Asociacioni Shëndetësor Profesional
Professional Health Association

PROCEEDINGS

of

FIRST INTERNATIONAL CONFERENCE FOR PAIN

(09-10 October 2009, Prizren, Republic of Kosovo)

Venue:Touristic Complex “Sharri” Prevalla, Prizren, Kosovo
Vendi: Kompleksi Turistik “Sharri” Prevallë , Prizren, Kosovë

ACCREDITED BY UEMS - EACCME

Organization committee:

Dr.Adem Bytyqi-*Executive Director*
Prof.Dr.Orhan Kubati
Prof.Dr.Nexhmi Hyseni
Prof.Dr.Tritan Shehu
Prof.Dr.Gani Bajraktari
Prof.Dr.Cen Bytyqi
Prof.Dr.Jusuf Ulaj
Dr.Nehat Baftiu Dr.Sci
Dr.Antigona Hasani Mr.Sci.
Prof.ass.Kujtim Shala, MD, DDS, PHD
Dr.Mehmedali Gashi
Dr.Qamile Morina Dr.Sci.
Dr.Sejran Abdushi Mr.Sci.
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Dr.Sejran Skeraj
Dr.Burbuqe Bruqi
Dr.Genc Muja
Dr.Fadil Kryeziu
Dr.Mehdi Shehu
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Dr. Arif Fazli
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Bashkim Sylaj - *Vice Secretary*

Scientific committee:

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Prof.Dr. Nexhmi Hyseni
Dr.Adem Bytyqi
Dr. Apostol Vaso
Dr. Nehat Baftiu, Dr.Sci.
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Dr.Armend Spahiu
Dr. Sejran Abdushi, Mr.Sci.
Dr.Afrim Avdaj Mr.Sci

This Proceedings is edited by:

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ToN. Agron Bytyqi

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Content

Përmbajtja

Welcome by the Executive Director of Conference
Fjala përshëndetëse nga Drejtori Ekzekutiv I Konferencës

Dear Colleagues

,

Professional Health Association in cooperation with the Ministry of Health, the IASP (International Association Study of Pain) and other partners have the pleasure to welcome you to the First International Conference for Pain which will be held in Prizren on 09-10 October 2009.

Treatment of pain has undergone a rapid development in Europe and the world, therefore in our country has seen a need to take initiatives for development and coverage this gap. The objectives of the conference are to raising awareness of people about pain, treatment of pain in general including acute and chronic pain, cancer pain and those with unknown etiology.

Topics which will be treated are pain management from the general and specific perspective, pain management against cancer diseases and acute post-operative pain. We hope that the contents of the topics will stimulate thinking and promote dialogue which will be of interest/benefit to all health professionals, especially anesthesiologist, neurologist, surgeons, neuro-surgeons, orthopedists, gynecologists, physiotherapist, dentist, pharmacists and other professionals, by not bypassing nurses who are part/associate team for pain management.

We also hope that the time of the conference will be useful jet and will serve to establish a collaborative network among health professionals in the region.

We also want to use this opportunity to thank the Ministry of Health, the Municipality of Prizren, pharmaceutical companies and other partners.

We hope that the conference in addition to scientific side of the jet will also be useful in associating between colleagues from different countries.

We wish you a pleasant stay in the conference and in the ancient town of Prizren.

Conference Chairman
Dr. Adem Bytyqi - Anesthesiologist & Intensivist
Chairman of the Professional Health Association (PHA)

Welcome by the Executive Director of Conference
Fjala përshëndetëse nga Drejtori Ekzekutiv I Konferencës

Të nderuar kolegë,

Asociacioni Shëndetësor Profesional në bashkëpunim me Ministrinë e Shëndetësisë, IASP-në (International Association Study of Pain) dhe me partnerët tjerë kanë kënaqësinë t'ju ftojnë në Konferencën e Parë Ndërkombëtare mbi Dhimbjen e cila do të mbahet në Prizren më 09-10 Tetor 2009.

Trajtimi i dhimbjes ka pësuar një zhvillim të shpejtë në Evropë dhe botë, për rrjedhojë edhe në vendin tonë është parë nevoja për të marrur iniciativa për zhvillimin dhe mbulimin e kësaj hapësire. Objektivat e konferences janë që të senzibilizohet opinioni për dhimbjen, trajtimin e dhimbjes në përgjithësi ku përfshihen dhimbja akute e kronike, dhimbja te sëmundjet e kancerit si dhe ato me etiologji të panjohur.

Temat që do të trajtohen janë menagjimi i dhimbjes nga këndvështrimi i përgjithshëm dhe specifik, menagjimi i dhimbjes kundër sëmundjeve kanceroze si dhe dhimbja akute postoperatore. Ne shpresojmë që përmbajtja e temave do të nxisë të menduarit dhe debatet promovuese të cilat do të jenë me interes për të gjithë profesionistët shëndetësor, veçanërisht për anesteziologët, neurologët, kirurgët, neurokirurgët, ortopedët, gjinekologët, fiziatrat, stomatologët, farmacistët dhe profesionistët e tjere, duke mos i anashkaluar infermierët qe jane pjese përbërëse/bashkëpunëtor në ekipin për menagjimin e dhimbjes.

Ne gjithashtu shpresojm që koha e konferencës do të jet e dobishme dhe do të shërbej për krijimin e një rrjeti bashkëpunues ndërmjet profesionistëve shëndetësor në rajon.
Shfrytezojm rastin që të falenderojmë Ministrinë e Shëndetësisë, Kuvendin Komunal të Prizrenit, kompanitë farmaceutike si dhe partnerët e tjerë.

Me shpresë se konferenca përveç anës shkencore do të jet e dobishme edhe në shoqërimin ndërmjet kolegëve nga vendet e ndryshme.

Ju dëshirojmë qaste të mira në konferencë dhe qëndrim të këndshëm në qytetin e lashtë të Prizrenit.

Kryetari i Konferencës
Dr. Adem Bytyqi – Anesteziolog & Intensivist
Kryetar i Asociacionit Shëndetësor Profesional (ASHP)

Key-note speakers of the Conference
Curriculum Vitae

Name: **Adem J. Bytyqi**
Date of birth: 10.09. 1963
Office Adress: Department of Emergency& Anaesthesiology and ICU
Regional Hospital"Prim.Dr. Daut Mustafa" Str.Sheh Emini
p.n 20000 Prizren, Republic of Kosovo.
Office telephone: +381(29) 232 906
Private address: Bazhdarana II Kulla IV 602/4 20000 Prizren,
Republic of Kosovo.
Private telephone: +381(29) 230 745
Mobile number: +377 (44) 217 875
e-mail: adem.bytyqi@pha-ks.com
adembytyci@yahoo.com
Marital Status: Married -Two Children

Education:

1990 Medical Faculty- Prishtina
2000-2002 I have attend the training with French Professor,Paul Stieglitz for two years on Anesthesia and Intensive care,Grenoble University.
2001 Cardio-pulmonal-Cerebral Resusitation with German-KFOR (MNSB)
2001 Emergency-Polythrauma Spanish Red Cross
2003 Cardio Anesthesia training –Thrakya Univesity Edirne-Turkey
2003 Spec.of Anaesthesia and Intensive Care- Prishtina
2005 Dräger Medical Postgraduate Course for Mechanical Ventilation in Intensive Care and Anaesthesia
2005 Three days course of Anesthesia and Analgesia 20-23 November –London
2006 Healthcare Managment Training-Regional Hospital-LUX-DEVELOPMENT
2008 F.E.E.A –European Foundation of Education in Anaesthesiology-
Circulation- Cardiogenic shok-Prishtina
2009 C.E:E:A- Locoregional Anaesthesia Terminal and Palliative Care.-Prishtina
2008 KTQ –Training Part I- II The training is lisensed by KTQ GmbH, Berlin(Germany) and Contracted by: Condia Consulting GmbH, Vienna (Austria, Content:

-Conception of KTQ®
-KTQ- Certifikation
-KTQ – Evaluation
-KTQ- Self Assement
-KTQ- Quality Report
- Preparation for the KTQ-Certification
- KTQ-Visitation
- KTQ- Project Planing

Clinical Positions:
2006 Director of Emergency& Anaesthesiology and ICU Department in Regional Hospital"Prim.Dr.Daut Mustafa" 20000 Prizren Republic of Kosovo.

Meeting Which I have Organized:

1) 1st International Anesthesiology and Intensive Care Conference 2nd International Emergency Medicine Conference 20-22 October Prishtina,Kosovo, Organizational comity and Scientific Comity

2) First International Conferenca For pain 09-10 october Prizren Republic of Kosovo, President of Conference

2008 President of Professional Health Association-Prizren Kosovo.

Membered Societes:

Active Member of National Society of Anaesthesiology in Kosovo
ESA active Member 2007-2009
Euro-Siva –Member
Kosovaultrasound Association

List of publications:

1. Pain Treatment update

A.Bytyqi,Sh.Kalanderi,M.Rexhebecaj:Regional Hospital “Prim.Dr.Daut Mustafa” Prizren : Annual meeting 2nd Kosovo Pediatric Konference with International Participation 29-30 September 2006 Prishtina Kosovo

2. Ampicillin+ Cloxacillin efficient pharmaceutical proprietary in tratment of the infections caused by Staphylococcus

A.Bytyqi,Sh.Kalanderi,M.Rexhebecaj:Regional Hospital “Prim.Dr.Daut Mustafa” Prizren: Annual meeting 2nd Kosovo Pediatric Konference with International Participation 29-30 September 2006 Prishtina Kosovo.

3. Preoperative Preparation of the pacient for Surgical Intervetion under General Anesthesia: A.Bytyqi,R.Abazi,Sh.Kalanderi,M.Rexhebecaj Regional Hospital l”Prim.Dr.Daut Mustafa”Prizren. The First International Anesthesiology and Critical Care Conference, 20-22 October 2006 Prishtina Kosovo

4.Intravenous Ketamine and Midazolam for Short Pediatric Surgical Interventions

A.Bytyqi, A.Hasani,Sh,Kalanderi :First World Congress of Total Intravenous Anaesthesia-TCI held ind Venice Italy 27-29 2007 - BEST POSTER PRESENTATION

5.Properative Evaluation pacientet me semundje kardiake

A.Bytyqi Profesional meeting :Association of Kosovar Anaesthesiologists

Regional Hospital Prizren 2007

6. Comparison of Hemodynamic Stability in patients undergoing retropubic prostaectomy under Spinal Anesthesia usinë Isobaric Bupivacain0.5% or Bupivacain0.5% with Fentayl.

A.Bytyqi,A.Hasani.Sh.Kalanderi .ASAI VIII Tirana-Albania

7. Cardiogenic Shock and Circulatory Assistance.

A.Bytyqi - F.E.E.A 30,31 October-1 November 2008 Prishtina Kosovo

8.Advantages of short Intravenous Anesthesia with Propofol 1% and Thiopenthal in short Surgical Ambulatory Interventions.

A.Bytyqi,A.Hasani,Sh,Kalanderi 2 nd World Congress of Total Intravenous Anaesthesia-TCI Berlin ,Germany April 23-25. 2009 -Poster Presentation.

9.Terapia e Dhimbjes te Semundjet Malinje.

A.Bytyqi /Profesional meeting Regional Hospital"Prim.Dr.Daut Mustafa"Prizren-Kosovo 30 January 2009

10.Workshop Interventional pain managment.

Professional Health Association 50 paricipant Kosovo-28.08.2009 Regional Hospital "Prim.Dr.Daut Mustafa"-Prizren.

Name: **Gunnvald Kvarstein**
Date of birth: 18th of June 1959 (180659 42328)
Office address: Dept of Anaesthesia Rikshospitalet, Oslo University Hospital, 0027 Oslo, Norway
Office telephone: +47 23070000
Private address: Haråsvn 17 c, 0283 Oslo
Private telephone: +47 22503749
Mobile number: +47 92295309
e-mail: gunnvald.kvarstein@rikshospitalet.no
gunnvald.kvarstein@medisin.uio.no

Education:
1978 Examen artium
1984 Cand. Med, University of Bergen,
1993 Specialist in Anaesthesiology and Intensive Care.
1992 European Diploma, European Academy of Anaesthesiology part I
1994 European Diploma, European Academy of Anaesthesiology part II
2004 Nordic Diploma, a 2-year educational programme in Advanced Pain Medicine by the Scandinavian Society of Anaesthesiology and Intensive Care Medicine (SSAI).
2004 Dr. Med. University of Oslo. Doctoral thesis "Tissue PCO2 for early detection of organ ischemia", 2004. My supervisor was prof. Tor Inge Tønnessen.
2009 Basic seminar in Cognitive Behaviour Therapy.

Clinical positions:
1986 General practician and Health Director, Aurland kommune
1986-87 Military medical officer, Vestlandets sjøforsvarsdistrikt.
1987-1988 Resident, Dept. of Internal medicine, Diakonissehjemmets sykehus, Haraldsplass
1988 Resident, Dept, of Reumatology, Haugesund sanitetsforenings reumatismesykehus
1988- 1991 Resident, Dept. of Anaesthesia, Fylkessjukehuset i Haugesund
1988 Resident, Dept. of Psychiatry, Fylkessjukehuset i Haugesund
1991-92 Resident, Dept. of Anaesthesia, Aker University Hospital
1992- 94 Resident, Dept. of Anaesthesia, Rikshospitalet University Hospital
1994-96 Physician Dept. of Anaesthesia, Orthopedic Centre, Rikshospitalet
1996-98 Physician Dept. of Anaesthesia RH, Section of Pain Management, Rikshospitalet,
1998- Head Physician Dept. of Anaesthesia RH, Section of Pain Management, Oslo University Hospital

Research positions:
1999-2000 Research Fellow Rikshospitalet, University of Oslo.
2000-2002 Participation in the POPP multi-center study; assessing the efficacy of gabapentin on postoperative neuropathic pain

2006- 2008 National principal investigator. OROS ANA 3001 study, a randomized
2006- 2008 National principal investigator. OROS ANA 3001 study, a randomized clinical multi-center study, comparing the efficacy of Hydromorphine and Oxycodone
2005-2006 National Principal Investigator. EPONA A6061021study, a randomized clinical placebo controlled multi-center study, comparing the efficacy of pregabalin vs pregabalin in combination with SS- reboxetine.
2008 Assistant supervisor for a Ph D candidate (cand med).

List of publications:

1. Gunnvald Kvarstein, Leif Måwe, Aage Indahl, Per Kristian Hol, Bjørn Tennøe, Randi Digernes, Audun Stubhaug, Tor Inge Tønnessen and Harald Breivik. A Randomized Double-Blind Controlled Trial of Intra-annular Radiofrequency Thermal Disc Therapy – a 12 month Follow up. Pain 2009 July 31
2. Breivik H, Borchgrevink PC, Allen SM, Rosseland LA, Romundstad L, Hals EK, Kvarstein G, Stubhaug A. Assessment of pain. Br J Anaesth. 2008 Jul;101(1):17-24. Epub 2008 May 16. Review.
3. Andersen MH, Mathisen L, Veenstra M, Oyen O, Edwin B, Digernes R, Kvarstein G, Tønnessen TI, Wahl AK, Hanestad BR, Fosse E. Quality of life after randomization to laparoscopic versus open living donor nephrectomy: long-term follow-up.Transplantation. 2007 Jul 15;84(1):64-9.
4. Jørum E, Ørstavik K, Schmidt R, Namer B, Carr RW, Kvarstein G, Hilliges M, Handwerker H, Torebjörk E, Schmelz M. Catecholamine-induced excitation of nociceptors in sympathetically maintained pain. Pain. 2007 Feb;127(3):296-301. Epub 2006 Sep 25.
5. Andersen MH, Mathisen L, Oyen O, Edwin B, Digernes R, Kvarstein G, Tønnessen TI, Wahl AK, Hanestad BR, Fosse E. Postoperative pain and convalescence in living kidney donors-laparoscopic versus open donor nephrectomy: a randomized study. Am J Transplant. 2006 Jun;6(6):1438-43.
6. Breivik H, Kvarstein G. [Pain as a health problem].Tidsskr Nor Laegeforen. 2005 Oct 20;125(20):2807. Norwegian. No abstract available.
7. Nortvedt P, Kvarstein G, Jønland I. Sedation of patients in intensive care medicine and nursing: ethical issues. Nurs Ethics. 2005 Sep;12(5):522-36.
8. Øyen O, Andersen M, Mathisen L, Kvarstein G, Edwin B, Line PD, Scholz T, Pfeffer PF. Laparoscopic versus open living-donor nephrectomy: experiences from a prospective, randomized, single-center study focusing on donor safety. Transplantation. 2005 May 15;79(9):1236-40.
9. Kvarstein G, Mirtaheri P, Tønnessen TI. Detection of ischemia by PCO2 before adenosine triphosphate declines in skeletal muscle. Crit Care Med. 2004 Jan;32(1):232-7.
10. Kvarstein G, Barstad M, Mirtaheri P, Tønnessen TI. Tissue carbon dioxide tension: a putative specific indicator of ischemia in porcine latissimus dorsi flaps.

Plast Reconstr Surg. 2003 Dec;112(7):1825-31.
11. Kvarstein G, Mirtaheri P, Tønnessen TI. Detection of organ ischemia during hemorrhagic shock. Acta Anaesthesiol Scand. 2003 Jul;47(6):675-86.
12. Rasmussen H, Mirtaheri P, Dirven H, Johnsen H, Kvarstein G, Tønnessen TI, Midtvedt T. PCO(2) in the large intestine of mice, rats, guinea pigs, and dogs and effects of the dietary substrate. J Appl Physiol. 2002 Jan;92(1):219-24.
13. Kvarstein G, Tønnessen TI. [Pain--difficult for both laymen and professionals] Tidsskr Nor Laegeforen. 2001 Sep 20;121(22):2577. Norwegian. No abstract available.
14. Hol PK, Kvarstein G, Viken O, Smedby O, Tønnessen TI. MRI-guided celiac plexus block. J Magn Reson Imaging. 2000 Oct;12(4):562-4.
15. Rasmussen H, Kvarstein G, Johnsen H, Dirven H, Midtvedt T, Mirtaheri P, Tønnessen TI. Gas supersaturation in the cecal wall of mice due to bacterial CO2 production. J Appl Physiol. 1999 Apr;86(4):1311-8.
16. Kvarstein G, Tønnessen TI. [CO2 pressure used in the diagnosis of ischemia] Tidsskr Nor Laegeforen. 1997 Nov 30;117(29):4251-5. Review. Norwegian.
17. Tønnessen TI, Kvarstein G. PCO2 electrodes at the surface of the kidney detect ischaemia. Acta Anaesthesiol Scand. 1996 May;40(5):510-9.
18. Gulbrandsen P, Fugelli P, Kvarstein G, Moland L. The duration of acute respiratory tract infections in children. Scand J Prim Health Care. 1989 Dec;7(4):219-23.
19. Kvarstein G, Hovdenak N. [Granulocytopenia in treatment with salazopyrin] Tidsskr Nor Laegeforen. 1988 Nov 20;108(32):2982-3. Norwegian. No abstract available.

Articles submitted:

1 .Wælgaard L, Dahl B, Kvarstein G, Tor Inge Tønnessen. The level of PCO2 reflects severity of hemorrhagic shock. Submitted.

Text book chapters:

1. Textbook of Clinical Pain Management 1999. "Alternative PCA delivery systems",
2. Textbook of Clinical Pain Management, revised edition 2008; "Alternative PCA delivery systems",
3. Textbook of Clinical Pain Management, revised edition 2008; “Intrasdical “Therapies for Discogenic pain”.
4. Textbook of Clinical Pain Management, revised edition 2008; “Cryoanalgesia”
5. Rustøen T og Wahl A ; Ulike tekster om Smerte : Svendsrud A og Kvarstein G: ”Smerte og intensivpasienten” (Pain and the patient in a intensive

care unit). Gyldendal 2008

Abstracts / Lectures:
1988 ”Granulocytopenia in treatment with salazopyrin”, Annual meeting. Norwegian Society of Gastroenterology
1995 “PCO2 a detector of renal ischemia”. Annual meeting. Norwegian Society of Anaesthesiology
2003-2008 ”Pumps for Pain, Intratekal drug administration for chronic pain”. Work shops for Neurosurgerons, Rikshospitalet
2004 “Ethical issues concerning palliative care and end of treatment with regard to organ donation”, Norwegian Medical Association.
2003 Intradiscal treatment for chronic low back pain, Annual meeting, Norwegian Society of Anaesthesiology
2006 “Interventional techniques for chronic pain”. Chairman EFIC Congress, Istanbul.
2008 “Intradiscal electrotherapy for chronic pain”; ESRA, Annual congress, Workshop, Genova
2008 “Nerve blocks for chronic neck pain”; ESRA, Annual congress, Workshop Genova
2008 Are we educating doctor for a ”quick fix” health care system? Work shop, University of Bergen.

Since 1995 I have been teaching medical student, nurses and doctors at workshops and postgraduate courses at Rikshospitalet, Ullevål University Hospital, University of Oslo and Haukeland University Hospital, University of Bergen and at other hospitals. Main issues have been Pain physiology and pain management, Biosensors for the detection of ischemia.

Organisatory positions:
1990-91 Main representative for the residents (YLF), Fylkessjukehuset i Haugesund.
1994 -1997 Council member. Norwegian Society for International Health
2002-2006 Chair, Board for Pain medicine, Norwegian Society of Anaesthesiology.

