



# Incisions

The Newsletter of the Philippine College of Surgeons

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### In This Issue

- 4 Dr. Augusto Perez Sarmiento: A Tribute
- 6 "Create Something that will Live Forever" - A Eulogy to Dr. Augusto P. Sarmiento -
- 12 Modified WHO Surgical Safety Checklist for Surgical Patients During the Covid-19 Pandemic
- 14 Pre-op Huddle Checklist
- 15 Safety Officer Checklist
- 16 DOH-PCS Algorithms for the Delivery of Safe and High-Quality Care for Surgical Patients: Emergent, Urgent, Elective and OPD

### Regulars

- 3 FROM THE EDITOR'S DESK  
Surgical Safety in the Time of Pandemic
- 7 Association News



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# PCS 2020

**76<sup>th</sup> Annual Clinical Congress**

December 6-9, 2020

**ONLINE**

**Surgery  
Through the  
Looking  
Glass**



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### On the Cover



**Dr. Ricky Riego de Dios** or R2D2 as he is called by friends, is a General and Laparoscopic Surgeon from Mariveles, Bataan and currently practicing at La Consolacion University Hospital, ACE Medical Center Baliuag, Castro Maternity Hospital and Medical Center and Our Lady of Mercy General Hospital in Bulacan.

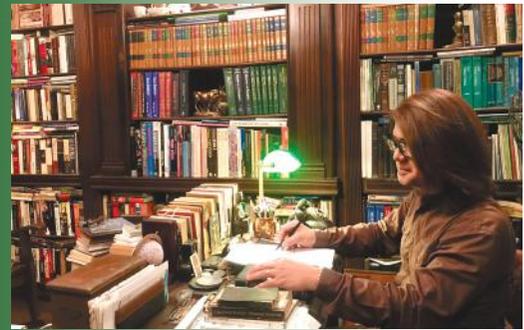
He is a visiting consultant at Bulacan Medical Center, a Diplomate of Philippine Board of Surgery, a Fellow of Philippine Society of General Surgeons, Philippine College of Surgeons as well as the American College of Surgeons.

He was a past President of PCS-Central Luzon Chapter. He is a member Board of Governors of PCS and is also in the Board of Directors of PSGS.

He is into abstract acrylic, watercolor and oil paintings which, according to him, he started as a hobby during the COVID pandemic lockdown. Title of painting: COVID Series, #19.

# FROM THE EDITOR'S DESK

Marcus Jose B. Brillantes, MD, FPCS



## Surgical Safety in the Time of Pandemic

Surgeons face on a daily basis the fundamental challenges of accomplishing safe surgery. Human lives are at stake in the operating theater where there is no room for fatal human error. However, human error is unavoidable amidst the complexity of surgery.

The surgical care delivery was streamlined in 2008 by a 19-item WHO Surgical Safety Checklist, developed by an international group of healthcare experts convened by the World Health Organization.

The importance of the WHO Surgical Safety Checklist which stresses preparation and team communication before, during, and after surgery, cannot be overemphasized in its significance and universality. The use of the checklist has been associated with a 38% decrease mortality in 30-day emergency surgery post-operative mortality cases and a significant reduction in complication rate (11.0% to 7.0%). In another independent study, the death rate was lowered from 1.5% to 0.8%.

A dozen years later, the WHO Surgical Safety Checklist is as relevant as ever. But the COVID-19 pandemic has seriously altered the terrain of surgical safety for patients, healthcare workers and surgeons alike.

When emergency surgery is necessary for a patient stricken with COVID-19 or for a COVID-19 suspect, a wide array of logistical challenges is introduced to an already labyrinthine undertaking. With COVID-19 stretching medical supplies and the availability of PPEs, respirators and face shields across the globe have been limited, surgical teams are placed at an increased risk.

These definite risks and complications do cause apprehension and serious concern among the members of surgical operating teams. To address this anxiety and

provide further safety, the World Health Organization created the COVID-19 Surgical Safety Checklist.

The WHO Surgical Safety Checklist is focused on communication and patient safety through key infection prevention strategies. Medical professionals were encouraged to adapt the document for their setting. Through a process of international consultation, followed by limited trials of feasibility and a large multi-center pilot study, modifications were made to the checklist at all stages based on feedback from clinical medicine and patient data. This checklist is intended to be nearly universally applicable in most environments and types of surgery. The WHO, in encouraging modification of the checklist to what is deemed fit in accordance to the specific needs and operational procedures in any given center, has brought about the updated Modified WHO Surgical Checklist. It continues to be a powerful tool to guide surgery during the COVID-19 pandemic.

The Department of Health invited the PCS to be part of the Technical Working Group on the Clinical Management of Patients During the COVID Pandemic together with other specialty organizations. One of the tasks was to formulate a manual containing the management of patients during the COVID crisis. Our PCS President, Dr. Jose Antonio Salud was appointed as the Core Group head. The Committee on Research was designated to come up with the algorithm. The algorithm is an amalgamation of the COVID-19 Guidelines of the PCS and its surgical specialty societies. The plan of the DOH is to distribute the manual to the different LGUs. The PCS was the first to comply to the DOH request and received an excellent feedback.

The PCS is resolved to ensure patients receive the surgical care they so urgently need and is committed that its Fellows receive the support and resources they need to stay safe in the operating room.

# Dr. Augusto Perez Sarmiento: A Tribute

• Paul Jesus S. Montemayor, MD, FPCS •

*(Portions of the following text were derived from an introduction to APS on April 25, 2012 at the Commencement Exercises of the College of Medicine, De La Salle Health Sciences Institute)*

I have been presented the daunting task of introducing our commencement speaker for this afternoon's graduation. I am overwhelmed, yet privileged and honored, to say the least. How can even one begin to describe a master surgeon, pioneering healthcare entrepreneur, competitive sportsman, loving family man and a consummate practitioner of the art and science of healing?

He graduated from the University of the Philippines in 1948, just as the nation, newly independent, was healing from the wounds of world war. Under the tutelage of the great Januario Estrada Sr., he received his surgical training at the Philippine General Hospital.

In 1954, an opportunity came to train as one of the first Filipino surgical residents at the Memorial Sloan Kettering Cancer Center, the Valhalla of Cancer Surgery in New York City. He stayed for four years, completing his training under the American surgeon widely regarded as the Father of Head and Neck Surgery, Dr. Hayes Martin.



He became a member of the American College of Surgeons, the James Ewing Society, and the American Society of Head and Neck Surgeons, as well as the American Society of Surgical Oncology. He worked for a time as an associate of Dr. Martin, but decided to forgo the glitzy lights and prestige of a Park Avenue Manhattan surgical practice. He returned to Manila in 1958.

He taught and practiced general and cancer surgery at the PGH and at the newly inaugurated University of the East Ramon Magsaysay Memorial Medical Center, and practiced privately at the Manila

Doctors Hospital with the group of Dr. Ambrosio F. Tangco.

In 1967, he moved his practice, along with several overseas trained UP doctors, to join the esteemed Agerico B. M. Sison in a diminutive hospital near Highway 54 among talahib and carabao tended flatlands owned by the Ortigas family. It was named the ABM Sison Hospital, in honor of their mentor.

By 1969, our guest speaker, along with the other like-minded young associates of Dr. Sison found the financial situation of their 2 year old hospital in dire straits. In a bold stroke, this intrepid group of physicians, along with visionary financiers from the banking community had the Sison family agree to these young doctors' assumption of fiscal and management responsibility for the ABM Sison Hospital. These young MDs named their group Professional Services, Inc., and renamed the facility The Medical City General Hospital.

Today The Medical City, which moved to its new Ortigas Avenue location in 2004, is celebrating its 53rd year of operation (1967-2020), and is regarded as one of, if not the best, tertiary health care institutions in the Philippines, led by the bold, pioneering vision of its leader, our speaker for this afternoon, who currently serves as Chairman Emeritus of the Board. In the present environment of businessmen and financial corporation-led hospital takeovers, the Medical City stands out as a medical center that is still run by its practicing physicians.

I first met the Boss when I interviewed for the surgical program at the old Medical City some thirty odd years ago. My impression of him was quite similar to one encountering a movie star in the flesh. Swaggering into the old sweltering auditorium where residency interviews were taking place, he looked very youthful; about 20 years younger than his 64 years, sporting Charles Bronson shades. Siga.

Ex-President of the Philippine College of Surgeons, Board Examiner of the Philippine Board of Surgery, Chairman of Surgery at the Lourdes Hospital, and, at that time, President and Medical Director of the Medical City General Hospital: EVERYONE knew WHO he was. Loud, very alpha male, with a debonair flare for drama, he was.

Chito Salud convinced me to apply at TMC. I made a leap of faith by choosing a small private hospital. I had emerged from a closed academic world where it was implied that surgical training was shoddy and inferior outside PGH walls.

ON THE CONTRARY, my stint as a TMC surgical resident revealed that GREAT surgical training meant observing, then assisting, then operating alongside the best surgeons of the country: to “see one, do one, teach one.”

I refused to obtain my knowledge, skills and attitude from senior residents---I wanted to learn my surgery by distilling KSA from the most skilled, loved and busiest practicing surgeons of the time. First, impart current knowledge for correct decision making and good clinical outcomes; second, impart sound surgical skill by watching their cases, assisting them next, then operating under their watchful eye; and third, impart excellent surgical attitude by observing and emulating the best of their mental dispositions, especially under pressure, and observing, then absorbing the best of their bedside manner

Ahhh, the KNOWLEDGE the Boss filtered down; the nuances of surgical history, the logic behind surgical decision-making. It compelled us to master our surgical theory, lest we be left out of his surgeries. You had to, literally at the drop of a hat, recall post haste the latest, current clinical detail of the patient, One mastered preop, intraop, and post op surgical management of private, paying patients who expected the best care - the RIGHT and REAL WORLD way.

Ahhh, the SKILL. How surgical fields were filleted out to resemble a drawing from Netter’s Atlas of Anatomy. Ahhh - those hands. Yes, those hands: seemingly jungle-like surgical planes opening up and revealed seemingly out of nowhere, leading to swift, and I mean SWIFT, dissection and exposure. How those darn blood vessels would literally FLEE from the dissecting scissors of Sir, creating an awesome, spectacularly bloodless field! We lapped up his every nuanced maneuver, his every covert shortcut: Private Hospital Moves, our non-Medical City colleagues termed them.

Ahhh- you DEFINITELY learned ATTITUDE, emulating the finest of bedside manners when joining him, usually at 6 in the morning for rounds, which he elevated to an art form. How a patient, wracked with fear, anxiety and doubt, vacillating, would be convinced to submit to the knife AFTER the Boss would masterfully present the patient’s current medical situation, convincing the patient how surgery, though invasive and risky, would be of benefit. How patient’s eyes would light up as the Boss entered the room, and shine all the more brightly as he left it. How the unconvinced would, a few minutes later, be literally left begging to be operated on by this man. Such was his magic and his effect on people, his authority, his superpower.

The Boss convinces me all the more that Medicine is the art of not merely healing the body, but the very mind of the patient. The skill to repair the body merely complements, but does not supersede, the elegance by which the physician gives HEART to his ART, to how he brings quality to the table of the doctor-patient relationship.

He was the inspiration to countless generations of Filipino surgeons. I am forever grateful to the Almighty to have experienced him, and to my superiors like Chito Salud, for the honor of honoring this Collosus of Surgery in humble eulogy.

