



ASPA
CONNECT

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Celebrations!!

Celebrations theme cover page designed by Dr Milind and Dr Vibhavari Naik



Celebrations...many reasons

Dear Colleagues and Friends,

Happy New Year to all our ASPA members! We're always eager to stay connected with you throughout the year, and our official newsletter, ASPA Connect, truly embodies the spirit and emotions of this season. As paediatric anaesthesiologists, our mission goes beyond ensuring safe care for the children we anaesthetise; we also value the connections we build with them and their families during celebrations. These special occasions include festive seasons, our patients' birthdays, and their inspiring recovery stories from serious illnesses. Celebrations for both patients and anaesthesiologists are crucial in strengthening these bonds, honouring the resilience of our young patients, and recognising the dedication of our professionals. We also take time to celebrate our professional achievements and the society's growth over recent years, including new initiatives for our members.

On the academic front, besides our bimonthly ASPA webinars, ASPA Case Reports offers a platform for members to share their experiences with challenging cases. Recently, ASPA has launched a podcast series, We (V) Sync @ ASPA, which looks forward to featuring some of the leading figures in paediatric anaesthesia, sharing their journeys and insights. ASPA is deeply committed to providing safe, holistic, and child-centred care, reflecting the dedication and expertise of anaesthesiologists across the region. We encourage all members to actively participate in ASPA events. Together, we strive to advance paediatric anaesthesia care with compassion, innovation, and excellence.

Warm regards,
ASPA Connect Editorial Team

Prof Ina Shariffuddin
Assoc Prof Dilek Altun
Dr Teddy Fabila
Dr Vibhavari Naik





Season of Celebrations

Dear ASPA Members,

As we come together in this beautiful season of Christmas, we are reminded of light, compassion, generosity, and hope—values that lie at the very heart of paediatric anaesthesia and of all that ASPA represents.



This past year has been one of meaningful growth and shared purpose. Across countries, cultures, and stages of our careers, the ASPA community has continued to learn, teach, care, and innovate together—always keeping children and families at the center of our work. For this collective spirit, I extend my sincere gratitude to every member of our society.

Several important ASPA initiatives have taken shape during the year. Our one-year fellowship programs, meticulously crafted by the ASPA Board of Studies, reflect our commitment to structured, high-quality, and pragmatic training. The launch of ASPA Case Reports is a true collective achievement—made possible by the dedication of our editorial board and, of course, by the scholarship and enthusiasm of our authors.

Looking ahead, something exciting is on the horizon—ASPACONNECT Podcasts, featuring inspiring personalities and voices from across our field, designed to keep our curiosity alive and our inspiration flowing.

Christmas also offers us a moment to pause and reflect—to acknowledge how far we have come and to carry forward kindness, humility, and purpose into the work we do every day. As we step into the New Year, may it bring renewed energy, deeper connections, fresh ideas, and continued excellence in education and patient care. Together, as an ASPA community, we remain committed to building capability today and shaping paediatric anaesthesia tomorrow.

On behalf of the Asian Society of Paediatric Anaesthesiologists, I wish you and your loved ones a joyful Christmas and a very Happy New Year.

Warm regards,

Dr Vrushali Ponde

President, Asian Society of Paediatric Anaesthesiologists (ASPACONNECT)





Celebrating ASPA PPLS success story



Special Article:

Paediatric Perioperative Life Support PPLS “Conception to Collaboration”

