



The 33<sup>rd</sup> Annual Academic Meeting of Rajavithi Hospital



**Anniversary**  
**of Rajavithi Hospital**  
**The journey of success**

**April 4-5, 2023**

Bangkok, Thailand





ชื่อหนังสือ หนังสือประชุมวิชาการประจำปีโรงพยาบาลราชวิถี ครั้งที่ 33 ประจำปี 2566

จำนวนหน้า 85 หน้า

ภายใต้งาน การจัดประชุมวิชาการประจำปีโรงพยาบาลราชวิถี ครั้งที่ 33 ประจำปี 2566  
ระหว่างวันที่ 4 – 5 เมษายน 2566  
ณ ห้องประชุมชั้น 11  
อาคารเฉลิมพระเกียรติ 6 รอบพระชนมพรรษา โรงพยาบาลราชวิถี

เจ้าของลิขสิทธิ์ โรงพยาบาลราชวิถี กรมการแพทย์ กระทรวงสาธารณสุข  
เลขที่ 2 ถนนพญาไท เขตราชเทวี  
กรุงเทพมหานคร 10400  
โทรศัพท์ 02-206-2900

จัดทำโดย โรงพยาบาลราชวิถี เลขที่ 2 ถนนพญาไท  
เขตราชเทวี กรุงเทพมหานคร 10400  
โทรศัพท์ 02-206-2900  
ในนามของ คณะอนุกรรมการฝ่ายเอกสารในคณะกรรมการจัดประชุมวิชาการ  
ประจำปีโรงพยาบาลราชวิถี ครั้งที่ 33 ประจำปี 2566

พิมพ์เมื่อ 4 เมษายน 2566

เลขมาตรฐานสากลประจำหนังสืออิเล็กทรอนิกส์ (ISBN) 978-616-8322-17-8



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## Message from the Director General

### Department of Medical Services, Ministry of Public Health

Dear distinguished guests and colleagues,

It is with great pleasure for me to welcome all of you to the 33<sup>rd</sup> Annual Academic Meeting of Rajavithi Hospital (33<sup>rd</sup> AAM-RH) held during 4<sup>th</sup> – 5<sup>th</sup> April, 2023 at Rajavithi Hospital, Bangkok, THAILAND. After the COVID-19 era, ways of living have been changed beyond our recognition. Some ways were flourishing, but some are in vain. This is the reason why we set “The Journey of Success” as the theme for this year to commemorate the 72<sup>nd</sup> Anniversary of our hospital.

The Department of Medical Services is the national body responsible for the health service system development in Thailand. Rajavithi Hospital is one of the super-tertiary care and center of excellence which has contributed substantially to Thailand’s UHC implementation and achievement. We are also designated as one the central hospitals providing support to provincial tertiary hospitals to ensure a seamless referral system. As a result, not only were the complicated diseases referred to us, but also rare diseases. We, as the community of human resources for health, are committed ourselves to give all necessary supports and cares that meet people’s needs, with compassion, respect and dignity.

“ The Journey of Success ” will spin a yarn of various success in medical knowledge. This conference will mark another milestone in advancement of our works to save more lives and create a better health system for all in the future. I wish you successful meeting and, more importantly, transfer of knowledge into actions for the mankind.

I would like to extend my sincere thanks to all members of the organizing committees for their great contributions to this important conference. My A special appreciation also goes to all speakers for your invaluable contributions. I wish you all every success in this event.

(Thongchai Keeratihuttayakorn, MD)  
Director General, Department of Medical Services,  
Ministry of Public Health

## Message from the Director of Rajavithi Hospital

We, the Rajavithi Hospital, is so proud for our long journey to support Thai population since 1951. It is one of the largest tertiary referral centers of the Ministry of Public Health which had saved many lives for more than seven decades. In the context of Universal Health Coverage, we are one significant piece to complete the achievement of the country. As a long history of success in medical services for 72 years, that is why we organized this meeting in this theme “72<sup>nd</sup> Anniversary of Rajavithi Hospital: The journey of success”. This meeting will open opportunity for people to learn the way of success in several aspects.

The 33<sup>rd</sup> Annual Academic Meeting of Rajavithi Hospital is a great event for exchange and learning among various experts from many medical fields. Knowledge arising from this conference will be crucial input for further development of the health service system in Thailand and advancing Rajavithi Hospital to the next level. In this year, the scientific committee has planned a diverse and interesting program. As part of the committee, we will have a variety of different educational and scientific programs addressing your needs as a professional in health care service that will provide you with value.

I think it is fair to conclude that the conference is a great success. So many people have contributed in so many ways to turn this event into a smoothly running meeting with many interesting presentations and a very good ambience for discussion and networking.



(Jinda Rojanamatin, MD)  
Director of Rajavithi Hospital



## Message from the chairman of the 33<sup>rd</sup> AAM-RH organizing committee

The 33<sup>rd</sup> Annual Academic Meeting of Rajavithi Hospital (33<sup>rd</sup>AAM-RH), “72<sup>nd</sup> Anniversary of Rajavithi Hospital: The journey of success” will be held on 4<sup>th</sup> – 5<sup>th</sup> April 2023 at Rajavithi Hospital, Bangkok, Thailand. On behalf of the organizing committee, we are delighted to welcome you to join academic event covering aspects of medical knowledges and its diverse applications. There are a lot of change in way of success in medical practice. This conference concept is catching up on medical knowledge for all audience.

The main objective of AAM-RH is to gather medical and healthcare professionals, scientists, practitioners, and expert from across country to exchange ideas and advance research and practices that promote health service for the future. This meeting will provide interesting lectures and seminars in a wide range of health services.

I would like to take this opportunity to thank the organizing committee for their diligent work. I would like to thank all participants, especially those of you coming from abroad, for joining us and sharing your valuable experience and ideas. I hope that all of you will enjoy the conference, and I wish our visitors from abroad will have a very pleasant time.

*T. J. Hrean*

(Tatsanachat Jittreetat, MD)

Chairman, Organizing Committee of the 33<sup>rd</sup> AAM- RH

## Preface

Rajavithi Hospital is one of the excellent centers of healthcare in Thailand, which is not only in the medical knowledge but also in medical technology. The 33<sup>rd</sup> Annual Academic Meeting of Rajavithi Hospital (The 33<sup>rd</sup> AAM-RH) will be held on 4<sup>th</sup> - 5<sup>th</sup> April 2023. Theme of this meeting will be involving in the success in healthcare innovation, according to theme: “The 72<sup>nd</sup> Anniversary of Rajavithi Hospital: The Journey of Success”. The topics will be included the foot-steps of smart healthcare services in different departments (e.g., cancer, surgery, endoscopy, etc.). Journey of success is not only in term of services but also in term of hospital management including digital healthcare management, digital transformation, and medical informatics. In the last year, there were a lot of audiences attended meeting including medical personnel and non-medical persons who interested in medical knowledge. In this meeting, the topics will be varieties from the deepest medical lessons to the shallowest medical topics that suit to any person. We hope this meeting will give an opportunity for audiences and us to improve healthcare services and hospital management in the future.

Apichai Pokawattana, MD

On behalf of all authors



## Editorial board of this supplement issue

### Chief Editor

Apichai Pokawattana

### Editorial Board

Jirawut Limwattanayingyong

Sirima Eursritanakorn

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Rattiya Chuacharoen

Chalisa Banditgul

Kittiwan Supichyangur

Wanniya Meenune

Wiporn Ketbumrongporn

Maneewan Roojaroen

Auraiporn Sonsuphap

Kamonwan Chuntoo



4 April 2023				
09.00-10.30	10.30 - 12.00	12.00-13.30	13.30 - 14.30	14.30 - 15.30
Phyathai Room 11 <sup>th</sup> Floor	Phyathai Room 11 <sup>th</sup> Floor	Phyathai Room 11 <sup>th</sup> Floor	Phyathai Room 11 <sup>th</sup> Floor	Phyathai Room 11 <sup>th</sup> Floor
09.00 - 09.10 Opening Ceremony	Symposium : A Lesson Learned from Medical Equipment Management Through Covid-19 Crises to Sustainable Development	Lunch Symposium : Molecular Diagnostics for STDs management	Symposium : Global targets of diabetes care	Lecture: Rope rescue operation in Emergency Medical Services (EMS)
09.10 - 09.45 Exhibition Opening	Pair-oi Khruakachana, MD <i>Deputy Director of Rajavithi hospital</i>	โศภ จ. MP Grop (Thailand)	Prof. Veerask Sarinapakom, MD <i>Department of Internal Medicine, Rajavithi Hospital</i>	Panjasila Somboon, RN <i>Department of Academic Nursing, Rajavithi Hospital</i>
09.45 - 10.30 Keynote Speech	Pojanee Korrungrang, MD <i>Department of Internal Medicine, Rajavithi Hospital</i>		Assoc. Prof. (Adj) Sathit Niramitakapanya, MD <i>Director of Institute of Medical Research &amp; Technology Assessment</i>	
"The Department of Medical Services' Policy and Direction Towards the Future"	Charoon Pidthalek <i>Department of Academic Support and Transfer, Rajavithi Hospital</i>			
Thongchai Keeratituffayakom, MD <i>Director General, Department of Medical Services</i>	Moderator: Arid Yingchayaphum <i>Department of Academic Support and Transfer, Rajavithi Hospital</i>			
Yothee Room, 11 <sup>th</sup> Floor	10.00-12.00 Yothee Room, 11 <sup>th</sup> Floor	Yothee Room, 11 <sup>th</sup> Floor	Yothee Room, 11 <sup>th</sup> Floor	Yothee Room, 11 <sup>th</sup> Floor
	Symposium : The experienced physicians: How can be successful person		Symposium : The New era for cancer treatment by Robotic surgical systems at Rajavithi hospital	Symposium : Nursing management in Robotic assisted radical prostatectomy at Rajavithi hospital
	Research doctor ...a new alternative career in the era of molecular medicine		Thanusak Srijai, MD <i>The Center of Excellence in Otolaryngology Head and Neck Surgery</i>	Ladda Yuthanarjinda, RN
	Assoc. Prof. Dr. Passamesh Sukphopetch, MD <i>Faculty of Tropical Medicine, Mahidol University</i>		Aranya Yantapan, MD <i>Department of Obstetrics and Gynecology, Rajavithi Hospital</i>	Pisanu Lakornant, RN
	American Dream: My Path to Become a U.S. Physician		Wipawee Inthasotti, MD <i>Asst.Prof. Tanet Thaidumrong, MD</i>	Apinan Vachrainwong, RN
	Asst. Prof. Amber Charoen, MD <i>School of Medicine Johns Hopkins University</i>		Ratchanon Pinyotepratam, MD <i>Kasidin Vitooipinyoparb, MD</i>	Janpen Pansup, RN
	Moderator: Asst.Prof.Nopmanee Tantivesruangdet, MD <i>Department of Emergency Medical Service, Rajavithi Hospital</i>		<b>Moderator:</b> Asara Thepbunchonchai, MD <i>Department of Surgery, Rajavithi Hospital</i>	Wiporn Kawnaul, RN <i>Department of Academic Nursing, Rajavithi Hospital</i>
Rajavithi Room, 11 <sup>th</sup> Floor	Rajavithi Room, 11 <sup>th</sup> Floor	Rajavithi Room, 11 <sup>th</sup> Floor	Rajavithi Room, 11 <sup>th</sup> Floor	Rajavithi Room, 11 <sup>th</sup> Floor
	Symposium : The experienced physicians: How can be successful person		Lecture : Nuclear Molecular Neuroimaging in Translational Medical Research	Lecture: Building a Smart Hospital
	Research doctor ...a new alternative career in the era of molecular medicine		Wen-Sheng Huang, MD <i>Taipei Veterans General Hospital</i>	Yuan-Hwa Chou, MD <i>Taipei Veterans General Hospital</i>
	Assoc. Prof. Dr. Passamesh Sukphopetch, MD <i>Faculty of Tropical Medicine, Mahidol University</i>			
	American Dream: My Path to Become a U.S. Physician		Medicine Research Contest	Medicine Research Contest
	Asst. Prof. Amber Charoen, MD <i>School of Medicine Johns Hopkins University</i>		13.30 - 16.00 Supphanikar Room, 11 <sup>th</sup> Floor	Medicine Research Contest
	Moderator: Asst.Prof.Nopmanee Tantivesruangdet, MD <i>Department of Emergency Medical Service, Rajavithi Hospital</i>		Parichart Room, 11 <sup>th</sup> Floor	Free Paper Nurse
Supphanikar Room, 11 <sup>th</sup> Floor	10.00 - 12.00 Supphanikar Room, 11 <sup>th</sup> Floor	Supphanikar Room, 11 <sup>th</sup> Floor	Parichart Room, 11 <sup>th</sup> Floor	Free Paper Nurse
	Medicine Research Contest			
Parichart Room, 11 <sup>th</sup> Floor	10.30 - 12.00 Parichart Room, 11 <sup>th</sup> Floor	Parichart Room, 11 <sup>th</sup> Floor		
	Free Paper Nurse			

5 April 2023				
09:00-10:30	10:30-12:00	12:00-13:30	13:30-14:30	14:30-15:30
<p><b>Phyathai Room 11<sup>th</sup> Floor</b></p> <p><b>Symposium : The career path of professional nursing in the present and future</b></p> <p>Dr.Krisada Sawaengdee  <i>Thailand Nursing and Midwifery Council</i>                      Nakanin Suwanaseng  <i>Office of Permanent Secretary of MOPH</i>  <b>Moderator:</b> Suranee Chotiya  <i>Department of Academic Nursing, Rajavithi Hospital</i></p>	<p><b>Phyathai Room 11<sup>th</sup> Floor</b></p> <p><b>Symposium : The career path of professional nursing in the present and future</b></p> <p>Dr.Krisada Sawaengdee  <i>Thailand Nursing and Midwifery Council</i>                      Nakanin Suwanaseng  <i>Office of Permanent Secretary of MOPH</i>  <b>Moderator:</b> Suranee Chotiya  <i>Department of Academic Nursing, Rajavithi Hospital</i></p>	<p><b>Phyathai Room 11<sup>th</sup> Floor</b></p> <p><b>Lunch Symposium :</b>                      Abbott Laboratories CO., Ltd</p>	<p><b>Phyathai Room 11<sup>th</sup> Floor</b></p> <p><b>Lecture :</b>                      Comprehensive Care for patients with GERD</p> <p>Asst. Prof Siam srinithompunya, MD  <i>Department of Internal Medicine, Rajavithi Hospital</i></p>	<p><b>Phyathai Room 11<sup>th</sup> Floor</b></p> <p><b>Lecture : Surgical removal of embedded supernumerary tooth area between first and second premolar: Case Reports</b></p> <p>Malak Paryasakulwong, D.D.S  <i>Department of Dental, Rajavithi Hospital</i></p>
<p><b>Yothee Room, 11<sup>th</sup> Floor</b></p> <p><b>Symposium : Minimally invasive neurosurgery</b></p> <p>Ittipon Gunnart, MD                      Sujin Rujmethapras, MD                      Noppatee Seghaphant, MD  <i>Department of Surgery, Rajavithi Hospital</i></p> <p><b>Moderator:</b> Assoc.Prof.Methee Wongstisuwan, MD  <i>Department of Surgery, Rajavithi Hospital</i></p>	<p><b>Yothee Room, 11<sup>th</sup> Floor</b></p> <p><b>Symposium : New era of innovations for obesity treatment Diet, Drug, Endoscope &amp; Minimally invasive surgery</b></p> <p>Ratchanon Pinyotepratarn, MD                      Sathieraporn Chantawibul, MD  <i>Department of Surgery, Rajavithi Hospital</i>                      Swaporn Lerpongpruon, MD                      Navaporn Napatwamruay, MD                      Kanokpoj Chotiya, MD  <i>Department of Internal Medicine, Rajavithi Hospital</i>                      Natapach Chaipakornwong  <i>Department of Nutrition, Rajavithi Hospital</i>                      Dr. Sarawut Jansing  <i>Department of Rehabilitation Medicine, Rajavithi Hospital</i>  <b>Moderator:</b> Sathierapong Chantawibul, MD  <i>Department of Surgery, Rajavithi Hospital</i></p>	<p><b>Yothee Room, 11<sup>th</sup> Floor</b></p> <p><b>Lunch Symposium :</b>                      Rajavithi Hospital</p>	<p><b>Yothee Room, 11<sup>th</sup> Floor</b></p> <p><b>Symposium : Survival rate of oral cancer</b></p> <p>Thanusak Srijai, MD  <i>The Center of Excellence in Otolaryngology Head and Neck Surgery</i>                      Raksak Arphaaphan, MD  <i>Buriram Hospital</i>  <b>Moderator:</b> Nut Niyomudornwatana, MD  <i>The Center of Excellence in Otolaryngology Head and Neck Surgery</i></p>	<p><b>Yothee Room, 11<sup>th</sup> Floor</b></p> <p><b>Symposium : The advanced technology for cancer therapy by robotic assisted surgery at rajavithi hospital (public sector)</b></p> <p>Thanusak Srijai, MD  <i>The Center of Excellence in Otolaryngology Head and Neck Surgery</i>                      Aranya Yantapan, MD  <i>Department of Obstetrics and Gynecology, Rajavithi Hospital</i>                      Wipawee Intiasothi, MD                      Asst.Prof. Tanet Thaidumrong, MD                      Ratchanon Pinyotepratarn, MD  <i>Department of Surgery, Rajavithi Hospital</i>  <b>Moderator:</b> Asara Thepbunchonchai, MD  <i>Department of Surgery, Rajavithi Hospital</i></p>
<p><b>9:00-10:00 Parichart Room, 11<sup>th</sup> Floor</b></p> <p><b>Lecture: The Role of Tertiary Hospital Pharmacists in the Next Era</b></p> <p>Assoc. Prof. Kitti Phaknitrinan  <i>President of the Pharmacy Council of Thailand</i></p>	<p><b>10:00-11:00 Parichart Room, 11<sup>th</sup> Floor</b></p> <p><b>Lecture: Roles and Criteria for Telepharmacy Services</b></p> <p>Komson Solangkur  <i>President of the Association of Hospital Pharmacists (Thailand)</i></p> <p><b>11:00-12:00 Parichart Room, 11<sup>th</sup> Floor</b></p> <p><b>Lecture : Digital Transformation in Healthcare</b></p> <p>Prayuth Tungsongob  <i>HUAWEI TECHNOLOGIES (THAILAND) CO., LTD.</i></p>	<p><b>Parichart Room, 11<sup>th</sup> Floor</b></p> <p><b>Lunch Symposium :</b>                      By Government Pharmaceutical Organization (GPO)</p>	<p><b>13:00-14:30 Parichart Room, 11<sup>th</sup> Floor</b></p> <p><b>Lecture : Pharmacist Role in Pharmacogenomics Services</b></p> <p>Professor Dr. Chonlaphat Sukasem  <i>Department of Pathology, Faculty of Medicine Ramathabodi Hospital, Mahidol University</i></p>	<p><b>14:30-16:00 Parichart Room, 11<sup>th</sup> Floor</b></p> <p><b>Lecture : Clinical Pharmacist Role in Telepharmacy Services (Case-based learning)</b></p> <p>Dr. Kritin Bunditanukul  <i>Faculty of Pharmaceutical Sciences, Chulalongkorn University</i></p>
<p><b>Suphanikar Room, 11<sup>th</sup> Floor</b></p> <p><b>Lecture: Readiness of Medical Laboratories to International Standards ISO 15189 &amp; ISO 15190</b></p> <p>Dr.Dhitiwass Suwagandha  <i>Department of Medical Science</i></p>	<p><b>Suphanikar Room, 11<sup>th</sup> Floor</b></p> <p><b>Lecture: Readiness of Medical Laboratories to International Standards ISO 15189 &amp; ISO 15190</b></p> <p>Dr.Dhitiwass Suwagandha  <i>Department of Medical Science</i></p>	<p><b>Suphanikar Room, 11<sup>th</sup> Floor</b></p> <p><b>Lunch Symposium :</b>                      "Update the Medical Value of Dual HIV &amp; HCV Assays for Patient Management and Case Sharing"</p> <p>Asst. Prof.Poj Intalapporn  <i>Department of Internal Medicine, Rajavithi Hospital</i>                      Roche Diagnostics (Thailand) Ltd.</p>	<p><b>Suphanikar Room, 11<sup>th</sup> Floor</b></p> <p><b>Symposium: Children with Cochlear Implants</b></p> <p>Averak Detyong  <i>The Center of Excellence in Otolaryngology Head and Neck Surgery</i>                      Supranee Boornnee  <i>Department of Out Patient Nursing, Rajavithi Hospital</i>  <b>Moderator:</b> Jiratchaya Wanthong  <i>The Center of Excellence in Otolaryngology Head and Neck Surgery Rajavithi Hospital</i></p>	<p><b>Suphanikar Room, 11<sup>th</sup> Floor</b></p> <p><b>Symposium : Newborn hearing screening</b></p> <p>Napas Tanamai, MD  <i>The Center of Excellence in Otolaryngology Head and Neck Surgery</i>                      Tapanee Saphon, MD  <i>Sakon Hospital</i>                      Thiraporn Sedarang, MD  <i>Detadom Royal Crown Prince Hospital</i>  <b>Moderator:</b> Samjin Chindavjak, MD  <i>The Center of Excellence in Otolaryngology Head and Neck Surgery</i></p>

**Medicine Research Contest**  
**The 33<sup>rd</sup> Annual Academic Meeting of Rajavithi Hospital 2023:**  
**“72<sup>nd</sup> Anniversary of Rajavithi Hospital: The journey of success”**

April 4<sup>th</sup>, 2023, Suphanikar Room, 11<sup>th</sup> Floor, Period Time: 10.00 - 16.00

**1. Comparison of Contamination Rate between Sterilization and High-Level Disinfection for Gastrointestinal Endoscope Reprocessing, A Randomized Controlled Trial**

Rachanikorn Rungrueangmaitree MD, Tanyaporn Chantarojanasiri MD  
*Division of Gastroenterology, Department of Internal Medicine,  
Rajavithi Hospital, Bangkok, Thailand*

**2. Prevalence and Associated Factors of Bradyarrhythmia in COVID-19 Patients at Rajavithi Hospital**

Jaidwarong Thanakitcharu MD, Apichai Pokawattana MD  
*Division of Cardiology, Department of Internal Medicine, Rajavithi Hospital,  
Bangkok, Thailand*

**3. Prevalence of Thalassemia in Pregnant Women at Rajavithi Hospital**

Kamolwan Chotapisitkul MD<sup>1</sup>, Nattinee Srisantiroj MD<sup>1,2</sup>  
*<sup>1</sup>Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand  
<sup>2</sup>College of Medicine, Rangsit University, Bangkok, Thailand*

**4. Success Rate of Central Venous Catheterization for General Surgery Patients in a Tertiary Hospital**

Nutchanon Limsuwan MD, Supachai Chanvitan MD  
*Department of Surgery, Rajavithi Hospital, Bangkok, Thailand*

**5. Comparison of Endotracheal Cuff Pressure with Passive Release Technique between Disposable Syringe and Loss of Resistance Syringe in Patients under General Anesthesia with Endotracheal Intubation**

Suttada Ammaraporn MD, Thanaphirat Mamaethong MD, Khemrin Chaiyoslap MD,  
Thida Khrukaew MD  
*Department of Anesthesiology, Rajavithi Hospital, Bangkok, Thailand*

**6. Comparison of Ovarian – Adnexal Reporting and Data Systems (O-RADS) and Risk of Malignancy Algorithm (ROMA) in the Preoperative Diagnosis of Ovarian Cancer**

Tamonwan Duengsuwan MD, Putsarat Insin MD, MSc, Marut Yanaranop MD, PhD  
*Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand*

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**7. Validation of ADNEX Model for Ovarian Malignancy Prediction in Thai Women with Adnexal Mass**

Pitchaya Leungamornnara MD<sup>1</sup>, Marut Yanaranop MD, PhD<sup>1,2</sup>

*<sup>1</sup>Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand*

*<sup>2</sup>College of Medicine, Rangsit University, Bangkok, Thailand*

**8. Preoperative Cross Matched to Transfusion Ratio in Major Head and Neck Surgery in Rajavithi Hospital**

Natchapond Unnahalekaka MD, Thanusak Srijai MD

*Center of Excellence in Otolaryngology Head & Neck Surgery, Rajavithi Hospital, Bangkok, Thailand*

**9. Acceptability on Self-sampled HPV for Cervical Cancer Screening of Female Physicians in Rajavithi Hospital**

Laddawan Tongbai MD<sup>1</sup>, Jitima Tiayon MD<sup>1,2</sup>

*<sup>1</sup>Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand*

*<sup>2</sup>College of Medicine, Rangsit University, Bangkok, Thailand*

**10. Urinary Retention after Removing Urinary Catheter at 24 Hours versus 48 Hours in Patients with Vaginal Surgery of Pelvic Organ Prolapse, Randomized Controlled Trial**

Patinya Rotwattana, MD<sup>1</sup>, Bussaranya Puttanapitak MD<sup>1,2</sup>

*<sup>1</sup>Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand*

*<sup>2</sup>College of Medicine, Rangsit University, Bangkok, Thailand*

**11. Efficacy of Benzylamine Hydrochloride in Reducing Postoperative Sore Throat after General Anesthesia with Endotracheal Tube: A Randomized Controlled Trial**