And so, ladies and gentlemen, fellow students of the art and science of surgery and medicine, “it is INCUMBENT upon me,” as he would often say, to salute you one final time, the Chairman Emeritus of the Board of Professional Services, Inc., Dr. Augusto Perez Sarmiento.



## “CREATE SOMETHING THAT WILL LIVE FOREVER” - A Eulogy for Dr. Augusto P. Sarmiento -

• Jose Antonio M. Salud, MD, FPCS •  
*President, Philippine College of Surgeons*

*Editor's Note:* Delivered by PCS President, Dr. Jose Antonio M. Salud at the memorial for Dr. Augusto Perez Sarmiento.

Good afternoon everyone. From the 10 other speakers, I can summarize Dr. Augusto P. Sarmiento in one word – he is a *legend* - not only in the extent of his surgical skills but in his demeanor, his charm and personality and his bedside manners. He had this bearing and sublime aura that when he enters a room, everybody just quiets down and looks at the man in silent awe. The first time I met him was my first day of surgical residency at the OR of the old The Medical City on January 16, 1987 and I was immediately swallowed by his piercing glare. “Nakakasindak” was all I could think of. And for the next 37 years, I had always felt intimidated in his presence, whether assisting him in surgery or the other way around, whether in the golf course or in the halls of the hospital, truly his presence was daunting. Yet that motivated and inspired us all to be better persons and many were moved to do their very best.

During his 95th birthday celebration at the EDSA Shangri-la in August of 2019, I approached him with a request – that he be my inducting officer as I was set to become the President of the PCS for 2020, a position he himself held in 1975. The induction was set for December 2019 and as the date approached, we met and talked frequently so that he could prepare adequately for the activity. It was during one of these meetings that he told me how proud he was of me, of what I had contributed to the Department of Surgery of TMC and of how I have reached the pinnacle in the organization of surgeons in the country. It was, to be sure, the most wonderful praise I have ever received



from anyone and coming from the boss, it was close to heavenly. I was overwhelmed by the enthusiasm and eagerness by which he sought to carry out my request, requesting for data on the PCS as he had lost touch already with the goings-on in our College as he prepared for his induction speech that he would give on one of the most important days of my professional career. I don't know that many 95 year olds but I was amazed at how APS was acting so much younger than his years in the energy and focus he put into this undertaking. Sadly 2 days before the event, Dr. APS suffered a stroke which would eventually cause him to be confined at TMC for the next nine months. I even told Dr. Gene Ramos and Liezl, his daughter that the stress from his preparation may have led to his stroke and for this I was truly apologetic. Fortunately, his speech had already been prepared and it was delivered by no other than Dr. Erwin Alcazaren, another of the TMC surgeons who trained under him and who provided a eulogy earlier. Through Erwin, Dr. Sarmiento's words inspired me to do my very best this year in heading the PCS. And then he left us last Saturday, September 12, the very day that the PCS was born 84 years ago and I really would like to think that he timed it as such.

Now the boss is gone and things will never be the same. But his legacy will live on in all the people he came in touch with here at TMC and elsewhere. Chuck Palahniuk once said, “the goal is not to live forever, it is to create something that will.” Indeed TMC and everything in it is a creation of that life well lived. Rest in eternal peace Dr. APS. Goodbye and watch over us in your new home. On behalf of the Department of Surgery and the Philippine College of Surgeons, our sincere sympathies and condolences to the Sarmiento family!

# POA's Adaptive Changes for 2020

• Paul Ruel C. Camiña, MD, FPOA, FPCS •  
*President, Philippine Orthopaedic Association*

At the start, the year 2020 was envisioned to be the first in a series of steps for the POA in hosting International Conventions. From 2020 to 2022, the POA plans of hosting major international meetings in Orthopedic Surgery.

## “2020 VISION”

**Orthopaedic Education Council** – The POA Board of Trustees convened the Orthopaedic Education Council (OEC), and together with the Philippine Board of Orthopaedics, organized a “Training the Trainers” meeting last January 18 with the goal of providing learning tools to further improve the training for Fellows and Residents. Despite the eruption of Taal Volcano, the event was well-attended. The objectives of the course included having a better understanding of how millennials learn, as well as a critical look at TPACK (Technological Pedagogical and Cognitive Knowledge), along with on-line educational strategies and other activities for teaching and assessment.

**Fracture Liaison Services (FLS)**, a project to monitor fragility fractures in all Training Institutions, and create a database for international collation, was made through the efforts of Irewin A. Tabu, MD, FPOA. The program was initiated throughout the Philippines and beyond into the ASEAN Region. Responding to an increasing number of cases caused by fragility fractures, the Philippine Orthopaedic Association, through its Ortho-Geriatric and Osteoporosis Working Group, supported a multicenter project in the form of a research study entitled “A Multicenter Implementation of the Combined Ortho-geriatric Fragility Fracture Management (OFFM) and Fracture Liaison Service (FLS): Challenges and Clinical Impact on the Elderly

with Hip Fractures during the New Normal”. The project aims to involve the Philippine Board of Orthopaedics’ accredited training institutions, along with willing hospitals across the country, supporting each hospital in their efforts to launch their own nationally and globally-aligned Ortho-geriatric and FLS Clinical Pathway.

**Orthopaedic Research Society** will be inaugurated in November, composed of fellows with a keen enthusiasm in research, to produce Clinical Practice Guidelines, Peer Reviewed Publications and Research Papers worthy of presentation in local and international meetings. Budgetary constraints were addressed by timely sponsors that fielded research grants.

**ASEAN Convention 2020** – The POA Annual Convention Committee’s Ways and Means team secured pledges to initially cover the hosting of the ASEAN Society for Sports Medicine and Arthroscopy Congress for 2020. The lead Subspecialty Society was the Philippine Orthopaedic Society for Sports Medicine (POSSM) led by Enrique Leonardo C. Pasion, MD, FPOA and Edgar Michael T. Eufemio, MD, FPOA.

**Butuan Midyear 2020** was to be hosted by the POA North Mindanao Chapter. With the theme “Minimally Invasive Surgery: Dead and Alive”, the meeting was a potential success with the direction of President Paul Julius A. Medina, MD, FPOA.



All the preliminary work for the Congresses and Conventions were laid on the table. Special Projects were initiated, and all these showed a perfect “20/20 vision for 2020”.

#### “A GOOD START”

**Philippine Orthopedic Center (Diamond Anniversary)**, once known as the National Orthopedic Hospital, was founded on February 9, 1945. The hospital celebrated its Diamond Anniversary with a weeklong festivity from February 2 to 8, 2020. The theme “POC: 75 Years as the Bastion of Philippine Orthopedics, Saluting the Past & Trailblazing Towards the Future” was truly appropriate for the celebration. Finding new directions for the next century will truly depend on what we have learned from the past and what we have now. The POC foundations built will always be the strongest for Orthopaedic Surgery. We would like to move to a better future under the leadership of POA Past President Jose Brittanio S. Pujalte, Jr., MD, FPOA, FPCS, the current POC Medical Director.

**Department of Orthopaedics of V. Luna Medical Center (70th Year)** served the Armed Forces of the Philippines as the first Army Hospital of the nation. Their theme “70 Years-A Legacy of Excellence: Serving the Bravest, Exemplifying Greatness” is very appropriate as they continue to serve our soldiers, keeping them in high spirits as they are served as their Orthopaedic Surgeons, but also as their role model and inspiration. Their legacy continues with their Department Head Lieutenant Colonel Nathaniel P. Mendez, MD, FPOA.

**POA North Luzon Chapter** First Quarterly Meeting for the year was held at the Sola Hotel in San Nicolas, Ilocos Norte last February 15, 2020. The scientific program centered on Pediatric Lower Extremity Conditions. The speakers were Dr. Antonio Nicanor B. Suero, Dr. Ana D. Decenteceo Ricardo, Dr. Carlo Emmanuel J. Sumpaico, Dr. Juanito S. Javier and Dr. Gracia Cielo E. Balce. A separate lecture was given by Dr. Nick Suero regarding the nationwide program on the Correction of Clubfoot. This was followed by the induction of the new set of officers lead by Chapter President Erwin V. Guzman, MD, FPOA with POA President Dr. Paul Camiña as the inducting officer.

**POA South Luzon Chapter** Taal Volcano eruption happened last January and its aftermath could still be felt until the early weeks of March. This resulted in a huge number of displaced individuals and families fleeing their homes due to the danger that may occur anytime. When the pandemic brought about by CoVID-19 suddenly took place, all healthcare workers including the Philippine Orthopaedic Association – South Luzon (POA-SL) members were affected. The officers of POA-SL held a relief operation for the residents of Taal Island who were relocated to Ibaan, Batangas last February 1, 2020. This project was headed by Ernesto C. Tenorio, Jr. MD, FPOA and Ramon J. Anatalio III, MD, FPOA, president and vice-president, respectively. The Association was able to donate hygiene kits, food packs, blankets, and mosquito nets to almost 100 families living in temporary shelters. Volunteers from the ACC Physical Therapy Clinics which was led by the past president of POASL, Abundo C. Celera, MD, FPOA, also joined in this endeavor. They donated clothes and other

basic necessities for the evacuees. This mission would not have been successful without the generous contributions from the members of the POA-SL, Philippine Orthopaedic Association (POA) National, industry partners and other kind-hearted individuals.

**POA Western Visayas Chapter** On February 15, 2020, the Philippine Orthopaedic Association’s Western Visayas Chapter had their first quarterly meeting and induction ceremonies for the new set of officers headed by President Raymundo R. Quimpo, MD, FPOA, inducted by POA Vice President Peter B. Bernardo, MD, FPOA.

**POA South Mindanao Chapter**, held a successful post graduate course led by President Paolo Tabar, MD, FPOA. The course was organized by South Mindanao Chapter Vice President Ma. Ramona B. Reyes, MD, FPOA in partnership with the Department of Orthopedics Southern Philippines Medical Center (SPMC), the Philippine Orthopedic Trauma Society, and the AO Trauma Philippines. The Course was held on March 7, 2020 and was entitled “Back to Basics: Approaching Peri-articular Fractures of the Knee”. Participants from different chapters attended morning lectures, noontime group discussions and afternoon practical exercises using sawbones and actual implants.

#### “NOT SO CLEAR”

With great sorrow, the novel coronavirus ‘Made in China’, carried by the ‘metal rat’, created a pandemic. The SARS Corona 2 virus came with massive effects to our country causing shock, disruption of function and cancellation of programs together with unpredictable management control, and refocusing away from all previous plans.

The cancellation of the annual congress in Orlando, Florida by the American Academy of Orthopaedic Surgeons despite complete booking of hotels and airfares came as the first blow for the Orthopaedic Community. Country after country through National Orthopedic Associations began to shy away from travels, shifting all meetings to an “all local” nature, then gradually resorting to outright cancellations of said meetings. The cancellations included a major meeting in Malaysia, the APOA for 2020, which was postponed to next year.

The POA Board of Trustees with recommendations from the midyear convention host, the POA North Mindanao Chapter, deliberated carefully and decided to cancel the Butuan Mid-year meeting, which was followed by cancellation of the 2020 71st Annual Convention which was planned to be hosted by the Philippine Orthopaedic Society for Sports Medicine (POSSM).

#### “QUARANTINE AND A CHANCE FOR A NEW NORMAL”

‘LOCKDOWN’ since March 16. Everything came to a standstill. While on HOME QUARANTINE, minds were stimulated, resulting in creativity to generate the NEW NORMAL. In the weeks that followed, which turned into months till the present, a silver lining of Covid-19 slowly seemed to be possible.