Shared by Dr Agnes, KKH, Singapore

- In May 2014, ASPA members discussed whether we should have the equivalent of an advanced paediatric life support workshop, as the available workshops were medically driven and did not address crises encountered during the perioperative period.
- ASPA moved fast, and its motivated members met in December of the same year in Singapore to “brainstorm” and trial the concept of PPLS. We were fortunate to have a ready pool of enthusiastic faculty, as in 2012, ASPA had conducted an instructors’ course (train the trainers’/TTT) for the Safe Paediatric Anaesthesia workshop.
- In 2015, we ran the PPLS workshop at ASPA Penang, Malaysia. With time we fine-tuned the modules; mix of talks, interactive case discussions, skills station and added role play in “delivering bad news.”
- It was felt that Asian countries with a strong paediatric anaesthesia community should own and drive this program. Hence in such countries during its inaugural PPLS,
- TTT was conducted to train the local faculty.
- PPLS is now conducted in many Asian countries, including Malaysia, India, Turkey, Indonesia, Philippines, Sri Lanka, Nepal, Cambodia, Pakistan, Bhutan, and Mongolia, with many countries running regular workshops with their own faculty. Kosovo and Vietnam will receive their first PPLS in the coming months.
- The growth of PPLS in Asia was made possible by the ASPA PPLS faculty, who gave their time and resources to introduce PPLS to many countries in Asia.
- With the growth of PPLS, ASPA aims to improve the perioperative safety of our children, whether in the hands of a paediatric anaesthesiologist or the anaesthesiologist who manage the occasional child in their practice.



Celebrating growing memberships and connect

ASPAs in India



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Shared by Dr Vibhavari Naik

Dr. Rebecca Jacob was among the founding members of ASPAs when a dedicated group of pediatric anesthesiologists from Asia gathered in 2000 at a conference in Singapore. India has demonstrated significant engagement in spreading the spirit of ASPAs by hosting ASPAs conferences in the years 2003 in New Delhi, 2006 in Vellore and 2017 in Mumbai. The forthcoming ASPAs conference in 2026 is also scheduled in India, organized by Dr. Ekta Rai and the CMC Vellore team.



The 3rd ASPAs, New Delhi, 2003



The 5th ASPAs, Vellore, 2006

Indian ASPAs office bearers have included Dr. Rebecca Jacob (Past President), Dr. Elsa Varghese (Executive Committee Member; PPLS In-charge for India), Dr. Vrushali Ponde (Current President), Dr. Vibhavari Naik (Past Secretary), Dr. Ekta Rai (Past Executive Committee Member), Dr. Dilip Chavan (Current Executive Committee Member), Dr. Gayatri Sasikumar (Current Auditor) and Dr. Anuradha Ganigara (PPSIG lead).



The 14th ASPAs, Mumbai, 2017

Over the years, the ASPAs family in India have made their presence felt by a sizeable number of 175 Indian members. In collaboration with IAPA (Indian Association of Paediatric Anaesthesiologists), ASPAs has been conducting PPLS (Paediatric Perioperative Life Support) courses throughout India, initiated during Dr. Rebecca's presidency at ASPAs and Dr. Elsa Varghese's presidency at IAPA. India has shown continued engagement at ASPAs through conference participation, paper presentations, and faculty invitations. Many have also contributed their knowledge and expertise via ASPAs webinars, which are part of ASPAs's year-round academic activities.



We, the ASPAs members from India, are eagerly preparing for the upcoming ASPAs 2026 in Vellore and look forward to welcoming you for a remarkable academic and cultural experience.

Celebrating new beginnings



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Launch of the ASPA Case Reports Journal

ASPA is pleased to announce the launch of the **ASPA Case Reports Journal**, introduced during a special **Children's Day event on November 20, 2025**. We are proud and delighted to share the success of this milestone, as it marks the publication of **our very first case reports journal** and reflects our collective commitment to learning from real clinical experiences.

The inaugural session, opened by **Dr. Vrushali Ponde** and the **ASPA Editorial Board**, featured presentations by emerging clinicians from across the region. The first issue of the journal proudly includes **five case reports**, all of which were **presented by their authors (Dr. Niharika Sharma (India), Dr. Arya Vishwanath (India), Dr. Shefali Mallick (India), Dr. Pravesh Arjan (Malaysia), Dr. Janet Heng Man Huan (Malaysia) during the launch session**. Each presentation was followed by active discussion,

Shared by Dr Dilek Altun

ASPA CASE REPORTS LAUNCH

"EVERY CHILD, EVERY CASE TELLS A STORY"

CHILDREN'S DAY - NOVEMBER 20, 2025

JOIN US FOR THE LAUNCH OF ASPA CASE REPORTS - A NEW PLATFORM CELEBRATING UNIQUE PEDIATRIC ANESTHESIA CASES.