Name: **Nexhmi Hyseni**
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Office telephone: +381 38 500 600 extension 3013
Private address: Str. Wiliam Woker, Prizren
Mobile number: +377 44 126 637
e-mail: nexhmi.hyseni@pha-ks.com
nexhmih@yahoo.com

Education:

1981 MD General Medicine University of Prishtina, Kosova,
1988 Specialist Pediatric SurgeryUniversity of Zagreb, Croatia
1995 Mr. Sc.Pediatric Thoracic Surgery University of Zagreb, Croatia, University of Prishtina
1997 Ph.D. Pediatric Urology Surgery University of Prishtina, Kosova

Professional and teaching experience:

1983-1982 Medical Residency, General Medicine, University Clinical Center, Prishtina, Kosova
1983-1985 Surgical Residency, Pediatric Surgery, University Clinical Center, Prishtina, Kosova
1986-1988 Surgical Residency, Pediatric Surgery, University Clinical Center, "Rebro", Zagreb, Croatia
1988 -1990 Specialist of Surgery, Department of Pediatric Surgery , University Clinical Center, Prishtina, Kosova
985-2004 Associate Professor of Surgery, Medical Faculty, University of Prishtina, Kosova
1999 Pediatric Surgeon, Urology Department, University Hospital center "Mother Teresa" Albania
2000 - 2004 Consultant Surgeon, University Clinical Center, Prishtina, Kosova
2002 – 2004 Head of the Cathedra of Surgery, School of Medicine, University of Prishtina, Kosova
2004 Head of the Pediatric Ward and Head of the Surgical Residency Committee of Kosova
2003-2006 Honorary Senior Lecturer, International Center for Ultrasound Education in Medicine"ALOKA- KOSOVA"

International trainings and professional memberships

1999 University Hospital – Tirana, Albania, Department of Urology, Assistant Doctor, Fellow of Canadian Scholarship Foundation in Albania.
1999 Institute for Mother and child, "Klaiceva", Zagreb, Croatia, Clinical Observer,
2001 Varese, Italy, Training Course of Hypospadias Surgery, Fellowship of

European Society of Pediatric Urology ESPU
2001 NY School of Medicine, New York, USA, Training course on Clinical and pharmacologica advances in pediatric urology, Fellowship of American Association of Urology in pediatric urology, Fellowship of American Association of Urology.
2002 School of Medicine, New York, USA, Training course on Clinical and pharmacological advances in pediatric urology, Fellowship of American Association of Urology in pediatric urology,Fellowship of American Association of Urology.
2004 Training Course "Hypospadias Surgery" Heidelberg Germany
2004 Training Course "training the trainers "and Basic Surgical Skills Courses"- The Royal College of Surgeons of England
2006 (01.11.2006.-31.01.2007) Visiting professor, New York University School of Medicine, Department of Pediatric Urology
1988 Member, Physicians Association of Kosova
1988 Vice-president of Association of Ultrasound Application in Medicine, Kosova
2002 Member, Surgical Association of Kosova
2004 President of Pediatric Surgery Association of Kosova
2004 Member, European Society of Pediatric Urology (ESPU)
2004 Full-Member, European Pediatric Surgeon's Association (EUPSA)
2004 Member, Physicians Association of Croatia
2005 KOSOVA ASSOCIATION OF ONCOLOGY
2009 Member of editorial board cases journal and Journal of medical cases report
2009 ADVISORY BOARD-SECTION EDITOR in Turkiye Klinikleri journal of medical sciences

Selected publications:

1. Krasniqi A, Gashi L., Limani D., Hyseni N., Hoxha F, Jakupi M., Dreshaj I. "A COMPARISON OF THREE SINGLE LAYER ANASTOMOTIC TECHNIQUES IN THE COLON OF RATS. 39th Congress of the European Society for Surgical Research, Athens, Greece, May 12-15, 2004.
2. Hyseni. N, Bradic I "INFLAMATORY PSEUDOTUMORS OF THE LUNG IN CHILDREN" Praxix Medica 1989; 34-35:75-83
3. Hyseni N, Ukelli H, Baxhaku H, Jusufi A, Abazi R " CONCEPTUAL IMPLICATION OF ANORECTAL MALFORMATION IN CHILDREN" Acta Medica Dardanica 1994;1:77-85
4. Hyseni N, Ahmeti H, Ukelli H, Jusufi A, Abazi R. "KONSERVATIV AND OPERATIV TREATMENT OF OMPHALOCOELLE WITH POVIDON JODID, Acta Medica Dardanica 1995;1:190-197
5. Hyseni N, Ahmeti H. Ukelli H, Jusufi A, Abazi R "PHYMOSIS AND CONTRAVERSIES ABAUT CIRCUMCISION. Acta Medica Dardanica 1997;3-4:

314-318
6. Hyseni N, Lipoveci G, Jusufi A, Baxhaku H, Abazi R. "ULTRASONOGRAPHIC DIAGNOSTIC ACCURACY IN ECTOPIC KYDNEY". Acta Medica Dardanica 1995;3-4: 358-364 ,
7. Hyseni N, Bytycui XH "CONGENITAL ANOMALY OF THE URETHRA AND GENITAL ORGANS"; Book of Abstracts " 5 Albania -USA Medico surgical Conference , Tirana, 1996:56
8. Hyseni N, Bytyci Xh "OUR EXPERIENCE IN SURGICAL TREATMENT OF HYPOSPADIAS SURGERY with MAGPI PROCEDURE" . Praxis Medica 1997;40:41-45
9. Hyseni N, Bytyci Xh, EPIDEMIOLOGY OF THE HYPOSPADIAS , First Joint Symposium of Balkans Urologist , Athena Greece , 1988
10. Hyseni N, Gashi M. "PARAPNEUMONIC EFUSSIONS, INPHLAMATORY PNEUMOTHORAX AND EMPYEMA IN CHILDREN" Praxix Medica1 1999; 42:17-24
11. Hyseni N, Llullaku S, Grajcevci s, Statovci S, Berisha M, " DIAGNOSTIC AND THERAPEUTIC IMPLICATIONS OF CHOLELITHIASIS IN CHILDREN". Praxis Medica 2004;46:75-81
12. Hyseni N "MULTIPLE GENITOURINARY MALFORMATIONS ASSOCIATED WITH MALFORMATIO OF OTHERS ORGANS AS A RARITY CASE REPORT ". Book of Abstracts: Second Joint Symposium of Balkans Urologists, Struga, Macedonia 2000.
13. Hyseni N, Abramovic V "HYPOSPADIAS PREPUCIAL FLAP PROCEDURES" BJU International 2004:93(2).
14. S. Haxhijaha, N.Hyseni, R. Jashari, H. Ahmeti, A.Krasniqi, D.Limani Shaqiri."THE ROLE OF ENDOSCOPY IN DIAGNOSIS OF HIATUS HERNIA" Gastroenterohepatoloski arhiv , vol.8 Nr.3; Beograd 1989.
15. S. Haxhijaha, H. Ahmeti, R. Jashari, N. Hyseni, D. Limani, A. Krasniqi "ENDOSCOPIC EXTRACTION OF FOREIGN BODIES FROM THE UPPER GI TRACT" Gastroenterohepatoloski Arhiv, vol.8, Nr.3; Beograd 1989.
16 Hyseni N at all. "ABDOMINAL CYSTS IN CHILDREN' Book of Abstracts: First World Congres of Pediatric Surgery, Zagreb, Croatia 22-27 June.
17. Hyseni N at all. " HYPOSPADIAS REPAIR WITH DIFERENT OPERATIVE PROCEDURE-ANALYSIS OF 141 CASES "Book of Abstracts: First World Congress Of Pediatric Surgery, Zagreb, Croatia 22-27 June.
18. Hyseni N." EMERGENCY ABDOMINAL ULTRASOUND abstract book" First Joint Symposium of US Society of Kosova US Association and" Aloka" Company, Prizren, June 2002
19. Hyseni N Lipoveci G." WIDESPREAD USE OF ULTRASONOGRAPHY IN PEDIATRIC SURGERY" abstract book Second Joint Symposium of US Society of Kosova US Assotiation and" Aloka" Company, Prizren, June 2003\
20. Hyseni N at all. "EVALUATION OF TREATMENT OF OBSTRUCTIVE UROPATHY IN CHILDREN" Book Abstracts, Firs Symopsium of Kosova Urology Association,Prishtina 2002

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25. Hyseni N, V Abramovic “ HYPOSPADIAS MODIFIDIED ABRAMOVIC TECHNIQUE” Praxis Medica 2001;43:18-22
26. Hyseni N, Bytyci Xh, Tartari F, Ahmeti h, Jususfi A, Baxhaku H, Abazi R, Lipoveci G. “ “EPIDEMIOLOGY, ABNORMALITIES AND ACCOMPANYING DISEASES OF HYPOSPADIAS” Praxis medica 1998;41:27-30.
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29. Hyseni N. “ THE PROBABILITY OF PREVENTION OF MALIGNANT DISEASES ADVANCING AND PROTECTING THE LIFE ENVIRONMENT. Praxis Medica 1999:42(2):106.
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43. N Hyseni et all. Gigantic Lipoblastoma in children. book of Abstracts, Croation Congress of Pediatric Surgery 25-28 april 2007 Cavtat / Dubrovnik.
44. Nexhmi Hyseni et all. HYPOSPADIAS REPAIR. EXPERIENSE WITH 348 CASES Eur. Urology,abstract books,2009
45. Sadik S Llullaku,Nexhmi Sh Hyseni,[#1] Cen I Bytyçi,[#2] and Sylejman K Rexhepi Evaluation of trauma care using TRISS method: the role of adjusted misclassification rate and adjusted w-statistic. World J Emerg Surg. 2009; 4: 2.
46. N Hyseni et all. Successful Treatment of Multiple Jejuno-Ileal Atresia by Four Primary Anastomosis and Trans Anastomotic Silastic Stents. JK SCIENCE 2009: 11 (3): 136-138

Books:

1. Hyseni N. In D Pajic, H UKELLI "ERLY DETECTION OF CONGENITAL ANOMALY OF THE LOCOMOTORY SYSTEM IN CHILDREN" 1985- Novi Sad, Prishtina
2. Hyseni N. "ACUTE ABDOMEN". In Lipoveci G" DIAGNOSTIC ULTRASONOGRAPHY, Gjakova 2001
3. Hyseni N. In F Tartari UROLOGJIA- HISTORIA E UROLOGJISE SHQIPETARE DHE ANOMALITE E LINDURA TE APARATIT UROGJENITAL. Tirane 2002 ISBN 999-27-0-3

Name: **Apostol Vaso**
Date of birth: 19.01.1961
Address: Str. "Hoxhe Vokri"
Marital Status: Married -Three Children

Education:
·2004 February-March, a short term training course in the University of Istanbul (Turkey), in the University Clinic of Algology.
·2002 A short term training course, Pro-care Clinic, Hospital Centre "Spectrum Health", Grand Rapid, Michigan USA.
1998 A short term training course, University of Innsbruck, Clinic of Endoscopy, Austria.
1993-1995 A long term specialization (Anesthesia- Reanimation-Pain) in "Aristotelius" University, "Theaogenio" Hospital.
1990-1993 A specializing course (Anesthesia-Reanimation), Mother Theresa Hospital, Tirana University.
1980-1985 Tirana University, General Medicine.

Work experiences:
·1985-1990 Principal of Health Service on the Navy Base in Saranda.
·1995-1996 Principal of Emergency, "Petro Nako" Hospital, Saranda.
·1996-1998 Technician principal "Saint Luka" Hospital, Saranda.
1999-…… .Anesthetist doctor in the Central Military Hospital in Tirana.

Abilities:
I write and communicate in English and Greek.
Since the year 2000 I am a member of the International Association for the Study of Pain.
Since the year 2001 I am a member of the Consultive Counsel in the "European Federation of Pain" (EFIC).
Since the year 1994 I am a member of the Association "The Anesthetists of North Greece".
Since the year 2000 I am the president of the Albanian Association of Pain.
I have been a member on the scientific and organizative commission for 5 National Pain Conferences.
I have organized 2 workshops about pain on the years 2002, 2004.
Since the year 2001 I am the principal of the group that organizes The Week "The Globe against Pain", in our country.
In the year 2001 I was an EFIC delegate in order to declare Pain as aseparate problem in the Health Service in the European Parliament.
In the year 2004 I have been appointed Vice Principal at the Sub

Committee for the Sensibilization and for Training over Pain in the Eastern Europe (EFIC).

In the year 2003 I have headed a session on the Fourth European Congress of Pain (a session about the physical effects of Placebo).

Actually I am the administrator of the Multidisciplinary Clinic of Pain "GALENUS" that is the first of its kind in our region.

Name: **Jordan Nojkov**
Nationality: Macedonian
Date of birth: March 20, 1947
Place of birth: Veles, Republic of Macedonia
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e-mail: prof.dr.nojkov@gmail.com
Profession: Medical Doctor, specialist in anaesthesia,
M. Sc., Ph.D., Professor
Languages: English, French, Serbo-Croatian
Employed at: University "Kiril and Metodij", Medical Faculty,
Clinical Centre, Clinic for Orthopaedic Surgery,
Vodnjanska 17, 1000 Skopje, R. Macedonia
Post: Professor in Anaesthesiology,
Chief of the Cathedra of Anaesthesiology and Intensive Medicine,
Medical Faculty, Skopje Chief of Department of Anaesthesiology

Professional background:

Employed at the Medical Centre in T. Veles,
In a position of G.P. from 1972-1978
Employed at the Medical Centre in T. Veles, in a position of Chief of Department of Anaesthesia and Intensive care from 1978 to 1984
Working stay in Derna, Libya (1979-1980) and Doxa, Qatar (1988)
Clinic for Orthopaedic Surgery, Faculty of Medicine, Skopje, started as a specialist in anaesthesiology, since 1984. Now is a chief of the Department of Anaesthesiology

Educational background:

Primary school, T. Veles, completed 1961/62,
Secondary school, T. Veles, completed 1965/66
Entered Faculty of Medicine, Skopje in 1966/67 Completed Faculty of Medicine, Skopje on January 14, 1972, average result 9.76.
Entered postgraduate studies in medicine in 1984,
All examinations passed with average mark 9.83
Completed the final examination of postgraduate studies in front of the Examining Board on January 7, 1988, theme: "Changes in the blood volumes during and after total hip replacement (THR)"
Specialization in anaesthesiology started in 1978,
Completed specialization in anaesthesiology on April 21, 1981,
Entered Ph.D. Degree studies in medicine in April, 1989, theme: "The influence of the methods of anaesthesia and surgical trauma over the immunological status in operated patients on the locomotor system"

Defended in front of the Examining Board on April 22, 1991
Became scientific colaborator on October 15, 1991,
Became a lecturer, as a full professor in September, 1997

Fields of special interest:

Anaesthesiology in orthopaedic surgery
Regional anaesthesia
Immunological changes and anaesthetics

.

Specialization and study tours abroad:

International Acupuncture Class of JiangXi College of Traditional Chinese Medicine (TCM), Nanchang, China, six months, 8/86 – 1/87, theme: "Application of acupuncture therapy and diseases of the musculosceletal system", Prof. Dr. Shao Lie (bilateral interchange cooperation between YU-CH)

Orthopadische Klinik Kassel, Dr. Boris Bang-Vojdanovski, 1.03.1995 – 31.03.1995

Membership:

European Society of Anaestesiology (ESA), European Academy of Anaesthesiology (EAA)

Board of Anaesthesiology, UEMS

Honored member of the Bulgarian Association of Anaesthesiologists since 1998.

Published works:

Over 100 works. Co-author of three books (Shock & cardiopulmonary reanimation; Pediatric orthopedics; Spinal anaesthesia; The First Aid on the Roads – manual for the drivers. (author)

Social activities:

President of the MD Association in Veles 1982 – 1984 (mandatory)
President of the Red Cross Assembly, Veles, 1983/84
President of the Association of Blood Donors, Veles, 1980-1985
President of the Macedonian Society of Anaesthesiology, Reanimation and Intensive Care Medicine, Republic of Macedonia, 1993-2002
Expert for First Aid in the Macedonian Red Cross Organization (currently)

List of references concerning locoregional treatment of pain:

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2. Bang-Vojdanovski Boris, Nojkov Jordan: Spinalna anestezija, book, Kultura, Skopje (2004)
3. J.Nanceva, O . Nojkov, M. Simjanovski: .H1 and H2 blockers in treatment of pruritus in patients with spinal application of morphine. Book of abstracts. 11th European congress of Anaesthesiology, 131,Florence, Italy, 2001.

4. Nojkov J., Nan~eva J., Simjanovski M: Sporedba na ketoprofen (Ketonal) so metamizol vo tretiraweto na postoperativnata bolka (1997) Mak. Med. Pregled 51: (supl. 25), str 30
5. Nojkov J: Adjuvantna terapija kaj regionalnite anestezii. ESRA – Macedonia Zone Meeting, Ohrid 23-25 maj. Zbornik na trudovi str 28-29
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7. Nanceva J., Nojkov J:Remifentanil versus fentanil pri totalna intravenska anestezija kaj pacienti so ortopedski operativni intervencii. II Kongres na MADOT. Ohrid, Maj 2002 Kniga na abstrakti, str 54
8. Bang Vojdanovski B., Nojkov J., Soljakova M (2000) Regionalna anestezija i komplikacii. II Kongres na anesteziolozite na Makedonija, Ohrid 4-7 maj 2000
9. Nojkov J (2005) How to make spinal anaesthesia in children available in everyday practice. Lijec Vjesn (suppl 2); 11-13.
10. Nojkov J (2007) Spinal anaesthesia in children and infants. Period Biolog 109, 249-253.
11. Nojkov J (2009) Update on regional anaesthesia in children. Period Biolog, vol.111, No 2, 235-239.

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2. Nojkov J, Simjanovski M, Nanceva J (1998) Spinal anaesthesia for orthopaedic surgery in children. Two years experience AINS, 33 supl 3, S 465.
3. Nojkov J, Nikolova-Todorova Z, Simjanovski M, Nanceva J (1996) Regional (spinal) anaesthesia reduces the cortisol stress response during surgery on the locomotor system. 11th World Congress of Anaesthesiologists. Abstract book, p.503.
4. Nojkov J. (1999) The influence of anaesthesia (general-regional) and surgical trauma on cellular imunal response in patients operated on the locomotor system. Acta anaesth. Scand. Vol 43, suppl. 114, p.86.
5. Nojkov J, Nanceva J, Simjanovski M (2001) Intrathecal morphine for postoperative analgesia. Minerva Anaesthesiologica, vol 67, supl 1, p.175.
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9. Nojkov J (2009) Update on regional anaesthesia in children. Period Biolog, vol.111, No 2, 235-239.

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1.Academic rank:

Instructor in Medicine, College of Medicine, Mayo Clinic, Rochester MN.

2.Education:

Masters of Physician Assistant Studies, University of Nebraska Medical Center, Omaha, NE 68198-4300.
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FNP/PA Certificate, University of North Dakota PA Program, Grand Forks, ND 58201. September 1982.

Bachelors of Science in Nursing, University of Mary, Bismarck, ND 58504. May 1980.

3.Board Certification(s):

National Commission of Certification of Physician Assistants;
Certified Family Nurse Practitioner

4.Medical licensure:

Licensed as a physician assistant in Minnesota since 1999;
Licensed as a family nurse practitioner in Minnesota since 1999;
Licensed as a registered nurse since 1980; licensed in Minnesota since 1999.

5.Professional membership and societes (Extramural only):

Fellow, American Academy of Physician Assistants: 1983-present;
Fellow, Fellowship of Christian Physician Assistants: 2001-present;
Member, Association for the Advancement of Wound Care, May 2007-present;
Member, Health Volunteers Overseas, May 2007-present;
North Dakota Academy of Physician Assistants: 1987-1995;
American Correctional Health Services Association: 1985-1989;
Physician Assistant representative, Bismarck CME Council, Bismarck, ND; 1993-1995;

.6.Education activities:

A.Teaching Activities :
Oral Presentation: Wound Management in the Nursing Home Setting. Geriatric Update, Mayo Foundation, Rochester, MN. October 2001.

Oral Presentation: Wound Care: Practical Tips for Providers. Minnesota Geriatric Care Conference, Rochester, MN. April 2005.

B. Mentor: to geriatric fellows, nurse practitioner students and physician assistant students.

7. Presentation at regional, national and internationl meetings:

Poster presentation:

The Use of Multidex Gel as a Wound Care Treatment in the Nursing Home. American Medical Directors Association Annual Symposium, San Francisco, CA. March 2000.

Maltodextrin Gel: An Old Remedy Revisited. Wound Care Symposium, Dallas, TX. April 2000.

Compression Boot Therapy in Long-Term Care: A Novel Approach to Ischemic Ulcers. Geriatric Symposium, Sydney, Australia. July 2000.

Oral Presentation:

Wound Management in the 21st Century: An Overview. North Dakota Academy of Physician Assistants Spring CME Symposium, Fargo, ND. May 2001.

Wound Management in the Nursing Home Setting. Geriatric Update, Mayo Foundation, Rochester, MN. October 2001.

Wound Care: Why We Do What We Do. Nursing Home Inservices. May 2002, January 2004, April 2005.

Practical Wound Management in Long Term Care. American Medical Directors Association Annual Symposium, Phoenix, AZ. March 2004.

Poster Presentation:

Outpatient Treatment for Salvage of Ischemic Limb. Symposium on Advanced Wound Care, Orlando, FL. May 2004.

Using Silver-Releasing Dressings on Chronic Wounds in Long Term Care. 32nd Annual American Academy of Physician Assistants Conference, Las Vegas, NV. June 2004.

Using Silver-Releasing Dressings on Chronic Wounds in Long Term Care. Internal Medicine Review for Nurse Practitioners and Physician Assistants. Rochester, MN. September 2004.

Oral Presentation:

Chronic Ulcers in Long Term Care: Advances in Management. American Medical Directors Association Annual Symposium, New Orleans, LA. March 2005.

Wound Care: Practical Tips for Providers. Minnesota Geriatric Care Conference, Rochester, MN. April 2005.

I Just Found This Wound—Now What? North Dakota Academy of Physician Assistants Spring Symposium, Fargo, ND. April 2005.

Infection Control Basics. Staff inservice, University Hospital, Prishtina, Kosovo. May 2005.

Poster Presentation:

Catheter-based Negative Pressure Wound Therapy: A New Paradigm of Care. American Medical Directors Association's 29th Annual Symposium, Dallas, TX. March 2006 and at the Society of Advanced Wound Care Conference, San Antonio, TX. April 2006.

Ultrasonic MIST: A Novel Approach to Treating Non-Healing Ulcers in Long-Term Care. American Medical Directors Association's 30th Annual Symposium, Hollywood, FL. March 29-April 1, 2007 and at the American Geriatric Society's 2007 Annual Scientific Meeting, Seattle, WA. May 2-6, 2007.

Chronic Ulcers in Long-Term Care: Predictors for 6-Month Mortality. American Geriatric Society's 2008 Annual Scientific Meeting, Washington, DC. April 30-May 4, 2008.

8. Clinical practice, interests and accomplishments:

January 1999-the present: Vascular Medicine Physician Assistant; Mayo Clinic, Rochester, MN 55905

October 1995-January 1999: Occupational Medicine Physician Assistant; Kohler Company, Kohler, WI 53044

February 1994-October 1995: Neurosurgical Physician Assistant; Dakota Neurosurgical Associates, Bismarck, ND

August 1987-Februyary 1994: Cardiology Physician Assistant; The Heart and Lung Clinic, Bismarck, ND 58501

September 1985- March 1986: Adult Nurse Practitioner; Clay County Health Department, Moorhead, MN 56560

June 1984: Correctional Medicine Physician Assistant; Basil Health Systems, Federal Prison Camp, Duluth, MN

September 1982- May 1984: Family Medicine Physician Assistant; Dr. A. E. VanVranken, Bismarck, ND

9.Research interests:

Wound care modalities in long-term care, pressure ulcers.

10. Bibliogrphy:

Takahashi PY, Kiemele LJ, Jones JP. Wound Care for Elderly Patients: Advances and Clinical Applications for Practicing Physicians. Mayo Clinic Proceedings. February 2004, 79(2) 260-267.

Kiemele LJ, Takahashi, PY. Practical Wound Management in Long Term Care. Annals of Long Term Care. October 2004.

Kiemele LJ. Ethical Decision-Making: A Primer for Nurses. Kosovo Nursing Journal, Number 1, March 2007; pp. 7-9.