The regular monthly POA Board Meetings were not disrupted. Financial savings were experienced through “zoom” meetings as constitutional functions of the elected officers were executed and foreign trips were cancelled. Various media were used to maintain communication between the Associations and its members. Unexpectedly but reflexively, the association began to adapt to the changes. ‘Guidelines for Surgeries’ were made for POA Fellows during the crisis; adjusting to working remotely for the subspecialties and extending assistance to fellows for protection from the virus.



The collaboration of **Philippine Orthopedic Trauma Society** (POTS President Joseph L. Lai, MD, FPOA) and **Philippine Hip and Knee Society** (PHKS – President Edsel F. Arandia, MD, FPOA) came up with the Guidelines on Surgery for Fragility Hip Fractures during the Covid-19 Pandemic to guide our members on best practices in the face of the unseen virus.

The need for PPE’s became apparent, and so the Board made the quick decision to send funding to each chapter to ensure our Fellows’ safety. The **Philippine Society of Women Orthopaedic Surgeons (PSoWOSI)**, in the midst of all these changes decided to make a difference in their own way. Out of the society’s funds, through the kind donations of members, reusable PPEs were donated to institutions in the NCR, and reached as far as different points in Luzon, including Cabanatuan, Nueva Ecija and Zambales, and eventually all the way to Davao, Mindanao. Beneficiaries were mostly government institutions where supplies were wanting. A total of 217 pieces of jumpsuits were distributed to ten institutions. Our gratitude to PSoWoSI President Emilia Halili Tanchuling, MD, FPOA.

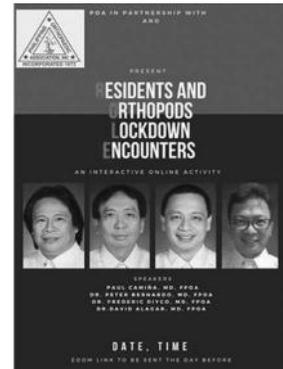
**“DOWN BUT NOT OUT”**

The **Philippine Board Orthopaedics (PBO)**, headed by Chairman William Antonio T. Lavadia, MD, FPOA continued its accreditation work by doing virtual visits of selected institutions. The PBO is laying down the framework of how to best meet the certification and credentialing needs of our trainees and how to go about program evaluation and accreditation next year.

The PBO postponed all the 2020 Diplomate Practical Exams for 2020 and cancelled the 2020 In-Service Training Examinations (ITE) for the First Year to Third Year Residents.

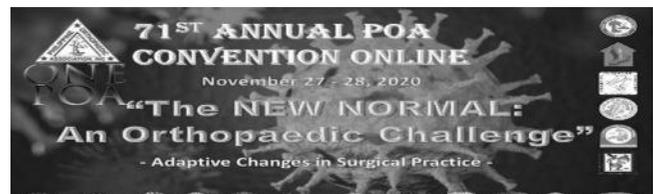
The Qualifying or Board Eligibility Examination was rescheduled for early 2021. The Diplomate Written and Oral Examinations initially set for July was likewise postponed to next year.

The POA shall continue **Orthopaedic Medical Education** using different platforms maximizing the use of webinars. Subspecialty societies were tapped to offer their specific inputs, in order to better face the challenges of lockdown situations. Guided by POA Trustee Anne Kathleen Ganal-Antonio, MD, FPOA, webinars were held according to each subspecialty beginning April 2020. The POA secured its own Zoom platform, with increased capacity to accommodate all our fellows at any one time, in order to co-host specialty specific webinars. Entitled “Residents and Orthopods Lockdown Encounters” (R.O.L.E.) subspecialties were given multiple opportunities to invite chosen speakers to discuss, explain and shed light on topics affected by the Pandemic, which were specific to their fields. Judging by the number of attendees, these have been a welcome source of information for our Fellows.



The **ASEAN Orthopaedic Association Council** held the first ever online Annual Council meeting on June 11, 2020 via ZOOM. This was organized by AOA Secretary General Prof. Ellewellyn G. Pasion, MD, FPOA and was attended by all the National Presidents and Council members of the 9 member countries of AOA. The Cambodia Orthopaedic Association is the 9th member, having been admitted in Jakarta, November 2019 during the 39th AOA Annual Congress.

POA Board of Trustees has decided to hold the **71st Annual POA Convention ONLINE**. This will be on November 27-28, 2020 with the theme “*The New Normal: An Orthopaedic Challenge – Adaptive Changes in Surgical Practice*”. The unpredictability of the pandemic and safety of each delegate, attendee and sponsor have been recognized. We have requested the subspecialty societies of the POA to participate in this inaugural online platform. The Residents’ Research Forum and Free Paper Presentation are planned for November 26, 2020. The BOT has also decided to waive the 2020 annual convention registration fee and 2021 annual dues.



The Board of Trustees has learned to adapt and become fruitful to create a new goal for 2020.

Disasters open doors for more opportunities. Unfortunate events happen but can also lead to brighter options. Strategies evolve with the hope to create better opportunities to serve our constituents.

Be safe, stay safe and help save lives.

# onwards & Upwards

• Edna P. Dacudao, MD, FPSTS •

It seems cliché to say that 2020 has been a challenging year; then again it seems disingenuous to willfully ignore the fact that this year has been nothing short of terrible.

The year started with a bang, so to speak, with the eruption of Taal Volcano in early January. The **Philippine Society for Transplant Surgeons (PSTS)** responded with a donation drive to help affected families in Tagaytay, Batangas and Cavite. Before the end of the month, the first case of Covid-19 in the country was confirmed. Numbers began to mount and after a few weeks, it was undeniable: the pandemic had well and truly reached our shores. We went into lockdown.

As a subspecialty that deals with primarily immunocompromised patients, this development was a particularly harsh blow to us. Quite simply, transplantation stopped. The Society came out with an Official Statement on the Practice of Solid Organ Transplantation and Transplant-Related Services during the Covid19 Pandemic in April of this year. All elective procedures, including long-term access placements were put on hold. We were kept busy with emergency catheter insertions for acute renal failure and hemoperfusion access (often in critically-ill Covid positive patients).

Weeks and months flew by, and we struggled to recalibrate to the new normal. Fortunately, surgeons are nothing if not resourceful, and together with the rest of the medical community - and indeed, the rest of the world - we entered the era of teleconsultation, online meetings and virtual conferences. Society members attended the PCS Midyear Convention in May, as well as the PBS Workshop on Test Construction in July. Representatives took part in international conferences including the American Transplant Congress, as well as the European Renal Association - European Dialysis and Transplant Association (ERA-EDTA) virtual congress. Every day brought a new online workshop or lecture series on everything from proper use of personal protective

equipment, algorithms on work flow, to management of the Covid-positive surgical patient. In turn, PSTS collaborated with the Philippine Society of Nephrology (PSN) and presented the Unified PSTS/PSN Guidelines on Renal Transplantation during the Covid-19 Pandemic in a webinar last June.



Life goes on. Another cliché, perhaps, but undeniably true. Transplants have resumed, and the results have been good. Elective surgeries have begun. Our transplant training program is on track. We have seven transplant fellows in training, and three new graduates who are about to take their written and oral examinations. So, yes, there are things to look forward to.

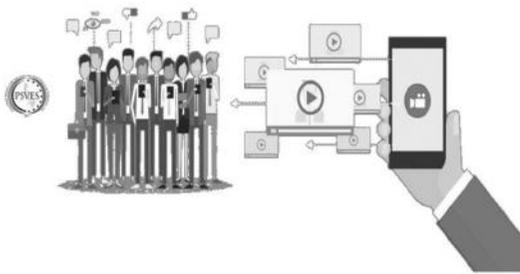
The good thing about having a bad year? There's nowhere to go but up.

*"We're movin' on up, movin' on out,  
Time to break free, nothing can stop us!"*

• adapted (Moving on Up - M People/Paul Herd, Mike Pickering)



**During the 10th PSTS Midyear Convention at Puerto Princesa, Palawan** (L to R): 1st row- Dr. B. Purugganan Jr., Dr. AR. Ronsayro, Dr. LC. Baloloy, Dr. SS. Simangan Jr., Dr. JB. Abraham, Dr. AJ Amante, Dr. S. Paloyo 2nd row Dr. C. Sibal., Dr. E. Aro Jr., Dr. MA. Mejes, Dr. H. Sagayaga, Dr. MTE Dacudao, Dr. AK. Achurra, Dr. J. Visaya, Dr. E. Macaraeg, Dr. JA. Sotto, Dr. I. Crisostomo, Dr. JJ Tamin, Dr. J. Benavidez, Dr. YJ.Overio, Dr. A. Duque 3rd row – Dr. N. Velasquez, Dr. A. Yuga, Dr. DB Bergonio, Dr. L. Metran, Dr. FH Osio, Dr. J. Illescas



# Viral Virtual PSVES

• Servando Sergio DC. Simangan Jr. MD, FPCS, FPSVES •

Who would have known that something so small (actually invisible) could cause so much change to human civilization, economies to come to a grinding halt, send people to their hovels, expose paranoia and insanity, and in the process cause direct and more so, indirect casualties. However, the world also showed that it will still keep on spinning, thus in our tiny nook of vascular surgeons in the Philippine Society for Vascular and Endovascular Surgeons we had to carry on. After all, hemodialysis access has to be made and maintained, peripheral arteries would still thrombose, venous ulcers would still breakout and aneurysms would still dissect and rupture.

The procedures being done initially were only the most urgent cases under the most stringent protective measures. Then guidelines showed how more procedures can be done safely for both surgeons and patients.

Conventions and meetings were prohibited but had shifted to the virtual world. Webinars in fact had

proliferated so much that some complain of having to attend so much more meetings than before.

And the hands now had more alcohol on them than the liver and that's something coming from surgeons. So in our changed world, the vascular surgeons adapt, innovate and march on.



## SSI Prevention - A National Concern

The Philippine College of Surgeons, together with the Philippine Surgical Infection Society, marked a milestone with the proclamation of the second Saturday of July as the **National Surgical Infection Prevention Awareness (SIPA)** day. On June 23, 2020, President Rodrigo Roa Duterte signed Proclamation No. 971, designating the second week of July as Infection Prevention and Control Week. The timing could not be more opportune, as the world continues to grapple with the ravages of the pandemic caused by SARS COV2. Furthermore, underscoring the unique and vital importance of prevention of surgical infections, the second Saturday of July was singled out for infection prevention and control in surgery. Surgical site infections are the second most common cause of hospital acquired infections, and one of the most costly. Many SSIs are also preventable, so utmost adherence to surgical and infection protocols is necessary. In 2016, the World Health Organization published the Global Guidelines in the Prevention of Surgical Site Infections. This

was a landmark piece, as it consolidated evidence and recommendations, providing guidance for practitioners and health ministries alike, on measures to minimize, if not eradicate SSIs altogether. Local guidelines have also been developed to further provide evidence within the context of the Philippine health situation.

To celebrate the 1st ever SIPA day, the PCS and PSIS held a virtual launch & a virtual meeting. PCS President Dr Jose Antonio Salud led the celebration, together with other stakeholders. It is further expected that improved SSI surveillance may be undertaken by hospitals and other healthcare institutions, to be spearheaded by surgical training programs. It will take much work, but with collaboration among the various stakeholders, we envision that the surgical infections will soon be a rare occurrence in the country.

Let us put a STOP to surgical infections. SIPA SSIs away!