PROGRAM HIGHLIGHTS

INTRODUCTION - DR VRUSHALI PONDE
FIRST ISSUE RELEASE BY ASPA EDITORIAL BOARD

DATE: NOV 20, 2025 07:30 PM (GMT+8)
PLATFORM: (ZOOM) [TINYURL.COM/ASPACRL](https://tinyurl.com/aspacrl)

ABSTRACT PRESENTERS - DR NIHARIKA SHARMA | DR ARYA VISHWANATH | DR SHEFALI MALICK | DR PRAVESH ARJAN | DR JANET HENG MAN HUAN

EDITORIAL BOARD:



Dr Serpil Ozgen



Dr Vrushali Ponde



Dr Ayuko Igarashi



Zoom Link



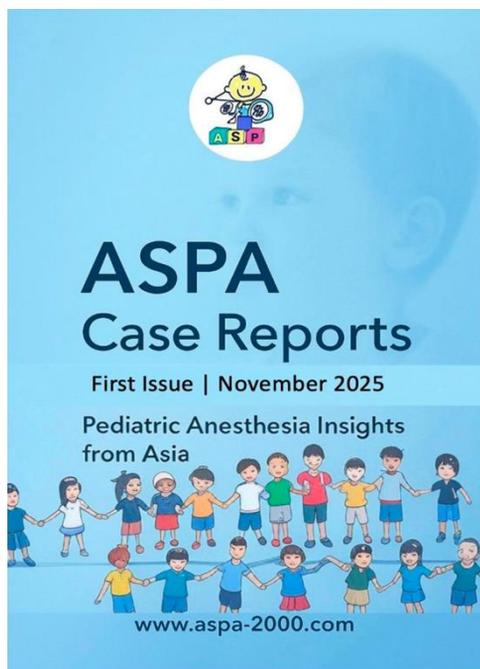
Dr Rufinah Teo



Dr Dilek Altun



Be an ASPA member get the Case Reports PDF and join our inspiring, friendly community!



clearly demonstrating how valuable shared clinical experiences, perspectives, and reasoning are to our community.

The ASPA Case Reports Journal strengthens clinical communication in pediatric anesthesia by sharing rare and complex cases that extend learning beyond standard guidelines. Through contributions from diverse countries and healthcare settings, the journal promotes **collaboration, reflective practice, and open dialogue**, supporting better clinical decision-making, innovation, and improved patient care across all over the world.

We invite you to contribute your unique case experiences and join us in shaping this evolving platform. The ASPA Case Reports Journal stands as a shared space where collective expertise can grow **strengthening pediatric anesthesia, one shared experience at a time**.



Advancing paediatric anaesthesia, one shared experience at a time

Learn . Share . Connect

Follow us on - <https://aspa-2000.com/aspa-case-report/>

Celebrating scholarly work of members



Dynamics of Oxygen Reserve Index and Arterial Oxygen Partial Pressure in Children: A Prospective Observational Study **Paediatr Anaesth 2025 Oct;35(10):810-815.**

Ji-Hyun Lee MD. PhD. and Jin-Tae Kim MD. PhD.
Department of Anesthesiology and Pain Medicine,
Seoul National University Hospital, Seoul National
University College of Medicine.

Why did this topic intrigue you?

The Oxygen Reserve Index (ORI) is of interest as a non-invasive parameter signalling impending hypoxemia, even when pulse oximetry is normal. In adults, ORI correlates with arterial oxygen partial pressure (PaO_2) in the 100–200 mmHg range. Despite ORI's growing clinical use, paediatric data are lacking, and the ORI- PaO_2 relationship hasn't been studied systematically in this group. Due to children's distinct physiology, adult findings can't be directly applied to paediatric anaesthesia. Paediatric anaesthesiologists often face abrupt hypoxemia and hyperoxia during anaesthesia. Understanding how reliably ORI reflects PaO_2 and the valid oxygenation range is crucial. This led us to explore the ORI- PaO_2 relationship in paediatric patients to provide data supporting strategies for predicting and preventing hypoxemia and hyperoxia using ORI.

What is the most prominent finding of this article?