Takahashi PY, Chandra A, Kiemele LJ, Targonski PV. Wound Technologies:

Emerging Evidence for Appropriate Use in Long Term Care. Annals of Long Term Care, November 2007; 15(11), 35-40.

Kiemele LJ. Cutaneous Clues to Identifying Wound Infections. Kosovo Nursing Journal, Number 2, November 2007; pp. 7-9.

Kiemele LJ. Men's Role in Women's Reproductive Health. Kosovo Nursing Journal, July 2008, Number 1; pp. 20-22.

Kiemele LJ, Chandra A, Takahashi PY. Wound Care: Practical Advice for Practicing Physicians. (in press)

Takahashi PY, Kiemele LJ, Cha, SS. Six-month mortality risks in long-term care residents with chronic ulcers. International Wound Journal (in press).

Oral presentation:

Identifying and Managing Chronic Wounds. Family Medicine Center, Ferizaj, Kosovo and Regional Hospital, Prizren, Kosovo; October 2008.

Medical Ethics. Family Medicine Center, Ferizaj, Kosovo and Regional Hospital, Prizren, Kosovo. October 2008.

Between a Bone and a Hard Place: Identifying and Managing Pressure Ulcers. Seasons Hospice Skills Fair, Rochester MN. November 17-18, 2008.

Takahashi PY, Kiemele LJ, Chandra A, Cha SS, Targonski PV. A Retrospective Cohort Study of Factors that Affect Healing in Long-term Care Residents with Chronic Wounds. Ostomy/Wound Management, January 2009; 55(1), 32-37.

Takahashi PY, Kiemele LJ, Cha SS, Chandra A. The Association between Lower Extremity Venous Ulceration and Predictive Demographic and Comorbid Risk Factors. Wounds: A compendium of Clinical Research and Practice. (in press).

Kiemele LJ, Chandra A, Takahaski PY. Wound Care: Practical Advice for Practicing Physicians. (manuscript submitted).

Prof.dr.sci.Orhan KUBATI

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- Më se 80 kumtesa dhe punime shkencore te botuara si autor dhe koautor në ish Jugosllavi, botë dhe në R. e Kosovës.
- **Botues i tekstit të parë : " Oftalmologjia për studentë të mjekësisë dhe të stomatologjisë"bashkë me prof.dr.Qamil Haxhiu.**
- **Botues i monografisë "PTOZA" bashkë me prof.dr.Kelmend Spahiun**
- Ish anëtar i Kryesisë së Oftalmologve të ish Jugosllavisë.
- Shef i parë i Katedrës së oftalmologjisë të Fakultetit të Mjekësisë në Prishtinë. Këtë detyrë ka kryer në vazhdimësi gjer në vitin 1991 kur është larguar nga puna me dhunë nga organi i dhunshëm i vendosur nga Qeveria ilegale serbe.
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- Gjatë punës dhe aktivitetit shumë vjeçar pranoi një numër të madh të mirnjohjeve:
- KUBATI ORHAN,M.D.:Wedeeply appreciate for yourinvaluable contributions to our 39 th.National Ophthalmology Congress Turkish Ophthalmology Society

TOS 39th National Ophthamology Congress – "Scientific contribution to the International Panels in our Congress",2005

Universiteti I Prishtinës – **"**Për merita dhe kontribut të jashtëzakonshëm në zhvillimin dhe avancimin e procesit mësimor-shkencor në Universitetin e Prishtinës", **1974,1985,2004, 2007**

Shoqata e Kosovës për aplikimin e ultratingullit në mjekësi " Për kontributin e dhënë në të gjitha simpoziumet dhe Kongresin e parë ndërkombtar të ultrasonografisë diagnostike në mjekësi" **2003 – 2006**

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Marital Status: Married

Basic and secondary school have finished in Osijek. Have graduated on Medical school in Zagreb.
In the Clinic hospital Osijek has been taken on the specialization anesthesiology and intensive medical treatment, these in Zagreb specialize the anesthesiology and intensely the medical treatment. Now work as the specialist anesthesiology on the department for the anaesthesia, medical treatment neuropatic pain in the ambulance for the medical treatment pains. From 2005. years my narrower interest, next to the anaesthesia are the acute pain, neuropatic pain, malignant pain and medical acupuncture. Participant is many lecturing about the acute pain, neuropatic pain…

Keith Van Oosterhout, M.D.

BA Grand Valley State University, 1975
MD Wayne State University School of Medicine, 1979
Family Practice Residency, St. Joseph Hospital, Flint, Michigan 1979 - 1982

Board Certified Family Practice 1982 - Present
Board Certified Geriatrics 1990 - Present
Board Certified Hospice and Palliative Medicine 2001 - Present
Board Certified Medical Director 1994 - Present

Teaching Experience:
Assistant Director - St. Catherine's Family Practice Residency, Wisconsin 1990 - 1993
Preceptor - Western Michigan University Physician Assistant Program 2003 - Present

Medical Director:
Hospice at Home 1994 - 2007
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Education:

1968 - 1970	Ayşe Abla İlkokulu, Ankara.
1970 - 1972	T.E.D. Ankara Koleji İlkokulu, Ankara.
1972 - 1979	T.E.D. Ankara Koleji Ortaokulu, Ankara.
1979 - 1985	Ankara University, Medical School.
August 1988 - March 1993	Resident, Hacettepe University, Medical School Department of Radiation Oncology
April 1991-February 1992	Scholorship, French Goverment Hospital Tenon,Prof A.Laugier Servisi, Paris,France
September – October 1995	Observer,,Wayne State University, Harper Hospital Gershenson Radiation Oncology Center, Detroit, Michigan, USA.

Academical Titles:

1985	Doctor of medicine
October 1985-1987	Compulsory Service İstanbul University, Çapa Medical Faculty, Department of Anaesthesiology and Reanimation
October 1987- July 1988	Medical Doctor, Ministry of Labor and Social Security, Ankara
3 March 1993	Radiation Oncologist
6 May 1994 - 1997	Assistant Professor Hacettepe University, Medical School Department of Radiation Oncology
18 November- 1997	Associate Professor Hacettepe University, Medical School Department of Radiation Oncology
9 April 2003 – February 2008	Professor Hacettepe University, Medical School Department of Radiation Oncology

Meetings Which I Have Organized:

1. II. Head and Neck Cancer Cancers Symposium, October 2007, Antalya.

Membered Societies:

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Türk Kanser Araştırma ve Savaş Kurumu
Türk Onkoloji Derneği
Hacettepe Onkoloji Enstitüsü Derneği
Onkoloji Enstitüsü Vakfı
Balkan Union of Oncology
European Society of Therapeutic Radiology and Oncology
American Society of Therapeutic Radiology and Oncology

Honored Prizes:

1995 Philips Customer Partnership Award
In the category of "Enhanced Patient Care through new or improved Clinical Techniques" with the paper entitled "Mono Isocentric Radiation Therapy Technique for the Treatment of Head and Neck Tumors Using Asymmetric Collimators" Enis Özyar, Gülkan Işın, Dilek Uzal, Salih Gürdallı, Güngör Arslan, İ. Lale Atahan

Publications:

Invited Lectures and Conferences (80)
Articles (130)
Presentations (80)
Articles in Turkish (40)
Presentations in Turkish (70)
Book Chapter (3)

Publications (SCI)

Atahan IL, Ozyar E, Yildiz F, Ozyigit G, Genc M, Ulger S, Usubutun A, Köse F, Yuce K, Ayhan A.
Vaginal high dose rate brachytherapy alone in patients with intermediate- to high-risk stage I endometrial carcinoma after radical surgery.
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Int J Radiat Oncol Biol Phys. 2008 Feb 1;70(2):464-8. Epub 2007 Sep 4.
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Radiother Oncol. 1992 Apr;23(4):245-8.
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localized hypersensitivity reaction to co-trimoxazole in a previously irradiated field simulating a recall phenomenon.
Br J Radiol. 1989 Dec;62(744):1107-8. No abstract available.

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Education:
1981-1987 MEDICAL STUDENT: **University of Prishtina**, Medical Faculty, Prishtina, Kosova
1994-1999 RESIDENT-ANESTHESIOLOGY AND REANIMATION: **Marmara University**, Istanbul, Turkey
1999-2003 SUBSPECIALIZATION FROM NEUROANESTHESIOLOGY Marmara University, **Institute of Neurological Science** Istanbul, Turkey
15/04/2005 MASTER OF SCIENCE, University of Prishtina, Medical Faculty, Prishtina Master Thesis:**" The Role of Sevoflurane in Oxygen Free Radicals After Head Trauma in Rats''** (experimental study)
15/09/2009 PhD Studies (Started), University of Skopje, Medical Faculty, Skopje, Macedonia, Doctor Thesis:" **Analgesic effect of midazolam during preemptiv analgesia"** (experimental study)

Professional Background:
1988-1994 Doctor of Medicine, Medical Centre, Prizren, Kosova
1994-1999 Resident in Anesthesiology and Reanimation, Marmara University, Istanbul, Turkey
1999-2003 Specialist of Anesthesiology and Reanimation, Institute of Neurological Science,Marmara University, Istanbul, Turkey
2004-prezent Specialist of Anesthesiology and Reanimation, Department of Anesthesiology and Intensive Care**, UCCK, Prishtina, Kosova**

Memberships:
1988 Society of Medical Doctors, member
1995 Society of Turkish Anesthesiologists (TARD), member
1996 Society of Turkish Pediatric Anesthesia (TPAD),member
1997 Federation of the European Associations Of Pediatric Anesthesia (FEAPA), member
1999 European Society of Anesthesiologists (ESA), member
2000 American Society of Neuroanesthesia (ASNAC),member
2006 Association of Kosova Anesthesiologists (AKA), vice president
2007 Society of Pediatric Anesthesia (SPA), member
2007 International Anesthesia Research Society (IARS),member
2007 European Society of Regional Anesthesia (ESRA), member
2008 Professional Health Association (PHA), member

Additional professional activities:

2006 Organizer and Vice President of I-th Anesthesiology Conference in Prishtina, Kosova. Prishtina 2006

2006 Founder of Association of Kosovar Anesthesiologists

2006 President of Board of Anesthesia Residents

2008 Chief of Anesthesiology Clinic

Additional avtivities:

Languages: Albanian (native), English (fluent), Turkish (fluent), Serbo-Croatian (fluent)

Computer Skills: MS Word, MS Excel, MS Power Point, etc.

Habits and Cultural Activities:

-**S**ports: swimming, cycle, dancing

-Literature: psychoanalytic, drama

-Film, theatre and music

-Tourism, geography

Contiual professional education:

·Workshop from Regional Anesthesia Regional on Cadavers, *Innsbruck, Austria*, 22-24 February 2001

Training in Ependorff University, Hamburg, Neurosurgery Clinic, *Hamburg, Germany*, 6 November-5 December 2006.

Workshop from Obstetric Anesthesia, *Dresden, Germany*, 24 November 2006

EVP, The adult difficult airway, *The Cleveland Clinic Foundation*, 9 February 2007

F.E.E.A.-FONDATION EUROPEENNE D'ENSEIGNEMENT EN ANESTHESIOLOGIE,, Dojran, Macedonia, 20-22 April 2007.

EVP, Anesthetic Management for Morbid Obesity during Craniotomy *The Cleveland Clinic Foundation*, 01 May 2007

Simulation training in pediatric anesthesia, 02 June 2009, Copenhagen, Denmark.

Publications in jurnals:

1. ***A.Hasani****, S.Ozgen, N. Baftiu.* Emergence agitation in children after propofol versus halothane anaesthesia. ***Medical Science Journal*** 2009, 16 (6): 302-306.

2. ***A.Hasani****, A.Shala. Our little painters.* ***Nigerian Journal of Medicine*** *2009; 18(2): 227-228.*

3. ***A.Hasani, H.Thaqi, Sh. Azizi. Management of child with acute airway obstruction.*** ***Cases Journal*** 2009, **2**:7517.

4. ***A.Hasani****. Bite blocks in children during pediatric anesthesia.* ***Pediatric Anesthesia Journal*** *2008, 18: 1258-1259.*

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6. S.Kabashi, A. Hasani et al. Imaging in Detection of Meningiomas of the Basis Crani Anterior. Acta Informatica Medica 2008;16(3):138-141.
7. A.Hasani, A.Grbolar. Principles of weaning from the mechanical ventilation. Acta Informatica Medica 2008;16(2): 83-85.
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9. H.Terziqi, A.Hasani e al. Electrical burn injuries in children. Kosova Journal of Surgry 2008, 2 (1):90-94.
10. A.Hasani, L.Emini, Sh.Uka, O.Sejfija. Agjitacioni te fëmijët pas anestezionit me propofol në kirurgjinë dentale. Apolonia, Journal of Dentristy, 8, no 16, 2006
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12. A.Hasani, N.Baykan, S.Peker. Sëmundja Mojamoya dhe komplikacionet iskemike gjatë intervenimit kirurgjik. Praxis Medica 2003, 45-1:81-85

Presentations in national and international conferences:

· A.Hasani , et al. Management of postoperative pain in children after craniofascial surgery. XXVIII Annual ESRA Congress, Salzburg, Austria, September 9-12, 2009. Regional Anesthesia and Pain Medicine

· A.Hasani , et al. Postoperative analgesia with caudal epidural blocks during for surgical treatment of hydronephrosis in childrenin children. XXVIII Annual ESRA Congress, Salzburg, Austria, September 9-12, 2009. Regional Anesthesia and Pain Medicine

· A.Hasani , et al. What questions parents ask the anesthesiologist during the pre-operative visit. VII Eurpian Congress of Pediatric Anesthesia, 10-13 September, 2009 Warsaw, Poland.

· A.Hasani Postoperative analgesia in children after propofol anesthesia. 2nd World Congress of Total Intravenous Anaesthesia – TCI, April 23-25, 2009, Berlin, Germany.

· A.Hasani, S. Ustalar-Ozgen et al. Sedation with etomidati in eldery patients during vertebroplasty. 5-th World Congress-World Institute of Pain, 13-16 March 2009, New York, USA, Journal of Pain

· A.Hasani. Anesthesia complications in children with neural tube defect. Euroneuro 24-26 January 2008, Matricht, Netherland, Europian Journal of Anesthesiology

· A.Hasani, Sh.Azizi, N.Baftiu. General and caudal anesthesia in children during appenectomies. ESA, Congress of Europian Society of Anesthesia, 9-12 June, 2007., Munich, Germany, European Journal of Anesthesiology

· A.Hasani, B Ay, Sh. Azizi. Spinal, single-shot epidural or general anaesthesia for Caesarean delivery. Obstetric Anaesthesia Conference 6-8 June 2007, Sheffield, Greate Britain. Obstetric journal of Anesthesiology

· A.Hasani, I.Krasniqi, Z.Zeka et al. General versus spinal anesthesia for lumbar disc surgery. ESRA,XXV Congress of Europian Society of Anesthesia & Pain Therapy, Monte Carlo, 6-9 September 2006, Monte Carlo, Monaco. Regional Anesthesia and Pain Medicine

· B.Hadri, D.Kryeziu, I.Krasniqi, A.Balaj, A.Hasani Comparison of same dose of plain bupivacaine and plain ropivacaine administered for spinal anesthesia in endourology. ESRA,XXV Congress of Europian Society of Anesthesia & Pain Therapy 6-9 September 2006, Monte Carlo, Monaco, Regional Anesthesia and Pain Medicine

· A.Hasani, B.Hadri, L.Emini, I.Krasniqi, et al. Emergency agitation in children after

propofol anesthesia. ESA, Congress of Europian Society of Anesthesia 3-6 June 2006, Madrid, Spain. European Journal of Anesthesiology

· A.Hasani, B.Hadri, Sh.Hasimja, I Krasniqi, N.Baftiu. Complications after recovery in intensive care unit. 3 rd Central European Congess on Intensive Care Medicine, 26-29 June 2006, Brijuni, Croatia, Neurologica Croatica

· B.Hadri, A.Hasani, Sh.Hasimja, I.Krasniqi, N.Baftiu. Outcome of patients with spinal cord injuries admitted in ICU in University clinical Center of Kosova. 3 rd Central European Congess on Intensive Care Medicine 26-29 June 2006, Brijuni, Croatia, Neurologica Croatica

· A.Hasani, Sh.Hasimja, F.Beka. Perioperative ß-blockade for patients with cardiac disease in brain surgery. Journal of Seminars in Cardiothoracic and Vascular Anesthesia, San Francisko, USA, 2006, Volume 10, No.3, p.10-17.

· A.Hasani, Sh.Hasimja, M.Hashimi, F.Qehaja. Treatment of the Postoperative Pain After Craniotomies. International Symposium on Regional Anesthesia And Pain Control 16-19 June 2005, Croatia, Dudrovnik Ljeckicki Vjesnik 2005, 127-2,p.137.

· Q.Morina, A.Hasani, A.Morina. EAA versus GAIA in postoperative pain managment of lumbar and microdisc surgery. ESRA,XXIII Congress of Europian Society of Anesthesia & Pain Therapy 8-11 September 2004, Athina, Greece Regional Anesthesia and Pain Medicine

· Hasani A,Isbir O, Baykan N. Use of Ondansetron in Supratentorial Tumor Surgery. ESA, Congress of European Society of Anaesthesiology,May 31-June 3 2003, Glasgow, Scotland. European Journal of Anesthesiology

· Tureci E, Hasani A, Baykan N,et al. Remifentanyl at Extubation After Prone Position. ESA, Congress of European of Anaesthesiology, May 31- June 3 2003, Glasgow, Scotland. European Journal of Anesthesiology

· Hasani A,Isbir O, Baykan N. Remifentanyl in Supratentorial Tumor Surgery. Journal of Neurosurgical Anesthesiology

· Hasani A, Ustalar S., Eti Z., Haklar G.Free Oxygen Radicals after Head Trauma. ESA, Congress of Europian Society of Anesthesia, April 1-4 2000, Vienna, Austria, Europian Journal of Anesthesiology

· N.Baykan, A.Hasani, Sozuer D. Treatment of Refractory Status Epilepticus with Propofol And Midazolam in Children. SNAC, Society of Neurosurgical Anesthesia and Critical Care, 28-th Annual Meeting, October 2000, San Francisco, USA. Journal of Neurosurgical Anesthesiology

· H.Ahmeti, A.Hasani, et al. Lecenie na ureterokutanni fistuli. International Congress of Pediatric Surgery, 23-25 October 2008, Hisar, Bulgaria

· A.Hasani, I.Bytyqi, S.Vllasaliu, N.Baftiu. Our little painteres. Eurpean Conference on Pediatric Anesthesia, 25-27 September 2008, Athina, Greece

· A.Hasani, N.Baftiu, F.Qehaja, I.Bytyqi.Oral Premedication in childrencomparation of midazolam, ketamine and midazolam with ketamine. Eurpean Conference on Pediatric Anesthesia, 25-27 September 2008, Athina, Greece

· A.Hasani, S.Ustalar-Ozgen. Protective effects of sevoflurane against experimental head trauma in rats. Eurpean Conference on Pediatric Anesthesia, 25-27 September 2008, Athina, Greece

· H.Terziqi, A.Hasani et al. Electrical burn injuries in children. 15-th MBC Meeting 15-17 May 2008, Athina, Greece

· A.Hasani, Quality management of radiologic diagnostik procedures. Konferenca e VIII-të ndërkombëtare Anestezi, Urgjencë, Terapi Intensive, Dhimbje 23-24 Maj 2008, Tirana,

Shqipëria.

· A.Hasani, et al. Premedikimi oral te fëmijët. Konferenca e VIII-të ndërkombëtare Anestezi, Urgjencë, Terapi Intensive, Dhimbje 23-24 Maj 2008, Tirana, Shqipëria.

· A.Hasani, et al. Laryngospasm, what's new. Konferenca e VIII-të ndërkombëtare Anestezi, Urgjencë, Terapi Intensive, Dhimbje 23-24 Maj 2008, Tirana, Shqipëria.

· A.Hasani, et al. Management of child with akute laryngotracheobronchitis. Konferenca e VIII-të ndërkombëtare Anestezi, Urgjencë, Terapi Intensive, Dhimbje 23-24 Maj 2008, Tirana, Shqipëria.

· A.Hasani,A. Gjonbalaj, N.Baftiu. Sedacioni te fëmijët gjatë procedurave radiodiagnostike. Konferenca e Radiologjisë Kosovare, 2008, Prishtinë, Kosovë.

· A. Bytyqi, A.Hasani et al.Comparation of hemodinamik stability in patients undergoing retropubic prostatectomy undre spinal anesthesia using isobaric bupivacaine or bupivacaine with fentanyl. Konferenca e VIII-të ndërkombëtare Anestezi, Urgjencë, Terapi Intensive, Dhimbje 23-24 Maj 2008, Tirana, Shqipëria.

· N.Hyseni, A.Hasani et al. Modification of mathieu's urethroplasty technique is an effective procedure for glandular-penile epispadias repairs- case report. Takimi i tretë vjetor i Institutit Alb-Shkenca IASH 2008, Tirana, Shqipëria.

· A.Bytyqi, A.Hasani et al. Përgatitja preoperative e pacientëve për intervenim kirurgjik me anestezion të përgjithshëm. Konferenca e VIII-të ndërkombëtare Anestezi, Urgjencë, Terapi Intensive, Dhimbje 23-24 Maj 2008, Tirana, Shqipëria.

· A.Hasani, Sh.Hasimja, T.Karabegler,*N.Hyseni, N.Baftiu. Postoperativ analgesia in children undergoing lower abdominal surgery. 5 th International Croatian Conference of Pediatric Surgery 25-28 April 2007, Cavtat, Croatia.

· A.Hasani. Alergic reactions of anesthetics. 2 nd International Symposium of Dermatology 3-5 May 2007, Prishtina, Kosova.

· A.Hasani. Ultrasound imagining in regional anesthesia. The First Kosovar Congress Of Diagnostic Ultrasound in Medicine with International Participation "KOSOVASON 2007" 9.06.2007, Prizren, Kosova

· .Hasani. Neurotrauma dhe trajtimi i saj në instutucionn tonë. The Second International Sympozium of Trauma 08-09 May 2007, Prishtina, Kosova.

· A.Hasani. Lëndimet traumaike të syrit dhe “barku i plotë” te fëmjët. The Second International Sympozium Of Trauma, 08-09 May 2007, Prishtina, Kosova.

· SH.Hasimja, A. Hasani. Anesthesia for pediatric airway endoscopy. The Second International Sympozium Of Trauma, 08-09 May 2007, Prishtina, Kosova.

· A.Hasani, T.Jusuf. Anesthesıa in urology and our experience. 5-th International Urology Simposium. 11-12 May 2007,Prishtina, Kosova.

· A.Hasani,G.Bajraktari. Perioperative stress and beta-blockers. The 7-th Annual Conference–Anesthesia, Emergency, Intensive Care, 28-30 May 2007, Tirana, Albania.