## Modified WHO Surgical Safety Checklist for Surgical Patients during the COVID19 Pandemic

Checklist Parameter	Question for Documentation	Response
<b>I. Upon arrival of the patient in the OR theater, Before Induction of Anesthesia (Sign-in)</b>		
Verified patient identity	Correct patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provided a new surgical mask to the patient if not intubated	Does the patient have a new surgical mask on?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verified planned procedure	Correct procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verified site/side/level	Correct site/side/level?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Checked if consent signed	Consent signed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Confirmed imaging data	Is imaging data confirmed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Checked if correct implants and prosthesis available	Correct implants and prosthesis available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Checked for presence of allergy	Does the patient have a known allergy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Checked for airway or aspiration risks	Does the patient have a known airway/ aspiration risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Checked if equipment/assistant available/AGP precautions in place	Is equipment/ assistance available/AGP precautions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Checked adequate IV access	Are there two lines present for cases with EBL > 500 ml ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Anesthesia monitors and surgical machines thoroughly wiped down and covered in new cling wrap and functional	Anesthesia monitors covered in new cling wrap and functioning? Surgical machines covered in new cling wrap and functioning?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

Checklist Parameter	Question for Documentation	Response
Checked if all members of the operating team have appropriate and intact PPEs	Are the PPEs of all members of the operating team appropriate and intact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are the OR team members in side the OR theater at the far end of the room prior to intubation?	<input type="checkbox"/> Yes <input type="checkbox"/> NA
<b>II. Before Skin Incision (Time-out)</b>		
Verified patient identity	Correct patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verified planned procedure	Correct procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verified site/side/level	Correct site/side/level?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Everyone introduced themselves by name and role, confirmed patient's name and procedure, confirmed operation verbally	Surgeon? First assist? Second assist? Third assist? Anesthesiologist? Anesthesia assist? Circulating nurse?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Checked if all members of the operating team have appropriate and intact PPEs	Are the PPEs of the operating team appropriate and intact? Surgeon? First assist? Second assist? Third assist? Anesthesiologist? Anesthesia assist? Circulating nurse? Scrub nurse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

Adapted with permission from PGH ORMAT COVID Ad hoc Committee  
Modified from WHO Surgical Safety Checklist ver 2.0 03AUG2020

**Modified WHO Surgical Safety Checklist  
for Surgical Patients during the COVID19 Pandemic**

Checklist Parameter	Question for Documentation	Response
Checked if antibiotic given within 60 minutes	Has antibiotic prophylaxis been given within the last 60 mins?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Checked anticipated critical events	Has sterility of instruments been confirmed, any special equipment/instruments needed and needed equipment available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>III. Before patient leaves operating room (Sign out)</b>		
Verbally confirmed, instrument, sponge, needle counts accounted, aseptic technique observed and maintained throughout	Were the instruments, sponge and needle counts correctly accounted, and was aseptic technique observed and maintained throughout the procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verbally confirmed surgical procedure done	Complete name of the procedures performed verified and documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surgeon/staff must be out before extubation (minimal number of surgical staff left inside)	Have the surgical staff left the theater prior to extubation? Surgeon/Assist? Circulating Nurse? Scrub Nurse?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
If not possible to leave the room, maintained maximum distance of surgeons and nurses from the patient during intubation	If no, are the staff inside the OR theater at the far end of the room prior to extubation? Surgeon/Assist? Circulating Nurse? Scrub Nurse?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Specimen identified and labelled properly and put on double bagged	Has the specimen been labelled properly, pathology form filled in and the specimen container double bagged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Checked for any equipment malfunction & issues that need to be addressed prior to the next case	Are there any equipment problems that need to be addressed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verified post op care endorsements	Any key concerns for postoperative recovery and management for the patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Checked if all members of the operating team have intact PPEs	Are the PPEs of the operating team intact? Surgeon? First assist? Second assist? Third assist? Anesthesiologist? Anesthesia assist? Circulating nurse? Scrub nurse?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Provision of a new surgical mask to the patient if not intubated	Does the patient have a new surgical mask on for the transport?	<input type="checkbox"/> Yes <input type="checkbox"/> NA
Checked if transport team in appropriate and intact PPEs	Are the transport team members in appropriate and intact PPE?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Adapted with permission from PGH ORMAT COVID Ad hoc Committee  
Modified from WHO Surgical Safety Checklist ver 2.0 03AUG2020

## PREOP HUDDLE CHECKLIST

Name of Patient : \_\_\_\_\_ Room/Ward/Bed : \_\_\_\_\_  
 Expected Date/Time of Surgery : \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_ AM/PM

<u>TO SURGEON</u>	<u>TO ANESTHESIA</u>
<b>Planned Surgery?</b> <i>(state the proposed procedure)</i>	<b>Planned anesthetic technique?</b> <i>(state technique)</i>
<b>Estimated duration of Surgery (hrs)?</b> <i>state # of hours)</i>	<b>Special Equipment?</b> <i>(endorse to OR Runner if any)</i>
<b>Estimated blood loss (ml)?</b> <i>state volume ml)</i>	<b>Special Supplies?</b> <i>(endorse to OR Runner if any)</i>
<b>Sample in bloodbank for Xmatching?</b> <i>(Yes or No)</i>	<b>Special Drugs?</b> <i>(endorse to OR Runner if any)</i>
<b>Available blood?</b> <i>(Yes or No, Component, # of units)</i>	<b>Code Cart checked?</b> <i>(Yes or No)</i>
	<u>TO PEDIATRICIAN :</u>
<b>Imaging plates available?</b> <i>(Yes/No, endorse to OR Runner, if any)</i>	<b>Basinet clean?</b> <i>(Yes or No)</i>
<b>Special Instruments?</b> <i>(endorse to OR Runner, if any)</i>	<b>Resuscitation/Intubation needs complete?</b> <i>(Yes or No)</i>
<b>Special Supplies?</b> <i>(endorse to OR Runner, if any)</i>	<b>Other concerns</b> <i>(to state, if any)</i>
	<u>TO OR CHARGE NURSE :</u>
<b>Pre-op Antibiotics ?</b> <i>(state what drug and dose)</i>	<b>Issued charged walkie talkies to:</b> [ ] Runner [ ] Circulating [ ] Safety Officer
<b>Patient position?</b> <i>(state the position)</i>	<b>Issued bagged cellphone to Circulating Nurse:</b> Yes/No
<b>Admitting Unit?</b> <i>(state if known, or still being processed by Transfer Team, Contact person &amp; number)</i>	<b>Issued key to code cart to OR nurse:</b> Yes/No

OR Team :	Printed Name
<b>Surgeon</b>	
<b>1<sup>st</sup> Assist</b>	
<b>2<sup>nd</sup> Assist</b>	
<b>3<sup>rd</sup> Assist</b>	
<b>Anesthesiologist</b>	
<b>Anesth Assist</b>	
<b>Pediatrician 1</b>	
<b>Pediatrician 2</b>	
<b>OR Runner</b>	
<b>OR Circulating</b>	
<b>OR Scrub</b>	
<b>OR Utility Worker</b>	

On Call :	Name	Contact Number
<b>Surgery / OBGyne Resident</b>		
<b>Surgery / OBGyne Consultant</b>		
<b>Anesthesia TC</b>		
<b>Anesthesia Consultant</b>		
<b>Anesthesiologist</b>		

**OR Circulating:** \_\_\_\_\_  
 Signature over Printed Name/Date/Time

**OR Runner :** \_\_\_\_\_  
 Signature over Printed Name/Date/Time

\*Adapted with permission from PGH ORMAT Ad hoc Comm on COVID Operations



## SAFETY OFFICER CHECKLIST

Name of Patient : \_\_\_\_\_ Date : \_\_\_\_\_ Expected Time of Surgery : \_\_\_\_\_  
 Ward : \_\_\_\_\_ Admitting MD : \_\_\_\_\_ Service : \_\_\_\_\_  
 COVID Status : • Confirmed • Probable • Suspect • Non-Covid • Unknown

	Printed Name	Ready? **			Level of PPE used	Doffed ?	Exposure Risk	Remarks
		E	H	T				
Surgeon								
1 <sup>st</sup> Assist								
2 <sup>nd</sup> Assist								
3 <sup>rd</sup> Assist								
Anesthesia TC								
Anesthesiologist								
Anesth Assist								
Pediatrician 1								
Pediatrician 2								
OR Circulating								
OR Scrub								
OR Runner								
OR UW								
Others								

\*\* Ready ? = Eaten, Hydrated, Toilet Visit, With Change of Clothes

Safety Officer 1 : \_\_\_\_\_  
Signature over Printed Name/Date/Time

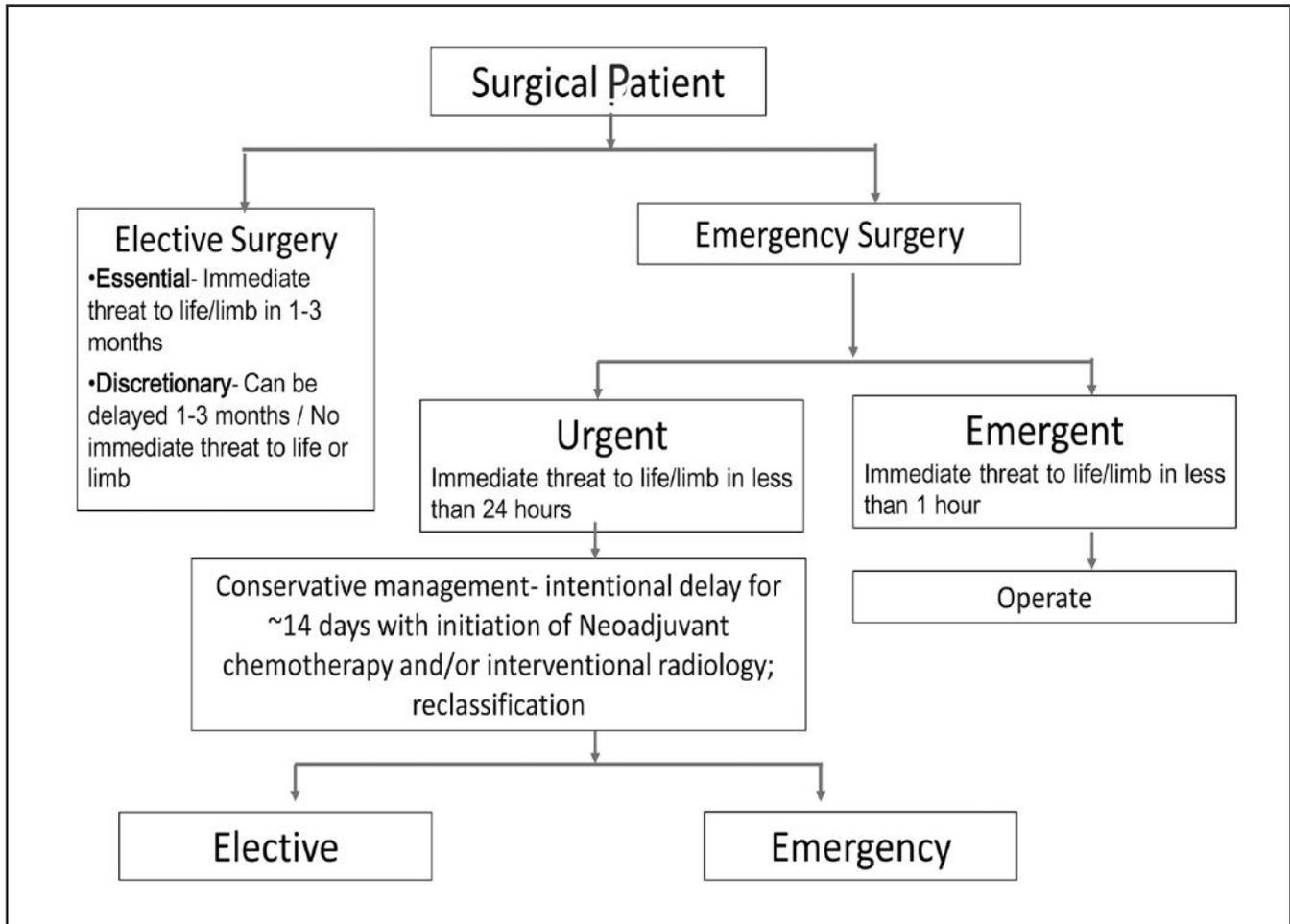
Safety Officer 2 : \_\_\_\_\_  
(if with change of shift) Signature over Printed Name/Date/Time

\*Safety Officer Checklist – Modifications from original form granted with permission from PGH.

