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SPEECH BY PRESIDENT SHEARES AT THE OPENING CEREMONY OF THE ROYAL AUSTRALASIAN COLLEGE OF SURGEONS WORKSHOP ON MICROSURGERY AT THE SINGAPORE HILTON ON MONDAY, 9TH MAY 1977 AT 6.30 P.M.

Microsurgery, which commenced in the last century, was then of little clinical value mainly because of the lack of technical aids such as operating microscopes, micro-instruments and micro-sutures. This realm of surgery however has now extended its range of work which can be undertaken successfully by surgeons, for example, in the re-joining of severed fingers or limbs.

In perspective, microsurgery takes its place with anaesthesia, asepsis and blood transfusion in the advancement of the frontiers of surgery. It is a technological development which enables the surgeon to undertake extremely delicate operations by the use of the operating microscope and gossamer thin sutures. It is essentially an advancement applicable in neurosurgery, cardiovascular surgery, ophthalmology and in ENT surgery, the range being limited only by the skill of the surgeon and the availability of relevant microsurgery instruments.

In rationalizing priorities it is relevant to identify the place of microsurgery in relation to the health service as a whole. In countries where the most common problems are still infection and malnutrition, health care must be directed to the prevention of diseases and deaths from these causes. However, in the more industrialised countries where workers frequently lose their limbs and extremities whilst at work, hence requiring plastic surgery and reconstruction, some degree of priority has to be given to re-transplantation of fingers and hands, transplantation of toes to severed fingers, and the use of tissue transplants of skin, muscle, bone, etc, in plastic and reconstructive work.

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Fortunately in Singapore, acquisition of microsurgical instrumentation is relatively easy, while learning the skills of their use are not too difficult. Furthermore, reconstructive microsurgery is becoming a common enough activity of surgery and in fact local surgeons have used microsurgical techniques without much fanfare. Not surprisingly the first in the field were the ENT surgeons and the eye surgeons whose operative fields are small and hence their operations are delicate. An operating microscope has been available in the Singapore ENT Unit since 1958. The Eye Unit is now ready to replace its original and first operating microscope. Operative microscopes have been available in the Units of Neurosurgery and Cardiovascular Surgery since the late 1960s. The recent success of re-suturing of arms was made possible by the use of an operative microscope in the Surgical Unit of the Singapore Alexandra Hospital.

The full potential of microsurgery has not been reached as yet. A workshop on microsurgery may provide a glimpse of the promise it offers. It would, however, be prudent not to be innovative unless training in its techniques or knowledge of its application have been mastered. Nor would it be justifiable to undertake these procedures merely for its novelty. The potential is appreciated and I hope it will be developed with wisdom.

There is every indication that this workshop will strive to highlight the important aspects and applications of microsurgery and I wish the organisers every success in their endeavours.

It now gives me great pleasure to declare this Workshop open.

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