Passara Boorapasiriwat MD, Thanaphirat Mamaethong MD, Suttada Ammaraporn MD, Thiranuch Ngaowattanaprateep MD

*Department of Anesthesiology, Rajavithi Hospital, Bangkok, Thailand*

**12. Accuracy of Recognition of Out of Hospital Cardiac Arrest by Narenthorn Emergency Medical service Center’s Call Handlers**

Somchanok Junphaisaeng MD, Teerachai Ledarmonpat MD

*Department of Emergency Medicine, Rajavithi Hospital, Bangkok, Thailand*

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**13. Clinicopathological Outcome of POLE Mutated Endometrial Cancer Patient in Rajavithi Hospital**

Pattaraporn Pengnoi MD, Seksit Chirasophon MD

*Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand*

**14. Changes of Ovarian Reserve after Hysterectomy for Non-oncologic Conditions in Reproductive-aged Women: A Prospective Study**

Natcha Silpaibulpanich MD, Pruttaporn Maneerat MD

*Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand*

**15. Health Utility Index of Thai Patients with Chronic Rhinosinusitis Preoperative and Postoperative Treatment in Rajavithi Hospital**

Melissa Sangubol MD, Wirach Chitsutipakorn MD

*Center of Excellence in Otolaryngology Head & Neck Surgery, Rajavithi Hospital, Bangkok, Thailand*

**16. Can FDT Determine Surgical Dose in TED-Related Strabismus: Case Series**

Laphanalt Sutichavengkul MD, Rattiya Pornchaisuree MD, Warakorn Thiamthat MD

*Department of Ophthalmology, Rajavithi hospital, Bangkok, Thailand*

**17. Incidence and Risk Factors Associated with Postpartum Depression among Pregnant Women in Rajavithi Hospital during COVID-19 Pandemic: A Prospective Cohort Study**

Arthitaya Dernpaeng MD<sup>1</sup>, Jammaree Na Bangxang MD<sup>2,3</sup>, Jittima Wongkomet MD<sup>1,3</sup>

<sup>1</sup>*Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand*

<sup>2</sup>*Department of Psychiatry, Rajavithi Hospital, Bangkok, Thailand*

<sup>3</sup>*College of Medicine, Rangsit University, Bangkok, Thailand*

**18. HbA1c Measurement for Screening and Diagnosis Gestational Diabetes**

Rosukon Wongthep MD, Dennopporn Sudjai MD

*Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand*

**19. Accuracy of Diagnostic Mandibular Invasion of Oral Squamous Cell Carcinoma Perioperative Assessment by Cone Beam Computed Tomography**

Salinee Jansutrukong MD<sup>1</sup>, Somjin Chindavijak MD<sup>1</sup>, Aonusa Sangfai MD<sup>2</sup>

<sup>1</sup>*Center of Excellence in Otolaryngology Head & Neck Surgery, Rajavithi Hospital, Bangkok, Thailand*

<sup>2</sup>*Department of Radiology, Rajavithi Hospital, Bangkok, Thailand*



**Medicine Research Contest**  
**The 33<sup>rd</sup> Annual Academic Meeting of Rajavithi Hospital 2023:**  
**“72<sup>nd</sup> Anniversary of Rajavithi Hospital: The journey of success”**

**April 4<sup>th</sup>, 2023, Suphanikar Room, 11<sup>th</sup> Floor, Period Time: 10.00 - 16.00**

**20. Comparison of Tracheal Intubation’s Success with Video Laryngoscope and Direct Laryngoscope in Manikin among Medical Students**

Pimchanog Sawangjai MD, Natchaya Treesaksrisakul MD

*Department of Emergency Medicine, Rajavithi Hospital Bangkok, Thailand*

**21. Prevalence of Postpartum Urinary Incontinence between Vaginal Delivery and Cesarean Section in Rajavithi Hospital**

Supisara Chonlayut MD<sup>1</sup>, Thanawat Sangnucktham MD<sup>1,2</sup>

<sup>1</sup>*Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand*

<sup>2</sup>*College of Medicine, Rangsit University, Bangkok, Thailand*

**22. Impact of Prehospital Antibiotics on In-hospital mortality in Emergency Medical Service patients with sepsis**

Penpischa Sirinawee MD, Rujaporn Kotnarin MD

*Department of Emergency Medicine, Rajavithi Hospital, Bangkok, Thailand*

**23. The Use of Oral Desogestrel for The Preoperative Treatment of Endometrioma Compared with Placebo: A Randomized Controlled Trial Evaluation of The Effect on Cyst Diameter and Associated Pain**

Atitaya Sakunthai MD, Ratchadaporn Roekyindee MD

*Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand*

**24. Diagnostic Performance of Pelvic Ultrasonography for Assessment of Staging in Stage IB1-IIA Cervical Cancer**

Vuttinon Jansutrukong MD<sup>1</sup>, Saranya Chanpanitkitchot MD<sup>1,3</sup>, Marut Yanaranop MD, PhD<sup>1,3</sup>, Ponpron Srisakorn MD<sup>2,3</sup>

<sup>1</sup>*Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand*

<sup>2</sup>*Department of Radiology, Rajavithi Hospital, Bangkok, Thailand*

<sup>3</sup>*College of Medicine, Rangsit University, Bangkok, Thailand*

**Presentation of Nursing Research**  
**The 33<sup>rd</sup> Annual Academic Meeting of Rajavithi Hospital 2023:**  
**“72<sup>nd</sup> Anniversary of Rajavithi Hospital: The journey of success”**

April 4<sup>th</sup>, 2023, Parichart Room, 11<sup>th</sup> Floor, Period Time: 10.30 - 15.30

**1. Outcomes of the Development for Children with Hearing Impairment Post Cochlear Implantation, Rajavithi Hospital**

Supranee Boonmee B.N.S

*Department of Out Patient Nursing, Rajavithi Hospital, Bangkok, Thailand*

**2. Development of an Operating Theatre Management Model in Situation of the COVID-19 Epidemic in Rajavithi Hospital**

Ladda Yutthanartjinda RN, Anong Sornchai RN, Jinjutha Kaewmak RN

*Department of Operating Room, Rajavithi Hospital, Bangkok, Thailand*

**3. Clinical Nursing Practice Guideline (CNP) of Colorectal Cancer Surgery Patients With Enhanced Recovery After Surgery (ERAS) Program**

Unchalee Prueksacheeva RN<sup>1</sup>, Patitta Nukwen RN<sup>1</sup>, Thanida Homjeen RN<sup>1</sup>, Boonchuen Aimmak RN<sup>2</sup>, Nuchrapee Suthikul RN<sup>2</sup>

<sup>1</sup> *Department of In-patient Nursing, Cluster of Nursing, Rajavithi Hospital, Bangkok, Thailand*

<sup>2</sup> *Emeritus Nurse*

**4. Effectiveness of Bowel Preparation before Colonoscopy by Low- Residue Instant Diet at Digestive Endoscopy Center in Rajavithi Hospital**

Pim-on Cheenthra RN

*Digestive Endoscopy Center, Rajavithi Hospital, Bangkok, Thailand*

# POSTER PRESENTATION

## 1. The use of Multi-Criteria Decision Analysis for medicinal procurement in public hospital

Promprasert Weena Bsc. in Pharm., M.P.A., M.S.

*Department of Pharmacy, Rajavithi Hospital, Bangkok, Thailand*

## 2. Prevalence and risk factors of latent tuberculosis infection among healthcare workers in Rajavithi Hospital

Suchada Suphanpayak M.Sc, Natta Padungwattanachoke B.Sc, Nutcha Leelarthaphin B.Sc, Hathaichanok Hauyhongthong B.Sc.

*Biomolecular Laboratory, Department of Clinical pathology and Medical Technology, Rajavithi Hospital, Bangkok, Thailand*

## 3. Sensitivity and specificity of Real-time RT-PCR kits for detection SARS-CoV-2 Omicron (B.1.1.529) variant

Suchada Suphanpayak M.Sc, Hathaichanok Hauyhongthong B.Sc, Natta Padungwattanachoke B.Sc, Onuma Chimin B.Sc, Jiraporn Komonsing B.Sc, and Araya Janthasook B.Sc

*Biomolecular Laboratory, Department of Clinical pathology and Medical Technology, Rajavithi Hospital, Bangkok, Thailand*

## 4. Efficacy of ventilation to control airborne infections in a single dental treatment room during ultrasonic scaling

Yada Chestsuttayangkul DDS<sup>1</sup>, Anunya Opasawatchai DDS PhD<sup>2</sup>

<sup>1</sup> *Department of Dental, Rajavithi hospital, Bangkok, Thailand*

<sup>2</sup> *Department of Oral Microbiology, Mahidol University, Bangkok, Thailand*

## 5. Increase operation efficiency by setting Beta-Hydroxybutyrate in automatic chemistry analyzer

Chotiwat Kaewsin<sup>1</sup>, Ithirit Chaowaleard<sup>2</sup>

<sup>1</sup> *Clinical Chemistry and Endocrine Section, Department of Clinical Pathology and*

<sup>2</sup> *Medical Technology, Rajavithi Hospital, Bangkok, Thailand*

## 6. Improving medical reconciliation at time of admission to prevent medication error in Rajavithi 2 (Rangsit) hospital

Satawat Kulworahathai PharmD, Tamonwan Chankaew PharmD, Naphat Panpaet BPharm, Sireethorn Rujinarong PharmD, Phawarat Ratsameerat PharmD, Jadsadakorn Thongin PharmD

*Division of Pharmaceutical care, Department of Pharmacy, Rajavithi 2 (Rangsit) Hospital,*

*Pathum Thani, Thailand*



## POSTER PRESENTATION

### **7. Pre-dispensing development by location system: Rajavithi 2 (Rangsit) hospital**

Orapin Thongtha, Jadsadakorn Thongin, Satawat Kulworahathai

*Division of pharmaceutical care, Department of Pharmacy, Rajavithi 2 (Rangsit) Hospital,  
Pathum Thani, Thailand*

### **8. Effect of pharmaceutical care on HbA1c and blood sugar level in diabetes type 2 patients: Rajavithi 2 (Rangsit) hospital**

Tamonwan Chankaew PharmD, Sireethorn Rujinarong PharmD, Phawarat Ratsameerat PharmD, Satawat Kulworahathai PharmD, Jadsadakorn Thongin PharmD, Naphat Panpaet BPharm

*Division of Pharmaceutical care, Department of Pharmacy, Rajavithi 2 (Rangsit) Hospital,  
Pathum Thani, Thailand*

### **9. Effects of LEAN Physical Therapy Model in Stroke Patients**

Sarawut Jansang PT, PhD, Benjamaporn Kongsakorn, PT, Nangnoi Tantanarungsri PT, MSc, and Sukhon wongbunkhong PT, MSc

*Division of Physical Therapy, Department of Rehabilitation Medicine, Rajavithi Hospital,  
Bangkok, Thailand*

### **10. Development of Physical Therapy Model for Pulmonary Rehabilitation Affecting Quality of life among patients with Chronic lung disease: Case Report**

Nangnoi Tantanarungsri PT, MSc, Sarawut Jansang PT, PhD, and Nathtiya Ingkaworrassith PT

*Division of Physical Therapy, Department of Rehabilitation Medicine, Rajavithi Hospital,  
Bangkok, Thailand*

### **11. Acceptance and Adaptation of People for Endemic Approach to COVID-19**

Charuwan Manmee Ph.D, Nion Mayod MPH, Sirinat Treesinchai BPH

*Division of Medical Research, Department of Research and Technology Assessment,  
Rajavithi Hospital, Bangkok, Thailand*

### **12. BMI association with Post-COVID syndrome in Healthcare Workers: A case-control study**

Charuwan Manmee Ph.D, Krissana Arsayot MPH

*Division of Medical Research, Department of Research and Technology Assessment,  
Rajavithi Hospital, Bangkok, Thailand*

## POSTER PRESENTATION

### 13. Health status among healthcare workers during COVID-19 pandemic

Charuwan Manmee PhD<sup>1</sup>, Kasemsan Sarapee MSc<sup>2</sup>, Nion Mayod MPH<sup>1</sup>, Janthanee Tonphu BBA<sup>2</sup>, Kanlaya Aphaiso BA<sup>2</sup>

<sup>1</sup>*Department of Research and Technology Assessment, Rajavithi Hospital, Bangkok, Thailand*

<sup>2</sup>*Cluster of Administration, Rajavithi Hospital, Bangkok, Thailand*

### 14. Post COVID Syndrome (Long COVID) in Healthcare Workers

Kasemsan Sarapee MSc<sup>1</sup>, Charuwan Manmee PhD<sup>2</sup>, Sathit Niramitmahapanya MD<sup>3</sup>, Kriddesak Petchauy LL.M<sup>1</sup>

<sup>1</sup>*Cluster of Administration, Rajavithi Hospital, Bangkok, Thailand*

<sup>2</sup>*Department of Research and Technology Assessment, Rajavithi Hospital, Bangkok, Thailand*

<sup>3</sup>*Department of Internal Medicine, Rajavithi Hospital, Bangkok, Thailand*

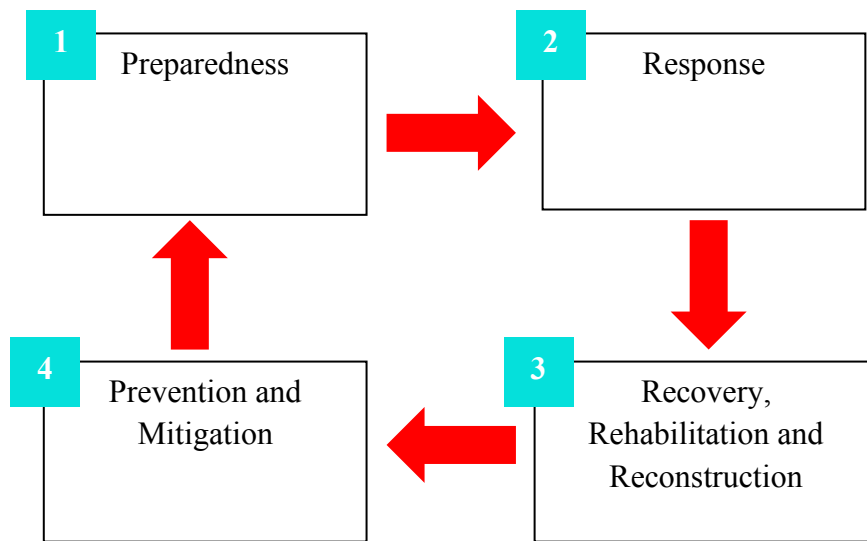
## Lesson Learnt : the Management of Medical Devices through the Crisis Covid-19 For the Sustainable Development

Pairroj Khruengkarnchana MD

*Deputy Director of Rajavithi Hospital, Bangkok, Thailand*

The situation of the pandemic Covid-19 during the past 3 years can be considered as one critical disaster in the world. It has affected many countries around this global in various dimensions : economy and society, public health, as well as the loss of loved ones in many families. The study from this critical situation of Covid-19 will be an important process for the preparedness of every country for the next coming pandemic by the massive and quick development of the travel and transportation. Therefore, every country is vulnerable to face with the risk of diseases which may occur as pandemic again in the future.

Principles of the preparedness for disaster following to Disaster Cycle : 2P 2R



Especially the early phase of the Covid-19 situation, all hospitals have faced with many difficulties and obstacles of resources availability to be utilized treating for patients: medical equipment, medical supplies and the proper and timely management. Therefore, we should study and analyze the lessons learnt at each different stages of this pandemic In order to bring forwardly to adjust our response plan for preparing appropriately and promptly the medical devices, equipment, medical supplies, and materials together with the system management. Hopefully, our healthcare system will be strengthened and ready to cope with any future disaster.

## Achievement of diabetes treatment goals

Veerasak Sarinnapakorn MD

*Department of Internal Medicine, Rajavithi Hospital, Bangkok, Thailand*

Current treatments for diabetes are glycemic control and cardiovascular risk factors control, including high blood pressure, dyslipidemia, obesity, and smoking cessation for the prevention of diabetes complications. Therefore, the treatment of diabetes in order to prevent complications must be treated with all global risk factors.

Methods of treatment to achieve the goal, there must be standards in caring for diabetes patients. At the same time, diabetes prevention among family members. The standard treatment includes standards of the hospital, a multidisciplinary care team, and standards of diabetes education. Diabetes patients and their families are a part of the care team for the common goal of the doctors and the patients. The goal for the increased-risk group is not to progress to diabetes; if it gets better, return to the normal group. The diabetes patients don't have diabetes complications, but if they get better, they return to diabetes remission. And the group of diabetes patients with complications will have no end-stage complications.

At present, there are models of diabetes care to achieve the goals by using the following processes:

1. Using multidisciplinary teams, together with patients, families, communities, and volunteers have participated in caring for the creation of a diabetes club, health station, and diabetes school.
2. Using technology to educate, treat, follow up, behavior modification, and link information of the patients between the hospitals.
3. Home blood collection service
4. Delivery of medicines by post or village health volunteers.
5. Meeting with the doctor and consultation through the telemedicine

Promoting diabetes self-management education and support, of diabetes to complete all 7 components, healthy eating, being active, taking medicine, monitoring, problem-solving, healthy coping, and reducing risk. Self-blood glucose monitoring helps diabetes patients to know the proper diet and achieve the goal of treatment. But if not achieving the goal, an evaluation finds out why the goal cannot be reached together. Until diabetes patients can live with diabetes properly for good physical and mental health.

## Symposium: Global Targets of Diabetes Care

Assoc.Prof. Sathit Niramitmahapanya MD

*Institute of Research and Technology assessment, Department of Medical Service (MDS)*

Over time, the metabolic derangements associated with diabetes may lead to vision loss, painful neuropathy or sensory loss, foot ulcers, amputations, myocardial infarctions, strokes, and end-stage renal disease. Lowering blood glucose may decrease risk for complications, but lowering strategies come with harms, patient burden, and costs.

Most of the guidelines noted that a target in the lower end of the range (7%) applied best to patients with newly diagnosed diabetes and those without substantial diabetes-related complications. The rationale for this is based on results from the UKPDS. This trial showed that treatment to a target of about 7% with a sulfonylurea and insulin in adults with newly diagnosed diabetes did not reduce risk for any diabetes-related end point or all-cause mortality after 10 years but was associated with a small absolute reduction in these outcomes after 17 years. <sup>(1,2)</sup>

All of the evaluated guidelines suggest relaxing HbA1c targets for patients with multiple comorbid conditions, limited life expectancy, or increased risk for hypoglycemia. WHO Member States have supported the creation of global targets for diabetes, as part of recommendations to strengthen and monitor diabetes responses within national noncommunicable disease (NCD) programmes. The five new targets set the standard that, by 2030:

- 80% of people living with diabetes are diagnosed
- 80% have good control of glycaemia
- 80% of people with diagnosed diabetes have good control of blood pressure
- 60% of people with diabetes of 40 years or older receive statins
- 100% of people with type 1 diabetes have access to affordable insulin and blood glucose self-monitoring.

The establishment of the Global Diabetes Compact and its associated coordination activities have brought added impetus to diabetes efforts within ministries of health around the world. Across the three levels of WHO, teams have used the opportunity to support countries in their efforts, providing technical guidance and support advocacy.

### References

1. Holman RR, Paul SK, Bethel MA, Matthews DR, Neil HA. 10-year follow-up of intensive glucose control in type 2 diabetes. *N Engl J Med.* 2008;359:1577-89. [PMID: 18784090] doi:10.1056 /NEJMoa0806470
2. Intensive blood-glucose control with sulphonylureas or insulin compared with conventional treatment and risk of complications in patients with type 2 diabetes (UKPDS 33). UK Prospective Diabetes Study (UKPDS) Group. *Lancet.* 1998;352:837-53. [PMID: 9742976]

## **Symposium : The New era for cancer treatment by Robotic surgical systems at Rajavithi hospital**

### **Outcomes of Robotic gynecologic procedures with the da Vinci Xi model : Experiences from Rajavithi Hospital**

Aranya Yantapant MD, Ratchadaporn Reukyindee MD

*RJ-GMIS, Rajavithi Hospital, Bangkok, Thailand*

**Objective:** To study the outcomes of robotic approach for gynecologic procedures of the da Vinci Xi model. All procedures are indicated for surgery after controlling for surgeon and other confounding factors.

**Materials and Methods:** Retrospective study of all cases of the da Vinci Xi robotic gynecologic procedures between October 2020 to December 2023 by two gynecologic surgeons. Our primary outcome measure was operative procedure time. Secondary measures included complications, conversion to laparotomy, estimated blood loss and length of hospital stay. Mean and median were used for the statistical analysis.

**Results:** 52 Robotic surgeries had similar baseline characteristics, indications for surgery and additional procedures performed. The robotic assisted hysterectomies and robotic assisted hysterectomies with surgical staging were 30 patients and 12 patients, respectively. The other robotic gynecologic procedures were 10. The mean operative procedure time for the robotic gynecologic surgeries was 232.78 min. 1 in 52 procedures (1.9%) was skin infection. There was no conversion to laparotomy. The mean of Blood loss was 122.4 ml. No patients required a blood transfusion in this group. And the mean of length of stay was 186.13 hours, (range 48-238 hours, median 98 hours). Rate of conversion to laparotomy, and intraoperative complications, were comparable from the other studies.

**Conclusions:** The robotic assisted gynecologic procedures with the da Vinci Xi model can be performed safety and comparable intraoperative complications from the other studies when performed by trained surgeons.

**Keywords:** Total laparoscopic hysterectomy, da Vinci robot Xi model, Robotic hysterectomy

## **Symposium: The New era for cancer treatment by Robotic surgical systems at Rajavithi hospital**

### **Retzius-sparing Robotic Assisted Radical Prostatectomy : The new solution to improve continence function**

Asst. Prof. Tanet Thaidumrong MD<sup>1,2</sup>

<sup>1</sup>*MIS Urology-Rajavithi Hospital, Bangkok, Thailand*

<sup>2</sup>*Division of surgery, Rajavithi hospital, College of Medicine, Rangsit University, Bangkok, Thailand*

**Background:** Radical prostatectomy was a standard treatment for patient with localized prostate cancer. The minimally invasive surgery technique were developed to improve outcome but the continence function still important issue lead to new technique to reduce morbidity and mortality. In the Era of Robot surgery, the technique of Retzius-Sparing Robotic Assisted Radical Prostatectomy (RS-RALRP) was more developed in many countries and the results of early recovery continence function were reported. The RS-RALRP may be the new option for treatment in localize prostate cancer. The purpose of this VDO is helping to understand the surgical steps and key point anatomy to preserve continence function.

**Materials and Methods:** The author was reviewed the operative VDO record of RS-RALRP in Rajavithi hospital and concluded the surgical steps. The steps of RS-RALRP were include : patient position, surgical technique and results were reviewed.

**Conclusions:** RS-RALRP is a feasible option for minimally invasive surgical treatment of prostate cancer for improve continence function. The author hope the steps in RS-RALRP VDO can be help to improve the step of operation and short learning curve in RS-RALRP.

**Keywords:** RS-RALRP, Retzius sparing, prostate cancer, robotic surgery



## Nuclear Molecular Neuroimaging in Translational Medicine

Wen-Sheng Huang<sup>1</sup>, Skye Hsin-Hsien Yeh<sup>2</sup>, Kuo-Hsing Ma<sup>3</sup>, Chi-Wei Chang<sup>4</sup>, Nan-Jing Peng<sup>5</sup>, Ren-Shyan Liu<sup>6</sup>

*Departments of Nuclear Medicine, <sup>1</sup>Cheng Hsin General Hospital, Taipei, <sup>2</sup>Taipei Veterans General Hospital, Taipei, <sup>3</sup>Center of Neuroscience, National Defence Medical Center, Taipei, Taiwan*

The capability of nuclear molecular neuroimaging to non-invasively and quantitatively visualize brain function has facilitated the progress of clinical neuroscience and enabled scientists to get more insight to elucidate functional brain changes in healthy and diseased subjects.

Translational medicine using this way further opens a new era for a “disease-oriented” approach to transform scientific discoveries from laboratory, clinical, or population studies into clinical applications, so as to reduce disease incidence, morbidity, and mortality. Molecular imaging serves as a backbone of translational research. It focuses mainly on mechanism recognition and genotype of diseases, in contrast to traditional imaging, characterized by disease pattern recognition and phenotype. A recently merged medical technology fused both modalities, enabling us to realize a whole scope of diseases.

Nuclear molecular neuroimaging using featured radioligands equipped with SPECT/CT, PET/CT or PET/MR provides a usefully integrated modality to get insight into the interplay of genetic-biochemical behavior in the brain. It is helpful to propose a persuasive molecular theory of mental illness.

Here, we will present the neuroimaging findings in preclinical/clinical researches regarding metabolic, dopaminergic and serotonergic biomarkers (*e.g.* Tc-99m ECD for brain perfusion, Tc-99m TRODAT-1 for dopamine transporter, F-18 FDG for brain metabolism and F-18 ADAM for serotonin transporter) and also in pre-clinical results of neuro-inflammation (*e.g.* F-18 FEPPA for TSPO, F-18 FBAT for iNOS) in rats. We will also report some translated clinical implications of nuclear neuroimaging in neuro-receptor-related disorders and ways to improve imaging quality.