# DOH-PCS Algorithms for the Delivery of Safe and High-Quality Care for Surgical Patients: Emergent, Urgent, Elective and OPD

**Ensuring safe, high-quality, high-value care of the surgical patient across the  
Five Phases of Care continuum.**

PCS Research Committee headed by Dr Jose Antonio Salud and Dr. Rodney Dofitas



**Emergent** (Immediate threat to life/limb in less than 1 hour)

Examples

- Trauma level 1
- Acute vascular injury or occlusion
- Aortic dissection
- Emergency Cesarean-section
- Acute compartment syndrome
- Necrotizing fasciitis
- Peritonitis
- Craniomaxillofacial injury with concomitant uncontrolled bleeding, airway compromise, or possible loss of function
- Cranial injuries with impending herniation
- Massive GI bleed with hemodynamic compromise
- Airway compromise from tumor
- Massive hemoptysis with hemodynamic compromise
- Acute Aortic dissection
- Gastroschisis repair

**Urgent** (Immediate threat to life/limb in less than 24 hours)

Examples

- Appendicitis/cholecystitis
- Septic arthritis
- Open fractures
- Bleeding pelvic fractures
- Femur shaft fractures and hip fractures
- Acute nerve injuries/spinal cord injuries
- Surgical infections

**Elective - Essential** (Immediate threat to life/limb in 1-3 months)

Examples

- Cancer surgery and biopsies
- Subacute cardiac valve procedures
- Hernia repair
- Hysterectomy
- Reconstructive surgery

**Urgent - Elective** (Immediate threat to life/limb in 1-2 weeks)

Examples

- Cardiothoracic / cardiovascular procedures
- Cerebral aneurysm repair
- Vascular access devices
- Skin grafts / flaps / wound closures
- Scheduled C-section
- Closed fractures
- Spinal fractures & acetabular fractures

**Elective - Discretionary** (Can be delayed 1-3 months / No immediate threat to life or limb)

Examples

- Cosmetic surgery
- Bariatric surgery
- Joint replacement
- Sports surgery
- Vasectomy / tubal ligation
- Infertility procedures

### Types of Operation and COVID Status of Patient

#### TYPE OF OPERATION

#### COVID STATUS OF PATIENT

Emergent

Consider as COVID + / Use Level 4 PPE

Urgent ( Unable to Temporarily)

If COVID status is Unknown,  
consider as COVID +  
Use Level 4 PPE

If COVID Status is Known,  
manage accordingly  
Use Level 3 PPE

Urgent (Able to Temporarily)