· A.Bytyqi,A.Hasani,Sh.Kalenderi. Ketamin, Fentanyl and Midazolam for short pediatric surgical interventions. The 7-th Annual Conference–Anesthesia, Emergency, Intensive Care, 28-30 May 2007, Tirana, Albania.

· A.Hasani, H.Maloku, E.Borovci. Preemptive analgesia with midazolam. International Symposium on RegionalAnesthesia And Pain Control, 28 June-1 Jule 2007 , Croatia,Dudrovnik.

· A.Hasani, L.Emini, N.Baftiu. Use of remifentanil in infants with syncipital encephalocele. European FEAPA Conference on Paediatric Anaesthesia, 6-9 October 2006,

Budapest, Hungaria.

· A.Hasani. Roli i sevofluranit në radikaletet lira të oksigjenit pas traumave të Kokës te minjtë. The 6-th Annual Conference–Anesthesia, Emergency, Intensive Care, 12 May 2006, Tirana, Albania.

· N.Baftiu, M.Kërci, A.Hasani et al. Efficacy and safety of epidural analgesia in controlling postoperative pain. I st International Conference of Anesthesiology, 20-22,October 2006, Prishtina, Kosova.

· N.Baftiu, I.Ohri, A.Hasani et al.Treatment of hemoragic schoc in ICU. I-st International Conference of Anesthesiology, 20-22,October 2006, Prishtina, Kosova.

· Z.Zeka, A.Hasani, et al. Beneficience of sedation with propofol and midazolam during mechanic ventilation. I st International Conference of Anesthesiology, 20-22,October 2006, Prishtina, Kosova.

· A.Hasani. Perioperative Beta-Blockade for Patients with Cardiac Disease in Brain Surgery. Conference: Failing Heart Under Stress, 20-22 November 2005,Amsterdam, Netherland.

· A.Hasani, B. Kastrati, et al. Complications of lumbar disc surgery during the five year period. 5th International Congres of Neurosurgical Society of Croatia, 9-12 November 2005, Zagreb, Croatia.

· A.Hasani, A.Kërveshi. Anesthetic management of traumatic brain injury. The First International Sympozium of Multidisciplinary Treatment of Trauma 25-26 February 2005, Prishtina, Kosova.

· A.Hasani, G.Spahija, A.Balaj, Z.Bukoshi. Propofoli/Remifentanil, Alfentanil ose Fentanil në intervenimet e shkurtëra kirurgjike. The 4-th Annual Conference Anesthesia,Emergency, Intensive Care,26-27 March 2004, Tirana, Albania.

· A.Hasani, N.Baykan, H.Hyseni. Remifentanili dhe përgjigja hemodinamike gjatë ekstubimit. The 4-th Annual Conference Anesthesia,Emergency, Intensive Care, 26-27 March 2004, Tirana, Albania.

· Baykan N., Ustalar Ozgen S., Hasani A., Ozek M. Moyamoya Disease and Anesthesia. 8 th (FEAPA) Symposium of Paediatric Anaesthesia in conjunction with 2 th Turkish Paediatric Anesthesia and Reanimation, April 25-27 2003, Istanbul, Turkey.

· Hasani A. Isbir. O., Baykan N. Beyin tumor cerrahisinde ondasentron kullanimi TARK, Turk Anestezi ve Reanimasyon Kongresi, Ekim 27-21, 2001, Antalya, Turkiye.

· Baykan N, Hasani A., et al. Moyamoya hastaliginin cerrahi tedavisi sirasinda anestezi. TARK, Turk Anestezi ve Reanimasyon Kongresi, Ekim 25-29 2000, Kusadasi, Turkiye.

· Baykan N, Hasani A., et al. Supratentoryel tumor cerrahisinde remifentanil kullanimi. TARK, Turk Anestezi ve Reanimasyon Kongresi, Ekim 25-29 2000, Kusadasi, Turkiye.

· Baykan N., Hasani A., Sozuer D. Treatment of Refractory Status Epilepticus with Propofol And Midazolam in Children, 12 th International Intensive Care Symposium, May 18-20 2000 Istanbul,Turkey.

· Hasani A., Takıl A., Batirel H., Aykaç Z., Ercan S., Yuksel Pulmoner Alveolar Proteinosis and Bronchopulmonal Lavage, TARK, Turk Anestezi ve Reanimasyon Kongresi, October 28, November 01 1998, Antalya,Turkey

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Funksionet dhe anëtarësia:

- ·Anëtar i Shoqatës së Kosovës për Aplikimin e Ultratingullit në Mjekësi
- Anëtar i Shoqatës së Mjekëve të Kosovës
- Anëtar i Shoqatës së Kardiologëve të Kosovës
- Anëtar i shoqatës së Mjekëve të Kroacisë
- Anëtar i Asociacionit Europian për Ekokardiografi (EAE)

Përgaditja profesionale dhe shkencore

Fakulteti i Mjekësisë: 20.06.1984, Prishtinë, Repubika e Kosovës
Provimi profesional: 1985, Prishtinë, Repubika e Kosovës
Specializimi nga Mjekësia Interne - Kardiologji 1993, Nish, Jugoslavi
Magjistër i shkencave të mjakësisë 22.11.2007, Prishtinë, R. e Kosovës

Shkalla e arsimimit dhe aktiviteti profesional

- ·Shkollën fillore: Gjakovë, në vitin1974
- Shkollën e Mesme - Gjimnazin në Gjakovë, në vitin 1978,
- Fakultetin e Mjekësisë në Prishtinë-mjekësi e përgjithshme, në Universitetin e Prishtinës, Qershorë 1984 (doktor I mjekësisë)
- Ka punuar si mjek një kohë në Institutin e Mjekësisë së Punës në IBT "Emin Duraku" në Gjakovë,
- Përfundoi Specializimin nga Mjekësia Interne – Kardiologji më 1993 në Universitetin e Nishit me që nuk iu mundësua dalja në provim specialistik nga Kardiologji në Universitetin e Zagreabit-Krtoaci (Klinika za Unutarnje Bolesti "Sestre Milosrdnice") ku kishte kryer tërë stazhin e specializimit dhe të gjitha kolokfiumet.
- Pas përfundimit të specializimit, vazhdon e punon si Internist – Kardiolog në Institutin e Mjekësisë së Punës në IBT "Emin Duraku" të Gjakovës.
- .Në Dhjetor të 1994 masat e dhunëshme në IBT "Emin Duraku" e largojnë nga puna, kështu nga Janari i vitit 1995 formon Institucionin Privat Polikliniken "SHËNDETI" në Prizren.
- Nga viti 1996 është angazhuar në mënyrë vullnetare në SHBH "Nënë Tereza" në Prizren, ku ishte edhe udhëheqës i sektorit për Shëndetësi.

Nga 1996 deri më 2005 është angazhuar në mësimdhënje në Shkollën e Mesme

Mjekësore “Luciano Motroni” në Prizren.
- Në vitin 1999 pas largimit si refugjat në Shqipëri qëndroi në Kukës dhe u angazhua në si mjek në Kampin e refugjatëve të organizuar nga Emiratet e Bashkuara Arabe.
- Gjatë qëndrimit si refugjat në Kukës të Shqipërisë në mënyrë vullnetare u angazhua në Ambulancën e UÇK-së.\
- Pas këthimit në Prizren, nga Korriku i vitit 1999 u inkuadrua në Spitalin Regjional të Prizrenit në detyrën e Udhëheqësit të Njësisë Koronare.
- Në Maj të vitit 2006 angazhohet në detyrën e këshilltarit pranë Ministrisë së Shëndetësisë së Kosovës.
- Edukimin bazë nga Ekokardiografia e mori në Klinikën Interne “Sestre Milosrdnice” të Zagrebit nën përkujdesjen e Prim.Dr. Danijel Planinc më 1992.
- Në vitin 1993 vazhdoi Edukimin nga lëmia e Ekokardiografisë në Kamenicë të Sremit në Institut za Kardiovaskularne Bolesti në përkujdesje të Prof.Dr. Marko Kovac.
- Në vitin 2001 qëndroi në Medizinische Klinik 2 Universitat der Erlangen – Nurnberg, Gjermani në edukim për Stres ekokardiografi dhe ekokardiografi me kontrast (PD.Dr. Uwe Nixdorf oberarzt der Cardiologie).
- Në vitin 2004 ndoqi workshop nga Ekokardiografisë konvencionale, strain dhe Strain Rate 2004 në Zagreb, Kroacisa. Sponsoruar nga GE dhe SIEMENS.
- Në vitin 2004 ndoqi workshop nga Ultrazëri Vaskular në Zagreb, Kroaci – Sponzoruar nga GE dhe ALOKA,
- Në vitin 2005 ndoqi seminarin nga Ultrazori Vaskular në Opati, Kroaci – Organizuar nga Adriatic Vascular Ultrasound Society.
- Në vitin 2006 ndoqi kursin: Advanced Clinical Echocardiography with Live Demonstration në Sofie, Bullgari. Organizuar në përkujdesje të European Association of Echocardiography.
- Në vitin 2007 ndoqi kursin nga Ultrazëri Vaskular në Tiranë, Shqipëri.
- Në Nëntor të 2007 Kreu kursin e ultrazërit vaskular në Prizren.

Certifikata për veprimtari profesionale e shkencore
- Certifikatë për ligjërim të suksesshëm në Simpoziumin “Arterijska Hipertenzija” 22-24 Septembar 1988. Zrenjanin, Jugoslavija.
- Certifikatë për ligjërim të suksesshëm në Simpoziumin e Parë Shkencor Ndërkombëtar "Ultrasonografia Diagnostike në Mjekësi - Prizreni 2002" (14-15 qershor 2002)
- Certifikatë për ligjërim të suksesshëm në Simpoziumin e Dytë Shkencor Ndërkombëtar "Ultrasonografia Diagnostike në Mjekësi - Prizreni 2003" (13-14 qershor 2003)
- Certifikatë për ligjërim të suksesshëm në Konferencën e Parë Internacionale Emergjenca Mjekësore (Prezantimi më i mirë) Prishtinë, Kosovë (18- 20, Mar 2004)
- Certifikatë për ligjërim të suksesshëm në Simpoziumin e Tretë Shkencor Ndërkombëtar "Ultrasonografia Diagnostike në Mjekësi - Prizreni 2005" (9-10

qershor 2005)
- Certifikatë për ligjërim të suksesshëm në Simpoziumin e Katërt Shkencor Ndërkombëtar "Ultrasonografia Diagnostike në Mjekësi - Prizreni 2006 " (8-9 qershor 2006)
- Certifikatë për ligjërim të suksesshëm në Konferncën e 2-të të Shoqatës së Imazherisë Shqiptare. Tiranë 28.Tetor.2006
- Certifikatë për ligjërim të suksesshëm në PAK-KOSOVA International Ultrasound Confernce. Transthoracic Echocardiography during Chest Pain in the Emergency Department of Prizren Regional Hospital. Pakistan, Lahore 30 Mars – 1 Prill. 2007
- Certifikatë për ligjërim të suksesshëm në PAK-KOSOVA International Ultrasound Confernce. Feasibiity of Automated Segmental Analysis in patients with Myocardial Infarction. Pakistan, Lahore 30 Mars – 1 Prill. 2007
- Certifikatë për ligjërim të suksesshëm në Kongresin e Parë Shkencor Ndërkombëtar "Ultrasonografia Diagnostike në Mjekësi - Prizreni 2007 " (7-9 qershor 2007)
- Certifikatë për ligjërim të suksesshëm në "The 2nd International Conference of Perinatology". 29-31 May, 2008. Tiranë, Shqipëri.
- Certifikatë për ligjërim të suksesshëm në Konferencën e Parë për Diabet, Prizren 14 Nëntor 2008
- Certifikatë për ligjërim të suksesshëm në Workshop për Ekokardiografi i organizuar nga Shoqata e Kardiologëve të Kosovës dhe Kompania "ALOKA" Maj 2009.

Punime profesionale dhe shkencore

1. Abdushi S, Thaqi A, Iljazi A, Lila R.: Olivin u lijecenju arterijske hipertenzije u ambulantskim uslovima. Jugoslovenski simpozijum arterijska hipertenzija: Zbornik radova. 22-24 Septembar 1988. Zrenjanin, Jugoslavija
2. S. Abdushi, F. Kryeziu: Rëndësia e echokardiografisë me kontrast në detektimin e ASD. Simpoziumi i pare Profesionalo-Shkencor me pjesëmarrje Ndërkombëtare Ultrasonografia Diagnostike ne Mjekësi, 14-15 qershor 2002 Prizren, Kosovë.
3 S..Abdushi: Kardiomiopatia hipertrofike evaluim echocardiografik (Prezantim rasti). Simpoziumi i pare Profesionalo-Shkencor me pjesëmarrje Ndërkombëtare Ultrasonografia Diagnostike ne Mjekësi, 14-15 qershor 2002 Prizren, Kosovë.
4. S.Abdushi: Rëndësia e echocardiografisë në diagnozën e diseksionit të aortas. Simpoziumi i dyte Profesionalo-Shkencor me pjesëmarrje Ndërkombëtare Ultrasonografia Diagnostike ne Mjekësi, 13-14 qershor 2003 Prizren, Kosovë.
5. S.Abdushi, F. Kryeziu: Analiza automatike segmentare e motilitetit të miokardit në sëmundjen ikemike të Zemrës. Simpoziumi i dytë Profesionalo-Shkencor me pjesëmarrje Ndërkombëtare Ultrasonografia Diagnostike ne Mjekësi, 13-14 qershor 2003 Prizren, Kosovë.
6. S.Abdushi: A-SMA Vegël e fuqishme në evaluimin e sëmundjes koronare. Takim profesional mjekësor. Përmbledhje punimesh. 24-25, Tetor,2003. Tetovë, Maqedoni

7. Abdushi S, Shabollari Sh, Hajdari B, Kryeziu F: Chest pain as emergency problem. *The first Internatinal MeetingEmergency Medicine. 18-20 of March, 2004. Prishtinë, Kosova.*
8. S. Abdushi: Imazhi i Dopplerit Indor për diagnozon e iskemisë së miokardit. *Simpoziumi i tretë Profesionalo-Shkencor me pjesëmarrje Ndërkombëtare Ultrasonografia Diagnostike ne Mjekësi, 9-10 qershor 2005 Prizren, Kosovë*
9. Abdushi S: Diagnostik power of echocardiography in Emergency Department. *Ultraschall in der Medizin. European Journal of Ultrasound. Thieme P. 82, September, 2005. Geneva Switzerland.*
10. S. Abdushi, S. Sylejmani: Imazheria e Dopplerit Indor mund të diferencoi hipertrofinë fiziologjike nga ajo patologjike të ventrikulit të msajtë. *Simpoziumi i katërt Profesionalo-Shkencor me pjesëmarrje Ndërkombëtare Ultrasonografia Diagnostike ne Mjekësi, 08-09 qershor 2006 Prizren, Kosovë*
11. S.Abdushi, S. Sylejmani: Ekokardiografia fetale: Ku jemi ne? *Takim profesional mjekësor. Përmbledhje punimesh. 27, Tetor,2006. Tetovë, Maqedoni.*
12. Abdushi S: Transthoracic echocardiography during chest pain in the Emergency Department of Prizren Regional Hospital. *Pakistan-Kosova International Ultrasound Conference. Abstracts. 30, March to 01, April -2007.*
13. Abdushi S: Feasibility of Automated Segmental Motion Analysis in patients after myocardial infarction. *Pakistan-Kosova International Ultrasound Conference. Abstracts. 30, March to 01, April -2007.*
14. Abdushi S: ST-Segment elevation in ECG problem in Emergency Medicine. *The second Internatinal MeetingEmergency Medicine. 20-22 of October, 2006. Prishtinë, Kosova.*
15. S.Abdushi: Evaluimi ultrasonografik i stenozës së arterieve renalerenale. *Kongresi i pare ndërkpmbëtar i Shoqatës së Kosovës për Aplikimin e Ultratingullit në Mjekësi, 07-09 qershor 2007 Prizren, Kosovë*
16. S.Abdushi: E-Tracing në arteriet karotide komune si metodë skriningu për sëmundjen e arterieve koronare. *Kongresi i pare ndërkpmbëtar i Shoqatës së Kosovës për Aplikimin e Ultratingullit në Mjekësi, 07-09 qershor 2007 Prizren, Kosovë*
17. Abdushi S: Accuracy of A-SMA in assessment of regional wall motion abnormalities in patients with myocardial infarction. *European Journal of Echocardiography - Volume 8, Abstracts Suplement, S97, Lisbon, Portugal,December 2007.*
18. S. Abdushi, S. Sylejmani: Saktësia e A-SMA në përcaktimin e Arteries Koronare Përgjegjëse për Infarkt të Miokardit. *Kongresi i Parë i Shoqatës së Kardiologëve të Kosovës me pjesëmarrje ndërkombëtare. Libri i Abstrakteve. Prishtinë, 26-28 Shtator. 2008.*
19. S. Abdushi, A. Bytyqi, Sh. Kalanderi, R. Abazi, S. Hulaj: Manifestimet kardiake të goditjes nga rrufeja . *Kongresi i Parë I Shoqatës së Kardiologëve të Kosovës me pjesëmarrje ndërkombëtare. Libri i Abstrakteve. Prishtinë, 26-28 Shtator. 2008.*
20. S. Abdushi, S. Sylejmani: Ekokardiografia Fetale pjesë e ekzaminimit rutinor në obstetrikë. *Simpozium. Përmbledhje punimesh. 24 Tetor 2008. Kumanovë, Maqedoni*.

21. S. Abdushi: Aplikimi i Ekokardiografisë Transtorakale në evaluimin e dhimbjes së gjoksit. *Simpoziumi i VIII Ulqin-Shkodër. Përmbëledhje e abstrakteve. 26 Dhjetor 2008, Ulqin, Mali I Zi.*
22. S.Abdushi, Sh.Shabollari, R.Abazi, S.Hulaj: Rëndësia e ekokardiografisë në menaxhimin e embolisë pulmonare. *Simpoziumi i I i ekokardiografisë. Përmbledhje e abstrakteve. Prishtinë 5 Qershor 2009.*

Certifikata për pjesmarrje në kongrese evropiane

- ·Certifikatë për pjesëmarrje në Kongresin e XIV Evropian “Ultrasound in Medicine and Biology” EUROSON 2004. 5-8 June, 2004. Zagreb, Croatia.
- Certifikatë për pjesëmarrje në Kongresin e XIV Evropian “Ultrasound in Medicine and Biology” EUROSON 2005. 25-28 September 2005, Geneva, Switzerland.
- Certifikatë për pjesëmarrje në Kongresin e Shoqatës së Kardiologëve Evropian EUROECHO 2007. 5-8 December 2007, Lisbon, Portugal.

Certifikata për pjesëmarrje në kongrese dhe konferenca në Kosovë dhe vende të tjera

- Certifikatë për pjesëmarrje në Simpoziumin e parë “Ultrasonografia Diagnostike në Mjekësi”. 14-15 Qershor, 2003. Prizren, Kosovë.
- Certifikatë e pjesëmarrjes në Simpoziumin Ndërkombëtar “Sëmundja Iskemike e Zemrës”. 28-29 Shtator, 2002. Prishtinë, Kosovë.
- Certifikatë e pjesëmarrjes në Takimet e Mjekëve, Stomatologëve dhe Farmacistëve Shqiptar në R. e Maqedonisë me pjesëmarrje ndërkombëtare. 24-25 Tetor, 2003. Tetovë, Maqedoni.
- Certifikatë e pjesëmarrjes në Takimet e Mjekëve, Stomatologëve dhe Farmacistëve Shqiptar në R. e Maqedonisë me pjesëmarrje ndërkombëtare. 22-23 Tetor, 2004. Tetovë, Maqedoni.
- Certifikatë e pjesëmarrjes në “3rd vascular ultrasound annual meeting” of Adriatic Vascular Ultrasound Society. 9 April, 2005. Opatija, Croatia.
- Certifikatë e pjesëmarrjes në “Third Macedonian Congress of Caediology”. 21-24 June, 2006. Ohrid, Macedonia.
- Certifikatë e pjesëmarrjes në Simpoziumin e VII-të Ulqin-Shkodër. 23 Dhjetor, 2006. Ulqin, Mali I Zi.
- Certifikatë e pjesëmarrjes në “International Conference on Ultrasound”. 30 March – 1 April, 2007. Lahore, Pakistan.
- Certifikatë e pjesëmarrjes në Kongresin e Parë Ndërkombëtar “KOSOVASON “. 07-09 Qershor, 2007. Prizren, Kosovë.
- Certifikatë e pjesëmarrjes në Simpoziumin e VIII-të Ulqin-Shkodër. 26 Dhjetor, 2008. Ulqin, Mali I Zi.
- Certifikatë e pjesëmarrjes në “Kongresi i Parë i Shoqatës së Kardiologëve të Kosovës” me pjesëmarrje ndërkombëtare. 26-28 Shtator, 2008. Prishtinë, Kosovë.
- Certifikatë e pjesëmarrjes në “Simpoziumin e Parë për Ekokardiografi” Shoqata e Kardiologëve të Kosovës” me pjesëmarrje ndërkombëtare. 5 Qershr, 2009. Prishtinë, Kosovë.

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Education

1974	Medical High School Prishtina, Kosova
1982	University of Prishtina, Medical Faculty Prishtina, Kosova, Medical Doctor
1992	ECFMG Certification 0-402-412-1

Postgraduade training and experience

1982 - 1983	Rotating Internship, University of Prishtina, Prishtina, Kosova
1983 - 1985	Resident, Department of Orthopedic and General Surgery University of Prishtina, Prishtina, Kosova
1993 - 1994	Internship, Department of General Surgery, Cleveland Clinic Foundation, Cleveland, OH
1994 - 1996	Resident, Department of Surgery Yale University School of Medicine, New Haven, CT\
1996 - 1997	Surgical Critical Care Fellow New York Medical College, Lincoln Medical and Mental Health Center, Bronx, NY
1997 - 1998	Senior Resident, Department of Surgery, Yale University School of Medicine, New Haven, CT
1998 - 1999	Chief Resident in General Surgery, Department of Surgery, Yale University School of Medicine, New Haven, CT.

Research experience

1987 - 1988	Research Fellow- General Surgery and Surgical Nutrition Department of Surgery/Hermann Hospital University of Texas School of Medicine, Houston, TX
1988 - 1990	Research Fellow- General Surgery and Surgical Nutrition

Pennsylvania Hospital, Philadelphia, PA
1990 - 1993 Senior Research Associate, Surgery and Surgical Nutrition
Department of Surgery, Hermann Hospital
The University of Texas Medical School, Houston, TX.

Academic appointments and employer

1999- 2002 Assistant Professor of Surgery Medical College of Virginia, Virginia Commonwealth University Richmond, VA
Jan 2003 – July 2005 Associate Professor of Clinical Surgery
University of Arizona, Tucson, AZ
2003- Present Active Member,
University Physicians Healthcare
Tucson, Arizona
July 2005- Present Professor of Clinical Surgery
University of Arizona, Tucson, AZ.