Advances in instrumentation and radiochemistry enable us to conduct preclinical and human studies, undertake mechanistic studies to address proposed hypotheses *in vivo* and finally to improve patient management.



## Building a Smart Hospital

Yuan-Hwa Chou MD PhD

*Center for Quality Management & Department of Psychiatry, Taipei Veterans General Hospital, Taipei, Taiwan*

A smart hospital is a medical institution that creates new values and innovative insights on patient safety, quality of care, cost-effectiveness, and patient-centeredness. Using informant and communication technology, patients and medical staff can quantitatively use this information. Based on an investigation by European Union, the most needed by medical stakeholders is the interconnection of medical information.

Taipei Veterans General Hospital is the largest public hospital in Taiwan, which contains around 3000 inpatients. We started planning and modifying our hospital to become intelligent six years ago. Several innovative interconnections in this hospital have been established, such as a dashboard to monitor the medical quality of care, an early warning system, patient safety transportation, and a hand-wash monitor system. The future projects include an unstable gain early detection system to prevent patients from accidents and to develop digital biomarkers for early detection of mental illness.

In this presentation, I will initially give a general principle for setting up an intelligent hospital, followed by sharing our experience with real cases and delineating the future work.

## Comparison of Contamination Rate between Sterilization and High-Level Disinfection for Gastrointestinal Endoscope Reprocessing, A Randomized Controlled Trial

Rachanikorn Rungrueangmaitree MD, Tanyaporn Chantarojanasiri MD

*Division of Gastroenterology, Department of Internal Medicine, Rajavithi Hospital*

**Background:** Minimal standard for gastrointestinal endoscope reprocessing is high-level disinfection (HLD). A newer sterilization method, has been proposed but the comparison of the contamination rate between 2 methods is still limited.

**Objective:** The primary objective was to evaluate the difference of culture results between sterilization and HLD for duodenoscope and linear endoscopic ultrasound (EUS). Secondary objectives were to evaluate the detection methods for bacterial contamination as well as other factors that determine the contamination rate.

**Materials and Methods:** This prospective randomized study was conducted at Rajavithi Digestive Endoscopy Center between May–December 2022. Duodenoscopes and linear EUS in which adenosine triphosphate bioluminescence assay (ATP) after manual cleaning < 200 RLU were included. Endoscopes were randomized to be disinfected using sterilization or HLD in a 1:1 ratio. After disinfection, all endoscopes were evaluated by ATP and cultures from both swab method and liquid samples from endoscope channels.

**Results:** 552 endoscopes, including 312 duodenoscopes and 240 linear EUS were studied. After disinfection, no significant difference in the positive culture was seen in sterilization and HLD group (6.2% and 7.6%;  $p = 0.501$ ). Regarding the type of endoscopes, no significant difference between duodenoscopes and linear EUS was demonstrated (6.1% and 7.9%;  $p = 0.401$ ). No significant difference of contamination rate in cases with or without biliary stone (42.1% versus 57.9%;  $p = 0.733$ ). Bacterial detection from liquid sample from endoscopic channel was 0.4%, while from swab method was 6.7% ( $p < 0.001$ ).

**Conclusions:** There was no statistically significant difference in contamination rate between sterilization and HLD. Type of endoscopes and the presence of biliary stone did not associate with positive culture rate. Sampling method using swabbing showed a significantly higher rate of bacterial detection. The choice of sampling method should be carefully considered to ensure accurate detection of bacterial contamination.

**Keywords:** Endoscope reprocessing, Sterilization, High-level disinfection, Bacterial contamination

## Prevalence and Associated Factors of Bradyarrhythmia in COVID-19 Patients at Rajavithi Hospital

Jaidwarong Thanakitcharu MD, Apichai Pokawattana MD

*Division of Cardiology, Department of Internal Medicine, Rajavithi Hospital*

**Background:** The coronavirus disease of 2019 (COVID-19) is an emerging disease that can cause severe pneumonia. Cardiovascular complications may also occur. Although tachyarrhythmia occurs more frequently in COVID-19 patients, but bradyarrhythmia was believed to correlate with worse prognosis due to more inflammation and more severe disease.

**Objective:** The aim of this study is to investigate the prevalence, related factors, and outcome of bradyarrhythmic event in COVID-19 patients at Rajavithi Hospital.

**Materials and Methods:** This retrospective cross-sectional study was conducted by reviewing the medical records of COVID-19 patients who admitted in Rajavithi Hospital between January 1<sup>st</sup>, 2020 and December 31<sup>st</sup>, 2021.

**Results:** There were 800 patients were included. The mean age was 48.85±18.35 years old. The gender male:female ratio was 1:1.71. The 3 most common co-morbidities were Hypertension (67.7%), Diabetes Mellitus type II (44.7%), and Dyslipidemia (39.1%). According to dysrhythmic categories, bradyarrhythmia was found in 61 patients (7.6%), tachyarrhythmia in 40 patients (5.0%), and the remaining 699 patients (87.4%) were normal heart rhythm. From multivariate analysis, factors that were related to bradyarrhythmia were pneumonia that was diagnosed by chest x-ray on admission (OR = 3.68, 95%CI 1.13–11.98, p = 0.031) and receiving hemoperfusion (OR = 2.59, 95%CI 1.04–6.47, p = 0.041). In the bradyarrhythmic group, the ECG characteristics were sinus bradycardia, sinus pause, and complete heart block (96.7%, 1.6%, 1.6% respectively). Both patients who had sinus pause and complete heart block were implanted with temporary pacemaker. 45.9% in bradyarrhythmic group died during admission.

**Conclusions:** Bradyarrhythmia occurs in 7.6% of COVID-19 patients who admitted at Rajavithi Hospital. The associated risk-factors were pneumonia that was diagnosed by chest x-ray on admission and receiving hemoperfusion. In this study, we didn't find that bradyarrhythmia increased the risk of mortality significantly, comparing to the non-dysrhythmic group.

**Keywords:** COVID-19, Bradyarrhythmia, Associated factors

## Prevalence of Thalassemia in Pregnant Women at Rajavithi Hospital

Kamolwan Chotapisitkul MD<sup>1</sup>, Nattinee Srisantiroj MD<sup>1,2</sup>

<sup>1</sup>*Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand*

<sup>2</sup>*College of Medicine, Rangsit University, Bangkok, Thailand*

**Background:** Thalassemia is the most common inherited hematologic disease and an important problem in Thailand and Southeast Asia. The prevalence of thalassemia carriers in Thailand has been reported to be as high as 40%.

**Objective:** To determine the prevalence of thalassemia in pregnant women and of couples at risk of major thalassemia from prenatal screening program.

**Materials and Methods:** A descriptive cross-sectional study was conducted on pregnant women who attended the antenatal clinic at Rajavithi Hospital, from January 2020 to December 2020. Those with a mean corpuscular volume (MCV) value of less than 80 fL or a positive dichlorophenol indophenol precipitation test (DCIP) underwent hemoglobin (Hb) typing. Hb typing and MCV of their husbands were tested to identify couple at risk of severe thalassemia diseases.

**Results:** At antenatal clinic, 4,741 pregnant women were recruited. In screening model, DCIP had sensitivity and specificity of 96.1% and 88.2%, respectively. The overall prevalence of thalassemia was 28.5% (1,353 women). The prevalence of thalassemia carrier was 24.4% (1,159 women), consisting of  $\alpha$ -thalassemia-1 trait (SEA type) 1.6%,  $\alpha$ -thalassemia-2 trait 1%,  $\beta$ -thalassemia trait 7.3%, and hemoglobin E trait 88.8%. The prevalence of thalassemia disease was 3.9% (185 women), consisting of Hb H disease 11.5%,  $\beta$ -thalassemia hemoglobin E disease 6% and homozygous Hb E 84.3%. There were 34 (0.7%) couples at risk for major thalassemia disease.

**Conclusions:** The prevalence of thalassemia among pregnant women at Rajavithi Hospital was high. Therefore, thalassemic screening program is necessary to detect couple at risk for major thalassemia, which is a major health problem in Thailand.

**Keywords:**  $\beta$ -thalassemia,  $\alpha$ -Thalassemia, Hemoglobin E, Pregnancy, Screening, Prevalence

## Success Rate of Central Venous Catheterization for General Surgery Patients in a Tertiary Hospital

Nutchanon Limsuwan MD, Supachai Chanvitan MD

*Department of Surgery, Rajavithi Hospital, Bangkok, Thailand*

**Background:** Central venous catheterization (CVC) is an essential procedure in the surgery department for hemodynamic monitoring, and long-term administration of fluids, antibiotics, and TPN. This procedure can lead to severe and sometimes life-threatening complications. The General Surgery Department has organized a workshop simulation training every year before going into real patient.

**Objective:** The objective was to study the success rate of central venous catheterization in surgery department patients.

**Materials and Methods:** In this prospective observational cohort study, Data were collected from patients who received central venous catheterization in the general surgery department of Rajavithi Hospital from October 2020 to September 2022. Demographics, Number of attempts, Operator, Success rate, US-guided or Anatomical landmarks method, and complications were recorded. Descriptive statistics, Chi-square test, Student t-test, and Binary Logistic regression were used to analyze the data.

**Results:** In this study, 310 patients were enrolled. The overall success rate was 95.2% and a significantly higher success rate was found in the US-guided method of CVC insertion [150 (99.3%) VS 145 (91.2%),  $P=0.001$ ]. 82.1% in the US-guided method were catheterized in the first attempt while 50.9% in the anatomical landmark method ( $P<0.001$ ). Overall mechanical complication rates were 4.2% [Arterial puncture 5(1.6%), Hematoma 1(0.3%), Pneumothorax 1(0.3%), Self-limiting arrhythmias 2(0.6%), and Improper catheter placement 4(1.3%)]. CRBSI rate was found to be 24(7.7%) and the associated incidence on the day of insertion was more than 15 days ( $P<0.001$ ). Moreover, the rate of complications was significantly lower in the US-guided method (0.7% VS 7.5%,  $P=0.003$ ) and in the 3rd-4th resident was found lower than in the 1st-2nd resident (3.9% VS 0.3%,  $P=0.023$ ).

**Conclusions:** US-guided catheterization is associated with a high success rate, decreased number of attempts, and fewer complications, therefore should be used routinely for catheterization.

**Keywords:** Success rate, Complication, Central venous catheterization

## **Comparison of Endotracheal Cuff Pressure with Passive Release Technique between Disposable Syringe and Loss of Resistance Syringe in Patients under General Anesthesia with Endotracheal Intubation**

Suttada Ammaraporn MD, Thanaphirat Mamaethong MD, Khemrin Chaiyoslap MD,  
Thida Khrukaew MD

*Department of Anesthesiology, Rajavithi Hospital, Bangkok, Thailand*

**Background:** Endotracheal tube is commonly used in general anesthesia. Cuff pressure should be maintained within 20 – 30 cmH<sub>2</sub>O to avoid complications. Cuff pressure manometer is considered a gold standard to estimate a cuff pressure but it is not always available. Passive release technique has been shown in previous study to be one of the most accurate alternative methods to provide cuff pressure within an optimal range and different types of syringes have been used in this technique.

**Objective:** To compare endotracheal tube cuff pressure with passive release technique between disposable and loss of resistance syringes.

**Materials and Methods:** A prospective double-blinded randomized control study was conducted in Rajavithi hospital, enrolling patients undergone elective surgery under general anesthesia with endotracheal tube. Cuff pressure after passive release technique was measured. If cuff pressure was less than 20 cmH<sub>2</sub>O, air inflation was done until it reached 20 cmH<sub>2</sub>O. If cuff pressure exceeded 30 cmH<sub>2</sub>O, air deflation was done until it reached 25 cmH<sub>2</sub>O.

**Results:** One hundred patients were randomized to disposable syringe and loss of syringe group, fifty patients in each group. Mean cuff pressure after passive release technique was 29.24 ± 6.019 cmH<sub>2</sub>O in disposable syringe group and 19.24 ± 6.268 cmH<sub>2</sub>O in loss of resistance syringe group which were statistically significant different. There were 23 patients (46%) in disposable syringe group and 15 patients (30%) in loss of resistance group with cuff pressure within an optimal range.

**Conclusions:** Cuff pressure was 29.24 cmH<sub>2</sub>O in disposable syringe group and 19.24 cmH<sub>2</sub>O in loss of resistance syringe group. Disposable syringe was superior in providing cuff pressure within an optimal range.

**Keywords:** Cuff pressure, Endotracheal tube, General anesthesia, Loss of resistance syringe, Passive release technique



## **Comparison of Ovarian – Adnexal Reporting and Data Systems (O-RADS) and Risk of Malignancy Algorithm (ROMA) in the Preoperative Diagnosis of Ovarian Cancer**

Tamonwan Duengsuwan MD, Putsarat Insin MD, MSc, Marut Yanaranop MD, PhD

*Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand*

**Background:** The most cases of Ovarian cancer are diagnosed with an advanced stage. Therefore, early discrimination between benign and malignant ovarian tumors is essential in considering appropriate and adequate treatment and prolonged survival for these patients.

**Objective:** To compare the diagnostic performance of the Ovarian-Adnexal Reporting and Data System (O-RADS) and the Risk of Malignancy Algorithm (ROMA) in predicting the malignancy of adnexal masses.

**Materials and Methods:** A cross-sectional study of women with adnexal masses who scheduled elective surgery at Rajavithi Hospital between June 2021 and June 2022 was conducted. Within 48 hours prior to surgery, preoperative serum tumor markers were collected, and detailed pelvic ultrasound examinations were executed. O-RADS and ROMA scores were carried out. The postoperative pathological diagnosis was used as the reference standard of malignancy diagnosis. The area under the receiver operating characteristic (ROC) curve (AUC-ROC), sensitivity, specificity, positive predictive value (PPV), and negative predictive value (NPV) were calculated.

**Results:** One hundred and twenty-nine patients with adnexal masses were identified. Malignant ovarian tumors, including borderline tumors, were detected in 42 (32.5%) patients. Based on the ROC curves, the AUC-ROC for O-RADS was 0.921 (95%CI: 0.877-0.966), which was significantly higher than the AUC-ROC for ROMA; 0.873 (95%CI: 0.800-0.947) ( $p < 0.001$ ). At a cut-off of O-RADS 4, the O-RADS had the highest sensitivity (95.2%; 95%CI: 83.8-99.4%) and the highest NPV (97.1%; 95%CI: 89.8-99.6%) compared with ROMA.

**Conclusions:** This study shows O-RADS had an excellent diagnostic performance for the prediction of malignancy in women presenting with adnexal masses. The O-RADS strategy chosen may be determined by clinical preference because of its simplicity without adding tumor markers.

**Keywords:** Ovarian tumor, Ovarian – Adnexal Reporting and Data Systems (O-RADS), Risk of malignancy Algorithm (ROMA), Cancer antigen 125, CA125, Human epididymis protein 4, HE4, Adnexal mass, Ovarian cancer

## Validation of ADNEX Model for Ovarian Malignancy Prediction in Thai Women with Adnexal Mass

Pitchaya Leungamornnara MD<sup>1</sup>, Marut Yanaranop MD, PhD<sup>1,2</sup>

<sup>1</sup>Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand

<sup>2</sup>College of Medicine, Rangsit University, Bangkok, Thailand

**Background:** Ovarian cancer (OC) is seventh most common cause of cancer-related death among woman worldwide. The pre-operative prediction of OC plays a key role of successful management for women presenting with adnexal masses.

**Objective:** To validate the Assessment of Different NEoplasia in the adneXa (ADNEX) model which is a risk score model for ovarian malignancy prediction in Thai women presenting with adnexal masses.

**Materials and Methods:** This was a cross-sectional study that conducted in women presenting with adnexal masses and underwent elective gynecologic surgery in Rajavithi Hospital between May 2021 and April 2022. Within 48-hour prior operation, serum tumor markers were collected and pelvic ultrasonographic examinations were performed by two gynecologic staffs. ADNEX scores were calculated. Pathologic diagnosis was used as the reference standard. Receiver Operating Characteristic (ROC) curves were generated overall accuracies and the optimal cut-off values were determined, then the sensitivity (Se) and specificity (Sp) were analyzed.

**Results:** Totally 129 women were prospectively enrolled, 88 (68.2%) benign, 12 (9.3%) borderline, 14 (10.9%) stage I invasive, 10 (7.8%) stage II-IV invasive, and 5 (3.9%) metastatic ovarian tumors. For the prediction of malignant ovarian tumors, the ADNEX model showed area under ROC curve (AUC) of (95%CI, 92.3-99.1) with Se of 86.2% and Sp of 86% at cut-off of 39%. For distinguishing between subtypes of tumor, the AUCs were expressed 84.5% (95%CI, 75.2-93.8) for benign vs. borderline, 77.4% (95%CI, 59.2-95.5) for borderline vs. stage I invasive, 76.8% (95%CI, 57.8-95.8) for stage I vs. stage II-IV invasive, and 64.0% (95%CI, 29.1-98.9) for stage II-IV vs. metastasis.

**Conclusions:** The ADNEX model showed the excellent performance for ovarian malignancy prediction in Thai women. In addition, this model had potential for differentiation between subtypes of adnexal masses.

**Keywords:** Adnexal mass, Ovarian cancer, ADNEX (The Assessment of Different NEoplasias in the adneXa) Model



## Preoperative Cross Matched to Transfusion Ratio in Major Head and Neck Surgery in Rajavithi Hospital

Natchapond Unnahalekaka MD, Thanusak Srijai MD

*Center of Excellence in Otolaryngology Head & Neck Surgery, Rajavithi Hospital, Bangkok, Thailand*

**Background:** The inappropriate cross matching led to wasting of many healthcare resources. The most effective cross matched to transfusion ratio (C:T ratio) should be 2:1 or less.

**Objective:** To study the cross matched to transfusion ratio in major head and neck surgery and, to identify range and average of transfusion in each operation.

**Materials and Methods:** Retrospective chart review from September 2019 to January 2021. Patients age between 18 to 80 years who received major head and neck operations in Otolaryngology Head Neck Surgery Department such as thyroid lobectomy or total, parotidectomy etc. were enrolled. The amount of unit of crossmatched, blood loss and the transfusion data were collected and analysis.

**Results:** Of 407 patients, there were 1026 units for preoperative blood preparation and 315 units were used for intraoperative transfusion then, the overall C:T ratio is 3.26:1. After categorized into 14 operation types by extension of the surgery, there were 13 types that had inappropriate cross matching. Wide excision with neck dissection with free flap reconstruction had average 686.7 ml of blood loss and 2.82 unit of blood transfusion, which C:T ratio was 1.85:1.

**Conclusions:** Most of the major head and neck operations in our department had inappropriate C:T ratio. Wide excision with neck dissection with free flap reconstruction was the only one operation type which had an effective C:T ratio.

**Keywords:** Cross-matched, Transfusion, Transfusion index

## Acceptability on Self-sampled HPV for Cervical Cancer Screening of Female Physicians in Rajavithi Hospital

Laddawan Tongbai MD<sup>1</sup>, Jitima Tiyayon MD<sup>1,2</sup>

<sup>1</sup>*Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand*

<sup>2</sup>*College of Medicine, Rangsit University, Bangkok, Thailand*

**Background:** Cervical cancer is most common cause of cancer death among women worldwide and Thailand. The rate of cervical cancer screening in Thailand is only 25%-38 of the population. To promote the rate of cervical cancer screening to increase, it is necessary to study the acceptance of cervical cancer self-screening among female doctors in Rajavithi Hospital. This makes it possible to increase the rate of cervical cancer screening, thus reducing the incidence of cervical cancer in the future.

**Objective:** To evaluate the acceptability and factors affecting acceptability on self-sampled Human Papillomavirus (HPV) for cervical cancer screening of female physicians in Rajavithi Hospital.

**Materials and Methods:** This cross-sectional study include 143 female physicians who had worked in Rajavithi Hospital during 1 June 2021 – 31 August 2022, aged 25-65 years old. The participants were asked to a complete self-questionnaire and used self-sampled HPV test. The questionnaire was divided into three parts of demographic data, acceptability on self-sampled HPV testing; Likert scale was apply in questionnaire to identify level of acceptability, and the appropriated cost of test.

**Results:** The characteristic of participants were aged 25-30 years 69%, income more than 20,000 Thai baht/month 92%, government officer status 83%, were residency 69% and no prior cervical cancer screening 83%. Only 24% responded that they had known about self-sampled HPV testing before. After used self-sampled HPV test, approximately 65% of the participants accepted on the self-sampled HPV test and 90% will use the self-sampled HPV test for cervical cancer screening in the next time. The price 500-700 Thai baht is accepted from 76%.

**Conclusions:** Approximately 65% of the participants accepted on the self-sampled HPV test. The significant factors associated with the acceptance were age of 31-40 years and employee worker.

**Keywords:** Self-sampled HPV for cervical cancer screening, Acceptability, Female physicians

## Urinary Retention after Removing Urinary Catheter at 24 Hours versus 48 Hours in Patients with Vaginal Surgery of Pelvic Organ Prolapse, Randomized Controlled Trial

Patinya Rotwattana, MD<sup>1</sup>, Bussaranya Puttanapitak MD<sup>1,2</sup>

<sup>1</sup> Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand

<sup>2</sup> College of Medicine, Rangsit University, Bangkok, Thailand

**Background:** Routinely in Rajavithi hospital, patients with pelvic organ prolapse (POP), who underwent vaginal surgery, usually remove urinary catheter at 48-hour after surgery. This study proposed to reduce the timing of urinary catheter, for reducing day of hospital, rapid mobilization and decrease complication, especially urinary tract infection, that is associated with a prolonged urinary catheter.

**Objective:** To compare the urinary retention after removing urinary catheter at 24-hour versus 48-hour in patients, who underwent vaginal surgery for POP.

**Materials and Methods:** This study was an open-labeled, randomized controlled trial that conducted in women aged 45-80 years with POP who underwent vaginal surgery in Rajavithi Hospital between May 2021 and July 2022. Those were randomized (1:1 ratio) into two groups. The experimental group was removed urinary catheter at 24-hour after surgery, while the control group at 48-hour. Primary outcome was rate of urinary retention that defined as post-void residual urine > 150 mL after the first spontaneous voiding, and secondary outcomes were rates of re-catheterization, post-operative hospital stays, urinary tract infection (UTI), and miscellaneous complications. Data were analyzed as per protocol analysis.

**Results:** Totally 60 women in experimental group (30 cases) and control group (30 cases) were analyzed. Baseline characteristics between two groups were not significantly different. Urinary retentions were not significantly different between two groups, 10% in experimental group and 0% in control group ( $p = 0.996$ ). Re-catheterization and UTI were also not significantly different (10% vs 0%,  $p = 0.996$ , and 0% vs. 3.3%,  $p > 0.999$ , respectively). Women in experimental group had significant shorter post-operative hospital stays than in control group (median 2 days vs 3 days,  $p < 0.001$ ).

**Conclusions:** Removing urinary catheter at 24 hours after vaginal surgery of women with POP does not significantly increase urinary retention rate but significantly shorter hospital stays.

**Keywords:** Urinary retention, Pelvic organ prolapse, Vaginal surgery, Urinary catheter

## **Efficacy of Benzydamine Hydrochloride in Reducing Postoperative Sore Throat after General Anesthesia with Endotracheal Tube: A Randomized Controlled Trial**

Passara Boorapasiriwat MD, Thanaphirat Mamaethong MD, Suttada Ammaraporn MD, Thiranuch Ngaowattanaprateep MD

*Department of Anesthesiology, Rajavithi Hospital, Bangkok, Thailand*

**Background:** Postoperative sore throat (POST) is a common complication after endotracheal intubation during surgery.

**Objective:** To compare the efficacy of 0.3% Benzydamine Hydrochloride (BH) in reducing the incidence and severity of postoperative sore throat and side effects of BH.

**Materials and Methods:** The randomized controlled trial with 180 patients who undergo elective surgery and receive either BH spray applied to the oropharyngeal cavity and endotracheal tube cuff (Group A) or BH spray applied to only endotracheal tube cuff (Group B), compared to a control group (Group C).

**Results:** The incidence of postoperative sore throat in group A, B and C was 48.10%, 50.00%, and 40.00% respectively. There were no significant differences between the three groups (P values = 0.56) and no difference in the severity of POST. No serious complications from BH were found.

**Conclusions:** 0.3% Benzydamine Hydrochloride spray did not reduce the incidence of postoperative sore throat after general anesthesia with an endotracheal tube and no side effects from BH were observed compared to the control group.

**Keywords:** Benzydamine hydrochloride, General anesthesia, Postoperative sore throat

## Accuracy of Recognition of Out of Hospital Cardiac Arrest by Narenthorn Emergency Medical service Center's Call Handlers

Somchanok Junphaisaeng MD, Teerachai Ledarmonpat MD

*Department of Emergency Medicine, Rajavithi Hospital*

**Background:** Sudden cardiac arrest is an emergency medical condition requiring immediate resuscitation. Early recognition of cardiac arrest and proper resuscitation help improve the survival rate. Medical dispatcher plays an essential role as part of the first chain in the chain of survival by recognizing the out of hospital cardiac arrest (OHCA) during the emergency call.