Our study's key finding is that the Oxygen Reserve Index shows a meaningful relationship with arterial oxygen partial pressure in paediatric cardiac surgery, maintained across cardiopulmonary bypass. The ORI- PaO_2 relationship is not linear, with a threshold around 245 mmHg. Below this, ORI reflects PaO_2 changes well, but above it, responsiveness decreases. This mirrors adult findings. The relationship remains stable regardless of haemoglobin concentration or cardiac function in our study population. These results indicate ORI can serve as a stable tool for monitoring oxygenation trends in children undergoing cardiac surgery.

What was the most challenging part of this study?

The biggest challenge was keeping physiological factors—cardiac output, body temperature, and acid–base status—stable, so PaO_2 changes could be attributed to FiO_2 adjustments. In pediatric cardiac surgery, physiology is dynamic, especially during surgery and across pre- and post-cardiopulmonary bypass periods. We minimized these confounding factors' impact by allowing stabilization time at each FiO_2 level and maintaining consistent hemodynamic and ventilatory conditions throughout measurements.

How do you think this work influences our understanding of the topic?

Most evidence on the Oxygen Reserve Index (ORI) comes from adult studies, with limited data on ORI's reflection of PaO_2 in children. In this study, we showed ORI is reliable within a clinically relevant oxygenation range. However, at higher hyperoxia levels, ORI's response to PaO_2 becomes less sensitive, as both arterial and venous haemoglobin approach full saturation. Rather than considering ORI as a direct surrogate for PaO_2 , our findings help define where ORI is most informative and its limitations. This provides a framework for using ORI to help prevent hypoxemia and unnecessary hyperoxia in paediatric anaesthesia and critical care.



Celebrating patient success stories

Shared by **Dr Sahatsa Mande**,
Siriraj Hospital, Mahidol University,
Bangkok, Thailand



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As a paediatric anaesthesiologist and paediatric pain physician, I once cared for a 6-year-old girl with acute lymphoblastic leukaemia who endured countless painful procedures and severe abdominal pain from a splenic infection. When she was first referred to us, she was critically ill, and her pain was intractable despite standard treatment. That was when our pain team became involved.

She was remarkably smart and able to describe her symptoms with striking clarity. Over the next two months, her condition slowly improved. After many inpatient visits, she became familiar with me. She was a very cute little girl, but because of her pain, her face often showed little emotion. One day, I gently asked her, “Can you give me a little smile?” She responded with a small, grumpy grin—unexpected, but incredibly cute.

A couple of years later, she completed her cancer treatment. Although some abdominal pain persisted and she required rehabilitation to walk again, we carefully and gradually weaned her opioids, step by step. At each clinic visit, she and her mother shared more of her lovely and heartwarming stories. Watching her return to a normal life was deeply rewarding. She was able to go back to school and resume a normal childhood.

In time, she no longer required pain medication or follow-up with our service. The best day for me was the day I told her she no longer needed to see me. We said goodbye with a warm hug—her, her mother, and me. It was such a good feeling to see this little girl go through such a big obstacle and grow up beautifully in her own way.

Celebrating dialogues

Welcome to the ASPA (Asian Society of Paediatric Anaesthesiologists) podcast series — We (V) Sync @ ASPA, hosted by Vrushali and Vibha.

This engaging platform brings paediatric anaesthesia to life, blending science with the art of clinical practice. Through insightful conversations, expert perspectives, and shared experiences, we spotlight learning, mentorship, and leadership in our specialty. Whether you are a trainee eager to learn or a seasoned professional ready to reflect and inspire, this podcast is your space to connect, grow, and sync with the paediatric anaesthesia community. Join us, as we tune in to We (V) Sync @ ASPA!



Follow us on [Spotify](#) and [Apple Podcasts](#)



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Celebrating inspiring member journeys

*Shared by Dr Maya Lama
Pokhara Academy of Health Sciences
Pokhara, Nepal*



Tell us about you and your work

Working as an anaesthesiologist in a general hospital in Pokhara for more than 25 years has been a deeply fulfilling and meaningful journey. Serving the community and contributing to the nation's healthcare system has offered both pride and purpose. As one of the few anaesthesiologists in the region, I have provided care across all age groups — but the responsibility of anaesthetising preterm infants, neonates, and young children has remained the most delicate and demanding aspect of my work.