Professional societes

1983 Kosova Medical Association
1992 American Federation for Clinical Research
1997 American Medical Association
1999 Society for Critical Care Medicine
2000 American Telemedicine Association
2000 International Society for Telemedicine
2000 Eastern Association for Surgery of Trauma
2001 Virginia Surgical Society
2002 American College of Surgeons- Fellow
2003 Arizona Chapter American College of Surgeons
2009 International Society of Surgery
2009 International Association for Trauma and Intensive Care

Editorial activities

2001-2003 Editor, New Surgery, Landes Bioscience, Austin Journal of Molecular Basis of Surgical Diseases and New Technology

2004-present Editorial Board, European Surgery, Vienna, Austria

2004-present Editorial Board, Ultrasonography in Medicine, Journal of the Kosova Association for Ultrasound Application in Medicine, Kosova

2007-present Ukrainian Journal of Telemedicine and Medical Telematics, Ukraine

Publications

Books (Textbooks)

1. **Latifi R** (ed.) Amino Acids in Critically Ill and Cancer Patients. R.G. Landes Publishing Company, CRC Press, l994.
2. **Latifi R,** Dudrick SJ (eds.) Surgical Nutrition: Strategies in Critically Ill. Springer-Verlag, R.G. Landes, 1995.
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8. **Latifi R,** (ed.) Current Principles and Practices of Telemedicine and e-Health. Publisher IOS, Amsterdam, February, 2008.

Chapters in textbooks

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2. Dudrick SJ, **Latifi R.** Total Parenteral Nutrition in the Treatment of Atherosclerosis. 259-271; In: Charles W. Van Way, III, (Ed.). Handbook of Surgical Nutrition. Philadelphia: JB Lippincott, 1992.
3. Mason GR, Kahrilas PJ, Otterson MF, Lang IM, Telford GL, Telford SW, Sarna KS, Cowles VE, Koch TR, Debas HT, Gittes G, Jaffe M, Dudrick SJ, **Latifi R**, Castro GA. The Digestive System, 340 - 375. In: O'Leary JP (eds.), The Physiologic Basis of Surgery. Baltimore: Williams & Wilkins, 1993.
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5. Dudrick SJ, **Latifi R**. Surgery and Nutrition in the Elderly, 105-113. In: O'Donnell P, (ed). Geriatric Urology. St. Louis: Mosby, 1993.
6. Dudrick SJ, **Latifi R.** Nutritional Support: General principles, Indications, and Techniques, In: Quigley EMM, Sorrell MF (eds.) The Gastrointestinal Surgical Patient:
Preoperative and Postoperative Care. Baltimore: William & Wilkins, 1994.

7. **Latifi R.** Monologue, 4-6; In: **Latifi R.** (ed) Amino Acids in Critical Care and Cancer. Austin: R.G. Landes Publishing Company, 1994.
8. **Latifi R.** Introduction to amino acids biochemistry, 1-8. In: **Latifi R.** (ed) Amino Acids in Critical Care and Cancer. Austin: R.G. Landes Publishing Company, 1994.
9. **Latifi R,** Dudrick SJ. Hepatic encephalopathy: nutrition and metabolic implications of amino acids, 125-136. In: **Latifi R.** (ed) Amino Acids in Critical Care and Cancer. Austin: R.G. Landes Publishing Company, 1994.
10. **Latifi R,** Dudrick SJ. Nutrition in Surgical Patients, 165-182. In: Kirby DF, Dudrick SJ (eds.) Practical Handbook in Clinical Practice. CRC Press, 1994.
11. Dudrick SJ, **Latifi R.** Total Parenteral Nutrition, 135-164. In: Kirby DF, Dudrick SJ (eds.) Practical Handbook in Clinical Practice. CRC Press, 1994.
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15. Horowitz DR, **Latifi R.** Radiological Assessment of Nutritional and Metabolic Status, 33-43. In: **Latifi R**, Dudrick SJ (eds.) Current Surgical Nutrition: R.G. Landes and Chapman & Hall, 1996.
16. **Latifi R**, Dudrick SJ. Total Parenteral Nutrition: Current Concepts and Indications, 45-56. In: **Latifi R**, Dudrick SJ (eds.) Current Surgical Nutrition: R.G. Landes and Chapman & Hall, 1996.
17. **Latifi R**, Dudrick SJ. Nutrition Support of Acute Pancreatitis, 229-242. In: **Latifi R**, Dudrick SJ (eds.) Current Surgical Nutrition: R.G. Landes and Chapman & Hall, 1996.
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19. Anain PM, Matarese LE, **Latifi R**, Steiger E. Home Parenteral Nutrition in Patients with Gastrointestinal Tract Failure, 297- 308. In: **Latifi R**, Dudrick SJ (eds.) Current Surgical Nutrition: R.G. Landes and Chapman & Hall, 1996.
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SW,Sarna KS, Cowles VE, Koch TR, Debas HT, Gittes G, Jaffe M, Dudrick SJ, **Latifi R**, Castro GA. The Digestive System, 406-440. In: O'Leary JP (ed.) The Physiologic Basis of Surgery, Second edition. Baltimore: Williams & Wilkins, 1996.

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49. **Latifi R** and GA Burns. Nucleic Acids and Nucleotides, 173-177. In: Nutritional Support, Nutrition Secrets 2nd Edition, by Hanley & Belfus, Inc., 2004.

Work in progress

1. **Latifi R**. Conversation with Gretel Ehrlich on the Geography of Death and the Anatomy of Living, 2006.

Media

Latifi R. Nutrition support of trauma and critically ill patients. Web-based lecture, WWW.MEDITAC.com, November 1999.

Latifi R. Telemedicine in Kosova: Where do our responsibilities and priorities to our European citizens' lie? WWW.EHTEL.ORG, December 21, 2000.

Latifi R. The anatomy of war and destruction in Kosova: An alumni surgeon's view on restructuring health care. European Health Telematics Observatory web site (www.ehto.org), June 2000.

Latifi R. ABC's of Trauma and resuscitation. Web-based lecture for International Audience at MITAC/VCU at WWW.MEDITAC.com, 2001.

Latifi R. Pre- and Post-operative Care. Web-based lecture WWW.MEDITAC.com, February 7, 2002.

Latifi R. The ABC's of Trauma Management. Web-based lecture WWW.MEDITAC.com, February 11, 2002.

Latifi R Teletrauma**.** Webcast: "Telemedicine and EMSC - Current Applications," Presented by the Emergency Medical Services for Children (EMSC) Program, Sponsored by the Maternal and Child Health Bureau (MCHB) **http://www.mchcom.com.** December 5, 2006.

Media coverage

"Cutting the Cord;" Medical Imaging Magazine, February 2006 **http://www.medicalimagingmag.com/issues/articles/2006-02_02.asp**

"Medicine from a Distance: Tucson's new telemedicine system provides physicians with a view from the field;" Emergency Medical Services, Volume 35,

Number 2, February 2006
h**ttp://www.emsresponder.com/features/article.jsp?siteSection=7&id=2897**

"ER-LINK Expedites Medical Response," Mobile Government, a supplement to Government Technology, March 2006
http://www.govtech.net/magazine/sup_story.php?id=98641&magid=17&issue=3:2006

GRANTS
International

Improving Health Care in the Balkans Using Telemedicine, Advanced Technologies and Cultural Exchange Program as a Platform. Bureau of Education and Cultural Exchange, Department of State, Washington, DC $850,000. Principal Investigator, 20%. Awarded 2006.

Establishing Telemedicine Program of Kosova and International Virtual e-Hospital Network. European Agency for Reconstruction, Brussels, 1,200.00 Euros. Principal Investigator, 2002, 30%.

Second Intensive Balkan Telemedicine and e-health Seminar, October 23-25, Tirana, Albania- USAID/Albania $40,000- Principal Investigator and Chairman Conference.

Establishing an Integrated Telemedicine and e-health System in Albania- Technical Assessment of Hospitals of Albania- USAID/Albania $40,000- Principal Investigator.

Third Balkan Intensive Telemedicine and e-Health Seminar, February 6-7, 2009, Skopje, Macedonia- TATRC - $ 30,000 – Co-Investigator and Chairman of the Conference.

Current international telemedicine projects

Establishing Telemedicine during the Amazon Swim Expedition from Atalaya in Peru to Belèm in Brazil.

Establishing the International Virtual e-Hospital in the Balkans and other Developing Countries (Principal Investigator)

Outreach project

Establishing Telemedicine and Telepresence in Trauma in Rural Arizona-Douglas Pilot Project, Principal Investigator: Latifi R

Other publications/editorial activities

Latifi R. "Vdekja ne Pasqyre" ("Death in the Mirror"), a poetry book published by Rozafa Publishing Company, Prishtina, Kosova (Albanian language), April, 2003.

Columnist: Weekly Medical Column, Illyria, Albanian-American

Newspaper, Bronx, New York, 1996-1998.

Editor in Chief: Postgraduate General Surgery, R.G. Landes Publishing Company, Georgetown, Texas, 1991-1995.

Executive Editor of Surgical Journals: G. Landes Publishing Company Georgetown, Berlin, 1991-1992.

Columnist-Medical Editor: Voice of America, Weekly International Radio Show, 1990-1995.

Columnist-Medical Editor: Rilindja Daily News, Prishtina, Kosova, 1983-1985.

Medical Editor: New World News, (BOTA E RE News), Prishtina, Kosova, 1980-1982.

Editor-in-Chief:

National Medical & Dentistry Students, Journal of Yugoslavia, Prishtina,Kosova, 1980-1981.

Associate Editor and Medical Editor: Youth Voice Magazine (Zeri I Rinise), Prishtina, Kosova, 1977-1983.

Past non-academic appointments

1977 - 1980	President of Students Organization Medical and Dentistry Faculties University of Prishtina Prishtina, Kosova
1978 - 1980	President of International Exchange Program for Medical and Dentistry Students University of Prishtina, Prishtina, Kosova
1980 - 1981	President of Students Organization University of Prishtina, Prishtina, Kosova

EMIL H ANNABI, MD
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Postgraduate training:

July 1, 2007 – June 30, 2008	Albert Einstein College of Medicine Beth Israel Hospital Pain Medicine Fellowship
July 1, 2005 – June 30, 2007	University of Arizona Tucson, Arizona Anesthesiology Resident PGY3-PGY4
July 1, 2004 – June 20, 2005	Texas Tech University El Paso, Texas Anesthesiology PGY2
July 1, 2003 – June 30, 2004	Mount Sinai School of Medicine New York, New York Internal Medicine PGY1

Medical education:

July 1, 2002 – June 30, 2003	New York Medical College Valhalla, New York Certificate of Fifth Pathway Completion
January 1, 1998 – June 30, 2002	Universidad Autonoma de Guadalajara, Jalisco, Mexico Medico Cirujano M.D. degree

Undergraduate education:

August 1, 1998 – December 31, 1998	University of Texas at El Paso El Paso, Texas, Biology
August 1, 1993 – May 31, 1997	Temple University Philadelphia, Pennsylvania Biology
August 1, 1992 – May 31, 1993	Bucks County Community College Newtown, Pennsylvania Biology

Employment:

November 3, 2008 -	Clinical Instructor, Pharmacy Practice University of Arizona Tucson, Arizona

August 1, 2008 - Assistant Professor, Clinical Anesthesiology
University of Arizona
Tucson, Arizona
University Physicians Healthcare
August 1, 2008 - Tucson, Arizona
June 1996 ACS - President

ACS is a communications consultant firm in which I started. The firm's focus is to consult small to medium sized businesses on their communication services utilizing specialized tariffs with the FCC that my firm created. It is currently operating.

Volunteer:
December 2000 – January 2001 Southwest Anesthesia Consultants Anesthesia Extern

My experiences included pre-operative history and physical training, peri-operative observation, and post-operative note taking.
July 2000 – August 2000 Las Palmas Medical Center Surgical Service Extern

My experiences included observation of a general surgeon in the operating room, note taking, and surgical rounds.

Publications:

Annabi EH, Barker SJ: Severe Methemoglobinemia Detected by Pulse Oximetry. Anesth Analg 2008; in press.

Hemoglobin based oxygen carriers: Past, Present, and Future. (Manuscript in progress)

Research:

Evaluation of a New Combined SpO2/PtcCO2 Ear Sensor (TOSCA) in Cardiac Surgical Patients

Evaluation of a New Combined SpO2/PtcCO2 Ear Sensor (TOSCA) for Ventilator Weaning in the Postoperative Management of the Cardiac ICU Patient

A Comparison of Transcutaneous PCO2 Levels, Sedation Levels, and Pain Scores in Post-Surgical Opioid Naïve and Opioid Tolerant Patients in the Post Anesthesia Care Unit

To Evaluate Differences in Tourniquet Placement for Bier Block in Carpal Tunnel Surgery

Other languages:

Spanish, spoken and written

Presentations

Epidemiology of cancer and non cancer chronic pain in Europe

Prof Gunnvald Kvarstein
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Chronic non cancer pain is a common problem and affects social as well as working ability. A recent European survey shows a mean prevalence rate of 19% (Breivik et al 2006). The rates varied largely between the counties, from 15% to 30%.

Musculoskeletal pain is the most frequent; lifetime prevalence of spinal pain for instance varies from 54 to 80%. Neuropatic pain is much less frequent (3%), although the risk is higher in patients with diabetes mellitus (7%). The neuropathic pain is on the other hand more difficult to treat, 25 -50% of the visits in pain clinics are thus related to these conditions.

In the European survey by Breivik et al (2006) the respondents reported pain intensity to be 5 or higher on a 10-point numeric rating scale. In a smaller randomly selected sample two-thirds used either non-medication treatment or prescribed medicines, but 40 % experienced their treatment as inadequate. Only a small proportion (2%) was currently treated by a pain management specialist.

Treatment of cancer pain is also reported suboptimal. In a large survey (Breivik et al 2009) more than half (56%) reported moderate-to-severe pain at least monthly and 69% pain-related difficulties with everyday activities. In a smaller, randomly selected sample 77% received prescribed analgesics, of these 41% used strong opioids. Breakthrough pain was common. The attacks are characterized by abrupt, short-lived, and can be divided into incident, idiopathic, and end-of-dose failure.

Acceptance of cancer pain has interestingly been related to a better psychological wellbeing. Psychologically based cognitive behaviour therapy should therefore be considered as a part of the pain treatment for cancer as well as non-cancer patients.

Many health care providers do not seem to prior symptom treatment. Greater knowledge and awareness of pain are needed to improve the treatment and enhance the quality of life for these patients.

Contacts, see page 6

Chronic Pain Management

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Pain is a complex condition and is one of the most common reasons people seek medical help. Chronic pain is common in the US and throughout the world, with its prevalence ranging from 2% to 40% in developing countries. Frequently under treated, chronic pain leads to suffering, lost productivity at work and excessive healthcare costs. Chronic pain affects one's functional status, quality of life and general well-being. Eighty percent of all patients experience pain, but it is estimated that only 40 to 50% are given analgesics or other treatment. Most clinicians lack understanding or have inadequate training in pain management, which results in suboptimal pain control.

Pain is whatever the patient says it is. Factors affecting a patient's perception of pain include psycho-social issues, chemical dependency, fear of losing their job, fear of death or language and cultural barriers. Many patients are reluctant to report pain out of fear of becoming addicted to pain medication or that their clinician will not believe they are having pain.

The World Health Organization has developed pain treatment guidelines that addresses how mild, moderate and severe pain is best managed. This involves the use of non-opioid, opioid and non-pharmacologic therapies in treating chronic pain. Morphine is the gold standard of pain management. Non-pharmacologic interventions, such as physical therapy, heat and cold, exercise, acupuncture and massage, are also used in conjunction with medications to help relieve chronic pain. Medications alone rarely control chronic pain. The main goals of pain management attempt to prevent pain and minimize the side effects of the therapies used to relieve the pain. Effective pain management requires a comprehensive approach which involves finding one drug that best manages the pain with minimal side effects. Depending on a clinician's level of expertise, consulting a pain specialist may be necessary to help manage these complex conditions.

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2. Belgrade, MJ, ed. Assessment and Management of Chronic Pain. Minnesota Board of Medical Practice. http://www.state.mn.us/portal/mn/jsp
3. Beydoun A. Symptomatic Treatment of Neuropathic Pain: A focus on the Role of Anticonvulsants. 2002. www.medscape.com/viewporgram/220_pnt. Accessed March 19, 2009.
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Contacts

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The managment of post-operative pain in children

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Over the past two decades, pain assessment and management in children has greatly improved due in part to the development of age-specific pain assessment tools and a better understanding of the role of analgesics in this population.
The incidence of postoperative pain in the pediatric population, although difficult to evaluate objectively, is probably similar to that in the adult population. It is reasonable, therefore, to assume that about 75 % of children will report significant pain on the first postoperative day. Postopeartive pain is often inadequately managed because children may be unable to clearly express their complaints and because of exaggerated concerns by health care workers about narcotic addiction and respiratory depression. As mentioned, long-acting local nerve blocks can be given during general anesthesia to limit postoperative pain for hours, and epidural catheters may be left in place for several days. Narcotics should be administered intravenously rather than intramuscularly because of the pain and unpredictable pharmacokinetics of intramuscular injection. Because apnea is a concern in children younger than 6 months of age, narcotics should be given only in a carefully monitored setting. For children older than 5 years, patient-controlled analgesia, in which the patient triggers the infusion of intravenous medication within preset limits, provides superior pain relief with less total narcotic than with traditional pain control methods. Nonsteroidal anti-inflamatory drugs can be used to reduce narcotic dosages and side effects postoperatively. Inappropriate management of postoperative pain in children can result in changes that could have a lasting negative impact. Goals of therapy should include providing complete pain relief while minimizing adverse physiologic and psychological effects. Anesthesiologist and pediatric intensives can play a crucial role in implementation, initiation, and monitoring of appropriate analgesic therapies and should participate in age-appropriate preprocedural teaching and postoperative counseling. Future directions for pediatric postoperative pain management include the need for further studies on adjuvant nonopioid pain control as well as continued validation of pediatric postoperative pain measurement scales. Pain management is individualized, pain relief is assessed regularly, and regimens are modified as needed to optimize analgesia, minimize side effects and facilitate recovery.

Evaluation of pain in strabismus, and cataract surgery with phacoemulsiphication with IOL pre and post operative

O.Kubati, N.Salihu, M.Kubati-Ajeti, B.Zhuri

Purpose: Eye is a privileged mediator between environment and human. Because of this eye is protected and posses more developed sensitive innervations. Sensitive endings of anterior stroma and cornal epithelium are very thick-one fiber cover 1.5 basal epithelia cells. Thickness is 300-600 time more than in skin and 40-6- time more than dental pulp. Purpose of abstract is to evaluate degree of pain pre and postoperatively in strabismus and cataract surgery.

Material and methods: We have analyzed 30 operated cases during 2009 with topical and retro bulbar anesthesia. Nine of them have been between 18-31 year old, 6 men, and 3 women. Operated in one muscle 1, in two muscle 7, an in three muscle 1.Patients with fear emotions have had almost no pain comparing to others were the pain was tolerable. Pain was more expressed during the preparation of the m.rec.internus, after the predicted time for anesthesia have passed, with nociceptiv nature. In some cases pain relief drugs of first level have been used(paracetamol,aspirin, especially NSAID-brufen).
On second day pain was tolerable with no need to use analgesics.
Under general anesthesia we have had 21 cases. Age between 5-12, Female 13, male 8.
Operation in one muscle 2 cases.
Operation in two muscles 11 cases.
In three muscles 7.
Postoperatively on first day pain was expressed much more in patients were three muscles have been operated, especially during the eye movements and lid closure. In patients with one and two muscle operated pain was more tolerable. The nature of the pain was nociceptiv one and lightly expressed than in cases with topical-retro bulbar anesthesia. In some patients we analgesics of first level have been used(paracetamol, aspirin, NSAID-brufen oral suspension).Patient control was done on day one postoperatively, after 7 days, and two months after.There was no chronic pain at all.

According to: Taylor,Wat,Rosental cataracta senilis is present in 37% of population between age group 55-64, 72% between 65-74 and 94.2% between 75-84 age group.
We have analyzed pain before and after cataract surgery in 30 patients, operated with phacoemulsiphication under topical anesthesia(tetracain and cystocain inAC) with IOL implantation. In one case there was light pain

during corneal incision, three cases during implantation of artificial lens with forceps, one case during implantation of artificial lens with injector and two cases after application of intracameral myotics-myovisine. There was no need at all for parenteral use of analgesics.
Postoperatively all patients are treated with topical steroids and antibiotics. For eventual postoperative pain we have ordinate ibuprofeno (arginina) granules 400-60 m."Cinfa"-Spain. Postoperative pain was very rare and not longer than one day.
Conclusion: Pre operative and postoperative pain in strabismus and cataract surgery is very rare and not longer than one day. There was no chronic pain.

Key words: Pain, strabismus surgery, cataract surgery

Dr. Apostol Vaso

Mendoj qe implementimi I dhimbjes ne vendet e Evropes Lindore ka disa vecori, te cilat ne qofte se do te mire administrohen mund te ndihmojne te githe iniciativen tone per promovimin e Dhimbjes Kronike si nje problem me vete dhe futjen e saj ne sistemin shendetesor si nje specialitet.

Nga eksperienca e Shoqates Shqiptare te Dhimbjes ne kemi vene re se njohja e mire e situates, e struktures se sistemit shendetesor, e psikologjise qe e udheheq kete sistem dhe stadit ne tendencat per kalimin nga sistemi socialist ne ate kapitalist jane shume te rendesishme ne ngritjen e strategjise se implementimit te trajtimit te dhimbjes ne shkolle dhe ne praktiken e perditshme klinike.

Shoqata Shqiptare e Dhimbjes u themelua ne vitin 2000 dhe qe prej asaj kohe mund te them me plot gojen qe eshte i vetmi organizem profesional mjekesor qe ka arritur te ushtroje nje aktivitet shume te rendesishem ne jeten e vaket mjekesore te Shqiperise, Kosoves dhe Maqedonise.

Pervec punes shume pasionante dhe te dedikuar te anetareve te Shoqates, nje rol te madh ne kete sukses kane luajtur edhe faktoret e meposhtem, te cilet intuitivisht shihen si faktore jo te favorshem.

· Ende ne vendin tone nuk ka shoqata te mirefillta profesionale mjekesore.Nuk ka nje kuptim te qarte mbi rolin e shoqatave mjekesore si pjese shume e rendesishme e levizjes progresive mjekesore.

· Nuk kuptohet thelbi i pjesemarrjes ne nje shoqate mjekesore (shpesh here kuptohet sikur te pranosh dike ne shoqate eshte nje privilegj qe ne i'u japim dhe jo si nje e drejte per te konverguar interesat dhe synimet e tyre) dhe keshtu mund te rekrutosh me lehtesi.