**Objective:** To evaluate accuracy of recognition of OHCA in unconscious patients by dispatchers at Narenthorn Emergency Medical service Center and factors that associate with recognition of OHCA patients during the reports.

**Materials and Methods:** This retrospective, diagnostic study includes 507 unconscious patients who were reported to Narenthorn Emergency Medical service Center and treated by emergency medical personnel in Bangkok from 1/1/2018 – 31/12/2021. Data was analyzed to identify accuracy of recognition of OHCA by kappa coefficient and factors associated diagnosis of OHCA patients by multiple logistic regression analysis.

**Results:** Accuracy between pre-arrival diagnosis of OHCA and actual OHCA is substantial with kappa coefficient 0.74 (95%CI: 0.674 - 0.806). Patients who were unconscious and apnea have greater risk of actual OHCA with adjusted odd ratio of 0.21 (95% CI: 0.09 - 0.50, p-value < 0.001) compared to patients who were only unconscious with no other symptoms.

**Conclusions:** Accuracy of recognition of unconsciousness and OHCA is substantial. Reports of 'unconsciousness and apnea' and, 'only unconsciousness' were highly diagnosed OHCA.

**Keywords:** out of the hospital cardiac arrest, emergency medical dispatch, dispatch accuracy

## Clinicopathological Outcome of POLE Mutated Endometrial Cancer Patient in Rajavithi Hospital

Pattaraporn Pengnoi MD, Seksit Chirasophon MD

*Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand*

**Background:** Endometrial carcinoma is the most common malignancy of the female genital tract in developed countries and fourth most common cancer in woman. In Thailand, endometrial carcinoma is common malignancy of the female genital tract and third most common cancer in woman. In 2013, TCGA stratified endometrial carcinoma into 4 group and POLE mutation has excellent prognosis but no data in Thailand.

**Objective:** To evaluate polymerase-ε (POLE) mutation rate in women with endometrial cancer in Rajavithi Hospital.

**Materials and Methods:** Women with endometrial cancer who underwent elective surgery in Rajavithi Hospital were prospectively enrolled in this study. Fresh tissue from endometrial cancer was biopsied intraoperatively and was extracted for DNA. POLE mutations were identified using real time polymerase chain reaction (PCR). The sequences of hotspot mutation 890C>T, amino acid change S297F and sequence 1376C>T, amino acid change S459F were interpreted as pathogenic mutations. The sequences of hotspot mutation 1231G>C, amino acid change V411L; 857C>A and 857C>G, amino acid change P286R were interpreted as hotspot mutations.

**Results:** Among 99 patients who enrolled in this study, hotspot and pathogenic POLE mutations were identified in 8 women (8.08%). Patients with POLE-mutated endometrial adenocarcinoma have been shown more often early stage (75% vs. 68%), endometrioid type (87.5% vs. 75.8%), superficial myometrial invasion type (75% vs. 53.8%), negative lymphovascular invasion (87.5% vs. 58.2%), negative pelvic node metastasis (100% vs. 57.1%) and negative peritoneal washing for cytology (75% vs. 57.1%).

**Conclusions:** This study demonstrates that women with POLE-mutated endometrial cancer is associated with favorable prognosis. The authors suggest that analysis of POLE mutation should be execute to prediction of endometrial adenocarcinoma prognosis.

**Keywords:** POLE-mutated, Endometrial cancer



## Changes of Ovarian Reserve after Hysterectomy for Non-oncologic Conditions in Reproductive-aged Women: A Prospective Study

Natcha Silpaibulpanich MD, Pruttaporn Maneerat MD

*Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand*

**Background:** Hysterectomy is the most common gynecologic surgery nowadays. The result of hysterectomy is a decline in ovarian function, which leads to postmenopausal symptoms and long-term health consequences from hypoestrogenism that impact on quality of life. Anti-Müllerian hormone (AMH) is the most accurate and has no intracycle variation among the many ovarian reserve indicators that are used to predict ovarian reserve.

**Objective:** To assess the impact of hysterectomy on the ovarian reserve markers in reproductive-aged women.

**Materials and Methods:** This prospective cohort study was conducted from May 2021 to April 2022. Reproductive-aged women who underwent hysterectomy without ovarian surgery due to benign conditions at Rajavithi Hospital were recruited. Ovarian reserve markers were compared between the date before surgery and 12 weeks following hysterectomy by measurement of serum anti-Müllerian hormone (AMH), antral follicle count (AFC) and ovarian volume (OV).

**Results:** Fifty-five reproductive-aged women were enrolled. Different proportion (DP) between serum AMH at preoperative and 12 weeks postoperative was decreased after hysterectomy (DP 22.5%, p-value = 0.001). The antral follicle count (AFC) and ovarian volume (OV) were also decreased. (DP 33.3%, p-value <0.001, and 20.0%, p-value <0.001, respectively). Nonetheless, surgical outcomes and menopausal symptoms were not different.

**Conclusions:** Hysterectomy without ovarian surgery affects the ovarian reserve at 12 weeks post operation without significantly changing of menopausal symptoms. However, other long-term consequences from accelerated ovarian aging should be investigated.

**Keywords:** Ovarian reserve, Anti-Mullerian hormone, Ovarian volume, Antral follicle count, Hysterectomy

## Health Utility Index of Thai Patients with Chronic Rhinosinusitis Preoperative and Postoperative Treatment in Rajavithi Hospital

Melissa Sangubol MD, Wirach Chitsutipakorn MD

*Center of Excellent in Otolaryngology Head & Neck Surgery, Rajavithi Hospital, Bangkok, Thailand*

**Background:** The health utility index (HUI) or health utility score (HUS) measurement is a key component of cost-effectiveness analysis. There is no prior measurement of the HUS in patients with chronic rhinosinusitis (CRS) in Thailand and other Asian countries.

**Objectives:** To evaluate the HUI of Thai patients with CRS at baseline and after endoscopic sinus surgery (ESS).

**Materials and Methods:** Thai patients (age  $\geq 18$ ) with CRS who about to undergo ESS, were recruited. Patients with underlying diseases other than allergic rhinitis and asthma were excluded. The demographics, endoscopic, and CT scores were recorded. Patients were interviewed for HUI by the EuroQoL-5D questionnaire (EQ-5D), EuroQoL visual analog scale (EQ-VAS), the standard gambling (SG), and the time trade-off (TTO) method at preoperative period, 3 months, and 6 months after ESS.

**Results:** A total of 60 patients were enrolled. The mean preoperative HUI was 0.747, 0.646, 0.800, 0.851 by EQ-5D, EQ-VAS, SG, and TTO, respectively. At 3 and 6 months after ESS, the score was 0.963, 0.906, 0.962, 0.972, and 0.973, 0.918, 0.969, 0.978 by EQ-5D, EQ-VAS, SG, and TTO methods respectively. Compared to the baseline, the HUS was improved significantly at both time points in all methods. The HUS from EQ-VAS was different from other 3 methods by post hoc tests at all time points.

**Conclusions:** The preoperative HUS of Thai patients with CRS ranged about 0.65-0.85 which improved after ESS ranges from 0.91-0.97 at both time points. The EQ-VAS yielded significant lower value than other methods at all time points.

**Keywords:** Health utility, Chronic rhinosinusitis, EQ-5D, Cost-effectiveness, Quality of life



## Can FDT Determine Surgical Dose in TED-Related Strabismus: Case Series

Laphanalt Sutichavengkul MD, Rattiya Pornchaisuree MD, Warakorn Thiamthat MD

*Department of Ophthalmology, Rajavithi hospital, Bangkok, Thailand*

**Background:** TED primarily affects the inferior rectus muscle resulting in restrictive hypotropia, surgery especially muscle recession is beneficial but more complex in TED-associated strabismus than in other classes of strabismus. There is no consensus guideline in determining the surgical dose of surgery correcting thyroid-associated strabismus. Many studies report variable success and reoperation rates ranging from 43-100% and 17-45% respectively. Many studies prefer the adjustable suture technique as an additional method to improve the outcome of the surgery despite associated pain and risk of scar elongation, muscle slippage, and late over-correction; however, the success rate is varied. There is a suggestion to perform forced duction test (FDT) preoperative and intraoperative, but no study demonstrates any relationship between FDT and surgical dose.

**Objective:** To evaluate the effectiveness of inferior rectus muscle recession using surgical dose which is determined by forced duction test grading in TED-related hypotropia.

**Materials and Methods:** This Case series study. Eleven patients with restrictive vertical diplopia due to thyroid ophthalmopathy underwent inferior rectus recession and were followed for a minimum of 3 months after initial surgery. All eleven patients underwent unilateral inferior rectus recession which using force duction test grading to determine surgical dose from 2021 to 2022 in Rajavithi hospital. Main outcome measures are success was determined by the post-operative alignment less than 10 PD and the absence of vision-threatening complications related to strabismus surgery.

**Results:** nine of eleven patients (81.1%) achieved acceptable alignment with no vision-threatening complications.

**Conclusions:** Surgical dose determined by force duction test grading alone gave satisfying success rate and may be a useful alternative in some patients who cannot tolerate adjustable-sutured method; however, further studies should be performed.

**Keywords:** forced duction test, strabismus, TED, adjustable suture

## **Incidence and Risk Factors Associated with Postpartum Depression among Pregnant Women in Rajavithi Hospital during COVID-19 Pandemic: A Prospective Cohort Study**

Arthitaya Dernpaeng MD<sup>1</sup>, Jammaree Na Bangxang MD<sup>2,3</sup>, Jittima Wongkomet MD<sup>1,3</sup>

<sup>1</sup>*Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand*

<sup>2</sup>*Department of Psychiatry, Rajavithi Hospital, Bangkok, Thailand*

<sup>3</sup>*College of Medicine, Rangsit University, Bangkok, Thailand*

**Background:** The incidence of postpartum depression in pregnant women has significantly increased after the spread of COVID-19. We carried out this study to reveal about risk factors for postpartum depression in pregnant women during the COVID-19 pandemic.

**Objective:** To evaluate the incidence and factors associated with postpartum depression among pregnant women who visited the antenatal care (ANC) clinic at Rajavithi Hospital during Covid-19 pandemic.

**Materials and Methods:** This study is a prospective cohort study in third-trimester pregnant women who visited the ANC clinic at Rajavithi Hospital between June 2021 and March 2022. Pregnant women aged 12 years or more, who could communicate and comprehend Thai language, were enrolled in this study. A Thai version of the Edinburgh Postnatal Depression Scale (EPDS) was administrated at third trimester and at the six-week postpartum period. Those who received an EPDS score of 11 or more were considered with postpartum depression. Risk factors of postpartum depression were carried out using Chi square and logistic regression analysis.

**Results:** Total of 510 pregnant women were recruited. At six-week postpartum period, the incidence of postpartum depression was 5.9%. Low family income (OR 3.84, 95%CI 1.20-12.26), unemployed (OR 5.89, 95%CI 1.66-20.86), stress during pregnancy (OR 9.48, 95%CI 3.38-26.60), troubled family relationships (OR 3.69, 95%CI 1.11-12.23) and postpartum infant sickness (OR 4.68, 95%CI 1.80-12.17) were identified as significant risk factors.

**Conclusions:** The incidence of postpartum depression in Rajavithi Hospital is lower than other studies because of different populations, study time, and test methods. Therefore, pregnant women should be screened at the antenatal care clinic and aware of risk factors to prevent postpartum depression and the consequent problems.

**Keywords:** Incidence, Postpartum depression, EPDS, Covid-19

## HbA1c Measurement for Screening and Diagnosis Gestational Diabetes

Rosukon Wongthep MD, Dennopporn Sudjai MD

*Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand*

**Background:** Gestational diabetes is a prevalent and serious condition that may lead to adverse effects in maternal and neonatal outcome. The prevalence of GDM from 2005 to 2018 was found in Southeast Asian countries at around 15%.

**Objective:** The aim was to evaluate the possibility of using HbA1c as a screening and diagnostic test of gestational diabetes (GDM) to substitute the use of 50-g glucose challenge test (GCT) and 100-g oral glucose tolerance test (OGTT).

**Materials and Methods:** The prospective study involved 201 singleton pregnant women between the 24th and 28th week of gestation was conducted at Rajavithi Hospital between September 2021 to May 2022. HbA1c level, 50-g GCT and 100-g OGTT were measured in all participants. GDM was diagnose according the Carpenter and Coustan criteria. The area under the Receiver Operating Characteristic (ROC) curve (AUC) was determined and the lower cut-off points was established to rule out GDM. For each cut-off, sensitivity (Se), specificity (Sp), and total number and percentage of GCTs avoided were determined.

**Results:** The AUC of HbA1c for screening GDM performance was 0.50 (95% confidence interval, 0.40 -0.60). Why the AUC of HbA1c for diagnosis GDM performance was 0.53 (95% confidence interval, 0.40 -0.65). The refore, using 4.4% HbA1c as the lower cut-off (Se 90%, Sp 24.31%), 50-g GCT  $\geq$  140 mg/dL (Se 75%, Sp 80%), 22% of the participants could avoid the GCT.

**Conclusions:** HbA1c can't be used as a screening tool for low-risk GDM but can be used in combination with GCT to decrease the false negative rate of GCT.

**Keywords:** Gestational diabetes mellitus, Glycated Hb, Glucose challenge test, Oral glucose tolerance test

## Accuracy of Diagnostic Mandibular Invasion of Oral Squamous Cell Carcinoma Perioperative Assessment by Cone Beam Computed Tomography

Salinee Jansutruk Wong MD<sup>1</sup>, Somjin Chindavijak MD<sup>1</sup>, Aonusa Sangfai MD<sup>2</sup>

<sup>1</sup>Center of Excellence in Otolaryngology Head & Neck Surgery, Rajavithi Hospital, Bangkok, Thailand

<sup>2</sup> Department of Radiology, Rajavithi Hospital, Bangkok, Thailand

**Background:** The main treatment option of oral squamous cell carcinoma (SCCA) is surgery, but tumor progression during waiting time which may invade the mandible that segmental mandibulectomy and reconstruction are necessary. CT scan is the ideal choice for evaluating tumor progression, but is not available. As a result, Cone beam CT (CBCT) is considered to be used to evaluate mandibular invasion, since it is easy to use, does not take time, decrease metal artifacts and uses low dose of radiation.

**Objective:** To evaluate the accuracy of perioperative CBCT for diagnosis mandibular invasion of oral SCCA by surgical team and evaluate the effect of perioperative CBCT to plan of surgery.

**Materials and Methods:** Prospective study, 76 patients with oral SCCA who underwent operation were examined by perioperative CBCT between Jan 2021 -Sep 2022. Surgical team and one radiologist evaluate CBCT for the presence or absence of mandibular invasion and compared with histopathological as the gold standard.

**Results:** Accuracy of diagnostic mandibular invasion by CBCT was 93.4% (95%CI, 85.3-97.8%). Sensitivity and specificity of surgical team were 80% and 98.2%, sensitivity and specificity of radiologist were 90% and 94.6%, comparison between radiologist and surgical team results were p-value 0.125 and Kappa 0.860. Perioperative CBCT within 7 days, accuracy was 95.8% (95% CI, 88.1–99.1%). Two patients (2.6%) show the surgical plan was changed after evaluated with perioperative CBCT from marginal mandibulectomy to segmental mandibulectomy.

**Conclusions:** Perioperative CBCT is highly accurate for evaluate mandibular invasion of oral SCCA and duration within 7 days help improve diagnostic accuracy. For practical, the surgical team can use CBCT and interpreted by themselves. However, CBCT does not change surgical plan significantly.

**Keywords:** Cone beam computed tomography, Mandibular invasion, Oral squamous cell carcinoma

## Comparison of Tracheal Intubation's Success with Video Laryngoscope and Direct Laryngoscope in Manikin among Medical Students

Pimchanog Sawangjai MD, Natchaya Treesaksrisakul MD

*Department of Emergency Medicine, Rajavithi Hospital Bangkok, Thailand*

**Background:** a patient with respiratory failure is defined by an inability to breathe by themselves, hypoxia, or the need for a ventilator to improved cellular oxygenation. Covid-19 pandemic has risen the awareness on the infection risk upon healthcare workers during intubation process. In consequence, the intubation with video laryngoscope helps decrease infection risk. However, considering the lack of familiarity and confidence, this research thus aims to improve the video laryngoscope usage.

**Objective:** to compare the success between the first attempt tracheal intubation with video laryngoscope and direct laryngoscope in manikin among medical students, and the time used to intubation in both groups.

**Materials and Methods:** this cross-sectional study was conducted at Emergency Department Rajavithi Hospital by the 6<sup>th</sup> year medical students from Rangsit University during November 1<sup>st</sup>, 2021 - September 30<sup>th</sup>, 2022. The manikins were intubated by direct laryngoscope and video laryngoscope to study the intubation success.

**Results:** all 65 students enrolled in the study started using direct laryngoscope 3 times, followed by video laryngoscope 3 times. From the study, we found that the comparison of successful rate between the first attempt tracheal intubation with video laryngoscope and direct laryngoscope has no statistically significant (p-value 0.706). The success of the first attempt intubation by video laryngoscope was at 95.4%, while the direct laryngoscope's success was at 93.9%. The time to success intubation in the first attempt with video laryngoscope and direct laryngoscope was different with statistically significance (p-value < 0.001). The average time to intubation by video laryngoscope was 39.94±22.28 seconds, and direct laryngoscope was 22.32±10.16 seconds.

**Conclusions:** The successful tracheal intubation in the first attempt compared between video laryngoscope and direct laryngoscope in manikins among medical students who are not experts shows no statistically significance. Therefore, both methods can be selected in accordance to the situations. Practicing intubation also helps improve the time to intubation especially video laryngoscope.

**Keywords:** Acute respiratory failure, Intubation, Laryngoscope, Video laryngoscope

## Prevalence of Postpartum Urinary Incontinence between Vaginal Delivery and Cesarean Section in Rajavithi Hospital

Supisara Chonlayut MD<sup>1</sup>, Thanawat Sangnucktham MD<sup>1,2</sup>

<sup>1</sup>Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand

<sup>2</sup>College of Medicine, Rangsit University, Bangkok, Thailand

**Background:** In Thailand, cesarean section rate has been significantly increasing during the past three decades, the reason could be that pregnant women who underwent cesarean section had positive attitude toward cesarean birth to prevent postpartum urinary incontinence. The route of delivery is postulated to be an important risk factor of postpartum UI. Previous studies reported on the prevalence of postpartum UI. Therefore, this study was conducted to compare the prevalence of postpartum UI between primigravida women after vaginal delivery or cesarean section.

**Objective:** To compare the prevalence of urinary incontinence (UI) between primigravida women after vaginal delivery or cesarean section at 2-day, 3-month, and 6-month postpartum.

**Materials and Methods:** A prospective cohort study was conducted in parturient who delivered at Rajavithi Hospital from June 2021 to March 2022. Primigravida singleton pregnant women aged 18-45 years were enrolled. Those who had prior UI, underlying disease or previous pelvic surgery were excluded. UI was defined as a score  $\geq 16.7$  of Urogenital Distress Inventory (UDI 6) and quality of life was evaluated by the Incontinence Impact Questionnaires (IIQ) as a score  $\geq 70$  indicating poor quality of life. Outcomes were assessed at 2-day, 3-month, and 6-month postpartum.

**Results:** A total of 295 pregnant women, 148 vaginal deliveries and 147 cesarean sections, was included. Comparatively, the postpartum UIs at 2 days, 3 months and 6 months following vaginal delivery were 11.5%, 2.0%, and 0%, whereas following cesarean section were 9.5%, 1.4%, and 0%, respectively (p-values between groups  $>0.05$  for each time-point). The quality of life is unaffected for the postpartum UI women. The IIQ score in vaginal delivery was similar to caesarean section. There were no patients who had poor quality of life in both groups.

**Conclusions:** Prevalence of postpartum UI following vaginal delivery and cesarean section are comparable. The symptoms of UI are much improved in 6 months postpartum.

**Keywords:** Urinary Incontinence; Postpartum Period; Urogenital Distress Inventory; Incontinence Impact Questionnaire



## Impact of Prehospital Antibiotics on In-hospital mortality in Emergency Medical Service patients with sepsis

Penpischa Sirinawee MD, Rujaporn Kotnarin MD

*Department of Emergency Medicine, Rajavithi Hospital, Bangkok, Thailand*

**Background:** In the prehospital setting, emergency medical service (EMS) providers play a crucial role in the management of patients with sepsis, Early recognition and treatment of sepsis is critical to improving patient outcomes and reducing the risk of death. If we can administer antibiotics in the prehospital emergency medical system, the waiting time for antibiotics can be reduced in patients with sepsis.

**Objective:** To compare the outcomes of hospital mortality in patients with suspected sepsis. between Pre-hospital antibiotic and non-pre-antibiotic groups who came to the hospital with Narenthorn Emergency Medical Service Center, Rajavithi Hospital.

**Materials and Methods:** The adult sepsis patients who were cared for by the Narenthorn Emergency Medical Service Center between June 2020 and June 2022 were included in this retro-prospective study.

**Results:** The study enrolled 180 septicemia-suspected patients. and divided into two groups: Pre-hospital antibiotic group (n = 90) and Non pre-hospital antibiotic group (n = 90) In the study, we found in hospital mortality rate 32.2% and 47.8% in Pre-hospital antibiotic group and Non pre-hospital antibiotic group, respectively, 15.56% less than the group that did not receive antibiotics (95%CI: -29.69, -1.42). 0.52, 95%CI: 0.28, 0.95) compared to the group that did not receive antibiotics. Statistically significant (p-value = 0.034).

**Conclusions:** The study provides support for administering antibiotics to sepsis patients in the prehospital setting, which can reduce mortality rates and highlights the critical role of early recognition and treatment in prehospital care. However, larger, multicenter studies are required to confirm these findings and to investigate further the potential benefits of prehospital antibiotics in improving patient outcomes.

**Keywords:** Sepsis, Prehospital, Emergency medical services, Antibiotic

## **The Use of Oral Desogestrel for The Preoperative Treatment of Endometrioma Compared with Placebo: A Randomized Controlled Trial Evaluation of The Effect on Cyst Diameter and Associated Pain**

Atitaya Sakunthai MD, Ratchadaporn Roekyindee MD

*Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand*

**Background:** The increasing in size of endometrioma of ovary results in surgical difficulties and complications such as adhesion formed, injury of the surrounding tissue and massive bleeding. Using medication for preoperative treatment is questionable for decreasing complications during waiting periods for surgery. Desogestrel is the progestin group and one of the most common medications for treatment endometriosis.

**Objective:** To compare the cyst diameter of ovarian endometrioma between using oral desogestrel and placebo in women who underwent to gynecological surgery in next 3 months.

**Materials and Methods:** A double-blinded randomized controlled trial was conducted in women with endometrioma over 3-cm. size at Rajavithi Hospital and had scheduled for gynecological surgery between July 2021 and August 2022. After excluding women who had contraindicated for desogestrel used, previous surgery, pregnancy and complicated endometrioma, participants were randomized to two groups. Those in desogestrel group received Cerazette<sup>®</sup> 1 tab orally daily for 3 months and in placebo group received vitamin B6 in the same manner. Changing in cyst diameter, volume and pelvic pain evaluated by visual analogue scale (VAS) score were evaluated after 1-month and 3-month after treatment.

**Results:** Totally 30 participants were randomly allocated equally into 2 groups. The greatest diameter and volume of endometrioma were not significantly decreased between 2 groups. Median differences of endometrioma greatest diameter at 1 month and 3 months were 0.00 (95%CI -5.34 to 5.36, *p*-value 0.998) and 0.29 (95%CI -6.26 to 5.69, *p*-value 0.925), respectively. VAS scores were significantly lower in desogestrel group. Median differences of VAS score at 1 month and 3 months were -0.96 (95%CI -1.43 to -0.49, *p*-value < 0.001) and -2.10 (95%CI -2.86 to -1.33), *p*-value < 0.001).

**Conclusions:** Using desogestrel for the preoperative treatment in women with endomerioma was significantly associated with decreasing VAS score of pelvic pain.

**Keywords:** Endometriosis, Desogestrel, Endometriomas

## Diagnostic Performance of Pelvic Ultrasonography for Assessment of Staging in Stage IB1-IIA Cervical Cancer

Vuttinon Jansutrakwong MD<sup>1</sup>, Saranya Chanpanitkitchot MD<sup>1,3</sup>, Marut Yanaranop MD, PhD<sup>1,3</sup>, Ponpron Srisakorn MD<sup>2,3</sup>

<sup>1</sup>Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand

<sup>2</sup>Department of Radiology, Rajavithi Hospital, Bangkok, Thailand

<sup>3</sup>College of Medicine, Rangsit University, Bangkok, Thailand

**Background:** Pre-treatment imaging provided information on tumor size, tumor extension and nodal status which have meaningful for treatment planning. To avoid toxic combination of surgery, followed by CCRT or radiation therapy is the patient selection before primarily treatment using accurate pre-treatment assessment.

**Objective:** To explore the diagnostic performance of pelvic ultrasonography (pUS) compared with clinical examination (PV) and computerized tomography of whole abdomen (CTWA) for preoperative staging in women with cervical cancer (CC).