Determine COVID Status and operate  
Once COVID - / Use Level 3 PPE

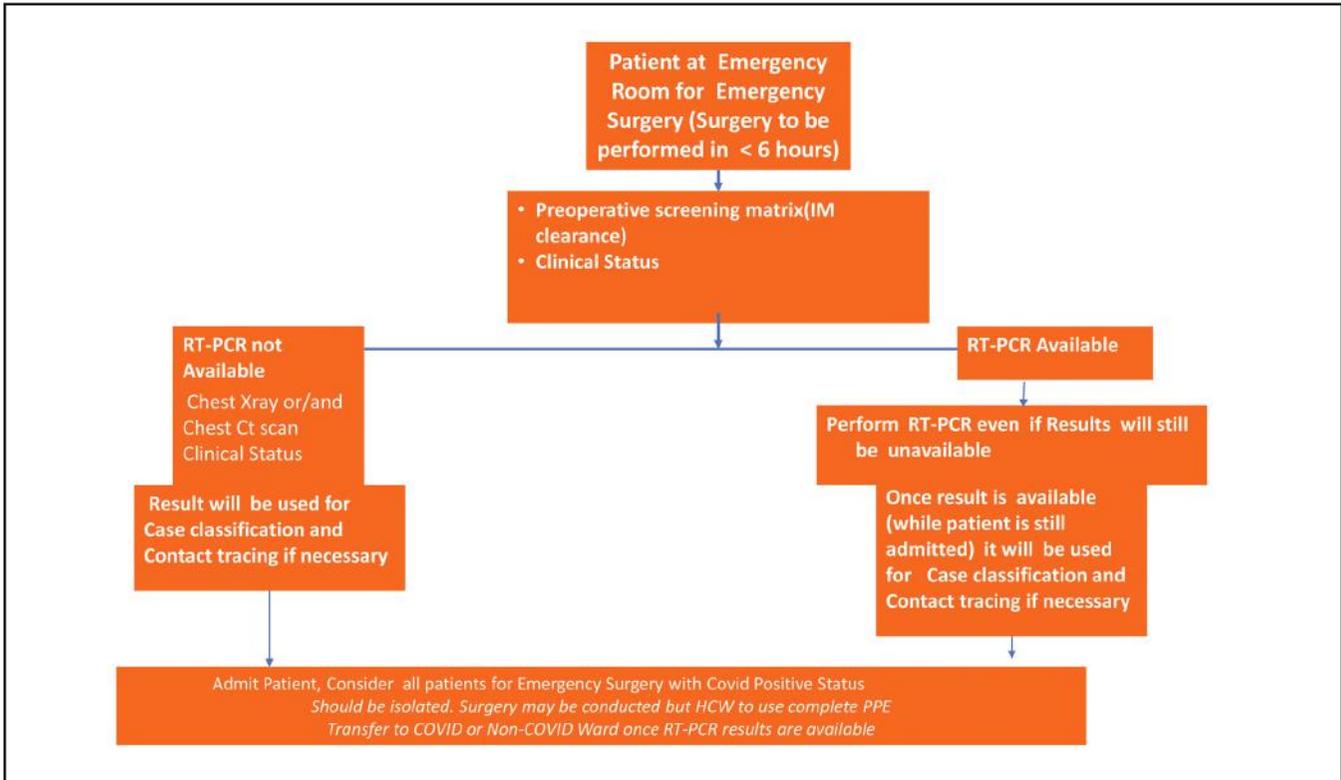
Elective

Operate when COVID - / Use Level 3 PPE

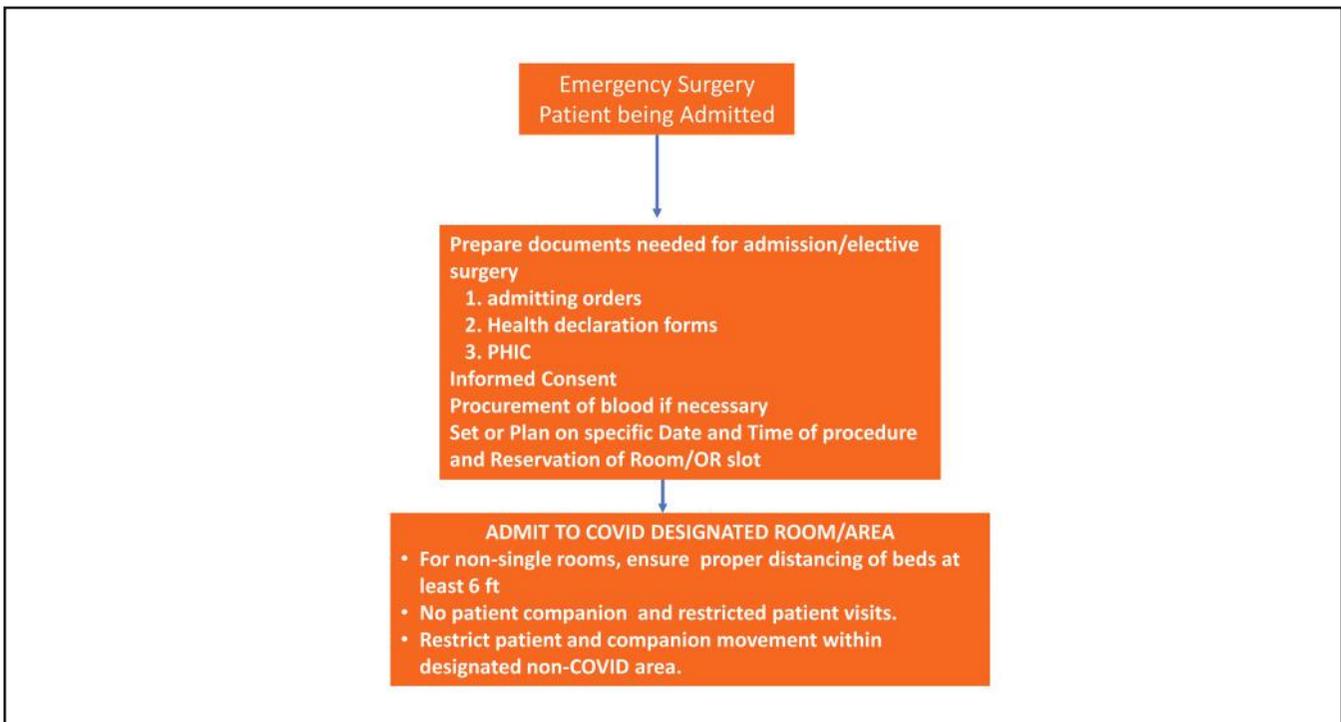
- Essential
- Discretionary

# Emergency Surgery

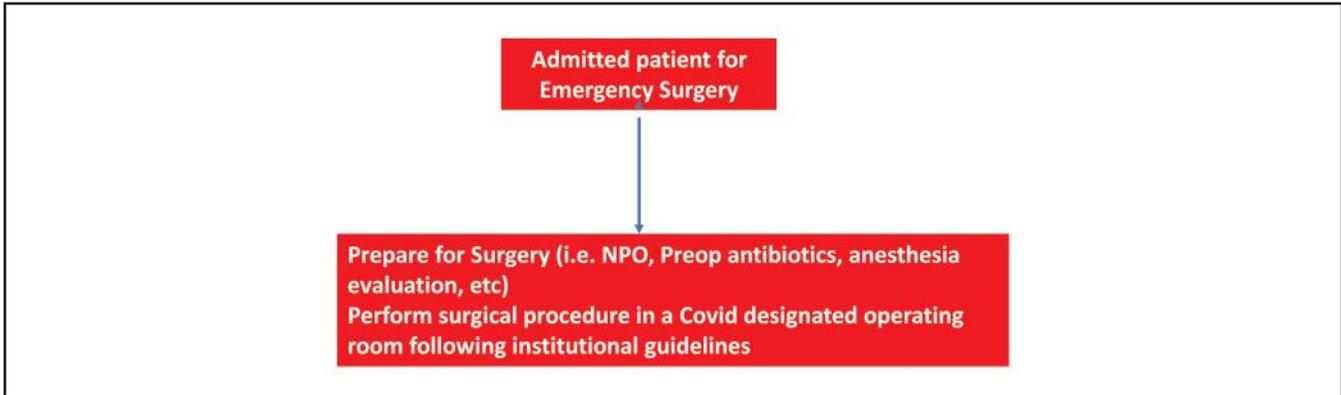
## Phase I: Pre-admission



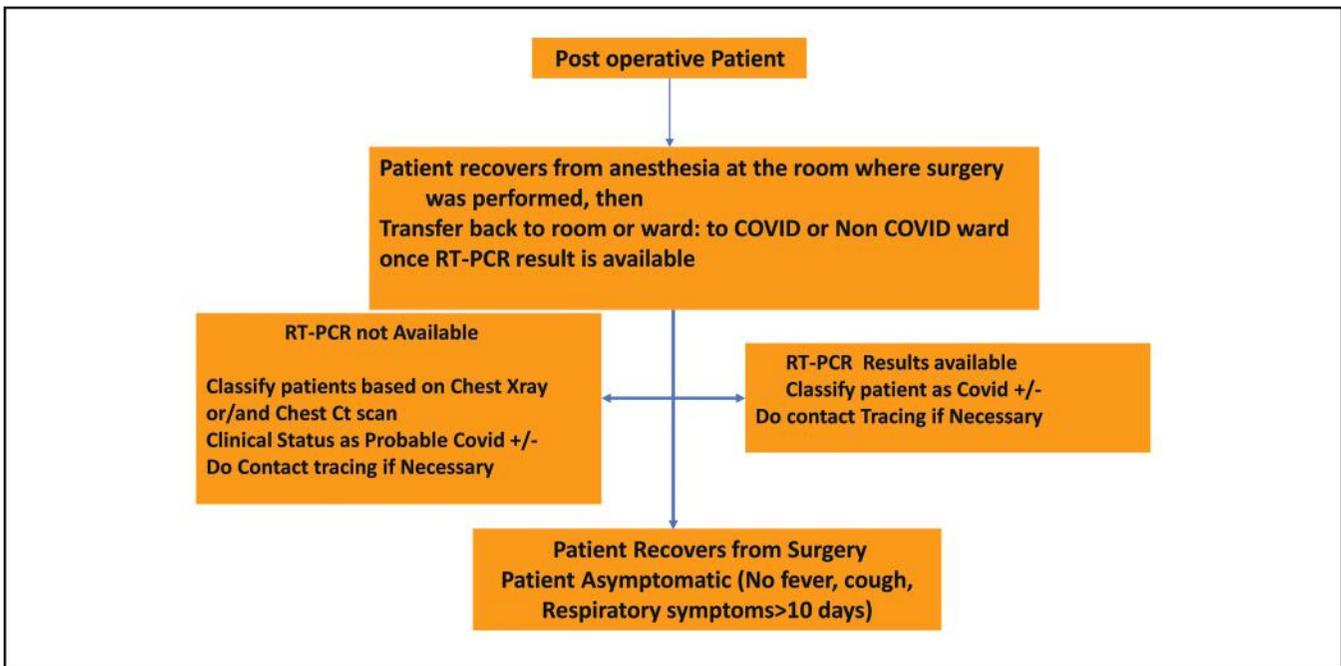
## Phase II: Admission



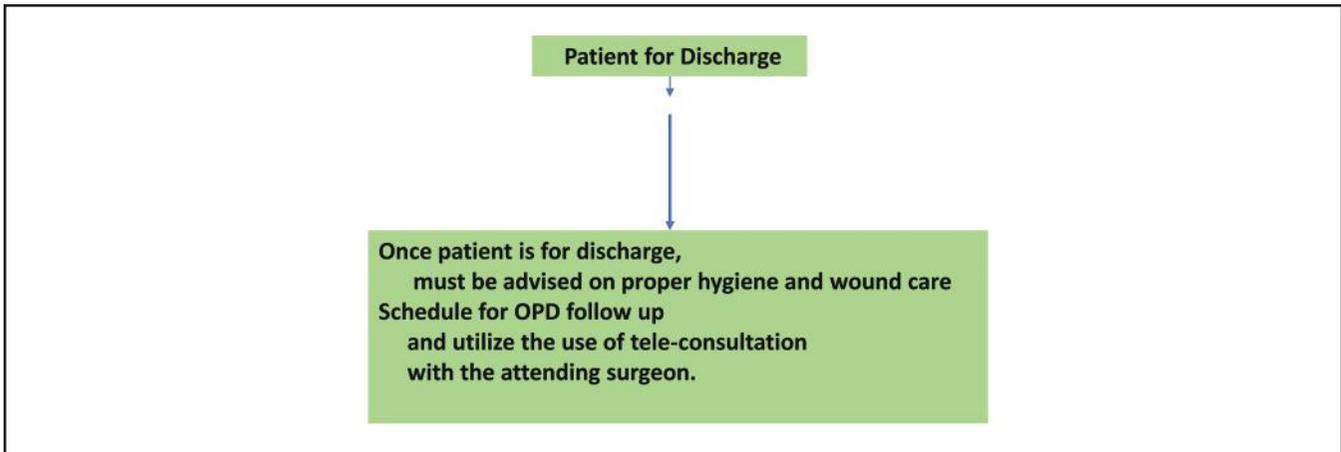
### Phase III: Intraoperative Period In-hospital Stay