· Nuk ka nje eksperience te aktivitetit te shoqatave mjekesore ne vendin tone edhe keshtu ka nje hapesire shume te madhe bosh ku aktivitetet nga ndonje shoqate ndiqen me shume interes, sepse i sigurojne auditorit dicka qe mungon.

· Ka nje mungese te theksuar informacioni dhe literature ne te gjitha aspektet e jetes mjekesore, prandaj duhet nderthurur informacioni i dhimbjes me informacione te tjera, qe te behet me atraktiv dhe te jesh me prane kerkesave te auditorit.

· Nuk ka eksperience ne shfrytezimin e informacionit qe eshte ne dispozicion, prandaj duhen organizuar edhe projekte trajnimi.

Perfaqesite e firmave farmaceutike, jane te reja jo shume aktive dhe punonjesit e tyre nuk kane eksperience dhe nuk e njohin mire punen e tyre. Kjo sjell veshtiresi te medha ne organizimin e aktiviteteve te ndryshme nga shoqata mjekesore.

· Ka institucione shume te dobeta, te cilat kane punonjes te pastabilizuar dhe te paprofilizuar, keshtu qe per ne hapesira eshte favorizuese per te theksuar me teper propaganden e nderthurur te dhimbjes me informacione te tjera.

· Mungesa e shoqatave mjekesore aktive dhe me besim ne rolin e tyre hap nje terren shume te favorshem per levizje efektive, qe do te thote me teper vemendje per veprimtarine dhe problemet mbi dhimbjen.

· Shoqata Shqiptare e Dhimbjes duke i dhene shprese dhe motiv mjekeve te rinj realizon, ne mungese totale te fondeve, nje aktivitet te tille i cili tani e ka rradhitur ate si nje nga faktoret me te rendesishem ne jeten mjekesore te vendit.

Te gjitha keto arritje mendoj se kane ardhur si rezultat i njohjes se mire te faktoreve te mesiperm dhe kontorimi i te gjitha perpjekjeve tona si nje alternative e re ne organizimin e grupit dhe ne menyren se si i kemi kerkuar dhe realizuar objektivat tona. Kembengulja, besimi dhe objektivat e qarta jane ne fakt celsi i suksesit, jane ne fund te fundit alternativa e re, e cila aktualisht nuk ka terren te pershtatshem ne vendin tone. Por nga ana tjeter une mendoj se nese ne shfrytetzojme kerkesat e komunitetit mjekesor te vendeve tona duke ofruar informacion dhe aktivitete cilesore, ky terren i papershtatshem deri me tash do te kthehet ne nje hapesire te gjere veprimi.

Te gjithe keta faktore dhe shume te tjere qe kane te bejne me jeten e perditshme sociale dhe mjekesore te vendit tim bejne qe ne te shpresojme qe Shoqata Shqiptare e Dhimbjes te jete nje faktor shume i rendesishem ne implementimin e dhimbjes ne sistemin shendetesor, por edhe me gjere, te marre pjese ne ndertimin e sistemit te ri shendetesor per arsyen se ne vendin tone ende eshte nje situate hamendjesh dhe debatesh per ndryshimin e sistemit shendetesor.

· Sepse sherbimi shendetesor eshte i papershtatshem per situaten sociale ekonomike aktuale net e cilen ndodhet vendi yne.

· Sepse mentaliteti dhe psikologjia e personelit mjekesor dhe opinionit nuk kane ende njohurine dhe informacionin e mjaftueshem per kete ndryshim.

· Nuk eshte utilizuar ende filozofia mjekesore perendimore, ne aspektin e organizimit dhe levizjeve te tjera jashte klinikes.

· Ekziston nje hendek ndermjet brezave te edukuesve shendetesore te vjeter dhe te rinj, nuk ka brez te mesem, i cili te percjelle psikologjine ndermjetese. Brezi i vjeter dhe i mesem duke mos qene aktiv ne vendimmarrje ose ne politiken shendetesore te vendit lene nje hapesire veprimi per brezin e ri, i cili nuk eshte gati per shkak te mungeses se eksperiences, motivit dhe anes financiare. Te githa keto bejne qe ne duke u orientuar me situaten te ndertojme nje plan ambicioz afatshkurter, afatmesem, duke u bazuar ne programin e EFIC, mbi promovimin e dhimbjes si nje problem me vete.

1. Organizimi serioz i konferencave te pervitshme mbi dhimbjen tashme te orientuara per mjeket e pergjithshem, te familjes dhe personelin shendetesor ne mbare vendin.
2. Organizimi i refresherkorse per mjeket e specialiteteve te ndryshme duke aktivizuar pedagoget e fakultetit.
3. Promovimi i revistes “Dhimbja” dhe trajtimit te dhimbjes ne te gjitha spitalet dhe qendrat shendetesore te vendit.

Keto aktivitete duhet te kthehen ne Tradite pasi per mendimin tone ndertimi i tradites eshte nje pjese shume rendesishme e alternatives se re dhe na ben ne shume serioz dhe te besueshem te donatoret dhe nga ana tjeter i ofrojme komunitetit mjekesor nje element te rendesishem te jetes se tij profesional dhe sigurojme per veten tone nje kontakt te rregullt.

4. Bashkepunimi i ngushte me donatoret vendas dhe te huaj.
5. Propozime te ndryshme per Institutin e Kujdesit Shendetesor mbi leverdine ekonomike te perdorimit te skemave per analgjezine dhe organizimi i kurseve me mjeket e ketij institucioni.
6. Bashkepunimi me firmat farmaceutike qe disponojne analgjeziket dhe sidomos narkotiket.
7. Bashkepunimi me fondacionet dhe shoqatat qe merren me trajtimin e kancerit.
8. Organizimi i pervitshem i Javes Europiane kunder Dhimbjes
9. Botimi i revistes se permuajshme”Dhimbja”, eshte nje pike shume e rendesishme ku ne duhet te mbeshtetemi.

· Sepse ajo eshte i vetmi periodik mjekesor qe del ne vend dhe botimi i saj i ka bere jehone shume te rendesishme te perpjekjeve tona per te implementuer Dhimbjen ne sistemin shendetesor dhe i ka bere te njohur opinionit mjekesor kendveshtrimin e IASP dhe EFIC mbi Dhimbjen dhe sherbimin e dhimbjes.

· Ky periodik eshte menduar te perfshije te gjithe problematiken mjekesore dhe organizative ne Shqiperi.

· Duke qene nje periodik i permuajshem, rrit shume impenjimin tone por nga ana tjeter na ben ne si shoqate te jemi organizmi me aktiv ne jeten mjekesore te vendit dhe keshtu te rrisim autoritetin tone dhe te sugjerojme kendveshtrimin tone me me teper insistim dhe prestigj.

Duke qene se sistemi yne shendetesor eshte ne periudhen e ndryshimeve dhe per arsyet qe permenda me lart ne mund te propozojme me lehte dhe mund te behemi shembulli i implementimit perfekt te sherbimit te dhembjes ne sistemin shendetesor ne Evropen Lindore. Duke u nisur nga faktoret e mesiperm i propozoj Bordit Ekzekutiv te EFIC te mbeshtese Soqaten Shqiptare te Dhimbjes si me poshte: organizimin e Konferences anuale ose bianuale Rajonale mbi Dhimbjen ne Shqiperi; organizimin shume afer te workshopeve mbi dhimbjen; ndihme per redaksine dhe per fuqizimin e revistes “Dhimbja”; ngritjen e qendres ne ndihme te politikave kombetare per kontrollin e narkotikeve.

Menaxhmimi i Dhembjes Akute Post Operative në Kosovë

Q. Morina; Z. Bukoshi; F. Sada; U. Ismajli; S. Rreshitaj; D. Muhadri; H. Kingji

Hyrje: Trajtimi i dhembjes duhet të jetë një objektiv themelor i çdo shërbimi shëndetësor. Qasjet e teknologjisë së lartë në menaxhimin e dhembjes nuk janë të realizueshme në vendet në zhvillim. Kosova bënë pjesë në vendet me kontekst të kujdesit shëndetsor jo adekuat financiar, me infrastrukturë të dobët, varfëria e pacientëve dhe mundësit e ulëta të edukimit në menaxhimin e dhembjes për të gjithë punonjësit të kujdesit shëndetësor.

Objektivat: Për të vlerësuar praktikat aktuale të menaxhimit të DHAPOP në klinkat kirurgjikale në Kosovë.

Materialet dhe Metodat: Një hulumtim kombëtar u zhvillua në Qendrën Klinike Universitare në Prishtinë dhe pesë spitale rajonale. Një pyetësor anonim me tetë pyetje është shpërndarë dhe mbledhur në 6 qendrat dhe është kompletuar nga anesthesiologët dhe kirurgët në klinikat kirurgjikale.

Rezultatet dhe Diskutimet: Nga të gjithe n-232 të anketuarve, 67% ishin nga QKUK - Prishtinë dhe 33% nga Spitalet regjionale. Lidhur me pyetjën për informimin e pacientëve, 74% e të anketuarve pranojn se pacientet tone nuk janë të informuar. Menaxhimi i trajtimit të DHAPOP në klinikat tona është nën kërkesën minimale të pranueshme, në bazë të rregullt 22%, në ankesë të pacientit në dhembje 63,7%. GAP-I analgjezikë është evident ngase pacientët presin për administrim të anlagjetikut. Për 78% të anketuarve nuk ka fare protokolle të shkruara për menaxhimin e DHAPOP. Në linjën e parë të analgjetikëve të përdorur gjatë 24h të para pas operacionit është 74,14% analgjetiku IV jo opioid. Edhe pse frekuenca e vlerësimit të dhembjës në klinkat kirurgjikale është 72% vetëm kur pacientët ankohen, përdorimi i shkallës analoge vizuele (Vas) ose metodat e tjera për vlerësim të intensitetit të dhembjes dhe dokumentimin e saj janë shumë të rralla në praktik. Për fat të keq asnjë nga spitalet tona në Kosovë nuk kanë shërbime për menaxhimin e dhembjes.

Përfundim: Ka shumë nevojë për fillimin dhe përmirësimin e menaxhimit të DHAPOP në Kosovë, për të përmbushur kërkesat minimale të pranueshme. Gjithashtu ekziston nevoja për krijimin e shërbimeve për menaxhimin e dhembjes. Natyrisht për tu realizuar e tërë kjo, ka nevojë për mbështetje ndërkombëtare në ngritjen e programeve të përgjithshme të menaxhimit të dhembjes në vendet e varfëra të botës në zhvillim

Referencat: Van Aken H. Buerkle H. dhimbje akute shërbimeve: kalimit nga mesjeta në shekullin e 21-të. Eur J Anaesthesiol 1998, 15:253-254

Efektet analgjezike të klonidinës në kateterin epidural.

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Hyrje: Përdorimi i klonidinës në kateterin epidural si një shtesë e anestezisë gjenerale ka qenë subjekt i studimeve të kryera nga De Kock (1999) e Murga (1994) e dokumentonin reduktimin e dozave të anestetikëve të anestezisë gjenerale.

Qëllimi: Klonidina është një α2 adrenoreceptor dhe receptor agonist imidazolinik, e cila ka efekte analgjezike, sedative dhe efekte reduktuese në MAC-un anestetik. Përdorimi i klonidinës epidurale si një shtesë e anestezisë gjenerale është subjekti i këtij punimi.

Materiali dhe metoda: Ne studjuam 40 pacientë që ju nënshtruan kirurgjisë abdominale për patologji kolono-rectale në klinikën e parë të kirurgjisë në Q.S.U.T. ku u përdor anestezi gjenerale e kombinuar me anestezinë peridurale. Në 20 pacientë u përdor 300 mcg klonidinë në kateterin epidural , në monentin e fillimit të operacionit. Në 20 pacientët e tjerë u përdor vetëm solucion fiziologjik në kateterin epidural , në monentin e fillimit të operacionit. U kontrollua analgjezia dhe përdorimi i morfinikëve në të dy grupet gjatë 24 orëve të para.

Rezultati: Konsumimi i morfinës pas operacionit ishte shumë më i ulët në grupin e parë që merrte klonidinë në kateterin epidural. Konsumimi mesatar në 24 orët e para ishte gjysma e dozës së përdorur në grupin ku u përdor solucion fiziologjik në kateterin epidural. Shkalla numerike e dhimbjes dhe kërkesat për sufentanil gjatë interventit ishte shumë më e ulët në grupin ku u përdor 300 mcg klonidinë në kateterin epidural. Konkluzioni: Doza e ulët e klonidinës epidural e redukton në mënyrë sinjikative kërkesën për përdorimin e sufentanylit gjatë operacionit dhe përdorimit të morfinës në periudhën post operatore.

Menagjimi i dhimbjeve me akupunkturë: cefaletë -migrena

Dr. Xhelil Karavidaj

Hipoteza: Dhimbja është përcjellësja më besnike e njeriut, fat i tij sepse paralajmëron për prezencë të patologjisë evenetuale dhe fatkeqësi sepse është një ndjenjë shumë e pakëndshme e cila mund të bëhet pengesë e madhe për punë, për jetë të dinjitetshme, raporte shoqërore, etj. Edhe akupunktura pretendon të luftojë këtë ndjenjë të pakëndshme; bile ardhja e akupunkturës në Evropë (në Francë nga misionarët francezë dhe në Angli nga neurologë dhe kirurgë të njohur) lidhet mu me luftimin e dhimbjes.

Metodoligjia: Është aplikuar metoda retrospektive e analizës së të dhënave për mjekimin e të sëmurëve me akupunkturë në periudhën 1999-2008.

Fjalët kyqe: Dhimbje, migrenë, cefale, akupunkturë.

Rezultatet: Numri i përgjithshëm i pacientëve të trajtuar me akupunkturë gjatë viteve 1999-2008 ka qenë 802. Nga ky numër janë nxjerrë të mjekuarit vetëm me akupunkturë për cefale - migrenë, gjithsej 60, ose 7.3 %. Janë trajtuar me akupunkturë, relaksim, meditim, etj. Ky numër (60) është klasifikuar në katër nëngrupe (A,B,C,D) sipas rezultateve të arritura, ku A-ja kapërthen 6,6% (4 pacientë) pa përmirësime ose me keqësim, B-ja me 10% (6 pacientë) që kanë pasur përmirësim, C-ja me 53.3% (32 pacientë) të cilët nuk kanë pasur dhimbje deri 3 muaj, dhe D-ja me 30 % (18 pacientë) pa dhimbje mbi tre muaj.

Përfundim: Është metodë mjekuese e leverdisshme sepse nuk e ngarkon pacientin me kimikalje të ndryshme, etj, dhe për këtë nuk meriton të nënvlerësohet por as të mbivlerësohet, gjë që ndodh herë herë te ne dhe në botë nga mosnjohës të kësaj discipline mjekësore.

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Summary
Neurological post-therapy impairments (due to radiation and chemotherapy) are significant causes of pain in cancer pain syndrome. These impairments often present up to 20% of total cancer pain (1).
By far, the most common clinical appearance of post-therapy complications is sensory and motor symmetrical polyneuropathy as a result of impaired axonal neurotransmitters transport and degeneration or segmental demyelination of axons.
Neurological impairments can be classified by:

1. Duration (acute, chronic)
2. Location (peripheral, central or autonomous nervous system)
3. Etiology (due to chemotherapy, radiation, tumour infiltration, nerve compression or surgical treatment)

Just as there is no diagnostic golden standard for neuropathic pain in cancer pain syndrome, there is also no golden standard for treatment of this clinical problem.
During treatment of neuropathic pain joined with cancer pain syndrome, careful and gradual titration of adjuvant analgesics (anti-convulsant, tricyclic antidepressant, opoid and drugs for topical use) is mandatory. Dosage of drugs should be increased until obtaining satisfying level of pain relief, or until appearance of unacceptable side effects .
Key words: neuropathic pain, cancer pain syndrome
IntroductionAt the moment of diagnosis 50% of cancer patients suffered from pain, and in advanced stages of the disease this rate increases to 75% (3). Neurological post-therapy impairments (due to radiology and chemotherapy) are significant causes of pain in cancer painful syndrome. This pain presents even 20% of the total cancer pain.

Also, combined nocicepitive and neuropathic pain should not be overlooked. This pain appears due to a tumor infiltration of nervous structures or due to a surgical treatment (2). Besides peripheral painful neuropathies, asymmetrical focal or symmetrical distal poly-neuropathy, lesions in the central and autonomous nervous system are also possible.

Neurological impairments can be classified by:

1. Duration

- Acute – during therapy or shortly after therapy (reversible changes)
- Chronic – six months till 20 years after therapy (irreversible changes)

2. Location

- Peripheral nervous system
- Central nervous system
- Autonomous nervous system

3. Etiology:

- Due to chemotherapy
- Due to radiation
  - plexopathy
  - myelopathy
- Due to a secondary tumour infiltration or nerve compression
- Due to surgical procedure

By far, the most common clinical appearance of post-therapy complication is sensory and motor symmetrical polyneuropathy as a result of impaired axonal neurotransmitters transport and degeneration or segmental demyelination of axons. In accordance with these facts, appearance of symptoms like paresthesia, dysthesia, numbness and burning together with attenuation or disappearance of reflexes are warnings of toxicity of applied cancer therapy.

Post-chemotherapy syndrme

Neurotoxicity of cytostatic drugs (both older and the new ones) is very common and can be even 50% for a single cytostatic. Impairments vary from peripheral neuropathies to severe cases of cerebral dysfunction and chronic encephalopathy (2).

By far, most often clinical presentation of post-therapy impairment is bilateral mainly sensory neuropathy of upper and lower limbs (hand-foot syndrome). The described condition is caused by impaired axonal transport of neurotransmitters and by degeneration or segmental demyelination of axons.

Distal parts of limbs are usually affected (gloves-socks area). The disease can be divided into three levels. The first level is characterized by numbness, dysesthesia, painless oedema and erythema. The second level is characterized by erythema combined with painful oedema and limitation of daily activity. The third level is characterized by desquamation, ulceration and prominent pain that lead to complete block of all daily activities.

Neurotoxic potential is specific for every single cytostatic and should be well studied before usage (1). The most toxic cytostatics are vinka-alcaloides (vincristin, vinblastin, vindenzin), cisplatinum, metotrexat, fluorouracil etc.

To avoid irreversible neurological impairments, urgent reduction of cytostatic dose is necessary after detection of unacceptable toxicity.

Painfu neuropathic impairments after radiation

1) *Peripheral neuropathic pain*

Incidence of peripheral neuropathic pain as a non-metastasis manifestation of malignant disease is between 1-5 % (mostly in lung, colon and brest cancer) (7).

Pure sensory neuropathic pain can be induced by inflammation of autonomic ganglion of dorsal roots. Intercostal nerves can be infiltrated by carcinoma, but injury can also appear after a rib fracture. Paraspinal tumors can incarcerate one or more spinal nerves at the intervertebral aperture (1).

2a) *Brachial plexopathia after radiation*

Pain in the upper part of the arm is often connected with other symptoms that suggest a potential compression induced by cancer, but the cause can be late post-radiation fibrosis

2b) *Lumbosacral plexopathia after radiation*

It appears together with sacral pain, lower limb pain and an accompanied loss of strength. Leg oedema, palpable mass during rectal examination, hydronephrosis, intratectal tumors, epidural tumors, and compression of nerves roots and retroperitoneal tumor-sarcom can be seen occasionally.

3) *Myelopathia after radiation*

Pain is an early sign of radiation myelopathy in 15 % of patients (post-radiation ischemia of spinal cord). Pain is localised to the area of the spinal cord injury or manifested as dysesthesia lower than the level of injury. It usually starts like unilateral motor paresis and contralateral loss of sensations at the cervical and thoracic level (6).

Diagnosis is made by exclusion of:

- Intramedular tumor
- Spinal cord compression
- Arterio-venosus malformations
- Transversal myelitis

RTG and myelography often display normal results while MR shows atrophic changes.

Neuropatic pain after infiltration or compression

Compression of the spinal cord and cauda equina is present in 3 % of patients with cancer . The pain is the first symptom in more than 90% cases and it is often masked with the use of analgesics.

Tumour locations are: thoracic (70%), lumbal (20%) and the cervical area (10%). Brest cancer, lung cancer and prostatic cancer cause 60% of the neuropathic pain due to the tumor infiltration or compression (6).

Pain is manifested in different appearances (burning, cutting, etc.). It usually appears after complete or partial injury of spinal cord very often after long latency period.
Neuropatic pain after surgical treatmentsThis pain can be divided as follows:

pain after torachotomy

- pain after mastectomy
  - pain after axilllar dissection
  - pain of scare tissue after mastectomy
  - phantom chest pain
- pain after radical cervical dissection
- post-amputation pain

1) Pain after thoracotomy

It originates in nerve cutting during operation. The pain is of a neuropathic type and appears 1-2 months after the surgical procedure. Clinical manifestation of this pain starts in the area of lost sensations like itching pain, which aggravate by touch or motion. Allodynia also appear but it is not dominant symptom.

3) Pain after mastectomy

40% of women suffer from pain after mastectomy. The pain after axillar dissection starts 6 months later due to a cutting off intercostobrachial nerve. The pain is usually superficial and burning, sometimes of the cutting type. Arm paresthesia also appears after injury of brachial plexus. Pain of scare tissue after mastectomy is of the phantom type and affects the part of the chest where the amputated breast was (5). Sometimes allodynia appears and that interfere with use of artificial brest .3) Pain after radical cervical dissection

It is characterized by ipsilateral cervical pain (C3 distribution). The pain is superficial and burning. Allodynia also appear.

5) Pain after amputation

Sometimes the cut end of a nerve grows in to a node called neuroma. Neuroma is able to autonomously send painful electrical signals to the brain (without noxic stimulus). Neuroma is highly sensitive on touch and coldness.

Conclusion

Just as there is no diagnostic golden standard for neuropathic pain in cancer pain syndrome there is also no golden standard for treatment of this clinical problem (4).

Prevention is of crucial interest (precise planning of treatment, computer simulation, carefully calculated dosage and duration of radiation...etc.) Considering pharmacotherapy, conventional analgesics are not effective. Because of that, neuropathic pain treatment is composed of four different groups of drugs (anticonvulsant, tricyclic antidepressant, opoid, drugs for topical use) (8). Careful and gradual titration of dosage is mandatory. Application of therapy should be stopped if unacceptable side effects emerge. It is advantageous to combine drugs with different mechanisms of action (rational polypragmasia). The generally accepted attitude is that the treatment should be multimodal and that pharmacotherapy is a cornerstone of the treatment. Also, one should bear in mind that some other non-pharmacological methods are also successful in relief of very often hard and refractory neuropatic pain.