What makes administering anaesthesia to children particularly challenging in this setting?

Administering anaesthesia at altitudes soaring to 2,770 meters adds a unique layer of complexity. The high-altitude physiology dances with oxygenation, ventilation, and haemodynamics, especially in preterm and sick neonates, whose physiological reserves are as fragile as a butterfly's wings.

How would you describe the early years of your practice here?

In the nascent days of my career, monitoring equipment was as rare as a blue moon. Our primary allies were the pulse beneath our fingertips, a trusty stethoscope, and the sharp edge of clinical judgment. The trials of those early years, peppered with near-miss events, forged my determination, patience, and resilience.

What is your vision for the future development of paediatric anaesthesia in Pokhara?

Strengthening collaboration with neonatologists and nurturing the next generation of anaesthesiologists in the intricate dance of managing sick neonates will be the key to advancing paediatric perioperative care in the years to come.

Can you share the 'Most Celebrating Moment' of your journey?

The most celebrated moment of my life was earning my Anaesthesiologist degree and stepping into the world of practice.

Outside of paediatric anaesthesia, what other interests or passions do you have?

I find joy in the gentle art of gardening and the thrill of travel.

What advice would you offer to young doctors who are considering a career in paediatric anaesthesia?

To young doctors contemplating the path of paediatric anaesthesia, I say, forge ahead, for it is a journey rich with rewards and joy.





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**Shared by Dr Marichu Bhattad, Phillipine Children's
Medical Center, Metro Manila, Phillipines**

Celebrating the longest holiday season



Philippines is known as having the longest holiday season in the world spanning from the start of "ber months" that is September and last until the week after New Year's Day. In order to give our young patients a true sense of the Christmas spirit, the hospital lobby is turned into a festive wonderland with Christmas tree hanging children's "MY LITTLE CHRISTMAS WISH" cards. Each wish tells a story of hope and optimism. Christmas carols are played in the hospital to keep the holiday spirit despite their circumstances. Hospital management and various organizations take meaningful actions to remind everyone of the importance of coming together to spread love and joy during the festive season. They organize parties and visits from Santa Claus for gift-giving events creating a cheerful atmosphere for the children receiving care. Grocery packs, educational toys, art materials, reading books, puzzle books, and board books are distributed in support to the learning, creativity, and literacy of children undergoing medical treatment.

The holiday season is not just for the young but also for the "young once and young at heart". Maligayang pasko sa inyong lahat.





Shared by Dr Serpil Ozgen,
Acibadem Hospital, Istanbul,
Turkiye



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Celebrations of Hope



Celebrations take on a deeper meaning when shared with those who need hope the most. This New Year, at Acibadem Health Group, Altunizade Hospital, the spirit of celebration reached beyond decorations and calendars into the hearts of children hospitalized with oncologic diseases. In the pediatric oncology wards, New Year's celebrations were shaped not by grand events, but by sincere human connection. Anesthesia technicians and doctors came together as a team to bring small but meaningful gestures to the children—colorful balloons, chocolates, and lovingly homemade cookies. These simple gifts carried a powerful message: you are not alone, and you are deeply cared for. For children whose days are often defined by treatments, procedures, and uncertainty, moments of joy can be profoundly healing.





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Celebrations of Hope: New Year at the Children’s Oncology Ward in Acibadem Health Group, Altunizade Acibadem Hospital, Istanbul, Turkiye



Laughter sparked as balloons floated above hospital beds, smiles appeared with the unwrapping of treats, and for a while, the hospital corridors echoed with the sounds of celebration rather than illness. The presence of familiar healthcare professionals outside the operating room—sharing kindness rather than clinical care—reinforced trust, comfort, and emotional safety.



These New Year’s moments reminded us that paediatric anaesthesia is not only about technical excellence, but also about compassion, teamwork, and holistic care. By celebrating together, we helped transform the start of a new year into a symbol of resilience, hope, and optimism for children and families facing extraordinary challenges.