**Materials and Methods:** This is a cross-sectional study conducted in women with clinical stage IB1-IIA CC underwent elective surgery at Rajavithi Hospital between September 2021 and May 2022. Within 48-hour before operation, PV was evaluated by gynecologic oncologists and pUS using two-dimension/three-dimension/Doppler flow by transvaginal/transrectal/transabdominal routes was executed by Yanaranop M. CTWA were reviewed by Srisakorn P. FIGO staging of CC (2018) was assessed.

**Results:** Totally 48 women with clinical stage IB1-IIA CC were enrolled, 20 stage IB1, 20 stage IB2, 7 stage IB3, and 1 stage IIA1. Based on surgical staging, the accuracy of CC staging by pUS, PV, and CTWA was 68.7%, 58.3%, and 22.9%, respectively. For detection of tumor size < 2-cm, accuracy was 89.6% with pUS, 91.7% with PV, and 70.8% with CTWA. While detection of tumor size > 4-cm., accuracy was 93.7%, 87.5%, and 70.8%, respectively. For detection of vaginal involvement and parametrial invasion, accuracy was 93.8% and 95.8% with pUS, 97.9% and 93.8% with PV, and 72.9% and 93.2% with CTWA, respectively. Moreover, pUS had accuracy of 77.1% for detection of deep stromal invasion.

**Conclusions:** Preoperative pUS may the good modality for cervical cancer staging and has advantages for detection of tumor mass > 4-cm, parametrial invasion and deep stromal invasion. Nevertheless, pUS cannot assess nodal or distant metastasis.

**Keywords:** pelvic ultrasound, cervical cancer, staging

## Outcomes of the Development for Children with Hearing Impairment Post Cochlear Implantation, Rajavithi Hospital

Supranee Boonmee B.N.S

*Department of Out Patient Nursing, Rajavithi Hospital, Bangkok, Thailand*

**Background:** Due to the corona virus disease 2019 (COVID-19) pandemic situation that affects many countries, resulting in restrictions of in-person healthcare office visits in a way to maintain social distancing regime. For children undergoing cochlear implantation, ongoing hearing restoration is necessary. The telemedicine is another effective option for hearing restoration in children with hearing impairment post-cochlear implantation. One effective therapeutic approach that should be used for at least during the first two years following cochlear implantation is Auditory–Verbal Training (AVT). Telemedicine, the use of telecommunications and information technology, is important in providing health services to children with cochlear implant located at some distance from the provider because telemedicine has the potential to facilitate outcomes such as improved language skills and communication skills.

**Objective:** 1) To study the developmental outcomes for caring children with hearing impairment post-cochlear implantation. 2) To study factors related to hearing ability of children with hearing impairment post-cochlear implantation, and 3) to study satisfaction of parents in caring for children with hearing impairment post-cochlear implantation who received Auditory-Verbal Training and practiced via remote the telemedicine system.

**Materials and Methods:** A cross-sectional study was conducted having fifty-one participants, under 5 years of age, with post- cochlear implantation associated with pre-lingual hearing loss. All participants, which met the research criteria, were selected by a purposive sampling method. Two research instruments were used to collect data namely, 1) the Personal Data Form, and 2) the Listening Ability Questionnaire adopted from the Categories of Auditory Performance-II: CAP-II. A panel of experts evaluated the instruments for content validity and the instrument reliability of 0.97 was reported. Data was analyzed by using descriptive statistics such as frequency, mean, and standard deviation. For assumption and conclusion purposes, some inferential statistical tests were used as follows; Repeated Measures ANOVA. The hypothesis testing showed statistical significance at  $p < 0.05$ .

**Results:** It was found that the increase in hearing ability of the researched children post- cochlear implantation. Factors related to hearing ability of the children with hearing impairment post- cochlear implantation were the use of cochlear implants side, the cooperation of listening practice with the cochlear implant users, regular device fine-tuning. Overall satisfaction of parents was at the high level with hearing through the telemedicine service system in terms of the avoidance of trip to the healthcare office, time saving, cost saving, and the increase in family involvement.

**Conclusions:** This study demonstrated a number of factors that have impacts on hearing ability of deaf children after cochlear implantation. Those factors are the following: the period of time of wearing cochlear implant because of the more exposure to language input more good listening experience, good cooperation in auditory-verbal practice, regular fine-tuning of the device, and the use of bilateral cochlear implants as well as the utilization of cochlear implants in conjunction with hearing aids. Good controlling these factors will enhance the cochlear implant users in better listening ability and in creating language development.

**Keywords:** The Hearing Ability, Children with Hearing Impairment, Post Cochlear Implantation

## Development of an Operating Theatre Management Model in Situation of the COVID-19 Epidemic in Rajavithi Hospital

Ladda Yutthanartjinda RN, Anong Sornchai RN, Jinjutha Kaewmak RN

*Department of Operating Room, Rajavithi Hospital, Bangkok, Thailand*

This research and development study aimed to develop an operating theatre management model in the situation of the COVID-19 epidemic in Rajavithi Hospital, and to examine its effectiveness. The study was conducted in 4 phases: 1) study the situation of operating room management in the situation of the COVID-19 pandemic, 2) development of an operating room management model in the epidemic situation of COVID-19, 3) examine the effectiveness of the developed model, and 4) certify the operating room management model. The sample consisted of 60 patients undergoing surgery at Rajavithi Hospital, divided into 30 participants in the control group and 30 participants in the experimental group, and 210 operating room personnel who worked with COVID-19 patients. These included 105 nurses and 105 multi-professionals in the operating theatre. The research instruments included an experimental instrument, which was the developed model, and instruments developed by researchers and validated by three experts to collect data on both patients and personal outcomes. Quantitative data were analyzed using percentage, mean and standard deviation and qualitative data were analyzed using content analysis. The results showed that the operating theatre management model consisted of 3 components, including structure, staff and system. The developed model was found to be effective. Using the operating theatre management model, there was no incident of surgery on the wrong-person, wrong-site, wrong-procedure, and wrong-patient. There were no reports of infected nurses from practice and the waiting time for surgery was statistically significantly reduced ( $p=.011$ ), and patients were highly satisfied with the model (Mean=4.69, SD=.38). Scrub and circulating nurses perceived their self-efficacy at a high level (Mean=4.50, SD=.44) and coordinator nurses perceived their self-efficacy at the highest level (Mean=4.59, SD=.45).

**Keywords:** COVID-19, model development, operating theatre management



## **Clinical Nursing Practice Guideline (CNPNG) of Colorectal Cancer Surgery Patients With Enhanced Recovery After Surgery (ERAS) Program**

Unchalee Prueksacheeva RN<sup>1</sup>, Patitta Nukwen RN<sup>1</sup>, Thanida Homjeen RN<sup>1</sup>, Boonchuen Aimmak RN<sup>2</sup>, Nuchrapee Suthikul RN<sup>2</sup>

<sup>1</sup> *Department of In-patient Nursing, Cluster of Nursing, Rajavithi Hospital, Bangkok, Thailand*

<sup>2</sup> *Emeritus Nurse*

**Background:** Colorectal cancer statistics of Rajavithi Hospital in 2020-2022 were 482, 512 and 578 cases, respectively, and required surgery that affected the functioning of various systems and an average of 7 days in the hospital. If there are complications, hospitalization is required for 12-14 days due to delayed rehabilitation and affecting medical expenses. A multidisciplinary team developed an ERAS protocol for them to accelerate recovery since 2018. In nursing, there are different practices that do not reflect nursing outcomes. Therefore, it is necessary to develop CNPNG as an evidence-based nursing practice according to 7 aspects of care of the Thailand Nursing and Midwifery Council (TNMC) and ERAS protocol of multidisciplinary team which provided synergy for safety and well-being of patients.

**Objective:** 1. To develop CNPNG for colorectal cancer patients covers 7 aspects of care and ERAS protocols. 2. To assess compliance of CNPNG and nurses' opinions.

**Materials and Methods:** This research applied 2 main concepts; the development CNPNG of Soukup (2000) and 7 Aspects of care of TNMC (2001), which composed of 4 steps as follows:

1. Situation analysis: literature reviewed of nursing care and ERAS program, analyzed problems in patients according to the ERAS protocol by questionnaire of 50 nurses.
2. Developed CNPNG by using criteria of the Royal College of Physicians of Thailand (2018) which based on 14 empirical evidence. CNPNG composed of 5 phases that was examined by experts, CVI = 0.87 and audited with AGREE II, overall 82.60 %.
3. CNPNG was implemented for nurses by workshop and reviewed by After Action Review 2 times.
4. CNPNG was evaluated the process and opinion of using it.

**Results:** 1. The CNPNG comprised of 5 parts : 1) admission Day 2) pre-operative day 3) post operative day 4) discharge planning 5) continuing care. 2. Nurses conformed to CNPNG 92.63%, the opinion among nurses revealed that 93.68 % agree with the practical of CNPNG.

**Conclusions:** CNPNG was appropriated for colorectal cancer patients with ERAS program in Surgical ward, Rajavithi Hospital. Application of this CNPNG is recommended for other wards, where care process and similar to this context.

**Keywords:** CNPNG, ERAS Program, Colorectal Cancer Patients



## Effectiveness of Bowel Preparation before Colonoscope by Low- Residue Instant Diet at Digestive Endoscope Center in Rajavithi Hospital

Pim-on Cheentha RN

*Digestive Endoscopy Center, Rajavithi Hospital, Bangkok, Thailand*

**Background:** Colonoscopy is a special examination in addition to the stool examination. To assess problems with the colon, such as blood loss, pain, and changes in the colon disease caused by infection. It is used to detect colon cancer and to help treat growing non-cancerous tumors (polyps) in the wall of the colon for diagnosis.

This research was studying the effectiveness of bowel preparation in patients undergoing colonoscopy. by providing low-fiber semi-finished food at the gastrointestinal endoscopy center Rajavithi Hospital. the level of colon cleanliness in patients receiving colon preparation and the results of research study to develop and improve the standard guidelines for bowel preparation of patients before colonoscopy so that the doctor can clearly see the abnormal to increase diagnostic efficiency and for the good quality of the patient's medical treatment.

**Objective:** 1. The quality of colon preparation in patients undergoing a colonoscopy among the groups receiving low-fiber semi-finished foods and the group that did not receive low-fiber semi-finished food.

2. To study the satisfaction of patients on low-fiber semi-finished food.

**Materials and Methods:** The study used a control group and experimental group design as a quasi-experimental research involving 100 participants undergoing bowel preparation for a colonoscopy (experimental group 50, control group 50 subjects) at Digestive Endoscope Center in Rajavithi Hospital. from Jan.2021 to Sep.2022.

**Results:** Overall 100 patients (M=37%, F=66%), BMI=23.8 Kg/M<sup>2</sup>

To indication for endoscopy was CA colon screening =30%, chronic constipation = 21%. The number of PEG received at 3 liters = 53%. The patient who received colonoscopy was eaten a low-fiber colon preparation diet = 94% of them could follow the recommendations. A higher proportion of the experimental group showed a hungry and fatigued (72.0% vs 28.0%,  $P < 0.001$ )(74.0% vs 22.0%,  $P < 0.001$ )and assessment of bowel preparation at colonoscopy [(Boston Bowel Preparation Scale)(BBPS)] risk factor associated with Inadequate bowel preparation multivariate analysis (OR=7, 95% CI : 1.99-24.6; p-value = 0.002] Patient satisfaction with low-fiber bowel prep products in terms of taste, color of food, overall appearance, packaging and storage. (mean =4.36, SD=0.90)

## Comprehensive management of gastroesophageal reflux disease (GERD)

Siam sirinthornpunya MD

*Department of Internal Medicine, Rajavithi Hospital, Bangkok, Thailand*

Gastroesophageal reflux occurs when the stomach contents back up into the esophagus and/or mouth. People with gastroesophageal reflux disease (GERD) experience bothersome symptoms or damage to the esophagus of acid reflux. Symptoms of GERD include heartburn, regurgitation, and difficulty with swallowing. In some people, acid reflux causes bothersome symptoms or injury to the esophagus over time.

Risk factors of GERD eg .Food and medications : fatty foods, chocolate, peppermint, caffeine, alcohol, and cigarette smoking , certain medications can decrease LES (lower esophageal sphincter) pressure and delay gastric emptying Obesity : related to increased pressure in the abdomen. Pregnancy :due to increase intraabdominal pressure and usually resolves after delivery and rare complications. Hiatus hernia: part of the upper stomach pushes up through the diaphragm cause decrease resistance of LES and acid collection in hernia lesion.

Common symptoms of GERD are heartburn (burning sensation in the center of the chest) and regurgitation(stomach contents come up to mouth or throat without vomiting). Other symptoms included both esophageal and extraesophageal symptoms such as chest pain, asthma, sinusitis, hoarseness etc.

Diagnosis base on typical symptoms (heartburn and/or regurgitation). More investigations are need in patients with alarm features, not response to lifestyle modification and medication and in patient with atypical symptoms.

Treatment consists of life style modifaciation (diet modification, exercise, decrease body weight on overweight persons high bed head position, stop smoking and avoid some medication). medication (PPI, H2 blocker, antacid, prokinetics, ralf forming agent, baclofen). Endoscopic and surgical treatment in patient that not response to life style modification and medication.



Phyathai Room 11<sup>th</sup> Floor

5 April 2023

14.30 – 15.30

## **Surgical removal of embedded supernumerary tooth area between first and second premolar: Case Reports**

Malasri Panyasakulwong D.D.S

*Department of Dental, Rajavithi Hospital, Bangkok, Thailand*

Supernumerary teeth can develop from dental lamina hyperactivity theory presents various anomalies that can occur either in the maxilla or the mandible and frequently develop in permanent teeth more than deciduous ones. The presence of supernumerary teeth may associate with various complications such as cystic lesion formation. Most of them are usually asymptomatic but may be incidentally detected through clinical or radiographic examination. Appropriate extraction or surgical removal treatments are important to prevent subsequent complications. In this case report, one supernumerary in the maxillary premolar and one supernumerary tooth in the anterior maxilla, treatment planning, and surgical removal of one supernumerary in the maxillary premolar were performed at a follow-up visit, there were no complications found.

**Keywords:** Impacted tooth, Pattern of third molar Impaction, Third molar

## **Symposium: Minimally invasive neurosurgery**

### **Minimal invasive STA-MCA bypass**

Ittipon Gunnarut MD

*Department of Neurosurgery, Rajavithi Hospital, Bangkok, Thailand*

The cerebrovascular bypass procedure is the important cerebrovascular procedure now a day and the STA-MCA bypass is the most common procedure. Normally the indication for STA-MCA bypass is 1) to achieve perfusion in distal MCA branches when iatrogenic vessel occlusion cannot be avoided for various reasons, 2) to improve brain perfusion in Moyamoya disease, and 3) most frequently, to augment hemispheric perfusion in major vessel occlusion with hemodynamic insufficiency. The usual technique is the creation of a curved skin/galea flap followed by dissolving the STA branch out of it. Then a temporoparietal craniotomy is performed, providing a broad exposure over the cortical surface and distal part of the sylvian fissure. The reduction of the approach down to a minicraniotomy could further reduce the risk of periprocedural complications such as epidural and subdural hematomas. Additionally, the minimized approach could reduce arachnoidal scarring in the exposed area significantly. Last but not least, the exact preoperative selection of optimal donor and recipient vessels might result in a less extensive vessel preparation and with an optimal bypass function. The procedure is the using of navigator for select appropriate site for surgical anastomosis is the key for minimal invasive cerebrovascular bypass and in the future this procedure is very useful to improve the result of this procedure.



Yothee Room, 11<sup>th</sup> floor

5 April 2023

09.00 – 10.30

## **Symposium: Minimally invasive neurosurgery**

### **Neuroendovascular treatment in Cerebrovascular disease**

Sujin Rujimethapass MD

*Department of Neurosurgery, Rajavithi Hospital, Bangkok, Thailand*

Cerebrovascular disease such as Cerebral aneurysm, Brain arteriovenous malformation, Dural arteriovenous fistula, Acute ischemic stroke have high morbidity&mortality rate that increasingly together with aging society. In the past standard treatment is only open surgery or medical treatment but present endovascular treatment is a new treatment that can treat patient with better outcome.

Endovascular treatment is a type of minimal invasive surgery. There are many types of operation such as Glue embolization, Balloon embolization, Coiling embolization, Mechanical thrombectomy and stent placement.

Rajavithi hospital developed endovascular treatment since 4 years ago, firstly we performed treatment in cardiac cath lab in children hospital but now we developed new endovascular surgery unit for take care of neurovascular&peripheral vascular patients.

## **Symposium: Minimally invasive neurosurgery**

### **Minimally invasive transforaminal interbody fusion (MIS TLIF)**

Noppatee Segkhaphant MD

*Department of Neurosurgery, Rajavithi Hospital, Bangkok, Thailand*

In a Lumbar Spondylolisthesis patient, the Microdecompression procedure fuses the lumbar spine segment is needed to enhance the stability of the spine.

In the past, the traditional treatment was open laminectomy surgery. This is a large surgical incision at the spine to remove the lamina.

In order to access the affected part of the spine, the spinal surgeon must make a long incision in the back over the affected spinal area and dissect a large part of the back muscles.

With laminectomy surgery in order to access the affected part of the spine, the spinal surgeon must make a long incision in the back over the affected spinal area and dissect a large part of the back muscles.

The surgeon must remove the herniated portion of the disc and the bony part of the spine that is the cause of the nerve compression.

A metal screw is then inserted to stabilize the spine (Posterior pedicle screw fixation).

However, the extensive muscle dissection and retraction due to the surgery results in significant muscle injury, resulting in severe postoperative back pain.

Minimally Invasive Transforaminal Lumbar Interbody Fusion (MIS TLIF) is a technique developed to make lumbar fusions less invasive compared to traditional Transforaminal Lumbar Interbody Fusion or open TLIF.

MIS TLIF results in better patient outcomes both intraoperatively and post operative.



## **Symposium: New era of innovations for obesity treatment Diet, Drug, Endoscope & Minimally invasive surgery**

Sathienrapong Chantawibul MD

*Department of Surgery, Rajavithi Hospital, Bangkok, Thailand*

Morbid obesity is a condition characterized by excessive body fat that poses a significant risk to an individual's health. It is usually defined as having a body mass index (BMI) of 37.5 or higher or a BMI of 32.5 or higher in the presence of one or more obesity-related health conditions, such as diabetes, high blood pressure, or sleep apnea.

The treatment of morbid obesity usually involves a combination of lifestyle changes, medications, and surgery, depending on the severity of the condition and the individual's health status.

Lifestyle changes are the first line of treatment for morbid obesity. This may include a healthy diet that is low in calories and high in protein, fiber, and other nutrients. Regular physical activity is also crucial for weight loss and weight maintenance. In addition, behavioral therapy and support groups may be helpful in addressing the psychological and emotional factors that contribute to obesity.

Medications may be prescribed to help individuals lose weight and reduce the risk of obesity-related health problems. These medications work by suppressing appetite, increasing metabolism, or reducing the absorption of fat in the body. However, they should only be used under the supervision of a healthcare provider and in conjunction with lifestyle changes.

Bariatric surgery is considered the most effective treatment for morbid obesity, particularly for individuals with a BMI over 37.5 or a BMI over 32.5 with obesity-related health conditions. This type of surgery reduces the size of the stomach or bypasses a portion of the small intestine, leading to significant weight loss. Bariatric surgery also improves or resolves many obesity-related health problems, such as diabetes, high blood pressure, and sleep apnea. However, surgery carries risks and should only be considered after other treatments have been tried and failed or if the individual's health is severely compromised.

In conclusion, the treatment of morbid obesity requires a comprehensive and individualized approach that addresses the physical, psychological, and social factors that contribute to the condition. Lifestyle changes, medications, and surgery are all viable options that can lead to significant weight loss and improved health outcomes. However, success depends on the individual's commitment to long-term changes in diet and exercise habits, as well as ongoing medical and psychological support.

## **Symposium: New era of innovations for obesity treatment Diet, Drug, Endoscope & Minimally invasive surgery**

Dr.Sarawut Jansang PT, PhD

*Department of Rehabilitation Medicine, Rajavithi Hospital, Bangkok, Thailand*

### **Management of physical therapy in obese patients**

Thailand's death rate has increased due to the global obesity epidemic's impact on public health. In populations that range from obese to dangerously obese, it is also a significant issue for quality of life. Severe obesity over the long term has an impact on a number of bodily systems, including the respiratory system. The severity of the symptoms in the body system will gradually increase from asymptomatic, symptomatic, and severe symptoms due to changes in the cardiovascular system, hormonal system, or skeletal system. Physiotherapy treatment is crucial for recovery after a cure. performance of the heart and respiratory system, as well as the metabolic system, to help obese persons lose weight. from these issues A phased pulmonary rehabilitation program results from early exposure to pulmonary rehabilitation.

For those who are obese It is a significant COVID-19 infection risk factor. Lung health and physical stamina during regular activities are also affected. Programs for physical treatment for obese people are crucial.

Consequently, early physiotherapy for obese patients will concentrate on maintaining healthy respiratory and cardiovascular systems. In order to improve the body's performance, it is crucial.

In conclusion, practice pursed-lip breathing by using a windmill toy. Obese persons can benefit from using it to practice breathing, which will improve their dyspnea. After 12 weeks, the majority of values rise as a result of prolonged training and activity altering the physiological structure. Hence, practicing pursed-lip breathing with a windmill toy is a successful breathing exercise technique for improving lung function, respiratory muscle strength, and quality of life in obese people.

## **Elective Neck Management in Node Negative Oral Cavity Cancer : Observation, Surgery, Radiation, Surgery and radiation**

Raksak Amphaiphan MD

*Department of Otolaryngologist, Buri Ram Hospital, Buriram, Thailand*

**Background:** For the treatment of clinically node negative early-stage oral cavity squamous cell carcinoma (cN0-OSCC), there are several elective neck managements to preventing recurrence of the neck disease. Each pattern has a different effect on recurrence and survival rates. Furthermore, the results of previous studies have not been able to find a statistically significant difference clearly.

**Materials and Methods:** This is an analytical retrospective cohort in oral cancer patients. Surgical treatment of primary tumor is performed, and there are four methods of elective neck management: 1) observation (OBS), 2) elective neck dissection (END), 3) elective neck radiation (ENI), 4). Combined elective neck dissection and radiation therapy (END+RT). Data were collected between January 1st., 2015 to December 31st., 2019 and followed up for one year until December 31st., 2020. The outcome measures in this study were conducted using Kaplan-Meier to determine the disease-free survival and overall survival.

**Results:** A total of 124 cN0-OSCC participants met the inclusion criteria. All patients were divided into four groups: OBS (n=96) , END (n=15), ENI (n=9) and END+RT (n=4). The results showed that disease-free survival in the OBS, END, ENI, and END+RT groups were similar and not statistically significant ( $p=0.235$ ), but overall survival of both OBS and END groups were significantly better compared to the ENI and END+RT groups ( $p<0.001$ ).

**Conclusions:** The data from this study concluded that each elective neck management were not be different in disease-free survival, but the OBS and END methods had significantly better overall survival.

**Keywords:** Clinically node negative early stage oral cavity cancer (cN0-OSCC), elective neck management, elective neck irradiation, disease-free survival, overall survival.

## Symposium: Children with Cochlear Implants

Arerak Detyong<sup>1</sup>, Supranee Boonmee<sup>2</sup>, Jiratchaya Wanthong<sup>1</sup>

<sup>1</sup>*Department of Ear Nose and Throat, Rajavithi Hospital, Bangkok, Thailand*

<sup>2</sup>*Department of Out Patient Nursing, Rajavithi Hospital, Bangkok, Thailand*

In today's world, children born with hearing loss have an opportunity to live in the hearing world. Regarding the advancement of technology and multidisciplinary teams, every newborn baby is tested by universal newborn hearing screening to detect hearing impairment. Then, if babies show impairment, other tests, such as the auditory steady state response (ASSR), will be used to tell degree of hearing loss. In this process, audiologists read the hearing results and adjust hearing devices individually for each child. To amplify sound into impaired children's ears, audiologists put hearing aids fitting with their hearing level and work with speech and language therapists to maximize each child's communication abilities.

Some children get benefits from wearing the hearing aids, but certain children with severe to profound sensorineural hearing loss in both ears do not. Therefore, the next process is implanting. If impaired children show no progress in speech and language development, otolaryngologists will plan surgery and put a device called "Cochlear Implant" for the candidates. However, an important thing is before implantation; parents have to have abilities and responsibility to follow hospital appointments and home exercises to encourage speech, language, and auditory development of their children. Another criterion is personal medical history, such as having no medical contraindications.

For auditory habilitation, when children wear devices, either hearing aids or cochlear implants, children and their parents routinely participate in auditory verbal therapy sessions. Additionally, children with cochlear implants have to come to a hospital to map sounds and the device following the mapping program. Although children already wear devices, habilitation and parental compliance are the keys to developing spoken language for children with hearing loss.

There are a number of researchers who claim that many children with cochlear implants succeed in achieving normal speech and language development compared with age-matched normal peers. Some fail to pursue their goals and need to communicate by body language and sign language. Therefore, technological advancement can help impaired children to live in the hearing world. Several factors are important to be considered and followed by both medical teams and parents to help this group of children have a better quality of life.