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Postoperative pain management following orthopedic surgery

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Postoperative pain represents a complication of surgery that causes significant patient suffering and delays recovery and discharge following both, ambulatory surgery and major inpatient procedures. Pain is also one of the elements of the acute postoperative stress syndrome that includes increased level of “stress hormones” such as adrenocorticotrophic hormone, cortisol, catecholamines and interleukins, and simultaneously decreased insulin release and fibrinolysis. These hormonal changes lead to increased myocardial oxygen consumption and associated risks of myocardial ischemia and infarction, hypertension, increased coagulability, decreased regional blood flow, increased risk of infection, depression and loss of sleep. Therefore, one of the goals of effective postoperative pain management is to suppress the development of the acute postoperative stress syndrome.

All orthopedic surgeries are not equal with respect to the intensity and duration of associated pain. Postoperative pain varies in its intensity and duration according to the degree of bony versus soft tissue damage. Carpal tunnel release, hardware removal and foot and ankle surgery are for example associated with mild to moderate pain. In contrast, replacement surgery of the knee, hip, shoulder or acetabular ORIF, anterior cruciate ligament repair and other severe surgeries are associated with moderate to severe pain which lasts for more than 24 hours.

A modern approach to postoperative pain management is based on a multimodal regimen including pharmacological and nonpharmacological techniques.

Preoperative education of the patient is essential and includes informing the patient of his/her options; setting realistic expectations (eg. minimizing but not eliminating postoperative pain); reassuring the patient that there is an acute pain specialist available at all times to respond to the patient's needs; and educating the patient on the importance of his/her motivation and involvement in recovery and rehabilitation.

Opiates should be essential analgesics in the early postoperative phase, but due to avoidance of the side effects and to provide better pain control the multimedial /balanced analgesia is recommended (optimal use of systemic opiates and NSAID's, local anesthetic delivery system, regional analgesia techniques and PCA in selected patients).

In patients undergoing orthopedic surgery, aspirin and other NSAIDs are frequently indicated for inflammation and pain associated with arthritis. Because of their interference with platelet function, these drugs are discontinued 7-10 days preoperatively. Consequently, patients experience a pain flare prior to surgery, thus making pain control during the perioperative period more challenging.

On the other hand, many orthopedic patients are chronic users of opioids (mostly, tramadol, fentanyl pach and so on). Preoperative opioid use (and sometimes abuse) represents a challenge that must be identified preoperatively. The management of these patients is based on the necessity to cover the patient's preoperative opioid needs irrespective of the effectiveness of the technique used for anesthesia and acute pain management. In addition, the perioperative period is not the time to start treating opioid addiction if present.

Postoperative pain management depends from the type of anesthesia. If the patient is to be maintained in regional anesthesia (either neuroaxial and/or peripheral nerve blocks), the best way for postoperative analgesia is to continue with the block. (epidural analgesia, intrathecaly given morphine, continuous regional block).

In the past few years the interest in the use of continuous nerve block for anaesthesia and postoperative analgesia, especially in orthopedic surgery has renewed. There are several advantages of continuous regional techniques. These include the ability to adjust the intensity and prolong the duration of the sensory block, thus creating excellent pain control for an extended postoperative period. This allows us to provide effective analgesia to begin meaningful physical therapy immediately postoperatively. The use of low-concentration local anesthetics (particularly ropivacaine, which is motor-sparing) produces a preferential sensory block when active physical therapy is required.

As a conclusion we can tell that effective postoperative pain management in orthopaedic surgery is based on a multimodal approach including NSAID (COX-2 inhibitors), opioids,

epidural PCA, continuouse peripheral blocks, local infiltration of the surgical wound, elastomeric pump and intraarticular analgesia. These concepts and techniques represent the vanguard in optimizing orthopedic surgical patient outcomes, patient satisfaction, and functional recovery, while minimizing complications, costs, and length of hospital stay.

Role of Radiotherapy in the Management of Cancer Pain

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Almost half of the patients in a radiotherapy department is usually treated for various palliative indications. The majority of these patients are with painful metastases. Pain originating from skeletal metastases is the most common form of cancer pain. This common event often affects the patient's quality of life greatly. Bone metastases may cause pain and pathologic fracture, or even a cord compression syndrome with severe neurologic symptoms. Bone pain, often exacerbated by pressure or movement, limits the patient's autonomy and social life. Pathological fracture and spinal cord compression are additional complications caused by bone metastases. Radiotherapy is effective in treating bone pain not adequately controlled by analgesics. Eighty to seventy percent of patients benefit from radiotherapy.

Single and multifraction regimens are equally effective in relieving pain. Recent randomised studies reported that single fraction radiotherapy was as effective as multifraction radiotherapy in relieving pain due to bone metastasis. However, there are concerns about the higher re-treatment rates and the efficacy of preventing future complications such as pathological fracture and spinal cord compression by single fraction radiotherapy. Radiotherapy is used for preventing pathological fracture by treating osteolytic lesions especially in the weight-bearing bones such as the spinal column and long bones. Radiotherapy is the treatment of choice in spinal cord compression, which is the most serious complication caused by bone secondaries. Hemibody irradiation and radioisotopes, are also used in treating scattered bone metastases. However, the best nuclides are not widely used yet for the high cost of the treatment, even though they provide similar results to external beam irradiation. The issue of their efficacy in combination with antiblastic drugs and/or external beam irradiation remains open and will be clarified only with further clinical trials. As a conclusion; radiotherapy provides efficient, well-tolerated and cost-effective palliative care.

Management of cancer pain

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Abstract:
Over 80% of cancer patients with advanced metastatic disease suffer pain caused mostly by direct tumor infiltration, which considerably undermines quality of life. Approximately 20% of pain in cancer patients may be attributed to the effects of surgery, radiotherapy or chemotherapy. Most cancer patients can attain satisfactory relief of pain through an approach that incorporates primary anti-tumor treatments, systemic analgesic therapy and other non-invasive techniques such as psychological or rehabilitative interventions. Conclusion: Step-wise escalation of analgesic therapy should usually follow the 'pain ladder' as described by the World Health Organization (WHO).

Treatment of Postoperative pain in children in Kosovo

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Pain is a personal, subjective experience that involves sensory, emotional and behavioral factors associated with actual or potential tissue injury (1). It is very unpleasant for the patient, family members and the anesthesiologist. Treatment of pain and suffering is a priority for all physicians. Seventy to 80% of the 38 million children who undergo surgical procedures each year experience moderate to severe pain, despite treatment with all of the analgesic medications that are available (2-4). In a review of data from the 165 published international studies 29.7% of patients reported moderately severe pain, 10.9% of patients reported severe pain (5). Generally, the increased incidence of untreated postoperative pain is a result of incomplete staff training, inadequate monitoring, poor pain protocols, and fear from side effects of drugs or lack of communication with patient or parent.

The goal of treatment of postoperative pain in children in our country is preemptive analgesia. We apply analgesics prior to the noxious stimulus (surgical incision). The caudal block is very popular in our clinics and was used in 72% of cases, in lower abdominal surgery (hernia repair surgery, orchiopexis surgery, hypospadias surgery, circumcisions etc.) and orthopedic surgery. However, we used caudal blocks in upper abdominal surgery, as appendectomies or upper obstructions in urinary tract or kidney surgery. Penile blocks and local infiltration are widely use during circumcisions. From nonopioid analgesics, paracetamol and diclofenac suppositories are applied in combination with weak opioids, like tramadol and codeine. We recommended morphine in high intensity pain, usually administered it in s.c. or i.v. route. We avoid all intramuscular injections, as well as it is possible.

The last study realized in our clinic showed that, in children, administration of propofol maintenance anesthesia is associated with a significantly lower incidence of postoperative pain than sevoflurane maintenance anesthesia (6).

The interesting practice which we apply, especially in Pediatric Surgery clinic, is painting. All children were providing with color pen sets and notebooks in order to paint what they want (7). The drawing and painting help children to involve themselves in this activity and maybe help them to suffer less pain. We hope so!

We concluded that the aims of pain treatment are to recognize pain in children, to minimize moderate and severe pain, to prevent pain, to bring it rapidly under control and to continue pain control after discharge from hospital.

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In this case report we describe a family (father and 3 sons') who developed deafness and dementia 10-15 years after the onset of sensory neurophatic symptoms. We had opportunity to examine only one member of them (S.K., second son) because all other were dead at that time (2004), but after that and the described patient dies.
All of the presented family members showed very similar clinical picture: beginning with dizesthesias in legs at the age of 20's and developing painless ulcerations on their feet's, proceed with difficulties in hearing progressing to deafness, at the age of 35-40 their status worsened with developing dementia, and all of them died before age of 50.
EMG of examined patient showed normal needle EMG and MCV, with absent of sensory nerve action potentials, while cranial MRI showed predominantly frontal atrophy.

Keywords: hereditary sensory neuropathy, deafness, dementia

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Use of Epidural anesthesia and risk of acute postpartum urinary retention

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Objective: We aimed to examine the relationship between the use of epidural analgesia during labor and acute postpartum urinary retention.

Study Design: A retrospective cohort study was conducted using 100 labor and postpartum health records from University Hospital of Obstetric and Gynecology "Koco Gliozheni" from May 2005 to May 2009. All births were vaginaly.

Results: 7% (Nr:7) of cases had APUR after epidural analgesia. There was a trend toward association of epidural analgesia and urinary retention (OR 1.69; 95% CI 0.98-2.92). From statistical analysis also ather obstetrical variables were important and predicted urinary retention like, a longer second stage of labor 25%=25gra, use of systemic narcotics 27%=27gra, perineal laceration 70%=70gra; instrumental delivery 22%=22gra.

Conclusion: Epidural analgesia during labor may increase the risk of developing urinary retention by up to 3 times. However, this effect is mediated by other obstetric variables.

Key words: acute postpartum urinary retention; epidural analgesia; risk

Does Ketamine reduces Pain on Propofol injection

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Objective: Propofol causes pain and clinically less relevant hypotension on injection. In view of analgesic activity of ketamine we tested the hypothesis that iv ketamine would be equally effective with lidocaine in reducing pain due to propofol injection.
Methods: Ninety ASA I-II patients undergoing elective surgery were randomly assigned into three groups of 30 each. Group K received 10 mg ketamine, Group L received 20 mg lidocaine and group C received only normal saline, followed by 5 ml propfol 1%. Pain was assessed on four point pain scale: 0 – no pain up to 4 sever pain at the time of the pretreatment and propofol injection.
Results: Ninety-one percent of the patient of the control group had pain during i.v propofol injection compared to 31% and 18% of ketamine and lidocaine group ($p<0.01$). Incidence of mild, moderate and severe pain was much lower in groups L and K compared to group C ($p<0.05$). Ketamine and lidocaine pretreatment were equally effective in attenuating pain during propofol iv injection.
Conclusion: Intravenous ketamine and lidocaine are equally effective in attenuating propofol induced pain.

Opioid treatment of chronic non cancer pain

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The use of opioids has increased considerably during the last years, in US 4–5% of the adults are on long term opioid therapy. Increased attention to pain may explain this increase. Over the past decade physicians have been encouraged to rethink their approach to pain, and focus more on treatment itself.

Weak opioids (codeine-class) are the most commonly prescribed analgesics, but prescription of stronger opioids (morphine-class) is also increasing. Although patients on long-term therapy represents a small percentage, they account for an increasing majority of the morphine equivalents dispensed.

The efficacy and safety data of long-term use are still limited, and most randomized trials follow the patients only a few months. For transdermal fentanyl and sustained-release morphine the evidence is moderate (evidence level II-2), for oxycodone limited (evidence level II-3) and for hydrocodone and methadone indeterminate (evidence level III).

Obligatory pharmacological consequences like opioid tolerance, withdrawal breakthrough pain, gastro-intestinal dysfunction, but also diversion and nonmedical abuse raise concerns on whether long term opioid therapy is cost/effective. There is certainly a need for more research.

We need to increase knowledge among health care providers about how to treat patients who need these pain relieving drugs. Long term opioid treatment is labour intensive and requires thorough evaluation of the patient, a detailed treatment plan, frequent visits and depth monitoring of benefits and possible adverse effects. When adverse effects outweigh the benefits we have to take action and help the patient to discontinue the opioids.

National guidelines for long term opioid therapy may achieve a more optimal and uniform practice which hopefully will improve the management of this group of patients.

Cancer Pain

Dr.Keith Oosterhoudt

Objectives:
Discuss nociceptive versus neuropathic pain

Review:
World Health Organisations step ladder
Opioid Metabolism
Opioid Bioequivalence
Different types of analgsics
Concepts of addition
Opioid side effects
Discuss routes of delivery

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Acute renal colic is probably the most excruciatingly painful event a person can endure. Striking without warning, the pain is often described as being worse than childbirth, broken bones, gunshot wounds, burns, or surgery. The overall lifetime rate of kidney stones in the general population is approximately 12% for men and 4% for women. and accounts for approximately 1% of all hospital admissions. Most active emergency departments (EDs) treat an average of at least one patient with acute renal colic every day depending on the hospital's patient population. The colicky-type pain known as renal colic usually begins in the upper lateral mid back over the costovertebral angle and occasionally subcostally. It radiates inferiorly and anteriorly toward the groin. The pain generated by renal colic is primarily caused by the dilation, stretching, and spasm caused by the acute ureteral obstruction. Ureteral peristalsis, stone migration, and tilting or twisting of the stone with subsequent intermittent obstructions may cause exacerbation or renewal of the renal colic pain. The severity of the pain depends on the degree and site of the obstruction, not on the size of the stone. Depending on the type and size/s of the kidney stones moving through the urinal tract the pain may be stronger in the renal or bladder area or equally strong in both. In lower obstructions, males may get pain in the genitals. A patient can often point to the site of maximum tenderness, which is likely to be the site of the ureteral obstruction. Nausea and vomiting are often associated with acute renal colic and occur in at least 50% of patients.Most small stones are passed spontaneously and only management is required. Diclofenac IM or IV drip of opiates like pethidine or morphine and antispasmodics like Hyoscine butyl bromide can be used. Patients who are to be treated non-surgically, may also be started on an alpha adrenergic blocking agent (such as, Uroxatral, terazosin or doxazosin), which acts to reduce the muscle tone of the ureter and facilitate stone passage. For smaller stones near the bladder, this type of medical treatment can increase the spontaneous stone passage rate by about 30%. Lying down on the non-aching side and applying a hot bottle or towel to the area affected may help. Additionally, submersion in a hot bath may help alleviate the pain. If the pain is not too intense, a more speedy release of the stones may be achieved by walking. Larger stones may require surgical intervention for their removal.

Dr. Apostol Vaso

Teknologjie e implanteve:
Teknika epiduralle foraminale, Stimulimi i kordes spinale, dhe sistemet e tjera te implantuara
Trajtimi i pershtatshem dhe me kostoefektivitet i dhimbjes kronike dhe invaliditetit qe rrjedh prej saj eshte dhe do te jete nje problem madhor shendetesor dhe i buxhetit,per sa kohe qe nuk ka njohuri dhe vemendje per kete fenomen te konceptuar si nje problem me vete.

Studimet e sotme epidemiologjike dhe perllogaritjet e bera tregojne se 25% e popullsise vuan nga dhimbja kronike. Kostoja e dhimbjes kronike te patrajtuar nga te gjitha strukturat e sherbimit tone shendetesor dhe social, si dhe politikat e lidhura me keto ndikojne direkt mbi te semurin dhe familjet e tyre, sigurisht edhe ne buxhetin e shtetit Pain is an extremely prevalent symptom.

Chronic pain alone is estimated to affect 15%-20% of the adult population of the United States (Von Korff, Crane, Lane, Miglioretti, Simon et al., 2001), upwards of 50 million people (United States Department of Health and Human Services, Food and Drug Administration, 1997). In addition to being highly prevalent, pain is exceedingly costly, to the individual with chronic pain, his or her significant others, and society. The expenses for chronic pain involve not only traditional healthcare but also indirect costs such as lost productive time at work, lost tax revenue, legal services, and disability compensation. Although exact figures for the cost of a wide variety of available medical and alternative treatments are difficult to ascertain, estimates of the total costs of chronic pain (including treatment, lost work days, disability payments, legal fees) in the United States reaches $150-215 billion per year (United States Bureau of the Census, 1996; National Research Council, 2001) US$27.9bn in-patient care

US$23.6bn office visits
US$14.1bn prescription drugs
US$11.9bn outpatient services (occupational therapy, physical therapy, etc.)
US$2.7bn emergency room visits
US$10.5bn miscellaneous
Humbja e performances,e vendit te punes, problemet me raportet mjekesore, ndihma ekonomike dhe sociale, kostoja e preparateve te shumta dhe te paefektshme, vizitat mjekesore, ecejaket e pafundme pa rezultat dhe shpesh nderhyrjet e pajustifikuara, e ballafaqojne te semurin dhe familjaret me sistemin shendetesor dhe social, duke e perdorur kete ne menyre te papershtatshme.

Te gjitha keto behen burim i pakenaqesise ndaj tij, here- here dhe i urrejtjes dhe padyshim e drejtojne te semurin dhe familjaret ne depresion dhe vuajtje, me nje kosto te jashtezakonshme financiare.

Ne menyre te qarte, rezultatet e dhimbjes kronke te patrajtuar, jane tronditese dhe shokuese per te semurin dhe shoqerine dhe te papranueshme per mjeket, te cilet jane te detyruar te abandonojne kete pjese te shoqerise kur trajtimet dhe nderhyrjet klasike deshtojne

Keta te semure duhet te lejohen dhe eshte e drejta e tyre te provojne teknologjine mikroinvazive dhe ate te implanteve, perpara se mjeket te thone se nuk kane se cfare te bejne tjeter, sic jane :

Procedurat spinale dhe epidurale

Radiofrekuanca

Stimulimi i Kordes Spinale

Sistemet e Shperndarjes Spinale te preparateve (Pompat e ndryshme)

Nuk diskutohet qe keto procedura te sofistikuara dhe shume te kushtueshme duhet te perzgjidhen me kujdes dhe efektivitet.

Ne kete prezantim une, do te perpiqem te spjegoj shkurtimisht procedurat e epidurales foraminale, radiofrekuencen, stimulimin e kordes spinale dhe sistemin e inkorporuar te pompave per shperndarjen spinale te preparateve kunder dhimbjes te cilat realizohen ne Kliniken “Galenus”.

Llojet e trajtimit te dhimbjes kronike.

Pike se pari duhet te kemi te qarte qe dhimbja nuk ka vetem natyre biologjike-dhe nuk eshte rezultat vetemi sinjaleve ne sistemin nervor. Dhimbja gjithashtu eshte nje emocion dhe percepsion dhe eshte e lidhur direkt me traditen tone te qendrimit ndaj semundjes dhe problematikes se lidhur me te, eshte e lidhur direkt me situaten tone financiare dhe shoqerore

Per te realizuar nje trajtim te pershtatshem te dhimbjes kronike dhe te dimensioneve te saj, I semuri ka nevoje per ekspert te ketij lloj trajtimi, ku perfshihet nje ekip qe perbehet nga mjeku specialist I dhimbjes, infemjeria, psikologu dhe fizioterapisti, te cilet e kuptojne kete problem ne detaje..

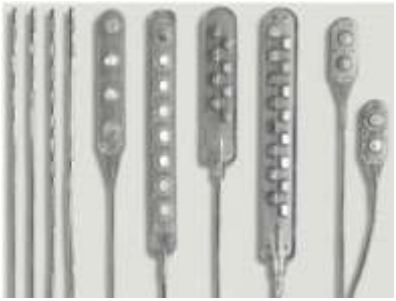
Perpara fillimit te cdo plani trajtimi, te semuret me dhimbje duhet te kuptojne se duhet te

kuptojne se te gjitha llojet e trajtimit te dhimbjes kane nje shkalle risqesh. Per kete arsye, mjeku duhet te perpiqet te beje nje perzgjedhje te kujdesshme te te semureve, sidomos per ata qe do t'i nenshtrohen implantimit te stimulimit te kordes spinale dhe sistemit te pompave te shperndarjes se drogave spinale.Gjithashtu duke qene se keto paisje jane shume te kushtueshme, te semuret duhet te provojne patjeter te gjitha llojet e tjera te trajtimit jo invaziv sic jane, preparatet kunder dhimbjes, fizioterapia dhe mbeshtetja psiko-emocionale etj. Vendimi per proceduren invazive merret nga mjeku specialist duke u bazuar ne disa kritere
Procedura epidurale foraminale.

Procedura epidurale ne fakt eshte baza e ekspertizes dhe e realizimit te te gjitha procedurave mikroinvazive te diagnostikimit te dhimbjeve kronike dhe implantimit te sistemeve te ndryshme qe do te paraqesim me poshte .(fig.2)

Procedura epidurale interlaminare eshte nje procedure familjare per anestezistet e sistemit tone spitalor dhe ka nje kosto te ulet.Ajo eshte aplikuar qe ne vitet 50 ne vendin tone dhe aplikohet me sukses edhe sot per anestezine dhe here pas here dhe per dhimbjen postoperatore gjinekologjike, kirurgjikale dhe ortopedike. Kjo procedure mund te realizohet ne menyre te vazhdueshme nepermjet nje kateteri per shperndarjen e e preparateve rreth cipes se pales se kurrizit ose vetem nje here per trajtimin e dhimbjeve te ndryshme te mesit, te shkaktuara nga hernia diskale ose semundjet degjenerative te kolones vertebrale.
Procedura epidurale foraminale menjanon shumicen e komplikacioneve te procedures interlaminare dhe perdoret gjeresisht ne trajtimin e dhimbjes. Kjo procedure kerkon domosdoshmerisht ndjekjen me radiologji digitale ose CT-Scaner. Pozicionimi i procedures ne vrimen nga del rrenja e nervit spinal i jep asaj avantazhin e operimit ne afersi te rrenjes dorsale te nervit spinal, duke menjanuar te gjitha komplikacionet qe kane te bejne me demtimin e cipes se palces kurrizore dhe hemoragjive te hapesires epidurale, gjithashtu operatori mund te punoje direkt ne zonen ku ndodh ,me shpesh problemi me lirshmeri me te madhe dhe ne nje zone shume me te gjere pa shkakuar demtime dhe duke arritur lehtesisht edhe struktura te tjera ne distance, brenda hapesires se kanalit spinal, nepermjet katetereve te posacem ose skopeve te prodhuar enkas per kete zone.

Radiofrekuenca



Stimulimi i kordes spinale per kontrollin e dhimbjes eshte perdorur per here te pare ne vitin 1967 nga Dr.Normal Shealy,ne pergjigje te teorise propozuar mbi Portet e Kontrollit te Dhimbjes . Kjo teori e publikuar nga Malzack dhe Wall me 1965, mbeshtet idene se informacioni i kapur prej fibrave te medha nervore sic jane , prekja , ndjesia e te ftotit, dhe vibracioni, mund te mbyllin ose hapin celesin e portes se kapjes se informacionit per stimulin e dhimbjes nga dibrat e vogla nervore.Bazuar ne kete teori, Shealy stimuloi fibrat e medha nervore ne korden spinale duke mbyllur celsin e kapjes se informacionit per stimulin e dhimbjes ne periferi nga fibrat e vogla nervore. Pra stimulimi elektrik i fibrave nervore te kordes spinale ne nivelin e rrenjes dorsale, sot quhet Stimulimi i Cordes Spinale (SCS).