As the Asian Society of Paediatric Anaesthesiologists reflects on the theme of “Celebrations,” this experience stands as a powerful example of how small acts, delivered with unity and empathy, can create lasting joy. May the coming year bring health, strength, and brighter days—and may we continue to celebrate life, even in its most fragile moments.



Festive celebrations



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Shared by Dr Chamila Liyanage

Lady Ridgeway Hospital for Children, Colombo, Sri Lanka

At Lady Ridgeway Hospital for Children, Christmas brought warmth and hope after the recent cyclone. Carols echoed through the wards as Santa, festive decorations, and Christmas trees brought smiles to young faces. Priests offered blessings, entertainers lifted spirits, and staff shared joy through Secret Santa. Amid recovery and resilience, the season reminded us of compassion, unity, and hope for every child.



Christmas Celebrations amongst the paediatric nurses at Holy Spirit Hospital, Mumbai

Shared by Dr Vrushali Ponde, Holy Spirit Hospital, Mumbai



Team Celebrations



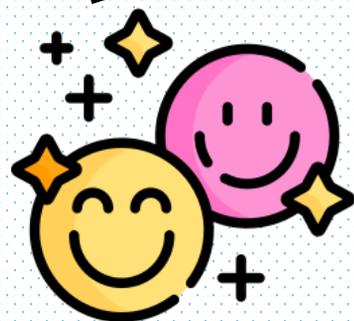
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*Shared by Dr Ayuko Igarashi,
Miyagi Children's Hospital,
Miyagi, Japan*



The end-of-the-year celebration for the safe perioperative care of children at Miyagi Children's Hospital, Sendai, Japan.

December is the season of Bo-Nen Kai (忘年会), the end-of-the-year party in Japan. In all kinds of workplaces across the country, colleagues get together after work to party, eat (a lot) and drink (a lot), or dance, just to have fun together. It is to praise the team spirit and thank each team member for their tireless efforts in overcoming the various challenges of the year.



Our OR also had the end-of-the-year party the other day. Surgeons, nurses, medical engineers, and anesthesiologists (a real multimodal team) had a fun time together, celebrating our successful year in providing safe anesthesia care for all children who underwent surgery in our hospital.



Peace



Love



Happiness



Celebrating with patient families



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**Shared by Dr Vibhavari Naik,
BIACHRI, Hyderabad, India**



Spreading Christmas Joy Among Our Little Warriors. This Christmas came a little early at Basavataarakam Indo-American Cancer Hospital — bringing with it smiles, laughter, music, and moments of pure joy for our younger patients.

For our brave little fighters and their families, the day was about more than celebrations. It was about feeling special, cared for, and surrounded by love. From cheerful performances to festive vibes, every smile reminded us why healing is not just about treatment — it's also about hope, happiness, and human connection.



Because every child deserves the magic of Christmas — no matter the journey they're on. Here's to courage, resilience, and the beautiful spirit of childhood.



The “MUST-NOT-EAT” Menu: Paediatric Anaesthetists’ Night-Call Superstitions 🍲🚫

Shared by Dr Teddy Fabila

Across Asia, paediatric anaesthetists share a secret ritual: never tempt fate with the wrong food when starting night call. In our world, one unlucky snack can magically transform a quiet list into a parade of midnight appendixes, bronchiolitis cases, and *that* child with difficult IV access.

In **Singapore**, *bao* (steamed buns) are strictly taboo — their round, full shape symbolises prosperity and “full workload.” One bite and you may find yourself intubating until sunrise.



Across the sea in the **Philippines**, **stir-fried noodles** are avoided, as their long strands invite a never-ending stream of OT cases.



In **India**, starting the night with **masala chai** means trouble brews with that spicy mix — the shift will be “full of masala”: unpredictable, high-octane challenges.

In **Malaysia** shares Singapore’s *bao ban* — prosperity can wait till morning.

Anaesthetists in **Thailand** avoid *pad kee mao* (“drunken noodles”) — not because of alcohol but because chaos might follow like a wild night out.

In **Indonesia**, **fried chicken** is said to attract trauma cases — crispy skin, slippery roads, busy ER.

In **Hong Kong**, **dim sum** means *sum-more* cases — many small bites, many small patients.

