The Development of Anesthesia in Kosovo

Antigona Hasani1, Adem Bytyqi2
Anesthesiology and Reanimation Department, University Clinical Centre of Kosovo, Pristina, Republic of Kosovo1
Anesthesiology and Reanimation Unit, General Hospital “Prim. Dr. Daut Mustafa”, Prizren, Republic of Kosovo2

REVIEW
SUMMARY
This is a short review of the historical development of anesthesiology in Kosovo from its beginning to the present day.
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A man’s struggle to survive, perhaps his greatest and indeed his constant battle is against physical pain.

Prior to 1842, an operative procedure was a struggle for the surgeon and a suffering for the patient. The surgeon was evaluated based on his speed, rather than his skills. The story is a dramatic one, and the present state of achievement in the control of pain is a culmination. It occurred with regards to the discovery of the anesthetics and analgesics (1).

The history of beginnings of anesthesia in our country dates from 1944 (Fig.1), with Prim. Dr Daut Mustafa, pneumologist, young doctor at that time, started to apply ether anesthesia with Schimmelbouch and Ombredanne mask. Before, all surgical interventions were performed under local anesthesia, the other patients with complicated surgical interventions were sent out of the country.

From 1952, the period of introduction of the nurse anesthesiologists began. They were a group of medical personnel with lower medical qualification, sent to Belgrade or Skopje in order to be competent for applying general anesthesia (2). They participated in courses for 3 to 9 months and earned the title of nurse anesthetists and realized their work under surgeons’ control. Some of them were educated in Denmark. The centre for training in anesthesiology in Copenhagen was founded in May 1950. The 1-year postgraduate course in anesthesiology in Copenhagen was one of the WHO programmes, set up for the underdeveloped and developing countries with the help of the big powers (Centre for Anaesthesiology at the WHO) (3-4).

The period of nurse anesthesiologists ended in 1974, when three Serbian anesthesiologists Dr. Miric, Dr. Gojko, and Dr. Cosic started to work in Pristina Hospital, with 380 beds and 3 surgeons, at that time. Equipment contained domestically manufactured anesthesia apparatuses of the Sutjeska type with ether vaporizer, and lately Tiberius (Drager) with halothane vaporizer (Fig.2). Nitrous oxide was introduced in 1975. Drugs used for anesthesia were sodium thiopental, morphine and succinylcholine chloride. Ketamine chloride, fentanyl and droperidol were introduced after 1985 (5).

In 1980s, so called the renaissance of Kosovar anesthesia occurred. The first Albanian anesthesiologist was Dr Sokol Hajdini, who became an anesthesiologist in Belgrade in 1984 and still is working in University Clinical Centre of Kosovo. Here are some of the names of anesthesiologists who finished their anesthesiology exam after that: Shpetim Rrobaj (1986), Qamile Morina (1987), Hysen Hyseni (1987), Zana Bukoshi’ (1988), Dukagjin Binishi (1988), Rafet Abazi (1989) (6).

After them the number of anesthesiologist continued to grow, until 1990, when Serbians started to layoff Kosovar doctors from work. Starting from this period to the end of war, most of the doctors finished their specialization in a foreign country such as Albania, Turkey, Italy, France etc.

Nowadays, there are 96 specialists of anesthesia and 8 residents working in Kosovar institutions. We strongly promoted physician based anesthesia. Training programmes were set up for anesthesiologists in the teaching centers after 1999 leading to a reduction in the numbers and the influence of nurse anesthetists. Since then the rivalry between the physician anesthesiologists and the nurse anesthetists has continued and intensified. However, the employment of nurse anesthetists continues, because of lack of numbers of anesthesiologists and also to allow the anesthesiologists to take part in high profile
From the history of medicine

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Nowadays, every kind of anesthesiology – general and regional anesthesia – is applied in Kosovar institutions. Most of the anesthesia machines are Drager products. Inhalatory anesthetics, which we use are isoflurane and sevoflurane, intravenous anesthetics are propofol, thiopental, ketamine and etomidate, miorelaxants are succinylcholine, pancuronium and atracurium, opioids are morphine and fentanyl, midazolam and diazepam is applied for sedation and from local anesthetics we have only lidocaine and marcame. Endotracheal intubation and classic laryngeal mask airway are mostly used airway devices. Noninvasive monitorization is useful in all our operating rooms.

Intensive Care Unit (ICU) in anesthesiologist’s responsibility was inaugurated in 1987, equipped with Servo 500 ventilators. Today, we have modern ICU with 17 beds in University Clinical Center and approximately 5 beds in every bigger town of Kosovo.

The Association of Kosovo Anesthesiologists was found in 2006 in Pristina. The first anesthesia meeting in Kosovo was held in 2006, in Pristina. The meeting had international character with eminent speakers from Great Britain, Japan, Switzerland, Turkey, Albania, Macedonia etc. We are planning the other annual anesthesia meeting in 2010. This year, we organized the first Pain conference in Prizren. Furthermore, we are a member of FEEA from 2007.

The Association of Kosovo Anesthesiologists has become the part of the European Society of Anesthesia in 2008.

The Medical Faculty in Kosova was founded in 1969. However, until a year ago when anesthesia became a specific study course, it is taught as a portion of surgery at the Medical University. Unfortunately, none of the instructors possess the title of an anesthesiology professor. A Kosovar anesthesiologist is still considered as the shade of the surgeon.

Anesthesiology in Kosovo continues to develop, even though many obstacles exist along the way. Advancement of professional staff, the education of new recruits, and the awareness of the population regarding this matter are among our priority goals.

And, don’t forget, safe surgery is only possible with safe anesthesia.

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Corresponding author: Antigona Hasani, MD. Anesthesiology and Reanimation Department, University Clinical Centre of Kosovo, Pristina, Republic of Kosovo