### Phase IV: Postoperative Period

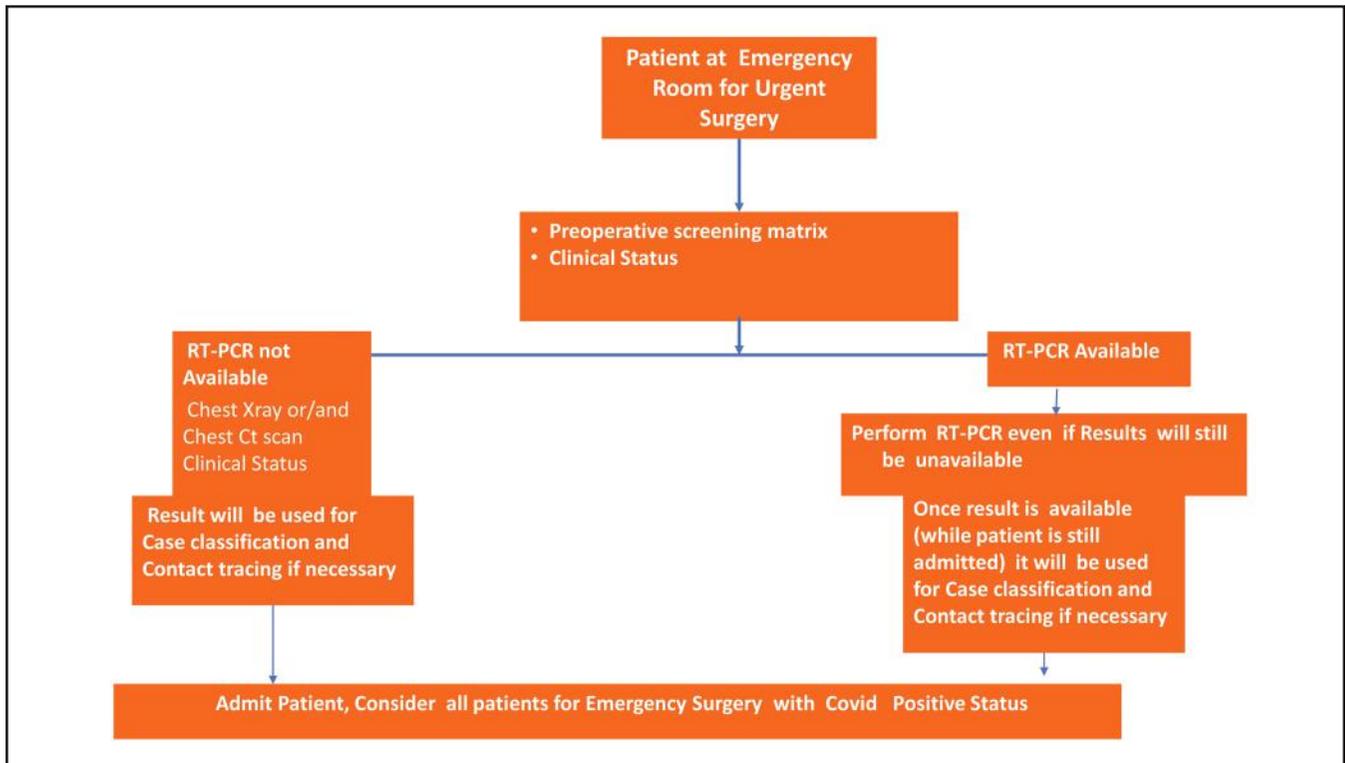


### Phase V: Post Discharge Period

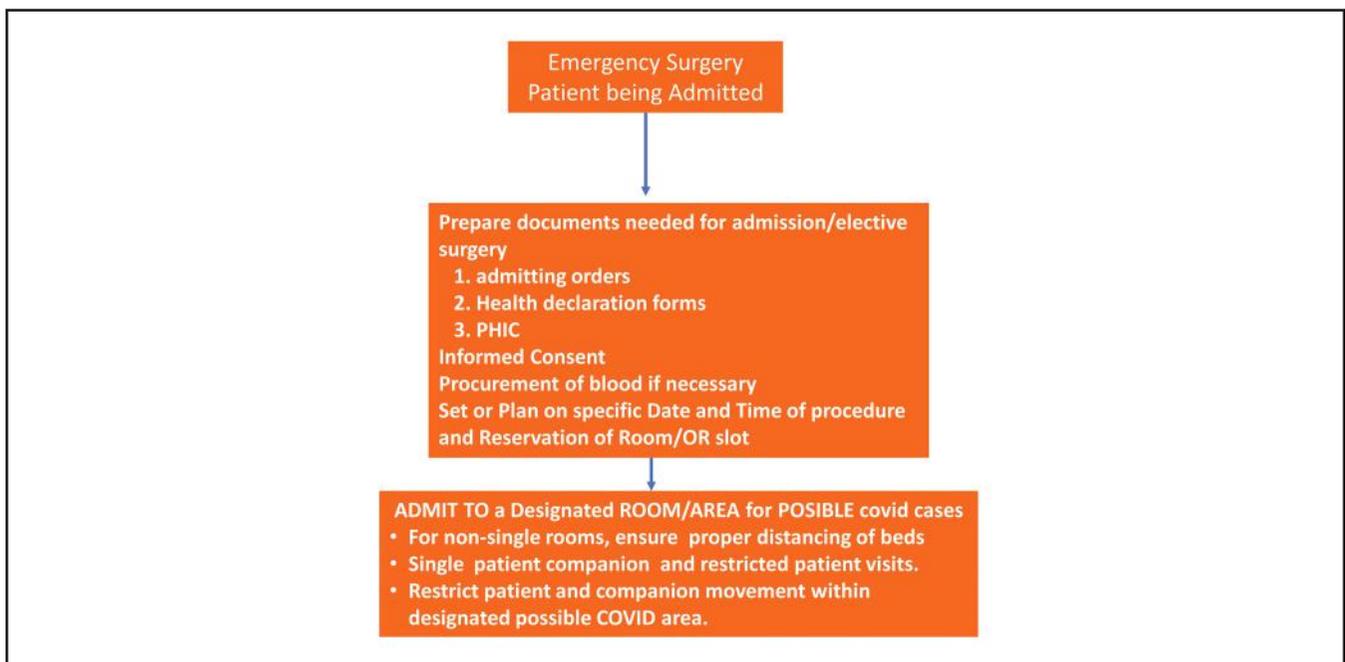


# Urgent Surgery (Managed Conservatively)

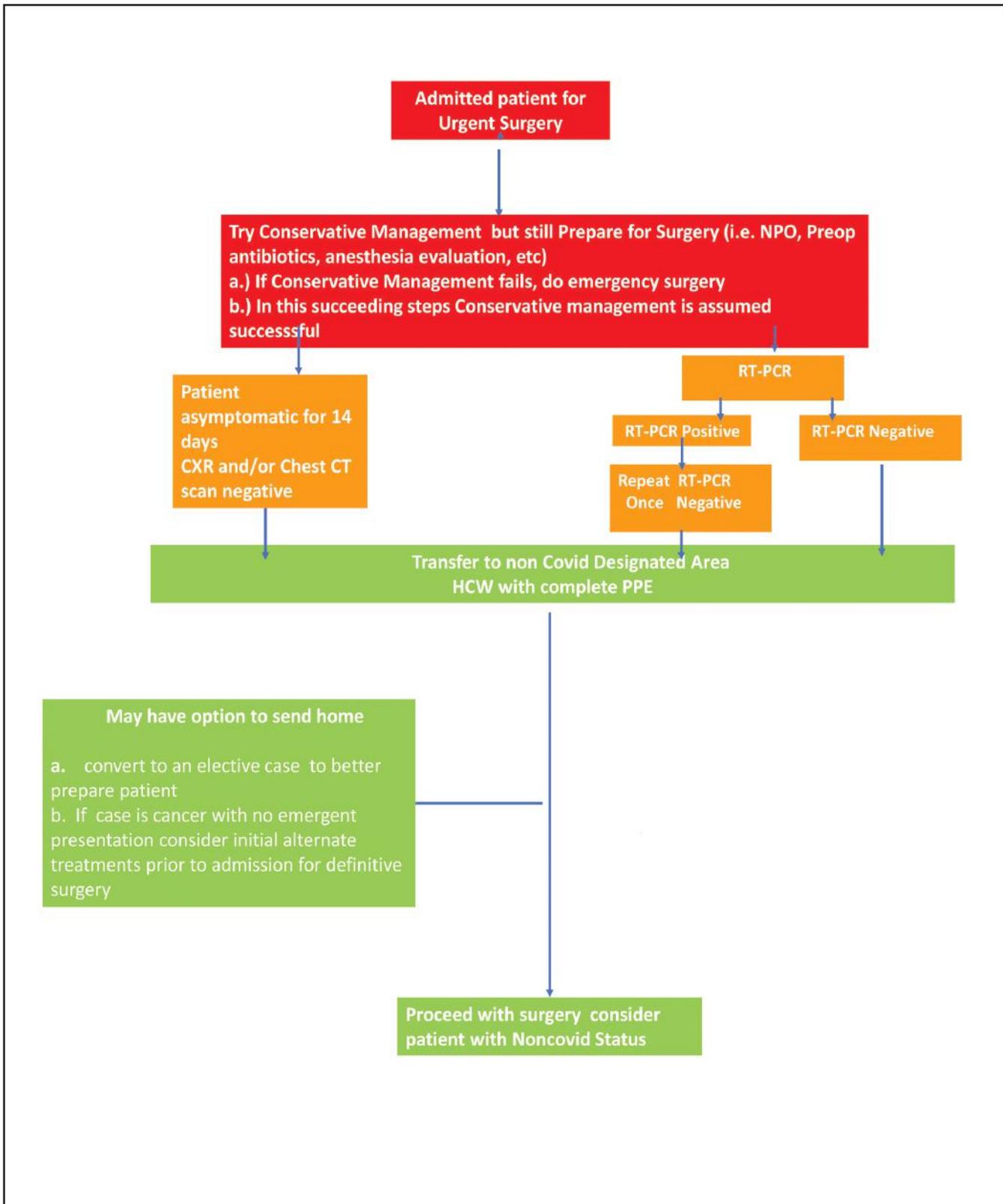
## Phase I: Pre-admission



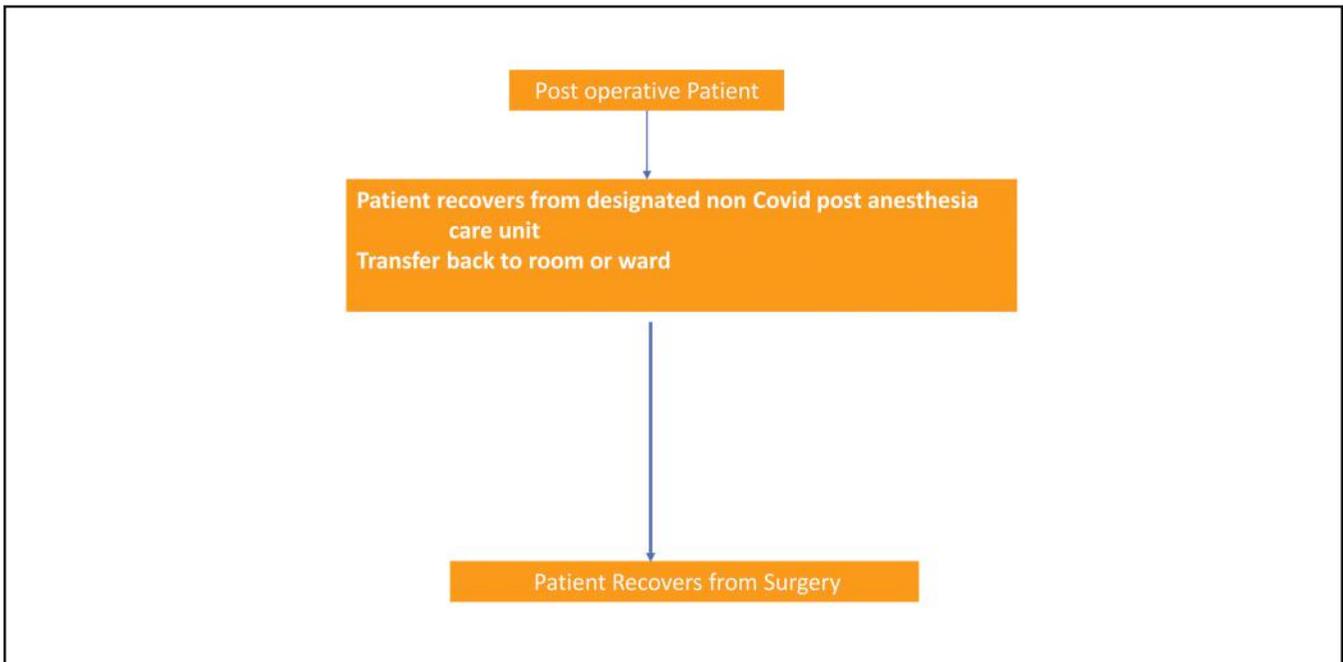
## Phase II: Admission



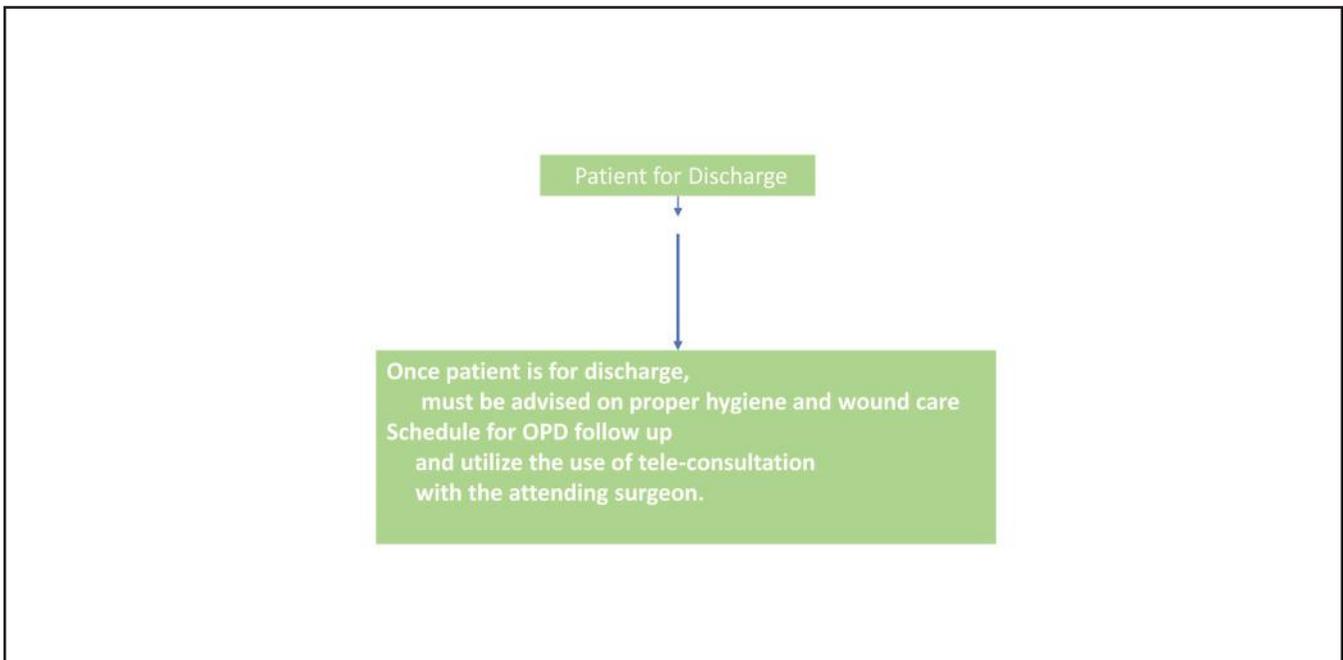
### Phase III: Intraoperative Period In-hospital Stay