In **Vietnam**, **pho** foretells a never-ending stream of emergencies, flowing like its broth.

In **Japan**, **ramen**’s long noodles promise long surgical lists — and repeated re-inductions for tiny airways.

In **South Korea**, **tteokbokki** warns of a rapid-fire night of wheezers and feverish infants.

In **Pakistan**, **biryani** signals “spicy cases ahead.”

While in **Cambodia**, **noodle soups** are believed to summon endless OT turnovers.

Whether coincidence or cultural charm, these culinary rules bind us in humour and shared resilience. Better safe than sorry — save the feast for post-call victory! 🍲🌟

Education SIG: Webinar Updates



 Asian Society of Paediatric Anaesthesiologists (ASPA)
Research Webinar 2025

Enhancing Collaboration in Paediatric Anaesthesia Research

Date: Sunday, 16 November 2025
Local Times: London, UK: 09:00 GMT / Italy: 10:00 CET / Turkey: 12:00 TRT
India: 14:30 IST / Singapore: 17:00 SGT / South Korea & Japan: 18:00

Platform: Zoom Webinar
Free Registration
Tap the QR code to register:



Speakers & Topics:

Nicola Disma (Italy) "CRICKET & T-REX – Global Collaboration in Paediatric Anaesthesia"	Taiki Kojima (Japan) "The Importance of Collaboration in Clinical Research: Developing a Multicentre Research Education System"	Soichiro Obara (Japan) "The Basics of Health-Economic Study – Cost-effectiveness Research in Perioperative Medicine"
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Moderators: Ekta Rai (India), Serpil Ozgen (Turkey), Soichiro Obara (Japan)
Technical Support: Vibhavari Naik (India)

Why Attend?

- Understand the latest approaches to multicentre trial collaboration
- Expand your research network across Asia and beyond

We welcome participants from around the world to join this **FREE** educational event!

Recently Concluded Webinars

If you missed this or any previous webinar, you could watch them on [ASPA website](#) or [ASPA YouTube channel](#)

 YouTube ^{IN}

aspa anaesthesia



ASPA
@aspa833 • 869 subscribers • 71 videos
More about this channel ...more
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Upcoming webinar "Pain without a playbook: Practical thinking for the paediatric pain problems we commonly see"

- 15 February 2026
- **0500 PM** Singapore Time
- Register in advance for this meeting
- Registration link – [Click here](#)

 Asian Society of Paediatric Anaesthesiologists

Paediatric Pain Special Interest Group

Pain without a playbook:
Practical thinking for the paediatric pain problems we commonly see

15 February 2026

UCT 09:00 | SGP 17:00 | IND 14:30
JPN 18:00 | THA 16:00 | TUR 12:00

Expert Panel

 Dr Ayuko Igarashi Chronic headache in children	 Dr Richard Kim An unusual presentation of back pain: A problem-based learning discussion	 Dr Lakshmi Vas A novel understanding of abdominal pain and its treatment
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Moderators

 Dr Gezy Giwangkencana	 Dr Ye Yun Phang	 Dr Raylene Diaz
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We warmly invite you contribute to ASPACONNECT our newsletter dedicated to celebrating, informing, and connecting the paediatric anaesthesia community across Asia. Please share your experiences, reflections, achievements, or creative writing with us!



SUBMISSION GUIDELINES

- ASPA-associated activities
- Format: Microsoft Word document
- Font: Arial, Size 12
- Word limit: 100-200 words
- Pictures/Diagrams/Drawings: to submit separately in JPEG or PNG format (if any). Maximum 1 or 2 images



PLEASE CATEGORISE YOUR ARTICLE UNDER ONE OF THE FOLLOWING SECTIONS:

FEATURED ARTICLES ASPA SIG updates

EDUCATION & TRAINING Education updates

MEMBER'S SPOTLIGHT by invitation

MOMENTS THAT MATTER ASPA core memories

ASPACONNECT UPDATES Recent ASPA program/activities

PROSE & POETRY Literature, songs, poems, paintings

PULSE & PASSION LIFE BEYOND PRACTICE

Please email your submissions to ASPACONNECT@gmail.com.



We look forward to hearing your voice and sharing your story