## Symposium: Newborns Hearing Screening

Tapanee Sanphon MD

*Department of Otolaryngologist, Sichon Hospital, Nakhon Si Thammarat, Thailand*

Hearing Loss can be caused by many factors including both genetic and environmental etiologies. Neonatal congenital hearing disorders is one of the most common abnormalities present at birth, that can be affected the development of language, speech and other aspects of children both present and in the future.

In Sichon hospital, data from January 1, 2018 to December 31, 2019, a total of 1,952 cases, retrospective study, the incidence of hearing disorder among newborns was 6.66 per 1,000 live births, 4.6 per 1,000 in normal infants and 22.1 per 1,000 among high risk infants. The top 3 most common hearing disorder factors were 5 days in the neonatal intensive care unit, history of received gentamycin ear antibiotics and family member history about congenital hearing disorder

The incidence of hearing disorders in normal infants was lower than high risk infants. Therefore, screening for all newborn infants should be aware of the hearing disorder, especially in high risk group.

Early Detection and intervention occurred by 6 months of ages, infants are able to maintain good outcomes in language, speech and other developments.

## POSTER PRESENTATION

### **The use of Multi-Criteria Decision Analysis for medicinal procurement in public hospital**

Promprasert Weena Bsc. in Pharm., M.P.A., M.S.

*Department of Pharmacy, Rajavithi Hospital, Bangkok, Thailand*

**Background:** Since 2017, Procurement Act by the Comptroller General's Department was changed from decision of single criteria by minimum price to multi-criteria of price and performance of difference ratio such as 40 per 60 or 30 per 70. All procurement methods purpose to promote transparency, consistency and equity. Multi-Criteria Decision Analysis (MCDA) is the tool for value based decision making to verify medicines in quality, safety and efficacy dimension.

**Objective:** To examine the result of using Multi-Criteria Decision Analysis in three medicines of celecoxib, etoricoxib and manidipine by different method which are price only, price per performance in 40:60 ratio and price per performance in 30:70 ratio for medicinal procurement.

**Materials and Methods:** Multi-Criteria Decision Analysis was defined into five main criteria and ten sub-criterias. Main criteria consisted of equivalence, manufacturing, effectiveness, safety and quality of manufacturing company. The scoring was calculated by measuring performance multiply weighting criteria. Mock-up technique was used in this study.

**Results:** The competition consisted of four companies in each medicine. Result for celecoxib was the same company in price only, price performance (40:60) and (30:70) and also for etoricoxib at the lowest price.(3.15 baht/ capsule, 4.80 baht/ tablet) For manidipine, the winner was the same in price performance (40:60) and (30:70) but not the lowest price. (1.75 baht/ tablet) The difference from the lowest price (1.70 baht/ tablet) was 2.86%.

**Conclusions:** Overall company who won the competition in three methods was the same. For celecoxib and etoricoxib that offered the lowest price got the highest score of the evaluation by means of price-performance criteria. For manidipine, the winner was not proposed the lowest price by price performance method. Price performance can be used for the tool to select quality drug with appropriate price.

**Keywords:** Multi-criteria Decision Analysis, medicinal procurement



## POSTER PRESENTATION

### **Prevalence and risk factors of latent tuberculosis infection among healthcare workers in Rajavithi Hospital**

Suchada Suphanpayak M.Sc, Natta Padungwattanachoke B.Sc, Nutch Leelarthaphin B.Sc, Hathaichanok Hauyhongthong B.Sc.

*Biomolecular Laboratory, Department of Clinical pathology and Medical Technology, Rajavithi Hospital, Bangkok, Thailand*

**Background:** Healthcare workers (HCWs) who work closely with tuberculosis infection patients have a high risk for latent tuberculosis infection (LTBI), and approximately 10 % of people with latent tuberculosis infection can develop tuberculosis (TB).

**Objective:** To determine the prevalence and risk factors of latent tuberculosis infection among healthcare workers in Rajavithi Hospital.

**Materials and Methods:** A cross-sectional study collected information from 270 HCWs in Rajavithi hospital. From September 2020 to July 2021, by researching the questionnaire and the QuantiFERON-TB Gold Plus (QFT-Plus) assay. Multivariate logistic regression analysis was performed to determine the risk factors of QFT-Plus positive.

**Results:** We found that 60 HCWs were positive QFT-Plus assay, and the prevalence of latent tuberculosis infection was 22.22%. Multivariate analysis showed factors significantly associated with a positive QFT-Plus assay were: Age  $\geq$  30 years (aOR = 3.476; 95% CI: 1.257-9.616).

**Conclusions:** This study reported 22.22 % prevalence rate of latent tuberculosis infection in HCWs by QFT-Plus assay. Age and work duration are important factors associated with latent tuberculosis infection. This information should be considered for TB screening in the annual health check.

**Keywords:** Latent tuberculosis infection, Healthcare worker, QuantiFERON-TB Gold Plus assay

## POSTER PRESENTATION

### **Sensitivity and specificity of Real-time RT-PCR kits for detection SARS-CoV-2 Omicron (B.1.1.529) variant**

Suchada Suphanpayak M.Sc, Hathaichanok Hauyhongthong B.Sc, Natta Padungwattanachoke B.Sc, Onuma Chimin B.Sc, Jiraporn Komonsing B.Sc, and Araya Janthasook B.Sc

*Biomolecular Laboratory, Department of Clinical pathology and Medical Technology, Rajavithi Hospital, Bangkok, Thailand*

**Background:** Coronavirus disease 2019 (COVID-19) is a pandemic caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which has spread quickly around the world since early December 2019. The real-time RT-PCR technique is a gold standard method for detecting SARS-CoV-2, but almost laboratories will not differentiate and report variants of SARS-CoV2.

**Objective:** This study aims to evaluate the sensitivity, specificity and accuracy of Bioperfectus Technologies SARS-CoV-2 Variant Omicron (B1.1.529) Real Time PCR Kit (RUO).

**Materials and Methods:** Nasopharyngeal and Throat swabs were collected at Rajavithi hospital from December 2021 to March 2022. All 100 samples. (Omicron 50 and Non omicron 50) were evaluated by using Bioperfectus Technologies SARS-CoV-2 Variant Omicron (B1.1.529) Real Time PCR Kit (RUO).

**Results:** Omicron samples, the result show 100% of sensitivity, specificity, positive predictive value (PPV), negative predictive value (NPV) and accuracy, including no cross reactivity. Non omicron samples that consists of 8 Delta variant samples and 42 SARS-CoV-2 Negative samples.

**Conclusions:** Therefore, the result of this study demonstrated that commercial Real-time PCR kit could be used to detected Omicron (B.1.1.529) variant in Biomolecular Laboratory, Rajavithi hospital. But it might be inapplicable for early diagnosis of SARS-CoV-2. Moreover, the development of novel commercial kit for detecting VOC not only Omicron will be an essential information for preventing of COVID-19 pandemic in the future.

**Keywords:** SARS-CoV-2, Omicron (B.1.1.529), Variants of concern (VOC), COVID-19, Real-time RT PCR

## POSTER PRESENTATION

### **Efficacy of ventilation to control airborne infections in a single dental treatment room during ultrasonic scaling**

Yada Chestsuttayangkul DDS<sup>1</sup>, Anunya Opasawatchai DDS PhD<sup>2</sup>

<sup>1</sup>Dental department, Rajavithi Hospital, Bangkok, Thailand

<sup>2</sup>Department of Oral Microbiology, Mahidol University, Bangkok, Thailand

**Background:** Healthcare professionals are at high risk of infection from airborne respiratory disease and numerous measures have been proposed to reduce bioaerosol contamination such as barriers, high-volume evacuators, and controlled ventilation. According to the Guidelines for Environmental Conditions in Healthcare Facilities, ventilation in dental areas should be 6-12 air changes per hour (ACH), depending on the type of procedure. The ventilation system in the dental department of Rajavithi Hospital was renovated to meet the dental procedures.

**Objective:** To study the effectiveness of bioaerosol dispersion in the dental treatment room during ultrasonic scaling under different ventilation.

**Materials and Methods:** The procedure was performed in a treatment room with a single dental unit under 2 conditions: 0 ACH (ventilation is not operating) and 12 ACH (airflow and exhaust system are operating). Agar plates were placed in 6 positions at distances ranging from 20 to 200 cm from the source. Subjects were scaled by using a magnetostrictive ultrasonic scaler and agar plates were exposed to the room air for 60 minutes. Then they were incubated at  $37 \pm 0.5$  °C for 24 hours, and colonies were counted (CFU/plate). The experiment was repeated 5 times and data were analyzed using Mann-Whitney U test.

**Results:** The total number of bacterial colonies between 0 ACH and 12 ACH conditions were significantly different ( $P < 0.01$ ). Especially at the table and on the left side of the dental chair.

**Conclusions:** The number of bacterial colonies under 12 ACH condition found were less compared to 0 ACH condition, showing an improvement in air quality.

**Keywords:** airborne infection, ventilation, ultrasonic scaling

## POSTER PRESENTATION

### Increase operation efficiency by setting Beta-Hydroxybutyrate in automatic chemistry analyzer

Chotiwat Kaewsin, Ithirit Chaowaleard

*Clinical Chemistry and Endocrine Section, Department of Clinical Pathology and Medical Technology, Rajavithi Hospital, Bangkok, Thailand*

**Background:** Beta-Hydroxybutyrate (BHB) is the most predominant ketone presents during diabetic ketoacidosis (DKA). Determination of serum BHB is useful for diagnosis and monitoring of severe diabetic complications. BHB determination using point-of-care testing (POCT) is rapid and widely used but required several manual operations which waste staff manpower.

**Objective:** This study aimed to evaluate the analytical performance of commercially BHB reagent on automatic chemistry analyzer by compared the outcome with current method.

**Materials and Methods:** Assay parameter of commercially BHB reagent (Stanbio Laboratory) was setup in an open channel of automatic chemistry analyzer (Abbott Core Laboratory). Precision and accuracy studies were performed using quality control materials (low, normal, and high levels). The precision of assay was performed based on the Clinical and Laboratory Standards Institute (CLSI) EP5-A2 guideline and acceptable criteria are coefficient of variations (CV) <4.600% for within-run and <6.133% for between-run precision. The %bias was calculated to determine accuracy and acceptable criteria is bias <18.4%. The linearity standard at the concentrations of 0, 0.5, 1, 2, 4, and 8 mM were used to evaluate linearity of the assay. Proficiency testing was analyzed by the Randox International Quality Assessment Scheme (RIQAS) clinical chemistry program. Process mapping was drawn to compare working step between automatic chemistry analyzer and current method. The working hour of current method was calculated.

**Results:** The results showed that CVs for within-run and between-run precision were 0.520-2.624% and 0.649-3.014%, respectively, which not exceeding acceptable criteria. The bias at low, normal, and high BHB levels were 9.380%, 2.250% and 4.120%, respectively. Linearity range was 0 - 8 mM. Six consecutive RIQAS evaluation results shown excellent performance.

**Conclusions:** Using BHB assay on automatic chemistry analyzer was able to reduce 70% working step and 360 working hours per year and improve operation efficiency by reducing workload 12.5% of one staff when compared with current workload.

**Keywords:** Method Evaluation, Reference Interval, Decision Levels

## POSTER PRESENTATION

### Improving medical reconciliation at time of admission to prevent medication error in Rajavithi 2 (Rangsit) hospital

Satawat Kulworahathai PharmD, Tamonwan Chankaew PharmD, Naphat Panpaet BPharm, Sireethorn Rujinarong PharmD, Phawarat Ratsameerat PharmD, Jadsadakorn Thongin PharmD

*Division of Pharmaceutical care, Department of Pharmacy, Rajavithi 2 (Rangsit) Hospital, Pathum Thani, Thailand*

**Background:** Medication errors are one of the preventable events that could lead to potential harm. Therefore, medication reconciliation is created to prevent medication errors, which Rajavithi 2 (Rangsit) hospital has currently adapted to our routine. Rajavithi 2 (Rangsit) hospital has been receiving more referral patients, mostly surgical patients, the hospital has been developing a medication reconciliation process to prevent any medication error from duplication therapy and reduce medication errors severity.

**Objective:** This study primarily aimed to study the frequency and unintended discrepancies. The secondary objective of this study was to evaluate the factors that could cause medication errors and the total time used in the medication reconciliation process.

**Materials and Methods:** We conducted a prospective descriptive study. The data in this study consisted of all inpatients at Rajavithi 2 (Rangsit) hospital from June to December 2022. The statistical analysis used in this study was descriptive analysis using the STATA program.

**Results:** Of 443 patients admitted to Rajavithi 2 (Rangsit) hospital, 98.19% (435) have gone through the medication reconciliation process by pharmacists, and over 4.74% (21) had at least one medication error event. Of 34 medication error events, the most common medication error levels were level B (82.35%) and C (17.65%), respectively. Omission error was the most occurred error (41.18%) and difference dose (29.41%), respectively. Physician counseling was the main solution to correct the medication error, with a success rate of 82.35% in 28 counseling sessions. The average time of pharmacist used in medication reconciliation was 10 minutes. Finally, the main factors affecting medication errors were age and chronic diseases, especially in patients with hypertension and cardiovascular disease.

**Conclusions** This study found that medication reconciliation could potentially reduce medication error events and could reduce the severity of medication errors.

**Keywords:** Medication reconciliation, Medication error, Drug safety, Patient safety, Rajavithi 2 (Rangsit) hospital

## POSTER PRESENTATION

### **Pre-dispensing development by location system: Rajavithi 2 (Rangsit) hospital**

Orapin Thongtha, Jadsadakorn Thongin, Satawat Kulworahathai

*Division of pharmaceutical care, Department of Pharmacy, Rajavithi 2 (Rangsit) Hospital, Pathum Thani, Thailand*

**Background:** Pre-dispensing is one of the processes that affect patient waiting time. From data collected from October to November 2022, the average waiting time for outpatients in Rajavithi 2 (Rangsit) Hospital was 16.26 minutes/prescription. The statistic shows the pitfall is the time that staffs use to find the medication, the medicines were arranged alphabetically and by categories. Moreover, the shortage of staff and the increasing patient are the reasons we developed a location system as a tool to easily locate the medication in the pharmacy department.

**Objective:** This study aimed to develop a location system to reduce pre-dispensing and waiting time in the pharmacy department, at Rajavithi 2 (Rangsit) hospital.

**Materials and Methods:** Active research was conducted using pre-dispensing data before and after the location system from October to November 2022 and December 2022 to January 2023, respectively. We conducted an experiment using staff to locate medicine before and after the location system, using 2 different prescriptions, 10 items each.

**Results:** The average time used in the pre-dispensing process before the location system in October and November were 12.91 and 18.15 minutes/prescription, respectively, with an average of 15.53 minutes/prescription. The overall waiting time before the location system is 16.26 minutes/prescription. After conducting the experiment, the average pre-dispensing time before and after the location system has reduced by 32.02% , from 5.02 to 2.37 minutes/prescription, respectively. We adapted the result of the experiment and staff comments to develop the location system. Therefore, after using the location system, the there-dispensing process from December 2022 to January 2023, the average time has reduced by 42.77%, to 8.98 minutes/prescription. Finally, the overall waiting time has been reduced by 7.32%, to 15.07 minutes/prescription.

**Conclusions:** The location system is effective and reduces waiting and pre-dispensing time in Rajavithi 2 (Rangsit) Hospital.

**Keywords:** Location, Pre-dispensing, Waiting time



## POSTER PRESENTATION

### **Effect of pharmaceutical care on HbA1c and blood sugar level in diabetes type 2 patients: Rajavithi 2 (Rangsit) hospital**

Tamonwan Chankaew PharmD, Sireethorn Rujinarong PharmD, Phawarat Ratsameerat PharmD, Satawat Kulworahathai PharmD, Jadsadakorn Thongin PharmD, Naphat Panpaet BPharm

*Division of Pharmaceutical care, Department of Pharmacy, Rajavithi 2 (Rangsit) Hospital, Pathum Thani, Thailand*

**Background:** Diabetes Mellitus is one of the rising Noncommunicable diseases (NCDs) in Thailand. Only 23.7% of diabetic patients in Thailand could control their blood sugar levels. Uncontrolled blood sugar levels can lead to complications and mortality. The pharmacist has been involved in patient counseling to ensure controlled blood sugar levels and good lifestyle management. Patient education, lifestyle modification, and resolving drug-related problems (DRPs) were the most common techniques used in counselling. The main goal of patient counselling is to permanently reduce HbA1c.

**Objective:** This study aimed to study the effect of diabetic patient counselling by monitoring the HbA1c and Fasting Blood Sugar (FBS) of diabetic outpatient in Rajavithi 2 (Rangsit) hospital.

**Materials and Methods:** A prospective descriptive study was conducted to compare before and after patient counselling involving diabetic outpatients in Rajavithi 2 (Rangsit) hospital from August 2022 to January 2023. Diabetic patient counselling is composed of intensive counselling and finding DRPs, with interprofessional teamwork. HbA1c and FBS were outcomes of this study.

**Results:** Total patient of 48 were recruited with the average HbA1c before and after the diabetic patient counselling was 8.38% and 7.49% ( $p=0.001$ ), respectively. The FBS has significantly reduced ( $p=0.0480$ ) from 175.25 mg/dl to 156.3 mg/dl. Moreover, the most common DRPs occurred were non-compliance (41.67) and after the patient went through intensive counselling, the number reduced to 2.08. Investigating the relationships between the number of counselling and the reduced HbA1c reveals that the HbA1c has significantly reduced after one (0.61%) and two (1.62) intensive counselling with a p-value of 0.023 and 0.016, respectively. Furthermore, the FBS has reduced after one and two counselling, with a p-value of 0.12 and 0.38, respectively.

**Conclusions:** Diabetic patient counselling by pharmacists could potentially reduce the HbA1c level and fasting blood sugar and increase patient compliance.

**Keywords:** Pharmaceutical care, Diabetes Mellitus type 2, Rajavithi 2 (Rangsit) hospital

## POSTER PRESENTATION

### Effects of LEAN Physical Therapy Model in Stroke Patients

Sarawut Jansang PT, PhD, Benjamaporn Kongsakorn, PT, Nangnoi Tantanarungsri PT, MSc, and Sukhon wongbunkhong PT, MSc

*Division of Physical Therapy, Rehabilitation Medicine Department, Rajavithi Hospital, Bangkok, Thailand*

**Background:** The development of a physical therapy service model with a system to reduce the process of sending physical therapy consultations from the problem of patients with ischemic stroke that the need to learn to help the patient move appropriately physical exercise. LEAN physical therapy is provided to stroke patients getting care on the stroke ward at Rajavithi Hospital as well as those who have had an ischemic stroke. For research the process of system development by sending a Lean system consultation. physical exercise LEAN physical therapy can shorten the wait for physiotherapy treatment and the consultation process, stroke sufferers' physiotherapeutic treatment and rehabilitation patient cooperation with family or relatives in ongoing patient care.

**Objective:** This study was to development of a physical therapy model with a lean process system for stroke patients at Rajavithi Hospital.

**Materials and Methods:** 28 stroke patients receiving LEAN Physical Therapy. The experimental group and the control group are the two groups that make up this quasi-experimental study. The Barthel Index, a questionnaire that measures quality of life, was utilized as one of the research's techniques to gauge participants' ability to perform everyday tasks. LEAN Physical therapy for stroke patients who underwent physiotherapy treatment throughout his stay there was developed. Human Research Ethics Committee reviewed this study. Rajavithi Hospital associate project number is 64208 Project Document No. 241/2564.

**Results:** Comparing outcomes of patients taking part in a lean waiting reduction program in terms of accessibility to treatment. In comparison to the group receiving standard care It was shown that program participants got quicker access to physiotherapy care. Data were examined using the statistical mean, standard deviation, and Pair t-test at p-values < .05. The capacity to care prior to receiving the rehabilitation program, stroke patients' and their carers' satisfaction with their capacity to manage daily tasks, quality of life, and stroke patients' has improved.

**Conclusions:** The developed stroke patient care model can be used to care for patients with cerebrovascular disease. The procedure by which physical therapists provide care for patients and carers while utilizing a lean fast-track treatment. It promotes cooperation among teams of patients receiving all-encompassing treatment. establishing standards of care and fostering trust between patients and caregivers.

**Keywords:** LEAN Physical Therapy, Stroke Patients, The Barthel Index

## POSTER PRESENTATION

### **Development of Physical Therapy Model for Pulmonary Rehabilitation Affecting Quality of life among patients with Chronic lung disease: Case Report**

Nangnoi Tantanarungsri PT, MSc, Sarawut Jansang PT, PhD, and Nathtiya Ingkaworrasith PT

*Division of Physical Therapy, Rehabilitation Medicine Department, Rajavithi Hospital, Bangkok, Thailand*

**Background:** This study's goal is to present a case study that serves as a template for creating a body of information that can be used to a practice plan for managing difficult-to-treat respiratory physiotherapy patients and fostering skill development. Specialized, efficient physical therapy that gives patients the best results possible. Thus, the understanding gained from the growth of physical therapy to research that develops understanding of the diseased system in physiotherapy coupled with empirical evidence that can support the ideas and outcomes from this case study. This results in the administration of care for silicosis patients whose conditions are exacerbated by the illness. Specificity of the treatment method A treatment plan for whole lung lavage and pulmonary rehabilitation in difficult patients is created using a knowledge-to-practice model.

**Objective:** To development of a physical therapy treatment model in pulmonary rehabilitation

**Materials and Methods:** Research teams in physical therapy that exchange knowledge based on evidence. The quality management cycle has four steps that are based on PDCA: Plan, Do, Check, Act; Practice, Check, and Improve. This results in meetings, program planning, and duties that result in each respiratory physiotherapist's treatment methods having well defined treatment cycles. This process to improve service and systematic therapy. A systematic evaluation and description of patient treatment guidelines for the treatment of silicosis, as well as clinical practice guidelines for pulmonary rehabilitation using a physiotherapy model. Human Research Ethics Committee reviewed this study. Rajavithi Hospital associate project number is 65183 Project Document No. 186/2565.

**Results:** This patient with lung disease has access to efficient respiratory physical therapy. Sputum drainage therapy using assistance devices increases lung ventilation as a result of the treatment. When used in conjunction with assistive equipment, sputum drainage time can be reduced.

**Conclusions:** Patients with cystic fibrosis who underwent physical therapy with pulmonary rehabilitation training benefited from the program. Therefore, shortening hospital stays and improving quality of life.

**Keywords:** Respiratory physiotherapy, Pulmonary rehabilitation, Lung lavage procedures

## POSTER PRESENTATION

### Acceptance and Adaptation of People for Endemic Approach to COVID-19

Charuwan Manmee Ph.D, Nion Mayod MPH, Sirinat Treesinchai BPH

*Division of Medical Research, Department of Research and Technology Assessment, Rajavithi Hospital, Bangkok, Thailand*

**Background:** Covid-19 has had the most impact at all levels across every sector over three years. The pandemic nearly ends when the transition to vaccine-driven coverage. The current situation has improved. The Ministry of Public Health sets guidelines for endemic approach to COVID-19.

**Objectives:** This study aimed to determine the public acceptance, adaptation, and readiness for endemic approach to COVID-19. Factors associated with endemic COVID-19 management were explored.

**Materials and Methods:** A cross-sectional study was carried out from May-August 2022 in out-patients at Rajavithi Hospital. Participants aged 20 years and over of 500 were recruited. Acceptance questionnaires were derived from Vaccine, Universal Prevention, COVID-free setting, and Antigen Test Kit. The adaptation questionnaire consists of guidelines by the Department of Health, namely Hygiene, Distancing, and Cleanness (HDC). The general linear model was performed to analyze factors associated with outcomes. The Ethics Committee Rajavithi Hospital approved this study.

**Results:** Most were female, with a mean age of  $48.96 \pm 15.23$  years and received the 3rd booster vaccine. The acceptance and readiness for endemic management were moderate. About 87.2% have adaptive behaviors to prevent COVID-19. Factors related to the acceptance of endemic COVID-19 management were female ( $p=0.038$ ), bachelor or higher education ( $p=0.041$ ), sufficient income ( $p<0.001$ ), and not worried about being infected ( $p<0.001$ ). The female is a factor in people's adaptation to endemic management. Factors associated with readiness for endemic COVID management were bachelor's or higher education ( $p=0.001$ ), sufficient income ( $p<0.001$ ), not being worried about being infected ( $p=0.021$ ), and no infection in family ( $p=0.002$ ).

**Conclusions:** The acceptance and adaptation for endemic approach to COVID-19 were moderate. The socioeconomic factors and less anxious about COVID were related to the acceptance, adaptation, and readiness for the endemic approach to COVID-19 management. Proper communication is crucial to better understanding and reducing anxiety in living with COVID-19 entered the endemic.

**Keywords:** Endemic approach to COVID-19, Coronavirus Disease, Acceptance

## POSTER PRESENTATION

### **BMI association with Post-COVID syndrome in Healthcare Workers : A case–control study**

Charuwan Manmee Ph.D, Krissana Arsayot MPH

*Division of Medical Research, Department of Research and Technology Assessment,  
Rajavithi Hospital, Bangkok, Thailand*

**Background:** Post-COVID Condition is the persistence or new development of symptoms relating to COVID-19. Healthcare workers (HCWs) are at the front line of a pandemic related to COVID-19. Most existing evidence suggests that obesity has adverse effects during the acute phase of COVID-19 rather than in the development of post-COVID symptoms. We hypothesized that overweight HCWs are at higher risk of suffering from post-COVID-19 symptoms than their counterparts who are not obese.

