez, MD
 Co-Chair: Edmundo R. Mercado, MD
 Members: Joel U. Macalino, MD, LIB
 Abdel Jeffri A. Abdulla, MD
 Domingo A. Sampang, MD
 Mary Geraldine B. Remucal, MD
 Jose Y. Chua Jr., MD
 Regent-in-Charge: Joselito M. Mendoza, MD

Committee on Trauma (National Trauma Program)

Commission Director: Vivencio Jose P. Villafior III, MD
 Chair: Joel U. Macalino, MD, LIB
 Co-Chair: Joseph T. Juico, MD
 Regent-in-Charge: Dures Fe E. Tagayuna, MD

Sub-committee on ATLS

Chair: Enrico P. Ragaza, MD
 National Director: Orlando O. Ocampo, MD, MD
 Members: Raymund F. Resurreccion, MD
 Warren M. Roraldo, MD
 Jorge M. Concepcion, MD
 Josefina R. Almonte, MD
 Jennifer Tan, MD (By Invitation)

Sub-committee on Disaster Risk Reduction

Chair: Andrew Jay G. Pusung, MD
 Co-Chair: Emmanuel M. Bueno, MD
 Members: Alfonso C. Danac, MD
 Shawn Euclid G. Espina, MD
 Edven L. Manabat, MD
 Michael Angelo T. Francisco, MD
 Joel U. Macalino, MD, LIB

Sub-committee on DOH-PCS Trauma Center Collaboration

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 Teodoro J. Herbosa, MD
 Daniel A. dela Paz, MD
 Benedict C. Valdez, MD

Sub-committee on Trauma Education

Chair: Aileen Patricia M. Madrid, MD (BEST/BETTER)
 Members: Dominador V. Acoba Jr., MD
 Maria Cheryl L. Cucueco, MD
 Halima M. Romancap, MD
 Ma. Benita Gatmaitan, MD
 Warren M. Roraldo, MD

Sub-committee on Volunteerism

Chair: Joel U. Macalino, MD, LIB
 Co-Chair: Romel T. Menguigo, MD

Sub-committee on Burns

Chair: Ma. Adela N. Aguilera, MD
 Members: Edmundo R. Mercado, MD
 Trisha Correa, MD

Sub-committee on Critical Care & Nutrition

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 Romarico M. Azores, MD
 Alexander S. Quilaton, MD

Committee on Cancer (National Cancer Program)

Commission Director: Manuel Francisco T. Roxas, MD
 Chair: Ida Marie T. Lim, MD
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 Richard T. Mallen, MD
 Gerald T. Alcid, MD
 Marc Denver S. Yray, MD
 Shalimar C. Cortez, MD
 Cecilio S. Hipolito Jr., MD
 Catherine SC. Teh, MD
 Cristina L. Santos, MD
 Aldine Astrid Basa-Ocampo, MD
 Alfred Philip O. de Dios, MD
 Marc Paul J. Lopez, MD
 Robert B. Bandolon, MD
 Anthony Q. Yap, MD
 Marie Dione P. Sacdalan, MD
 Regent-in-Charge: Jose Rhoel C. de Leon, MD

Committee on SURE and Community Services

(National Program on Outreach Services)
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 Members: Rouel Mateo M. Azores, MD
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 Enrique Hilario O. Esguerra, MD
 Miguel C. Mendoza, MD
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 Ramund Andrew Ong, MD
 Eric SM. Talens, MD
 Benedict Edward P. Valdez, MD
 Regent-in-Charge: Vivencio Jose P. Villafior III, MD

Committee on Surgical Infections

(National Infection Control Program)
 Commission Director: Renato R. Montenegro, MD
 Chair: Esther A. Saguil, MD
 Co-Chair: Miguel Gary D. Galvez, MD
 Members: Maria Cielo G. Ampuan, MD (PSCRS)

COMMITTEE APPOINTMENTS, 2019

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John Melden M. Cruz, MD
Marie Carmela M. Lapitan, MD
Jun Luna, MD
Andrew Jay G. Pusung, MD (PSGS)
George Robert L. Uyquiengco, MD
Joy Bernardo, MD (By Invitation)
Nilo Paner, MD (By Invitation)
Regent-in-Charge: Renato R. Montenegro, MD

CLUSTER B: SURGICAL EDUCATION

Head: Jose Antonio M. Salud, MD

Committee on Conventions

Chair: Jose Antonio M. Salud, MD
Members: Maria Concepcion C. Vesagas, MD
Antonio S. Say, MD
Alfred Philip O. De Dios, MD
(CSE & Physical Arrangements)
Ferdinand Y. Syfu, MD
(Socials & Sports, MYC 2021)
Julyn A. Aguilar, MD
(Publications; Documentations)
Maria Cheryl L. Cucueco, MD
(MYC 2019, ACC 2021)
Andrei Cesar S. Abella, MD (ACC 2019)
Ma. Amornette J. Casupang, MD (MYC2020)
Leonardo O. Ona III, MD (ACC 2020)

Committee on Continuing Surgical Education

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Members: Maria Cheryl L. Cucueco, MD
(MYC 2019, ACC, 2021)
Andrei Cesar S. Abella, MD
(ACC 2019 & Primary Care)
Ma. Amornette J. Casupang, MD
(MYC 2020)
Leonardo O. Ona III, MD (ACC 2020)
Ferdinand Y Syfu, MD (MYC 2021)
Ma. Rica M. Lumague, MD
(Postgrad Course)
Jeffrey Geronimo P. Domino, MD
Regent-in-Charge: Ramon S. Inso, MD