Ç'fare eshte SCS

SCS ka nje sistem te brendshem dhe nje te jashtem. Sistemi jashte hapesires se kordes spinale ka nje burim qe prodhon fushe elektrike dhe quhet sistemi I Radiofrekuences, ai dergon pulsime elektrike nepermjet nje antene te vendosur ne trupin e te semurit poshte lekures. Gjeneratori I rrymes nga jashte lidhet nepermjet antenes dhe pas kesaj ky informacion elektrik dergohet te elektrodat e vendosura ne palcen kurizore. Keto elektroda kane formen e kateterit epidural dhe sherbejne per te siguruar fushe elektrike rreth vendit ku jane vendosur ne palcen e kurrizit.

Kush jane kandidat per SCS

SCS eshte nje terapi per kontrollin e dhimbjes neuropatike . Te semuret qe perfitojne nga ky trajtim jane:

Te semuret me dhimbje te padominuar te iskiatikut

Te semuret me dhimbje te vazhdueshme te krahut

Te semuret me dhimbje mesi pas nderhyrjes per hernie diskale

Te semuret me dhimbje te qafes pas nderhyrjes kirurgjikale per hernie diskale

Te semuret me dhimbje neuropatike nga diabeti

Te semuret me CRPS

Te semuret qe kane dhimbje te kembes ose te duarve pas demtimit te nervave ne palcen e kurrizit

Te semuret me semundje vaskulare periferike

Sistemet e shperndarjes spinale te drogave

Aktualisht sot ne bote dhimbja e patrajtuar e kancerit eshte nje problem madhor. Studimet tregojne se 70% e te semureve me kancer vdesin me dhimbje.Gjithashtu studimet tregojne se me pak se 50% e te semureve me kancer terminal reagojne ndaj trajtimit te dhimbjes me metoda konservative si p.sh morfina oral, dermal ose intramuskular. Studimet tregojne se shumica e te semureve me kancer vdesin me vuajtje te jashtezakonshme si rezultat i dhimbjes se patrajtuar, megjithese ata mund te marrin opioid ose preparate te tjera kunder dhimbjes oral, dermal ose intramuskular.

Gjithashtu te semuret me kancer qe trajtohen me opioid oral, demal ose intramuskular vuajne nga efektet anesore te ketyre preparateve.

FDA rekomandon se n.q.s te semuret me dhimbje kanceri kane me shume se 3 muaj jete, eshte e pershtatshme te implantojne pompe nen lekure dhe te semuret qe kane me pak se 3 muaj jete te vendosin sistem kateteri epidural per pompa te jashtme.

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Summary
WHAT IS Pain?

Pain: Submit enjoyment sensory which represents the classical meaning of the body's defense mechanism that warns us in threatening tissue damage that hinder the creation of even greater damage and to create conditions suitable for the treatment of tissue.
Acute pain is a kind of feeling that allows the body to recognize actual or potential damage.
Treatment of acute pain postoperative
Treatment of acute pain has role postoperative an important role except humanitarian, medical has its economic role for the patient treated and released soon at home that has less hospital costs.
Many factors affect the effective management of postoperative pain, which includes team postoperative acute pain, patient education, regular training of staff, balanced analgesia application, and use of tools to escalating pain. In Kosovo still not a function such chain for management of acute pain postoperative.
Management of pain effectively is now an integral part in the practice of surgery moderne. The aim of effective pain management is:
-To improve the quality of life of the patient
-To facilitate faster and improving the functions return fully.
-To reduce morbidity
-Issuing hospital earlier.
Postoperative pain can be divided into:
acute pain that occurs immediately after surgery, acute pain that occurs immediately after surgical intervention (to 7 days)
-chronic pain, which continues to persist on 3 months after tissue damage is considered chronic pain.
Physiological effect »positive» of acute pain:
-E prevents further tissue damage
Negative effects
Emotional suffering, and psychic
Sleep-disorders
Cardiovascular side-effects (Hypertension, tachycardia)
-I increase the body needs for O2 (negative role in diseases of coronary vessels)

-Turmoil in the intestinal peristaltic (constipation causes, nausea)
-Negative effects in the respiratory tract (atelectasis, retention of secretion, pneumonia)
-Mobilization and promote delaying tromoembolizmin (postoperative pain is one of the main causes of postponed over and over mobilization

Use of pharmacological pain management:
Non-upload analgesic: paracetamol, NSAID
Opioid easy: Tramadoli, paracetamol combined with codeine

In most non-opioid analgesic use and easy opioid as Tramadoli and in recent Talvosilen (paracetamol Codeine phosphate) that is shown very effective in acute pain treatment successful postoperative. Many are used as if absorbed suppozitore. Because easier, and has effect faster.

From our experience postoperative we use: NSAD-et intravenous, Tramadoli also intravenous. Last time with codeine paracetamol rectal suppository.
In many developed countries where applicable protocol after surgical intervention surgeon gives local anesthetic around postoperatore wound not apply this method, which according to studies on whole is shown very efficient.

Dhimbja nga këndvështrimi i përgjithshëm-trajtimi i dhimbjes te të sëmurët me kancer-terapia supportive dhe ajo paliative.

Dr.Neset Uzairi
[1]OSH "Edial Medika "Zhelinë. R.Maqedonisë

Dhimbja si kategori komplekse është simptomi i parë ndjesorë që na çon të mendojmë për çrregullime në organizëm apo prani të sëmundjes.
Në praktikën tonë mjekësore hasim në situatë klinike ku vetëm prania e dhimbjes nuk mjafton për të zbuluar sëmundjen pasi që dhimbja shpesh është subjektive e shoqëruar dhe me ndjenjën e frikës, stresit, shqetësime emocionale respektivisht faktori psikologjik luan rolë me rëndësi, prandaj jo vetëm që mjeku duhet të njohë nervezimin e organeve posaçërisht atë senzitiv pasi që receptorët e dhimbjes janë në lëkurë dhe strukturat e mbrendëshme që degëzohen dhe shtrihen në tërë trupin tonë.
Çdo neuron parësor i dhimbjes gjendet në ganglionin e rrënjës së prapme, ndahet në degë periferike që inervojnë sipërfaqen e lëkurës.
Këtu përmenden receptor tjerë të specializuar të lëkurës si trupëzat e Rufinit, Pacinit, Krauze, që perceptojnë shkallën e dhimbjes të shkaktuar nga shtypja, prekja, të ftohtit, djegia etj [1.2], kurse po të njëjtat forma nxitjesh shkaktojnë më pak dhimbje në bark dhe në traktin digestiv, që lidhin me traumën lokale, stazën, inflamacionin, spazmën e muskujve të lëmuar, kurse ishemia e muskulit të zemrës shkakton dhimbjen e njohur si angina pektoris dhe format e saj që shkakton atakun në zemër.
Faktorët e tjerë që shkaktojnë dhimbje është nekroza, hemoragjia etj.
Trajtimi i dhimbjes është veprim human, etik i mjekut që parandalon dhe shëron vuajtjet e pacientit. Dhimbja si sindromë klinike ngërthen në vete shumë lloje të saj, dhe ato janë regjionale : si dhimbje koke – headache, qoftë migrenoze apo vaskulare, sindroma i dhimbjes në kraharor që përfshin dhimbje në kuadër të sëmundjeve ishemike të zemrës e njohur si dhimbje anginoze, dhimbje perikardiale, pleurale etj.
Natyra e dhimbjes është neuralgjike (neuropati), idiopatike, spontane apo e provokuar, akute ose kronike, migreni forme apo vaskulare etj.
Ndër dhimbjet specifike rolë të posaçëm luan dhimbja kanceroze.
Qëllimi i punimit ishte që të prezantoj përvojat tona ambulatore me trajtimin e dhimbjes nga këndvështrimi i përgjithshëm dhe dhimbja kundër sëmundjes kanceroze pasi që pacientët të jenë nënshtruar një trajtimi neoadjuvant – citostatik para ose pas intervenimit kirurgjik, dhe radioterapis, që nënkupton terapi suportive te pacientët me kancer (sup. care) që nënkupton terapi mjekësore psikologjike, psikosociale, rehabilituese dhe kujdes të veçantë që kanë nevojë këta pacientë prej fillimit të sëmundjes si dhe trajtimi i dhimbjes në fazat e ndryshme terapeutike për një jetë më të gjatë të tyre.

Të gjithë pacientët me kancer të avancuar përveç dhimbjes kanë edhe probleme tjera. Në një studim të bërë nga autorët [3] botëror në një seri prej 275 pacientësh të cilët janë dërguar në qendrën për kujdes paliativ, simptomat më të shpeshta gjatë këtyre sëmundjeve ishin : astenija, anoreksion, dhimbje, nausea – vomitus, konstipacion, sedacion – konfuzion – dispnea. Prevalenca e dhimbjes sipas këtyre autorëve ishte 76% me një interval konfidence 62-85%.
Strategjia terapeutike te tumoret malinje është e përbërë nga **terapia radikale** (kirurgjike, homeoterapi, radioterapi), **terapi adjuvante**, **terapia suportive** që merret me simptomat e sëmundjes dhe komplikimet terapisë si që është në rend të parë dhimbja, kolikat e ndryshme, infeksionet etj, **terapia paliative** që nënkupton : hemoterapi, radioterapi, kriohirurgji, terapi simptomatike, kujdes (hospis), psikologjike, religjioze, sociale përmbajtje morale, **terapia komplementare** : akupunkturë, joga, kineziterapi, nutritive, naturopati, homeopati, osteopati, meditim, relaksim, masazh e trupit dhe këmbëve, biorezonancë, etj. Në vend të përfundimit gjykojmë se kujdesi suportiv bazik është pjesë e veprimeve në secilën ent shëndetësor të përgjithshëm apo internistik dhe çdo internist apo hematerapeut mund të trajtoj dhimbjen, infeksionet dhe manifestimet e tjera apo komplikimet e sëmundjes malinje apo të japë terapi dhe të japë përmbajtje psikologjike apo morale këtyre pacientëve.[4].

Fjalët kyçe : dhimbja, terapia suportive – paliative, dhimbja kanceroze, trajtimi, hemoterapia.

Referencat : Harison's Principles of Internal Medicine, 1984;pjesa e dytë fq, 13-35. 2[Prof. Jean Klastersky, M.D pharmedicum, vol 4 (1996), No 3,6-7]. 3 Bruea E, Research in symptoms other than pain. Oxford Textbook of Palliative Medicine 1993:87. 4 Prof. Jean Klastersky, M.D,Institut Jules Bordet, Brussels/ Supportive Care in Cancer : What Does it Mean? 5 A. Pushevski, Neset Uzairi, Sindroma Paraneoplastike, simposium – Ulcin 2008.

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Resume

In 2004 in the U.S. are diagnosed about 1.4 million Americans (about 4000 per day).

About 564,000 of Americans die as a result of cancer disease, in 2004 were 22.9% from total number of deaths.

12 million are living with cancer (2008).

According to Oncologist Association of Kosovo in a year around 5000 patients die in Kosovo

In Albania, 3500 are affected by cancer diseases, 16.6% of deaths in Albania are caused by cancer.

In Serbia during a year 20,000 people die.

In Macedonia, 3524 people die from cancer annually.

We do not have any accurate statistics on the number of cancer patients in Kosovo.

None of the Kosovo institutions reports to IKPSH (National Institute of Public Health).

There is no center for the identification of malignant diseases.
If we had such a centre, we will have easier to fight the disease of cancer, since the early stages of development.

In Kosovo, we don't have any institution which provides palliative services, where patients suffering from incurable diseases, to die in dignified manner under the support of close family members.

People don't fear from death but they fear from suffering. Sufferings are resolved by special care to desperate patients – not Euthanasia.

About 70% of patients die in hospitals away from their family with great pain and in serious mental condition that follow these diseases during the final phase. Some others, end of life days pass in their home with their loved persons, or alone forgotten and abandoned.
Almost 90% of patients who die from carcinoma need specialized care that requires this incurable disease.

We are the only place, which do not have palliative services for this kind of care.

According to the WHO definition for palliative care:
Palliative care is approach which improves patient quality of life and faced with problems that accompany these diseases which endanger life by enabling ease the suffering identified by determining pain treatment without mistakes, physical factor, psychological and spiritual.

Palliative care

- Relieve the patient from pain and symptoms of serious illness.
- Affirms life, so accept death as a natural process.
- Do not rush nor slows death.
- During the patient care, unites the psychological and spiritual aspects.
- Offers assistance in order to help the patient to be more active.
- Offers help family member during their member with illness and offers support to face with death.
- Improves quality of life and positively affect the course of the disease.
- Application of early therapy in early stage disease as chemotherapy or radiotherapy including treatment of clinical complications.

We cannot do all things immediately, but something we can do immediately.

People can not exactly remember what you have done or what you said, but each time they will recall the feelings that you have awakened to them

Menaxhimi i dhimbjes akute të gjoksit

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Dhimbja e gjoksit është e shpeshtë, në të shumtën e rasteve është e shkaktuar nga gjendje beninje. Në situatat kur gjendja është me rrezik për jetë, trajtimi është më i suksesshëm nëse fillohet menjëherë pas fillimit të simptomave. Shumë pacientë me gjendje serioze presin shumë gjatë para se të kërkojnë ndihmën profesionale, jo të gjithë pacientët me nevojë për trajtim emergjent identifikohen me kohë nga sistemi i kujdesit shëndetësorë.

Është fakt se: marrja e anamnezës për vënien e dyshimit për sëmundje koronare, ekzaminimi fizik dhe hulumtimet tjera me aplikimin e procedurave të njohura (prova ushtrimore, imazheria funksionale dhe angiografia) janë të përshkruara mirë në secilin libër të medicinës ose të kardiologjisë. Në të vërtetë këto janë mirë të njohura edhe nga studentët, prandaj, synim i më të vjetërve duhet të jetë: Sintetizimi i një sistemi shëndetësor të tillë, i cili do të sjellë parime te pacienti në kohë të duhur, në vazhdimësi dhe me kosto të pranueshme. Kjo do tu ofronte pacientëve shërbime efikase për diagnozë të drejtë dhe trajtim të bazuar në fakte.

Ky artikull do të fokusohet në atë se si të organizohet ky shërbim, ashtu që i tërë spektri i pacientëve me dhimbje në gjoks të evaluohet në mënyrë të drejtë, në ambiente përkatëse dhe në hapësirën kohore të duhur.

Qasja e pacientit në sistemin shëndetësorë mund të konsiderohet si kalim nëpër dyer të niveleve të ndryshme të këtij sistemi. Në secilën derë, pra në secilin nivel, është me rëndësi të identifikohen pacientët me rrezik për jetë.

Në secilën derë ka mundësi të ndryshme për nivel diagnostiko dhe për trajtim. Synim i zakonshëm në secilin nivel (derë) është analizimi pacientit me qëllim të shkurtimit të kohës së vonesës, të identifikohen rastet me rrezik për jetë dhe të ofrohen mundësitë maksimale për diagnozë dhe për trajtim. E tërë kjo me qëllim që të përmirësohen rezultatet e rrjedhës përfundimtare të trajtimit të pacientëve me dhimbje në gjoks.

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Introduction:
Treatment of acute pain can be done by patients themselves and momentally rescuers but the only appropriate plase for this are Emergency Unit where patients with pain can be diagnosed, observed and treated. Proper consultations will offer to patients immediate professional help which can ease pain within numerous illnesses that arise in emergency centres.

Theaim:
To show that professional medical teams in emergency centers offer the faster and best services when it comes to treating a pain. Sedare dolorem opus est divinum (calmness of pain, is a divine act) have said the old Latin and this is itself the goal of health teams in emergency centers.

Material and methods:
Prospective method based on medical records is used for analyzing all patients admitted during a 24 hour day in the emergency centre at Regional Hospital "prim.Dr.Daut Mustafa" in Prizren. Analysed were patients admitted and discharge on 05/november/2009.

Results:
Pain represent dominant symptom of patients addmited in the emergency center. During a period of time of one month we treated about 2200 patiend what means aproximatly 24000 patiens per year. On 05/november/2009 for 24 hours, were analyzed 74 patients: 46 man and 32 female. Patiens from age group 10 – 30 years were those which suffer mostly from pain, totally 36 (50%) of them. Those aged 40 to 49 yers old were only 14 (20%) suffering pain. Drugs that mostly are used in therapy have been: Diklofenak - Na, Spasmex, Metimazol - Na, Lidokain etc. Some of patients with recurrent pains were treated with opiate drugs such are Tromadol + Metoklopramid.

Conclusion:
Emergency centers with multidisciplinary teams must submit a high proffesional level for the treatment of acute pain by different etiologies. Good organization and standardized protocols are among the most important elements in treating patients with pain in emergency centers.

Predistention of the Epidural Before Catheter Insertion Reduces the incidence of Intravascular Epidural catheter Insertion

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Faculty of Medicine UT Tirana.

Background: Accidental cannulation of an epidural vein is a common complication associated with epidural anesthesia or analgesia. We tested the hypothesis that predistention of the epidural space with saline before epidural catheterization would ease catheter insertion and decrease the incidence of this complication.

Methods 100 laboring women were assigned to receive an epidural with loss of resistance technique with 5 mL saline (distention). The syringe plunger was held closed before epidural catheter insertion, then a test dose of 3 mL of 1.5% lidocaine was injected through the epidural catheter.

Results: There were fewer accidental intravascular catheter placements (2%- two cases) in this distention group, and 91% of patients did not have any unblocked segments. The difference in onset time of analgesia was small (5.0 ± 2 min) and not clinically important. The quality of analgesia (visual analog scores and bupivacaine consumption) was very good.

Conclusions: Distention of the epidural space with 5 mL saline before epidural catheter insertion decreased the incidence of accidental venous cannulation and the number of unblocked segments.
Identification of the epidural space by loss of resistance (LOR) with normal saline (NS) or lidocaine is superior to the use of air (1-6). But once the space is identified, some clinicians inject additional NS into it before catheter insertion(7-9) whereas others do not (4,5). Large volumes of NS in the epidural space may impair the quality of analgesia (10,11). Accidental epidural vein cannulation is common when epidural catheters are inserted, with an incidence that depends on multiple factors including patient position, the angle of the epidural needle, and the flexibility of the epidural catheter tip (1,5,12-16). Our primary hypothesis, based on different studies, was that injecting a low volume of NS before catheter insertion and holding the catheter plunger closed would distend the epidural space and reduce the propensity for accidental venous cannulation without diminishing the speed of onset of analgesia or increasing the number of unblocked segments.

Management of pain during various procedures in Diagnostic Radiology

Sylejman R. Krasniqi [1,2], Xhemal Nazifi [1,2], Frederik Çuperjani [3,2], Adem Bytyqi [1]
[1] Regional Hospital of Prizren, [2] Institute of Radiology "ProDiagnostic XS", [3] Thoracic Surgery Clinic – UCCK, Prishtina.

Introduction: Since the foundation of Diagnostic Radiology until now, patients and health professional are convinced that diagnostic procedures in radiology are comfortable and painless. It is only a "photo snapshot" by X-ray, ultrasound or magnetic resonance which does not give any pain. But is this true? That is well known to patients who often undergo those procedures and feel pains of different intensity.

AIM: To arise awareness of Diagnostic radiology staff for negative effects of pain during diagnostic procedures in Radiology. Increasing care for diagnostic radiology patients on that way that they will have those radiologic examinations with less pain and more comfortable.

Material and methods: Patients were studied on various radiologic procudures like: conventional X rays, ultrasound and computerized tomography concerning effect of pain during those examinations. Particular emphasis was paid for the pain during mammography. 69 patiens was taken for analysis, all of them female, aged 32 to 67 years in three month period from 01/march until 01/jun 2009 examined at Regional Hospital of Prizren and on Insitute of Radiology "ProDiagnostic XS" in Prizren.

Results: Each of patient has fill questionnaire about how they fill mammography, was there any pain, would they reiterate again and how it was compared to other medical procedures
28 (41%) have praised discomfort to mamography. 9 (14%) of them have had pain, 64 (94 %) women will repeat again mammography and 45 (65%) has described other medical procedures more painful.

Discussion and conclusion: Result and numbers obtained from our paper are related to other centers in the world. Pain as a universal sense should be taken seriously during various radiological procedures. Diagnostic Radiology professionals have to be good in determination and treatment of pain to their patients otherwise succsessfully diagnosed patients will have difficulties to undergo other medical procedures.

Notes

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Partners

Ministry of Health

Municipality of Prizren

Regional Hospital Prizren

International Association for the Study of Pain

Telemedicine off Kosova

International Association for the Study of Pain

Upcoming meetings:

November 19–21, 2009, San Francisco, California, USA
12th International Conference on the Mechanisms and Treatment of Neuropathic Pain. Jointly Sponsored by the University of Rochester School of Medicine and Dentistry and the Special Interest Group on Neuropathic Pain (IASP SIG). Info: Neuropathic Pain 2009 Conference Secretariat; Continuing Professional Education, University of Rochester Medical Center, 601 Elmwood Avenue, Box 677, Rochester, NY 14642-8677 USA. (Tel: +1-585-275-4392; Fax: 1-585-275-3721; Email: CMEOffice@urmc.rochester.edu; Web: www.neuropathicpain.org)

November 20-21, 2009, Athens, Greece
8th Biannual Scientific Meeting of the Hellenic Society of Algology (IASP Chapter). This meeting is dedicated to cancer pain and fibromyalgia. (Tel: 210 3232433; Fax: 210 3232338; Email: ponos_2009@aktinacitycongress.com; Web: www.aktinacitycongress.com/ponos2009)

November 24–28, 2009, Managua, Nicaragua
Annual Meeting of Asociacion Nicaraguenese Estudio Y Tratamiento Del Dolor (ANETD, IASP Chapter) in conjunction with the 30th Latinamerican Congress of Anesthesiology. (Tel: 505-2762142, ext. 8-4236; Fax: 505-2762484; Email: jbravo@ibw.com.ni)

December 4-5, 2009, Cologne, Germany
The 6th Congress on Acute Pain. Sponsors: IASP SIG on Acute Pain, German Work Group of the German Surgical Society. Abstract deadline: July 15, 2009. Click here to view the preliminary program. Visit the Congress website at www.akutschmerzkongress.de.

December 16-18, 2009, Nantes, France
"Convergences in Pelviperineal Pain." Co-organized by the SIG on Pain of Urogenital Origin (PUGO, IASP SIG). Click here to view a flyer for the meeting. Info: Convergences PP 2009 – Congress Organizing Office; c/o COLLOQUIUM Paris; 12 rue de la Croix-Faubin, 75557 Paris Cedex 11, France. (Tel: +33 1 44 64 15 15; Fax: +33 1 44 64 15 16; Email: convergencespp@clq-group.com Web: www.convergencespp.org)