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### Issues and challenges of pediatric anesthesia in Bangladesh!

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Geographically Bangladesh is located in an area where natural calamities like flood, cyclone, and drought are very common. The country is hugely populated (1252/Sq km) due to its livable plain terrain with good reserve of natural resources but as usual we have a developing health management system. So, as a non-earning member of family women and children is most vulnerable group of society. Children constitute more than one third (51.3 million) of total population on the other hand woman constitute almost half (49.40%) as well. Due to low GDP, allocation of budget in health (0.92% of GDP) specifically for addressing children and maternal health is not sufficient. Despite diversity in their geographical, linguistic, and political structures, Afghanistan, Bangladesh, Bhutan, India, the Maldives, Nepal, Pakistan, and Sri Lanka face common health challenges. Moreover socioeconomic status of these countries differs very little. Even though Bangladesh has achieved United Nations Award for successful reduction of infant (28.2/1000) and maternal mortality rate (170/1000) on MDG 4 during the 65<sup>th</sup> UNGA. Presently working in a 1500 bedded tertiary care teaching hospital which has 30 bedded paediatric surgery ward, 130 bedded paediatric medical ward, 10 bedded neonatal ICU, 10 bedded paediatric ICU and 36 bedded adult ICU as well. We are performing on an average 100 routine pediatric surgery cases every month. Amongst those common surgical diseases are hernia, ARM, hirschsprung's disease, tongue tie, appendicitis, intussusceptions, rectal polyp, IHPS, hydrocephalus, hypospadias etc and less common surgical diseases are esophageal atresia with/without fistula, intestinal atresia, eventration of diaphragm, diaphragmatic hernia, mesenteric cyst, myelomeningocele, PUV, UDT, gastroschisis, omphalocele etc. The hospital is rich with allied health professionals in almost all discipline specially paediatric cardiology, paediatric cardiac surgery. We have enough hospital bed and plenty patients but having limited number of skill doctors & paramedics. We are turning over maximum number of patients with minimum resources and staffs. We have lot of concerns like capacity building, poor socioeconomic and poor nutritional states, inadequate social awareness programs, delayed reporting sick to hospital & delayed interventions, extreme resources constrains etc and to combat those challenges we do few improvisations like improvised way of maintaining airway, improvisation of warming patients, fluids, blood etc, clinical monitoring of patients instead of sophisticated electronic monitoring devices.

### Biography

Award winning experienced physician specialized in Paediatric Anaesthesiology, Critical care & amp Pain medicine. Serving in tertiary care teaching military hospitals in Bangladesh. Participated in United Nations peace-keeping missions in Liberia & amp; Western Sahara as Anesthesiologist provided anesthesia services and intensive care to lot of war-injured distressed African patients.

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