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Ida Marie T. Lim, MD
Francis R. Roque, MD
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Omar O. Ocampo, MD
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Billy James G. Uy, MD

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Chair: Andrei Cesar S. Abella, MD
Members: Maria Cheryl L. Cucueco, MD
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Bernice C. Navarro, MD
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Chair: Leonardo O. Ona III, MD
Members: Joy Grace G. Jerusalem, MD
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Carlo Angelo C. Cajucom, MD
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Sub-committee on Midyear Convention 2021

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Sub-committee on Annual Convention 2021

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Chair: Andrei Cesar S. Abella, MD
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Leonardo O. Ona III, MD
Alfred Philip O. De Dios, MD

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Co-Chair: Alfred H. Belmonte, MD
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COMMITTEE APPOINTMENTS, 2019

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 Jesus Fernando B. Inciong, MD
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 Joel C. Celaje IV, MD
 Regent-in-Charge: Rodney B. Dofitas, MD

Specialty Society Representatives:

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 Santiago C. Aquino, MD (PSPS)
 Alfredo S. Uy, MD (PUA)
 Karyn P. Luna, MD (PATACSI)
 Eric C. Legaspi, MD (AFN)
 Marcelino Cadag, MD(POA)
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CLUSTER C: MEMBERSHIP DEVELOPMENT

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Committee on Ethics & Judicial Matters

Chair: Alfred H. Belmonte, MD
 Members: Ramon L. de Vera, MD
 Ma. Rica D. Mirasol-Lumague, MD
 Jesus V. Valencia, MD
 Gabriel L. Martinez, MD
 Atty. JJ Disini (by invitation)
 Regent-in-Charge: George G. Lim, MD

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 Servando Sergio DC Simangan Jr., MD
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 Regent-in-Charge: Ma. Concepcion C. Vesagas, MD

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 Enrico P. Ragaza, MD
 Alejandro C. Dizon, MD
 George G. Lim, MD (Incumbent President)
 Gerald C. Sy, MD (Chair, BOG)

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 Members: Alfred Philip O. De Dios, MD
 (Chair of PCS MMC Comm. on Membership)
 Anita C. Tarectecan, MD
 (Chair of PSGS Comm. on Membership)
 Fernando A. Melendres, MD
 Regent-in-Charge: Ma. Concepcion C. Vesagas, MD

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 Ma. Rica M. Lumague, MD
 Miles Francis T. Dela Rosa, MD
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Search Sub-committee

Chair: Rex A. Madrigal, MD
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 Antonio S. Say, MD
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 Jose A. Solomon, MD (PCS Building)
 Atty. JJ Disini (By Invitation)

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 Members: Ma. Luisa D. Aquino, MD (Legislative Liaison)
 Rhoderick M. Casis, MD (Media Liaison)
 Dennis H. Littaua, MD (Foundation Day)
 Marcus Jose B. Brillantes, MD
 Theodore M. Carvajal, MD
 Eli Paulino F. Madrona, MD
 Regent-in-Charge: Esperanza R. Lahoz, MD

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Ron Del Mar, MD (House of Representative Congress)

Member: Dale C. Avellanosa, MD

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Marcus Jose B. Brillantes, MD

Sub-committee on PCS Foundation Day

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Rolando M. Reyes, MD
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Members: Vietriz PD. Abella, MD
Marcus Jose B. Brillantes, MD
Rhoderick M. Casis, MD
Joy Grace G. Jerusalem, MD
Marwin Emerson V. Matic, MD
Peter Raymund M. Quilendrin, MD

Regent-in-Charge: Maria Concepcion C. Vesagas, MD

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Joy Grace G. Jerusalem, MD
Marwin Emerson V. Matic, MD
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Gemma B. Uy, MD
Catherine SC.Teh, MD
Ricardo Jose D. Quintos II, MD
Jose Paolo C. Porciuncula, MD

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Members: Narciso F. Atienza Jr., MD
Arturo S. Mendoza III, MD
Marwin Emerson V. Matic, MD
Arturo S. Mendoza III, MD

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Co-Chair: Alvin B. Marcelo, MD

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Regent-in-Charge: Glenn Angelo S. Genuino, MD

CLUSTER E: SOCIO-ECONOMIC MATTERS

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Committee on Finance

Chair: Romeo R. Fernandez, MD

Members: Ervin H. Nucum, MD
(Chair, Comm. on FAP)
Jose A. Solomon, MD
(Chair, PCS Building Comm.)
Josefino I. Sanchez, MD
Roberto M. de Leon, MD
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Sub-committee on PCS Building

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Co-Chair: Jose Ravelo T. Bartolome, MD

Members: Romeo R. Fernandez, MD
Vermie M. Garcia, MD

Regent-in-Charge: Dexter S. Aison, MD

Committee on Internal Audit

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Members: Alfred Q. Lasala II, MD
Alfred Philip O. De Dios, MD
Leonardo O. Ona III, MD
Ida Marie T. Lim, MD

Regent-in-Charge: Dexter A. Aison, MD

Committee on Socials & Sports

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Co-Chair: Noel C. Evangelista, MD

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Regent-in-Charge: Jose Rhoel C. De Leon, MD

Committee on Fellows Assistance Plan

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Erwin Emeterio L. Isla, MD

Regent-in-Charge: Renato R. Montenegro, MD

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Antonio S. Say, MD
Gavino N. Mercado Jr., MD
Orlando O. Ocampo, MD
Jose Ravelo T. Bartolome, MD
Vivencio Jose P. Villaflor III, MD

Regent-in-Charge: Dures Fe E. Tagayuna, MD



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