**Objective:** This study investigates the association of BMI in HCWs who recovered from COVID-19 and later developed post–COVID symptoms.

**Materials and Methods:** A case–control study of 500 HCWs was conducted between September and December 2022 at Rajavithi Hospital. The Institutional Ethics Committee approved the study. HCWs who tested positive for SARS-CoV-2 infection and had post-COVID symptoms were recruited as cases and those without post-COVID were enrolled as controls. Demographic data, health behavior, anxiety, fatigue, and sleep quality were evaluated. Multivariable logistic regression was conducted to identify the variables associated with post-COVID-19, and adjusted odd ratios (Adj OR) with their 95% CI were calculated.

**Results:** Overall, 102 HCWs with post-COVID and 398 without it were assessed six months after infection. The mean±SD of participants' ages was 37.6±11.7 years and over 60% of both groups were female, single and bachelor degree. Almost 40% of participants were physicians and nurses. About 31% reported alcohol consumption, and 3.2% were current smokers. Most participants did not have comorbidity, and the most prevalent post-COVID symptoms was fatigue. Binary logistic regression analyses showed that having higher BMI or being overweight was independently associated with a more significant number of post-COVID symptoms (OR 3.14, 95% CI 1.06-9.29, p=0.038) and COVID-19 vaccination (OR 0.55, 95% CI 0.43-0.71, p<0.001).

**Conclusions:** Being overweight was associated with more post-COVID symptoms, while COVID-19 vaccination was a protective factor for post-COVID-19 syndrome.

**Keywords:** Post COVID syndrome, BMI, Healthcare workers



## POSTER PRESENTATION

### Health status among healthcare workers during COVID-19 pandemic

Charuwan Manmee PhD<sup>1</sup>, Kasemsan Sarapee MSc<sup>2</sup>, Nion Mayod MPH<sup>1</sup>, Janthanee Tonphu BBA<sup>2</sup>, Kanlaya Aphaiso BA<sup>2</sup>

<sup>1</sup>Department of Research and Technology Assessment, Rajavithi Hospital, Bangkok, Thailand

<sup>2</sup>Cluster of Administration, Rajavithi Hospital, Bangkok, Thailand

**Background:** The Coronavirus Disease 2019 (COVID-19) pandemic has altered social and working environments throughout the world. Healthcare workers (HCWs) are among the most important people in every public health challenge, as these frontline anti-epidemic staff have significantly contributed to anti-epidemic work over a prolonged period.

**Objective:** This study aims to determine the health status and trends among HCWs during the COVID-19 pandemic. Factors associated with non-communicable diseases (NCDs) are observed.

**Materials and Methods:** A cross-sectional study was conducted among HCWs in Rajavithi Hospital. Annual physical examinations between 2019 and 2021 were 4,264, 4,264, and 3,324 HCWs. Socio-demographic data were collected. HCWs were diagnosed as having NCDs if they had at least one symptom of diabetes, hypertension, or hyperlipidemia. Binary logistic regression was performed to assess the associations between variables and NCD risk factors. The Ethics committee, Rajavithi Hospital approved this study.

**Results:** The majority of the participants were female, aged less than 35 years (47%), and 65% had normal BMI. The participants with diabetes were 5.8%, 5.9%, and 5.8; hypertension 2.2%, 2.2%, and 1.9%; and BMI  $\geq 30$  kg/m<sup>2</sup> 10.8%, 10.8% and 13.1% respectively. The prevalence of these three diseases was not significantly different over three years. Hyperlipidemia and high blood sugar were significantly different during the study period (22.1%, 22.9%, and 19.2%,  $p < 0.001$ ) and (18.9%, 18.9%, and 23.1%,  $p = 0.002$ ). Factors associated with NCDs were: female sex (OR 0.79, 95%CI 0.67-0.93,  $p = 0.005$ ); BMI  $\geq 30$  kg/m<sup>2</sup> (OR 1.36, 95%CI 1.13-1.64,  $p = 0.001$ ); BMI 25-29.99 kg/m<sup>2</sup> (OR 1.28, 95%CI 1.11-1.47,  $p = 0.001$ ); BMI 18.50-24.99 kg/m<sup>2</sup> (OR 1.24, 95%CI 1.10-1.45,  $p = 0.008$ ); age  $> 46$  years (OR 20.51, 95%CI 17.26-24.38,  $p < 0.001$ ); and age 36-45 years (OR 13.84, 95%CI 11.57-16.57,  $p < 0.001$ ).

**Conclusions:** Health trends during the three years of COVID-19 differed slightly, especially with regard to hyperlipidemia and high blood sugar. Factors associated with NCDs were female, BMI, and older age.

**Keywords:** Health status, Healthcare worker, COVID-19



## POSTER PRESENTATION

### Post COVID Syndrome (Long COVID) in Healthcare Workers

Kasemsan Sarapee MSc<sup>1</sup>, Charuwan Manmee PhD<sup>2</sup>, Sathit Niramitmahapanya MD<sup>3</sup>,  
Kriddesak Petchauy LL.M<sup>1</sup>

<sup>1</sup>Cluster of Administration, Rajavithi Hospital, Bangkok, Thailand

<sup>2</sup>Department of Research and Technology Assessment, Rajavithi Hospital, Bangkok, Thailand

<sup>3</sup>Department of Internal Medicine, Rajavithi Hospital, Bangkok, Thailand

**Background:** Post-coronavirus 2019 (COVID-19) syndrome is a complex systemic disease associated with substantial morbidity. Given that healthcare workers (HCWs) face an elevated risk of acute COVID-19 compared with the general population, the global burden of post-COVID-19 in HCWs is significant; however, there is limited understanding of the prevalence of post-COVID-19 in HCWs.

**Objective:** This study aimed to describe the long-term health consequences of HCWs with COVID-19 who have recovered and investigate the associated risk factors.

**Materials and Methods:** A cross-sectional study of 500 HCWs worked at Rajavithi hospital who had recovered from confirmed COVID-19 (January 2021-February 2022) was conducted. Demographic data, comorbid diseases, and characteristics of acute COVID-19 were assessed. Post-COVID-19 was defined as the persistence of at least one relevant symptom after the first diagnosis of symptomatic COVID-19 for six months. The association between factors and post-COVID was analyzed using multivariable logistic regression analysis. This study was reviewed and approved by the ethics committee, Rajavithi hospital.

**Results:** Most of the participants were female, single, and service workers. The mean age was 37.66±11.69 years. Most severity of illness is mild to moderate. Almost 15.2% are at risk of sleep apnea assessed by the STOP-Bang questionnaire. At six months, 43.2% of all HCWs had persistent symptoms of post-COVID. Fatigue, muscle weakness, hair loss, body pain, and shortness of breath (30.1%, 20.3%, 17.8%, 14.2%, and 12.7%), respectively, were the most common symptoms. Multidisciplinary was independently associated with post-COVID syndrome at multivariable analysis (AOR 5.94 vs. doctor, 95%CI 2.99-11.80, p<0.001). Hospitalization was associated with a higher risk of post-COVID (AOR 4.50 vs. no hospitalization, 95%CI 1.33-15.25, p=0.016).

**Conclusions:** The results revealed that multidisciplinary professionals and hospitalization are at risk for the post-COVID syndrome. These professions should focus on self-care even after recovering from illness and continuous COVID screening of themselves.

**Keywords:** Post COVID Syndrome, Long COVID, Coronavirus Disease, Healthcare workers



## ร่างคำสั่งโรงพยาบาลราชวิถี

ที่ ๑๓๐๖/๒๕๖๕

### เรื่อง แต่งตั้งคณะกรรมการและคณะอนุกรรมการในการจัดประชุมวิชาการ โรงพยาบาลราชวิถี ครั้งที่ ๓๓ ประจำปี ๒๕๖๖

เพื่อให้การดำเนินการจัดประชุมวิชาการ โรงพยาบาลราชวิถีดำเนินไปด้วยความเรียบร้อย โรงพยาบาลราชวิถี จึงแต่งตั้งคณะกรรมการและคณะอนุกรรมการฯ ในการจัดประชุมวิชาการ โรงพยาบาลราชวิถี ครั้งที่ ๓๓ ประจำปี ๒๕๖๖ ดังมีรายนามต่อไปนี้

#### คณะกรรมการประชุมวิชาการ โรงพยาบาลราชวิถี

๑.	นายจินดา	โรจนเมธินทร์	ผู้อำนวยการโรงพยาบาลราชวิถี	ที่ปรึกษา
๒.	นายไพโรจน์	เครือกาญจนา	รองผู้อำนวยการด้านการแพทย์	ที่ปรึกษา
๓.	นางสาวอรศิริ	เสรีรัตน์	รองผู้อำนวยการด้านพัฒนาระบบสุขภาพ	ที่ปรึกษา
๔.	นางสาวกมลมาศ	ใสสะอาด	รักษาการรองผู้อำนวยการด้านการพยาบาล	ที่ปรึกษา
๕.	นางสาวผ่องพรรณ	อินเล็ก	รองผู้อำนวยการด้านอำนวยการ	ที่ปรึกษา
๖.	นายทัศนชาติ	จิตร์ธาดุ	รองผู้อำนวยการด้านการแพทย์	ประธาน
๗.	นายวีระศักดิ์	ศรีนภากร	นายแพทย์ทรงคุณวุฒิ	รองประธาน
๘.	นายสถิตย์	นิรมิตรมหาปัญญา	รองผู้อำนวยการด้านนวัตกรรมและวิจัยทางการแพทย์	รองประธาน
๙.	นางสาวสุมิติษฐ์ตรา	ปิยะนันต์ดีพูล	รองผู้อำนวยการด้านพัฒนาบริการทางการแพทย์	รองประธาน
๑๐.	นายไพศาล	ร่วมวิบูลย์สุข	นายแพทย์ทรงคุณวุฒิ	กรรมการ
๑๑.	นางอารยา	บุญยะลีพรรณ	นายแพทย์เชี่ยวชาญ	กรรมการ
๑๒.	นางสาวสิริมา	เอื้อศรีธนากร	นายแพทย์เชี่ยวชาญ	กรรมการ
๑๓.	นายพุทธิพร	เย็นบุตร	นายแพทย์เชี่ยวชาญ	กรรมการ
๑๔.	นางสาวนพมณี	ตันติเวทเรืองเดช	นายแพทย์เชี่ยวชาญ	กรรมการ
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๑๖.	นายชัยรัตน์	มานะเสถียรกิจ	นายแพทย์ชำนาญการพิเศษ	กรรมการ
๑๗.	นายมรุต	ญาณารณพ	นายแพทย์ชำนาญการพิเศษ	กรรมการ
๑๘.	นางสาวอรัญญา	ยันตพันธ์	นายแพทย์ชำนาญการพิเศษ	กรรมการ
๑๙.	นางสาวณธิดา	สุเมธโชติเมธา	นายแพทย์ชำนาญการพิเศษ	กรรมการ

๒๐.	นายอภิชัย	โภคาวัฒนา	นายแพทย์ชำนาญการพิเศษ	กรรมการ
๒๑.	นายพงศกร	บุบผะเรณู	นายแพทย์ชำนาญการพิเศษ	กรรมการ
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๒๖.	นางสาวหทัยรัตน์	โชคชัยธนากุล	พยาบาลวิชาชีพชำนาญการพิเศษ	กรรมการ
๒๗.	นางสุมาลี	โชติยะ	พยาบาลวิชาชีพชำนาญการพิเศษ	กรรมการ
๒๘.	นางสาวศิริพร	แสงสว่าง	พยาบาลวิชาชีพชำนาญการพิเศษ	กรรมการ
๒๙.	นางสาวธราทิพย์	ศุภชลาทิพย์	พยาบาลวิชาชีพชำนาญการพิเศษ	กรรมการ
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๓๒.	นายชาญยุทธ	ป่องกัน	นักเทคนิคการแพทย์ชำนาญการพิเศษ	กรรมการ
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๓๖.	นางสาวจารุวรรณ	หมั่นมี	นักวิชาการสาธารณสุขชำนาญการพิเศษ	กรรมการและเลขานุการ
๓๗.	นางสาววรรณกร	หอมสุวรรณ	นักวิชาการสาธารณสุขปฏิบัติการ	กรรมการและผู้ช่วยเลขานุการ
๓๘.	นางสาวนิอร	มายอด	นักวิชาการสาธารณสุขปฏิบัติการ	กรรมการและผู้ช่วยเลขานุการ
๓๙.	นางสาวสิริณัฐ์	ตรีสินธุ์ไชย	นักวิชาการสาธารณสุขปฏิบัติการ	กรรมการและผู้ช่วยเลขานุการ
๔๐.	นางสาวเพชรรัตน์	พวงลำใย	นักวิชาการสาธารณสุขปฏิบัติการ	กรรมการและผู้ช่วยเลขานุการ
๔๑.	นางสาวพลอยภัสสร	อินทร์วัน	ผู้ช่วยนักวิจัย	กรรมการและผู้ช่วยเลขานุการ
๔๒.	นางสาวธนิดา	มาแก้ว	ผู้ช่วยนักวิจัย	กรรมการและผู้ช่วยเลขานุการ
๔๓.	นางสาวนัฐริญา	คงรอด	ผู้ช่วยนักวิจัย	กรรมการและผู้ช่วยเลขานุการ
๔๔.	นางสาวนารีมา	ศิริเจริญ	นักจัดการงานทั่วไป	กรรมการและผู้ช่วยเลขานุการ

โดยให้คณะกรรมการมีอำนาจหน้าที่ และความรับผิดชอบดังต่อไปนี้

๑. วางแผนพร้อมทั้งจัดทำแผนปฏิบัติการ กำหนดรูปแบบการจัดการประชุมวิชาการประจำปีของโรงพยาบาลราชวิถี
๒. ดำเนินการจัดการประชุมคณะกรรมการและคณะอนุกรรมการทุกคณะ เพื่อติดตามความก้าวหน้าของการดำเนินงาน
๓. ประสานงานกับผู้เกี่ยวข้องทั้งภายในและภายนอก เพื่อให้การจัดการประชุมวิชาการโรงพยาบาลราชวิถีบรรลุตามวัตถุประสงค์
๔. สรุปภาพรวมการจัดการประชุมวิชาการประจำปี และรายงานผลการดำเนินงาน
๕. ปฏิบัติหน้าที่อื่นๆ ตามที่ได้รับมอบหมาย

## ๑. คณะอนุกรรมการฝ่ายวิชาการ

๑.๑	นายพุทธิพร	เย็นบุตร	นายแพทย์เชี่ยวชาญ	ประธานอนุกรรมการ
๑.๒	นายสยาม	ศิรินธรปัญญา	นายแพทย์เชี่ยวชาญ	อนุกรรมการ
๑.๓	นายสถิตย์	นิรมิตรมหาปัญญา	นายแพทย์เชี่ยวชาญ	อนุกรรมการ
๑.๔	นายฉมาโน	เสนะวงษ์	นายแพทย์ชำนาญการพิเศษ	อนุกรรมการ
๑.๕	นายมรุต	ญาณารณพ	นายแพทย์ชำนาญการพิเศษ	อนุกรรมการ
๑.๖	นายวิรัช	จิตสุทธิภากร	นายแพทย์ชำนาญการพิเศษ	อนุกรรมการ
๑.๗	นายศุภชัย	จันทร์วิทัน	นายแพทย์ชำนาญการพิเศษ	อนุกรรมการ
๑.๘	นายฐิติกร	ไกรสรกุล	นายแพทย์ชำนาญการพิเศษ	อนุกรรมการ
๑.๙	นายธีรวีร์	หงษ์หยก	นายแพทย์ชำนาญการพิเศษ	อนุกรรมการ
๑.๑๐	นางสาวณูดา	เชษฐ์ศุทธิยางกูร	ทันตแพทย์ชำนาญการพิเศษ	อนุกรรมการ
๑.๑๑	นางสาวอรอุษา	แสงไฟ	นายแพทย์ชำนาญการ	อนุกรรมการ
๑.๑๒	นางอภาภรณ์	สวัสดิ์บุรี	นายแพทย์ปฏิบัติการ	กรรมการ
๑.๑๓	นางสุมาลี	โชติยะ	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๑.๑๔	นางสาวสุรัสวดี	เที่ยงวิบูลย์วงศ์	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๑.๑๕	นางเยาวภา	พรเวียง	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๑.๑๖	นางสาวกรรณิการ์	คลังเพชร	เภสัชกรชำนาญการ	อนุกรรมการ
๑.๑๗	นางสาวอนิตยา	อุ่นเนื้อ	นักวิชาการสาธารณสุขปฏิบัติการ	อนุกรรมการ
๑.๑๘	นายสมัคร	ลาวนันท์	นักวิชาการคอมพิวเตอร์ปฏิบัติการ	อนุกรรมการ
๑.๑๙	นายชาวลิต	สายจันทร์	นักวิชาการคอมพิวเตอร์ปฏิบัติการ	อนุกรรมการ
๑.๒๐	นายภูวตล	พานาดา	เจ้าพนักงานโสตทัศนศึกษาปฏิบัติการ	อนุกรรมการ
๑.๒๑	นางสาวสินจัย	อินวิชัย	นักวิชาการสาธารณสุขปฏิบัติการ	อนุกรรมการและเลขานุการ
๑.๒๒	นางสาวจิราณี	ศรีปรารงค์	นักจัดการงานทั่วไป	อนุกรรมการและผู้ช่วยเลขานุการ
๑.๒๓	นางสาวกาญจนา	นิลใหญ่	นักจัดการงานทั่วไป	อนุกรรมการและผู้ช่วยเลขานุการ

โดยให้คณะอนุกรรมการฝ่ายวิชาการมีอำนาจหน้าที่ และความรับผิดชอบดังต่อไปนี้

๑. จัดตารางการประชุม
๒. จัดทำหนังสือเชิญวิทยากร ขอบทคัดย่อ ประวัติวิทยากร และรายละเอียดการเดินทางวิทยากร
๓. รวบรวมบทความคัดย่อเพื่อส่งให้อนุกรรมการฝ่ายเอกสาร
๔. รวบรวมรายละเอียดการเดินทางวิทยากรเพื่อส่งให้คณะอนุกรรมการฝ่ายต้อนรับ และ

คณะอนุกรรมการฝ่ายเหรียญกิตติมศักดิ์ ดำเนินการในส่วนที่เกี่ยวข้อง

๕. จัดทำเกียรติบัตร และจัดทำหนังสือตอบขอบคุณวิทยากร

## ๒. คณะอนุกรรมการจัดประกวดผลงานวิจัยแพทย์ประจำบ้าน/แพทย์ประจำบ้านต่อยอด

๒.๑	นายวีระศักดิ์	ศรินนภากร	นายแพทย์ทรงคุณวุฒิ	ประธานอนุกรรมการ
๒.๒	นางสาวพลอยภัสสร	อินทร์วัน	ผู้ช่วยนักวิจัย	อนุกรรมการ
๒.๓	นางสาวนัฐริญา	คงรอด	ผู้ช่วยนักวิจัย	อนุกรรมการ
๒.๔	นางสาวนารีมา	ศิริเจริญ	นักจัดการงานทั่วไป	อนุกรรมการ
๒.๕	นางสาววรรณกร	หอมสุวรรณ	นักวิชาการสาธารณสุขปฏิบัติการ	อนุกรรมการและเลขานุการ
๒.๖	นางสาวนอร	มายอด	นักวิชาการสาธารณสุขปฏิบัติการ	อนุกรรมการและผู้ช่วยเลขานุการ

โดยให้คณะอนุกรรมการจัดประกวดผลงานวิจัยแพทย์ประจำบ้านฯ มีอำนาจหน้าที่ และความรับผิดชอบดังต่อไปนี้

๑. รวบรวมบทความย่อผลงานวิจัยของแพทย์ประจำบ้าน/ประจำบ้านแพทย์ต่อยอด เพื่อส่งให้อนุกรรมการฝ่ายเอกสารดำเนินการต่อไป
๒. จัดทำกำหนดการประกวดผลงานวิจัยของแพทย์ประจำบ้าน/ประจำบ้านต่อยอดและแจ้งให้ผู้เข้าประกวดทราบ
๓. จัดทำเอกสารสำหรับคณะกรรมการเพื่อใช้ประกอบการตัดสินการประกวดผลงานวิจัย
๔. ดำเนินการจัดประกวดผลงานวิจัยและจัดทำเกียรติบัตรให้แก่ผู้ที่ได้รับรางวัล

## ๓. คณะอนุกรรมการจัดประกวดผลงานวิจัยพยาบาล

๓.๑	นางสาวศิริพร	แสงสว่าง	พยาบาลวิชาชีพชำนาญการพิเศษ	ประธานอนุกรรมการ
๓.๒	นางสาวสุรัสวดี	เที่ยงวิบูลย์วงศ์	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๓.๓	นางสาวสุมาลี	จารุสุขถาวร	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๓.๔	สิบทิเทพพิจิตร	ทูลมาลา	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๓.๕	นางเยาวภา	พรเวียง	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๓.๖	นางสาวสุนิตษา	คณะเจริญ	พยาบาลวิชาชีพชำนาญการ	อนุกรรมการ
๓.๗	นางสาวคำพอง	คำนนท์	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการและเลขานุการ
๓.๘	นางสาวธนิดา	หอมจิ้น	พยาบาลวิชาชีพชำนาญการ	อนุกรรมการและผู้ช่วยเลขานุการ
๓.๙	นางสาวแสงไสม	ทรัพย์มนตรี	พยาบาลวิชาชีพชำนาญการ	อนุกรรมการและผู้ช่วยเลขานุการ
๓.๑๐	นางสาวธนาภา	สุขโข	นักจัดการงานทั่วไป	อนุกรรมการและผู้ช่วยเลขานุการ
๓.๑๑	นางสาวนภารัตน์	จันทร์เขียว	นักจัดการงานทั่วไป	อนุกรรมการและผู้ช่วยเลขานุการ

โดยให้คณะอนุกรรมการจัดประกวดผลงานวิจัยพยาบาล มีอำนาจหน้าที่ และความรับผิดชอบดังต่อไปนี้

๑. รวบรวมบทความย่อผลงานวิจัยของพยาบาลวิชาชีพ เพื่อส่งให้อนุกรรมการฝ่ายเอกสารดำเนินการต่อไป
๒. จัดทำตารางลำดับ และเวลาการประกวดผลงานวิจัยของพยาบาลวิชาชีพ และแจ้งให้ผู้เข้าประกวดทราบ
๓. จัดทำเอกสารประกอบการตัดสินการประกวดผลงานวิจัย
๔. ดำเนินการจัดประกวดผลงานวิจัย และจัดทำเกียรติบัตรให้ผู้ได้รับรางวัล



#### ๔. คณะอนุกรรมการฝ่ายเอกสาร

๔.๑	นายอภิชัย	โกศาวัฒนา	นายแพทย์ชำนาญการพิเศษ	ประธานอนุกรรมการ
๔.๒	นางสาวสิริมา	เอื้อศรีธนากร	นายแพทย์เชี่ยวชาญ	อนุกรรมการ
๔.๓	นางสาวศิริพร	ฐิติสกุลวงษ์	นายแพทย์ชำนาญการพิเศษ	อนุกรรมการ
๔.๔	นางสาวกิตติวรรณ	สุพิชญางกูร	นายแพทย์ชำนาญการพิเศษ	อนุกรรมการ
๔.๕	นางสาวรัตติยา	ฉั่วเจริญ	ทันตแพทย์ชำนาญการพิเศษ	อนุกรรมการ
๔.๖	นางสาวชลิษา	บัณฑิตกุล	นายแพทย์ชำนาญการพิเศษ	อนุกรรมการ
๔.๗	นายจิรวุฒิ	ลิ้มวัฒนายิ่งยง	นายแพทย์ชำนาญการ	อนุกรรมการ
๔.๘	นางสาววรรณิยา	มีนุ่น	นายแพทย์ชำนาญการ	อนุกรรมการ
๔.๙	นางสาววิพร	เกตบุรารุงพร	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๔.๑๐	นางสาวมณีวรรณ	หรุเจริญ	นักวิชาการสาธารณสุขปฏิบัติการ	อนุกรรมการและเลขานุการ
๔.๑๑	นางสาวอุไรพร	สอนสุภาพ	นักวิชาการสาธารณสุขปฏิบัติการ	อนุกรรมการและผู้ช่วยเลขานุการ
๔.๑๒	นางสาวกมลวรรณ	ฉุนตุ	นักวิชาการสาธารณสุขปฏิบัติการ	อนุกรรมการและผู้ช่วยเลขานุการ