### Phase IV: Postoperative Period

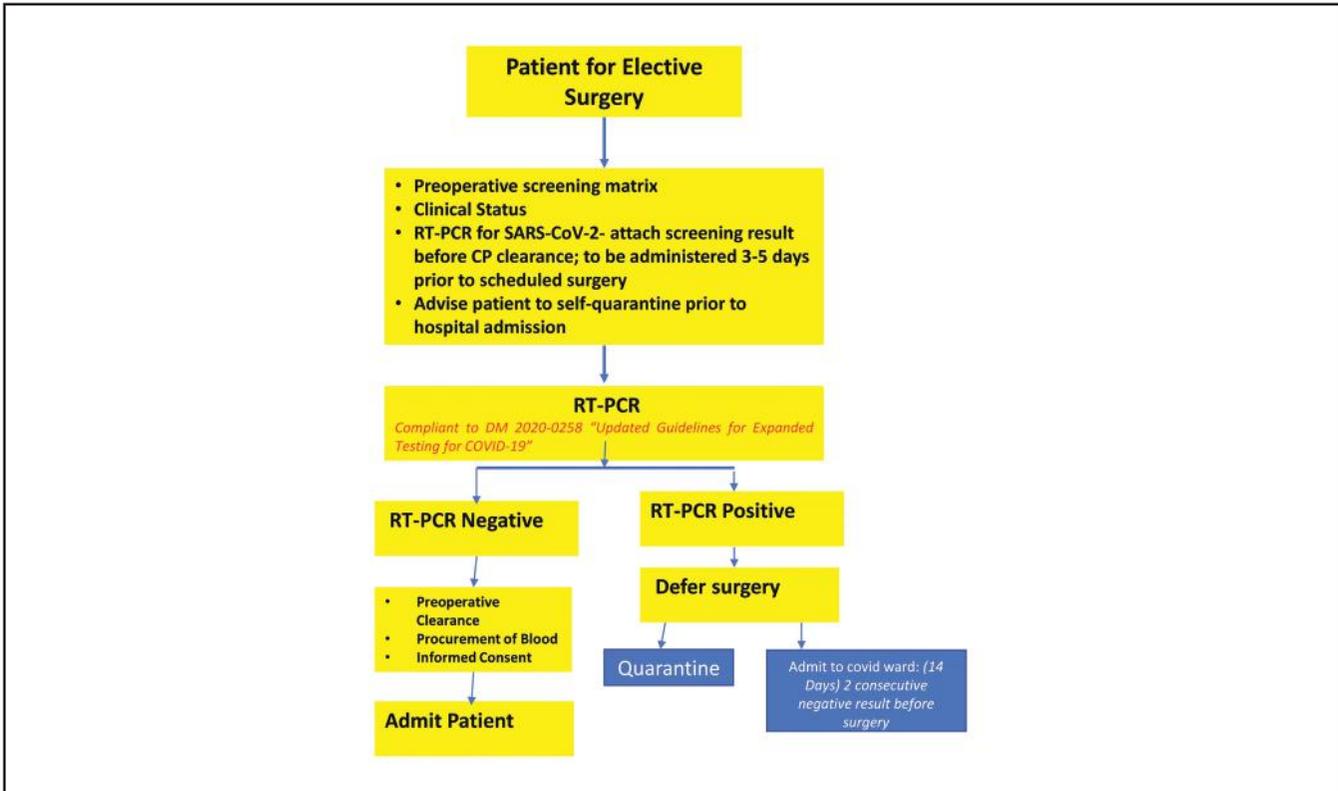


### Phase V: Post Discharge Period

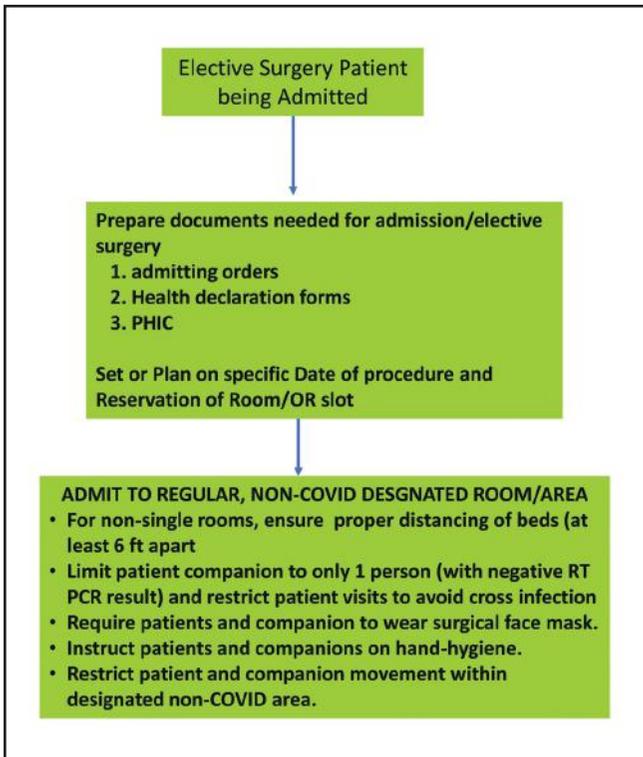


# Elective Surgery

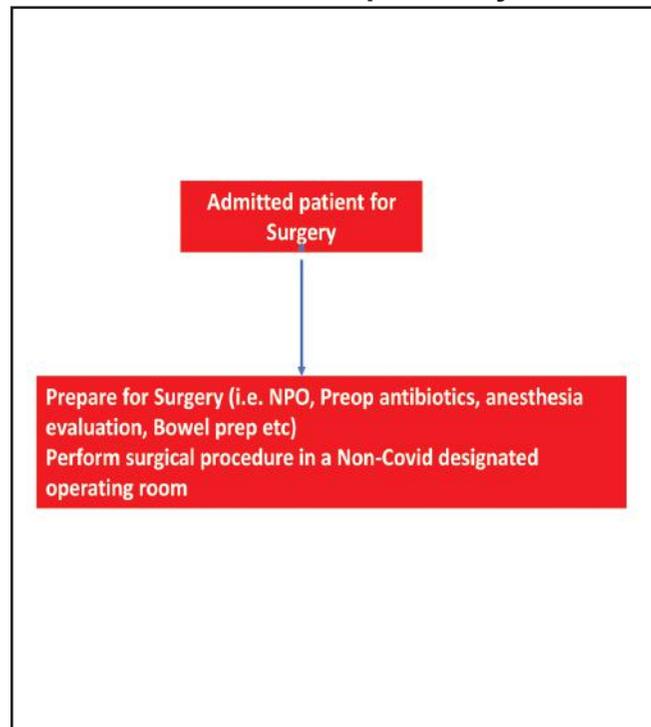
## Phase I: Pre-admission



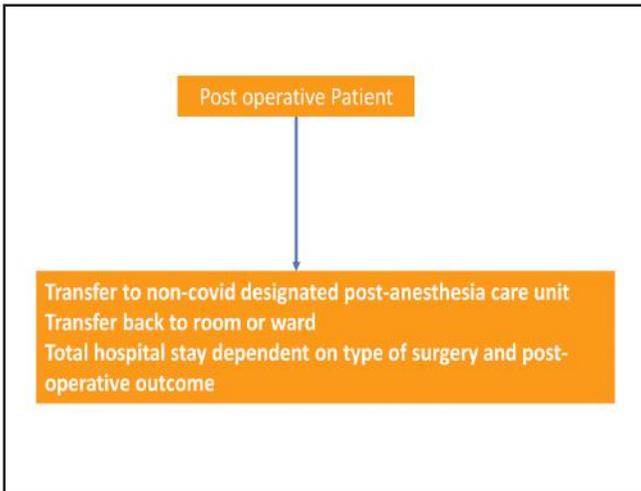
## Phase II: Admission



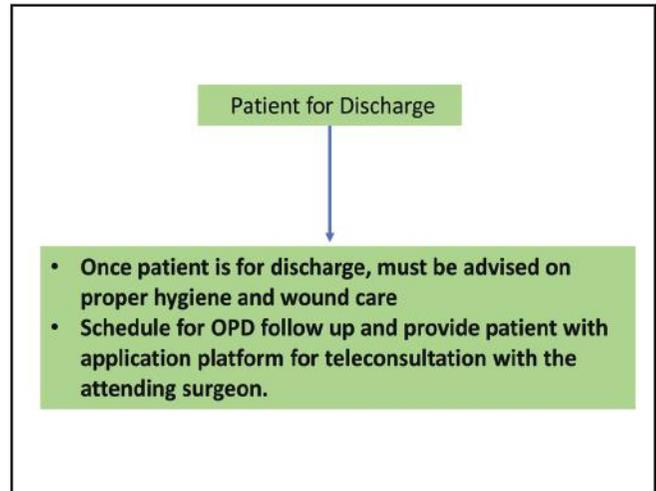
## Phase III: Intraoperative Period In-hospital Stay



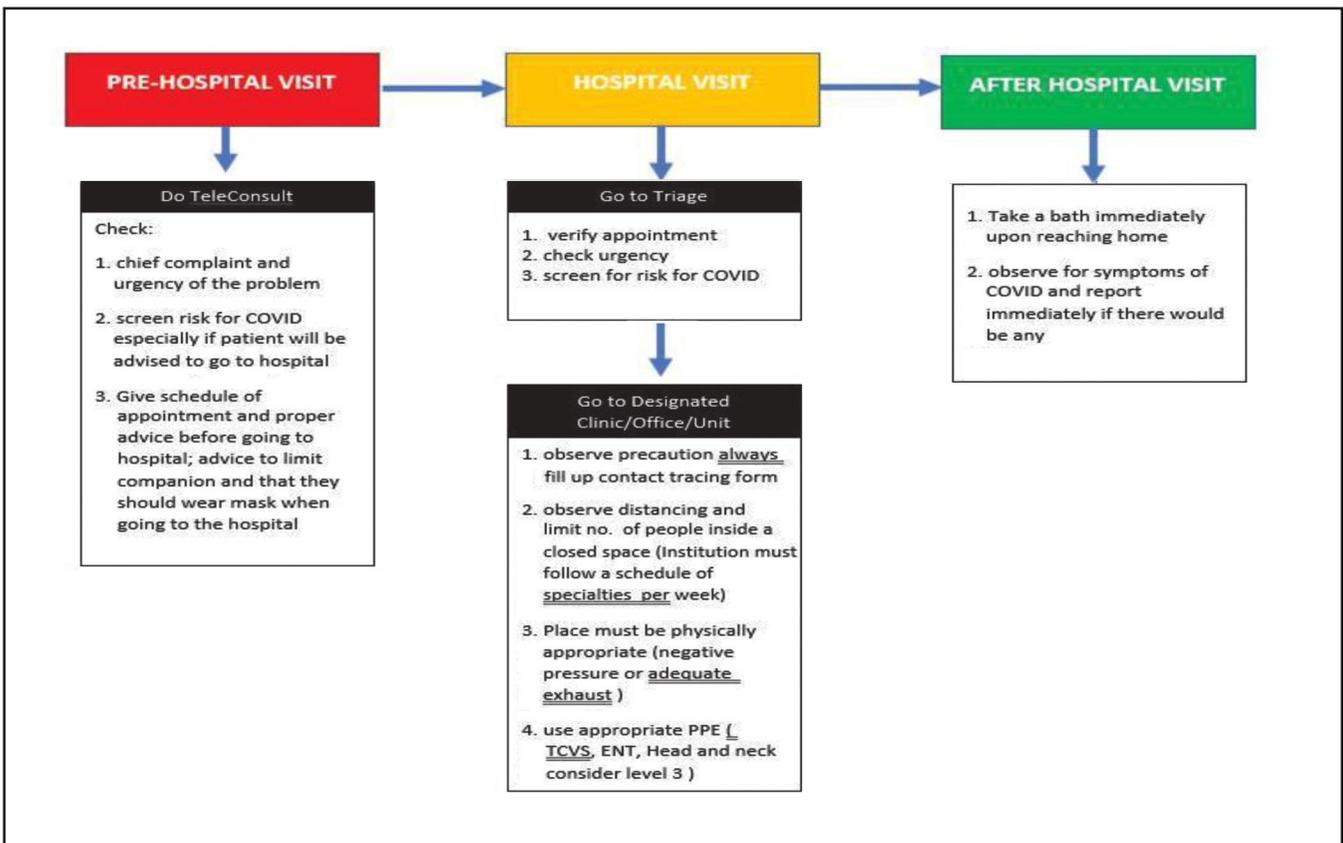
### Phase IV: Postoperative Period



### Phase V: Post Discharge Period



### Out Patient Setting



\* References:

PCS Guideline No. 9, DOH Advisories, , POA PUA, PAHPBS , PALES, AFN, PATACSI, PSP {S, PSCRS, PSUS, PSTS, PSVES guidelines, European CDC May 2020