โดยให้คณะอนุกรรมการฝ่ายเอกสาร มีอำนาจหน้าที่ และความรับผิดชอบดังต่อไปนี้

๑. ตรวจสอบเนื้อหา และเอกสารวิชาการที่ฝ่ายต่างๆ รวบรวมมาเพื่อพิมพ์ในหนังสือจัดประชุมวิชาการ
๒. จัดทำคำนำ สารจากผู้บริหาร ประธานจัดการประชุม เพื่อใช้เผยแพร่ร่วมกับเนื้อหาประกอบการประชุม
๓. ติดต่อประสานงานศูนย์คอมพิวเตอร์ กลุ่มงานดิจิทัลทางการแพทย์ เพื่อจัดทำหนังสืออิเล็กทรอนิกส์ (E-Book)
๔. ขอเลขมาตรฐานสากลประจำหนังสือ (International Standard Book Number: ISBN)

#### ๕. คณะอนุกรรมการฝ่ายสถานที่และโสตทัศนอุปกรณ์

๕.๑	นางสาวผ่องพรรณ	อินเล็ก	รองผู้อำนวยการด้านอำนวยการ	ประธานอนุกรรมการ
๕.๒	นายเกษมสันต์	สารภี	นักทรัพยากรบุคคลชำนาญการพิเศษ	รองประธานอนุกรรมการ
๕.๓	นางวีรียา	โสติประวัตติ	นักโภชนาการชำนาญการ	อนุกรรมการ
๕.๔	นายสมชาติ	ไชยเขตต์	นักจัดการงานทั่วไปชำนาญการ	อนุกรรมการ
๕.๕	นายอำนาจ	กล้าเพชร	เจ้าพนักงานธุรการอาวุโส	อนุกรรมการ
๕.๖	นายรัชชัย	รุดจันทิก	นายช่างเทคนิคชำนาญงาน	อนุกรรมการ
๕.๗	นายตุลา	คุมเกษม	นักวิชาการโสตทัศนศึกษาปฏิบัติการ	อนุกรรมการ
๕.๘	นายสำเนา	เชียวชะอุ่ม	พนักงานช่วยเหลือคนไข้ ส ๒	อนุกรรมการ
๕.๙	นายอภิชัย	ชั้นสาคร	พนักงานช่วยเหลือคนไข้ ส ๒	อนุกรรมการ
๕.๑๐	นายสมศักดิ์	กิจสำอาดค์	พนักงานบริการ	อนุกรรมการ
๕.๑๑	นางสาวอรุณี	อศวพรไพบูลย์	เจ้าพนักงานธุรการชำนาญงาน	อนุกรรมการและเลขานุการ
๕.๑๒	นางสุภาภรณ์	ผ่องใส	เจ้าพนักงานธุรการ	อนุกรรมการและผู้ช่วยเลขานุการ
๕.๑๓	นายปัญญาพล	พวงทอง	พนักงานบริการ	อนุกรรมการและผู้ช่วยเลขานุการ



โดยให้คณะกรรมการฝ่ายสถานที่และโสตทัศนอุปกรณ์ มีอำนาจหน้าที่ และความรับผิดชอบดังต่อไปนี้

- จัดเตรียม ดูแลสถานที่ ได้แก่ ห้องประชุม ที่จอดรถ สถานที่จัดนิทรรศการ ที่ตั้งแสดงสินค้า เวที ที่ลงทะเบียน ฯลฯ และโสตทัศนอุปกรณ์ให้พร้อมใช้งานระหว่างการประชุม
- ติดต่อและจัดสถานที่สำหรับแสดงสินค้า OTOP

## ๖. คณะกรรมการฝ่ายประชาสัมพันธ์

๖.๑	นางสาวณิธิตา	สุเมธโชติเมธา	นายแพทย์ชำนาญการพิเศษ	ประธานคณะกรรมการ
๖.๒	นายภัทร	จุลศิริ	นายแพทย์ชำนาญการ	รองประธานคณะกรรมการ
๖.๓	นางสาวประพิศ	พิจิตรวัยปริษา	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๖.๔	นายตุลา	คุมเกษม	นักวิชาการโสตทัศนศึกษาปฏิบัติการ	อนุกรรมการ
๖.๕	นายเลิศศักดิ์	ขุนเป็ย	พนักงานพิมพ์ ส ๔	อนุกรรมการ
๖.๖	นางสาววิรัชญา	รักแพง	นักประชาสัมพันธ์	อนุกรรมการ
๖.๗	นางสาวเข็มจิรา	สนสุทธิ	นักประชาสัมพันธ์	อนุกรรมการ
๖.๘	นางสาวพิชญาภา	ธรรมประภาส	นักประชาสัมพันธ์	อนุกรรมการ
๖.๙	นายกิตติธร	มหาสิริโกศา	นักวิชาการโสตทัศนศึกษา	อนุกรรมการ
๖.๑๐	นายพรชัย	แช่ลิ้ม	นักวิชาการโสตทัศนศึกษา	อนุกรรมการ
๖.๑๑	นายยศพงศ์	เกิดผล	นักวิชาการโสตทัศนศึกษา	อนุกรรมการ
๖.๑๒	นายปฐมพงษ์	แสนวันนา	นักประชาสัมพันธ์	อนุกรรมการและเลขานุการ

โดยให้คณะกรรมการฝ่ายประชาสัมพันธ์ มีอำนาจหน้าที่ และความรับผิดชอบดังต่อไปนี้

- ออกแบบ จัดทำสื่อประชาสัมพันธ์ประเภทต่างๆ สำหรับการจัดประชุมวิชาการ โรงพยาบาลราชวิถีต่างๆ เช่น โปสเตอร์แผ่นพับ ธงญี่ปุ่น ป้ายคัทเอาท์ สื่อประชาสัมพันธ์ออนไลน์
- เผยแพร่ข่าว/ สื่อประชาสัมพันธ์ ผ่านสื่อช่องทางต่างๆ ภายในโรงพยาบาลและภายนอกโรงพยาบาล
- จัดส่งหนังสือประชาสัมพันธ์การจัดประชุมวิชาการไปยังหน่วยงานต่างๆ ในสังกัดกระทรวงสาธารณสุข
- ประสานสื่อมวลชนเพื่อประชาสัมพันธ์ การจัดประชุมวิชาการ โรงพยาบาลราชวิถี และสรุปรวบรวมการประชาสัมพันธ์ทุกช่องทาง
- ลงทะเบียน อำนวยความสะดวก และจัดทำข่าวแจกให้กับสื่อมวลชนในการเข้ามาทำข่าวในวันงานประชุมวิชาการ
- จัดหาของที่ระลึกให้แก่สื่อมวลชน

### ๗. คณะอนุกรรมการฝ่ายจัดหารายได้

๗.๑	นายชยรัชช์	อุ๋นเอกलग	เภสัชกรชำนาญการพิเศษ	ประธานอนุกรรมการ
๗.๒	นางอัมพร	ฮันตระกูล	เภสัชกรเชี่ยวชาญ	อนุกรรมการ
๗.๓	นางวีณา	พร้อมประเสริฐ	เภสัชกรเชี่ยวชาญ	อนุกรรมการ
๗.๔	นางสาวพนิดา	อยู่เพชร	เภสัชกรชำนาญการพิเศษ	อนุกรรมการ
๗.๕	นายมูฮ์ซิน	ไทยประธาน	เภสัชกรชำนาญการ	อนุกรรมการ
๗.๖	นางสาววิไลพร	ตั้งอารมณ	เจ้าพนักงานการเงินและบัญชีชำนาญงาน	อนุกรรมการ
๗.๗	นางไพทร	ลิ้มบัวพรรณ	เภสัชกรชำนาญการพิเศษ	อนุกรรมการและเลขานุการ

โดยให้คณะอนุกรรมการฝ่ายจัดหารายได้ มีอำนาจหน้าที่ และความรับผิดชอบดังต่อไปนี้

๑. ประสานหน่วยงานภายนอกเพื่อจัดหารายได้

๒. รวบรวมรายชื่อผู้ให้การสนับสนุนทั้งหมด พร้อมทั้งสรุปรายได้เพื่อส่งให้คณะอนุกรรมการฝ่ายเหรียญกิตติบัตรดำเนินการต่อไป และส่งให้ฝ่ายเลขานุการคณะกรรมการชุดใหญ่ เพื่อนำเข้าที่ประชุมเตรียมความพร้อมในการจัดประชุมวิชาการ

๓. จัดทำแผนผังสำหรับแสดงสินค้า เพื่อส่งให้คณะอนุกรรมการฝ่ายสถานที่และโสตทัศนอุปกรณ์ดำเนินการต่อไป

### ๘. คณะอนุกรรมการฝ่ายเหรียญกิตติบัตร

๘.๑	นายอัษฎางค์	ชวณะเกาศัลย์	นักวิชาการเงินและบัญชีชำนาญการพิเศษ	ประธานอนุกรรมการ
๘.๒	นางสาวนภาพร	สว่างจันทร์	เจ้าพนักงานการเงินและบัญชีชำนาญงาน	อนุกรรมการ
๘.๓	นางจิตติพร	พรรณโชคดี	พนักงานการเงินและบัญชี ส ๓	อนุกรรมการ
๘.๔	นางสาวอุษาวัลย์	ต้นไพบูลย์	นักวิชาการเงินและบัญชี	อนุกรรมการ
๘.๕	นางสาวหทัยา	สิงหะอุดม	นักวิชาการเงินและบัญชี	อนุกรรมการ
๘.๖	นางสาวโชติรส	ทองคล้าย	เจ้าพนักงานการเงินและบัญชีชำนาญงาน	อนุกรรมการและเลขานุการ

โดยให้คณะอนุกรรมการฝ่ายเหรียญกิตติบัตร มีอำนาจหน้าที่ และความรับผิดชอบดังต่อไปนี้

๑. สรุปรายงานรายได้-รายจ่าย ให้คณะกรรมการจัดประชุมวิชาการทราบ

๒. จัดเตรียมตารางการเบิกค่าวิทยากร

๓. จัดเตรียมเงินสดค่าวิทยากร ค่าเดินทางวิทยากร เงินรางวัลผลงานทางวิชาการใส่ซอง และจัดทำใบสำคัญรับเงิน

๔. จัดให้บริการเชิงรุกระหว่างการจัดการประชุมวิชาการ

๕. รวบรวมเอกสารและการเบิกจ่ายเพื่อปิดโครงการฯ

### ๙. คณะอนุกรรมการฝ่ายต้อนรับ

๙.๑	นางสาวธราทิพย์	ศุภชลาทิพย์	พยาบาลวิชาชีพชำนาญการพิเศษ	ประธานอนุกรรมการ
๙.๒	นางชรินทร์	โกศลวัฒน์	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๙.๓	นางสาวไพรัช	ยิ้มเนียม	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๙.๔	นางปทิตตา	นีกเว้น	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๙.๕	นางราพีตรี	อมรสุทธิโชค	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๙.๖	นางสาวพัชรา	เปรมปราณี	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๙.๗	นางศิรินาถ	อนันตริยกุล	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๙.๘	นางสาวอมรตา	อาชาพิทักษ์	พยาบาลวิชาชีพชำนาญการ	อนุกรรมการ
๙.๙	นางสาวจันทร์เพ็ญ	ชมพานิชย์	พยาบาลวิชาชีพชำนาญการ	อนุกรรมการ
๙.๑๐	นางอมรรัตน์	วงศ์วนิชโยธิน	พยาบาลวิชาชีพชำนาญการ	อนุกรรมการ
๙.๑๑	นางสาวธีราพร	ชมภูแสง	พยาบาลวิชาชีพชำนาญการ	อนุกรรมการ
๙.๑๒	นางสาวเยาวนาถ	คำแก้ว	พยาบาลวิชาชีพชำนาญการ	อนุกรรมการ
๙.๑๓	นางต้องตา	ทิพภานาถ	พยาบาลวิชาชีพชำนาญการ	อนุกรรมการ
๙.๑๔	นางสวานัยนา	พงษ์ชะอุ่มดี	พยาบาลวิชาชีพชำนาญการ	อนุกรรมการ
๙.๑๕	นางสาววิภาพร	ปริจิตต์	พยาบาลวิชาชีพชำนาญการ	อนุกรรมการ
๙.๑๖	นางสาวยุวดี	ประเสริฐ	พยาบาลวิชาชีพชำนาญการ	อนุกรรมการ
๙.๑๗	นางสาวปิ่นธสุทธิ์	ยอดราชสุริยะ	พยาบาลวิชาชีพชำนาญการ	อนุกรรมการ
๙.๑๘	นางสาวณัฐนันต์	ศรีพันธ์	พยาบาลวิชาชีพปฏิบัติการ	อนุกรรมการ
๙.๑๙	นางสาววรรณมา	ปดิฐพร	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการและเลขานุการ
๙.๒๐	นางสาวกฤษณา	ทรัพย์สมบูรณ์	พยาบาลวิชาชีพชำนาญการ	อนุกรรมการและผู้ช่วยเลขานุการ

โดยให้คณะอนุกรรมการฝ่ายต้อนรับ มีอำนาจหน้าที่ และความรับผิดชอบดังต่อไปนี้

๑. ประสานวิทยากรทั้งภายนอกและภายใน เพื่อยืนยันการมาบรรยายก่อนวันบรรยาย
๒. ประสานงานวิทยากรภายนอกเรื่องการเดินทาง, การรับ-ส่งวิทยากร และที่พักของวิทยากร
๓. ประสานงานเรื่องที่จอดรถวิทยากร
๔. นัดหมายวิทยากรภายนอกในการต้อนรับ ณ จุดจอดรถ และนำส่งห้องบรรยาย
๕. เป็นพิธีกรประจำห้องจัดประชุม

## ๑๐. คณะอนุกรรมการฝ่ายลงทะเบียนและประเมินผล

๑๐.๑	นางสาวทศย์รัตน์	โชคชัยธนากุล	พยาบาลวิชาชีพชำนาญการพิเศษ	ประธานอนุกรรมการ
๑๐.๒	นางสาวประพิศ	พิจิตรวัยปรีชา	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๑๐.๓	นางสาวสุรัสวดี	เที่ยงวิบูลย์วงศ์	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๑๐.๔	นางสาวประไพ	ชมชื่น	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๑๐.๕	นางสาวธิดา	แต่งประกอบ	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๑๐.๖	นางสาวธनुช	พุทธาวรงค์	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๑๐.๗	นางผาณิต	จันทาบัว	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๑๐.๘	นางชนิสรา	แจ่มวงษ์	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๑๐.๙	นางสาวดาวรุ่ง	คุณวุฒิคุณากร	พยาบาลวิชาชีพชำนาญการ	อนุกรรมการ
๑๐.๑๐	นางสาวแสงโสม	ทรัพย์มนตรี	พยาบาลวิชาชีพชำนาญการ	อนุกรรมการ
๑๐.๑๑	นายนนทิวีร์	สิทธิวิวัฒน์วงศ์	พยาบาลวิชาชีพชำนาญการ	อนุกรรมการ
๑๐.๑๒	นางสาวอรวิญญ์	สุพรรณรัตน์	พยาบาลวิชาชีพชำนาญการ	อนุกรรมการ
๑๐.๑๓	นางสาวอุษา	พุดเพราะ	พยาบาลวิชาชีพชำนาญการ	อนุกรรมการ
๑๐.๑๔	นางสาวอภิรดี	ธรรมจารี	พยาบาลวิชาชีพชำนาญการ	อนุกรรมการ
๑๐.๑๕	นางสาวณัฐฉิรินทร์	ทะลือ	พยาบาลวิชาชีพปฏิบัติการ	อนุกรรมการ
๑๐.๑๖	นายสมัคร	ลาวนนท์	นักวิชาการคอมพิวเตอร์ปฏิบัติการ	อนุกรรมการ
๑๐.๑๗	นายณัฐภพ	เจริญบูรณ์	นักวิชาการคอมพิวเตอร์ปฏิบัติการ	อนุกรรมการ
๑๐.๑๘	นางสาวจุไรรัตน์	แย้มพลอย	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการและเลขานุการ
๑๐.๑๙	นางสาวนุชชวพรกุล	คุณชมภู	พยาบาลวิชาชีพชำนาญการ	อนุกรรมการและผู้ช่วยเลขานุการ

โดยให้คณะอนุกรรมการฝ่ายลงทะเบียนและประเมินผล มีอำนาจหน้าที่ และความรับผิดชอบดังต่อไปนี้

๑. ดำเนินการลงทะเบียนผ่านช่องทางต่างๆ เช่น website, โทรศัพท์, โทรสาร, และหนังสือจากต้นสังกัด
๒. รวบรวมรายชื่อผู้ลงทะเบียน
๓. จัดทำแบบประเมินผลและรายงานผลการประชุม
๔. จัดเจ้าหน้าที่ประจำโต๊ะลงทะเบียนหน้างาน
๕. ดำเนินการขอและจัดทำใบประกาศ CNEU

### ๑๑. คณะอนุกรรมการฝ่ายอาหารและเครื่องดื่ม

๑๑.๑	นางสาวลาวัลย์	แจ่มประเสริฐ	นักโภชนาการชำนาญการพิเศษ	ประธานอนุกรรมการ
๑๑.๒	นางสาวอรวรรณ	อุพาพรรณ	นักโภชนาการปฏิบัติการ	อนุกรรมการ
๑๑.๓	นางสาวณัฐพัชร์	ชัยปกรณ์วงศ์	นักโภชนาการปฏิบัติการ	อนุกรรมการ
๑๑.๔	นายธีรเทพ	รัตนพิภพ	นักโภชนาการปฏิบัติการ	อนุกรรมการ
๑๑.๕	นางสาววรรดี	แก้วสุขผ่อง	นักโภชนาการปฏิบัติการ	อนุกรรมการ
๑๑.๖	นางสาวรองกาญจน์	พิมพ์เสน	นักโภชนาการปฏิบัติการ	อนุกรรมการ
๑๑.๗	นางทิพย์วิมล	ทองรัก	โภชนาการ ส ๓	อนุกรรมการ
๑๑.๘	นางสาววันิดา	นวลวันดี	โภชนาการ	อนุกรรมการ
๑๑.๙	นางสาวฉัตรระวี	บุรินทร์	โภชนาการชำนาญงาน	อนุกรรมการและเลขานุการ
๑๑.๑๐	นางสาวสุกัญญา	เข้มนาค	โภชนาการปฏิบัติการ	อนุกรรมการและผู้ช่วยเลขานุการ

โดยให้คณะอนุกรรมการฝ่ายอาหารและเครื่องดื่ม มีอำนาจหน้าที่ และความรับผิดชอบดังต่อไปนี้

๑. จัดเตรียม ควบคุม ดูแลบริการอาหารและเครื่องดื่มทั้งของวิทยาการ ผู้เข้าร่วมการประชุม คณะทำงาน และบุคลากรที่เกี่ยวข้อง ให้พร้อมระหว่างการประชุม
๒. ปฏิบัติหน้าที่อื่นๆ ตามที่ได้รับมอบหมาย

### ๑๒. คณะอนุกรรมการฝ่ายนิทรรศการ

๑๒.๑	นายมรุต	ญาณารณพ	นายแพทย์ชำนาญการพิเศษ	ประธานอนุกรรมการ
๑๒.๒	นายทรงพล	พุทศศิริ	นายแพทย์ชำนาญการพิเศษ	อนุกรรมการ
๑๒.๓	นางสาววิญญา	อรรถยุกติ	นักจิตวิทยาคลินิกชำนาญการพิเศษ	อนุกรรมการ
๑๒.๔	นางสาวกรรณิการ์	คลังเพชร	เภสัชกรชำนาญการ	อนุกรรมการ
๑๒.๕	นางวิภรณ์รัตน์	ศิลาโรจน์	เจ้าพนักงานเวชสถิติชำนาญงาน	อนุกรรมการ
๑๒.๖	นางสาวจิฬารณ	คำเขียว	นักวิชาการสาธารณสุขปฏิบัติการ	อนุกรรมการ
๑๒.๗	นางสาววันิดา	เข้มภูเขียว	นักวิชาการสาธารณสุขปฏิบัติการ	อนุกรรมการ
๑๒.๘	นางสาวปราณีต	แผลงสูงเนิน	นักวิชาการสาธารณสุขปฏิบัติการ	อนุกรรมการ
๑๒.๙	นางสาวนันทพร	โชนงน้อย	นักวิชาการสาธารณสุขปฏิบัติการ	อนุกรรมการ
๑๒.๑๐	นางสาวจิตตาภา	พิมพ์ภรณ์	นักจัดการงานทั่วไป	อนุกรรมการ
๑๒.๑๑	นางสาวนิชากร	ชูเชิด	นักวิชาการคอมพิวเตอร์	อนุกรรมการ
๑๒.๑๒	นางสาวมะลิวัลย์	ยีนตีมาก	เจ้าพนักงานธุรการ	อนุกรรมการ
๑๒.๑๓	นางสาวสุชาดา	ชาญสมุทรสกุล	นักวิชาการสาธารณสุขปฏิบัติการ	อนุกรรมการและเลขานุการ
๑๒.๑๔	นางสาวเสาวลักษณ์	เชาวน์พัฒน์	นักวิชาการสาธารณสุขปฏิบัติการ	อนุกรรมการและผู้ช่วยเลขานุการ

โดยให้คณะกรรมการฝ่ายนิทรรศการ มีอำนาจหน้าที่ และความรับผิดชอบดังต่อไปนี้

๑. รวบรวมเรื่อง/บทความสำหรับจัดนิทรรศการ และประสานเจ้าของผลงานเพื่อจัดนิทรรศการ
๒. รวบรวมเรื่อง/บทความ และประสานงานเพื่อส่งให้กรรมการผู้ตัดสินผลงาน
๓. ดำเนินการจัดนิทรรศการ
๔. จัดหาของขวัญ และเงินรางวัลให้แก่เจ้าของผลงาน
๕. ปฏิบัติหน้าที่อื่นๆ ตามที่ได้รับมอบหมาย

### ๑๓. คณะกรรมการฝ่ายวิเทศสัมพันธ์

๑๓.๑	นายก้าฟู	ฟูเฟื่องมงคลกิจ	นายแพทย์ชำนาญการ	ประธานคณะกรรมการ
๑๓.๒	นายพงศกร	บุบผะเรณู	นายแพทย์ชำนาญการพิเศษ	รองประธานคณะกรรมการ
๑๓.๓	นางสาวรวงคณา	พิชัยวงศ์	นายแพทย์เชี่ยวชาญ	อนุกรรมการ
๑๓.๔	นางสาวจามรี	ณ บางช้าง	นายแพทย์ชำนาญการพิเศษ	อนุกรรมการ
๑๓.๕	นางสาวนพร	นภาทิวาอำนวย	นายแพทย์ชำนาญการพิเศษ	อนุกรรมการ
๑๓.๖	นางสาววีรณัฐ	ธีระสุนทรวงศ์	นายแพทย์ชำนาญการพิเศษ	อนุกรรมการ
๑๓.๗	นางสาวมุกิตา	นนทฤทธิ์	นักวิชาการสาธารณสุขปฏิบัติการ	อนุกรรมการ
๑๓.๘	นายภานุพล	พงษ์ธนู	นักวิชาการสาธารณสุขปฏิบัติการ	อนุกรรมการ
๑๓.๙	นางปรัสนีย์	เดชศรี	เจ้าพนักงานธุรการ ส ๓	อนุกรรมการ
๑๓.๑๐	นางสาวนิจจารีย์	วงศ์ลักษณ์	นักวิเทศสัมพันธ์	อนุกรรมการ
๑๓.๑๑	นายวีรนนท์	ชัยญาวงศ์ศักดิ์	นายแพทย์ชำนาญการ	อนุกรรมการและเลขานุการ
๑๓.๑๒	นางสาวญาดา	บุญนารมย์	พยาบาลวิชาชีพปฏิบัติการ	อนุกรรมการและผู้ช่วยเลขานุการ

โดยให้คณะกรรมการฝ่ายวิเทศสัมพันธ์ มีอำนาจหน้าที่ และความรับผิดชอบดังต่อไปนี้

๑. ติดต่อ ประสานงาน อำนวยความสะดวก และให้การต้อนรับคณะวิทยากรจากต่างประเทศ
๒. จัดทำเอกสาร บันทึกเชิญ ตอบขอบคุณ ที่เกี่ยวข้องกับงานทางราชการระหว่างประเทศ
๓. รวบรวมรายละเอียดการเดินทางวิทยากรต่างประเทศ เพื่อส่งให้คณะกรรมการฝ่ายต้อนรับและคณะกรรมการฝ่ายเหรียญกิตติมศักดิ์ดำเนินการส่วนที่เกี่ยวข้อง
๔. ประสานงานที่เกี่ยวข้องเพื่ออำนวยความสะดวกในการเบิกค่าใช้จ่ายของวิทยากรจากต่างประเทศ





# ส่งต่อการให้ เพื่อหลายชีวิต

เนื่องในโอกาสครบรอบ 72 ปี โรงพยาบาลราชวิถี  
ขอเชิญร่วมบริจาคสมทบทุน  
ก่อสร้างอาคารอุบัติเหตุและฉุกเฉิน โรงพยาบาลราชวิถี

## เลขที่บัญชี 044-1-34621-7

บัญชีออมทรัพย์ ธนาคารกรุงศรีอยุธยา  
ชื่อบัญชี “มูลนิธิโรงพยาบาลราชวิถี”

ระบุว่าเป็น “เพื่ออาคารอุบัติเหตุและฉุกเฉิน รพ.ราชวิถี”



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ข้อมูล ณ วันที่ 26-01-66