

# BERITA CSM



Newsletter of the College of Surgeons, Academy of Medicine of Malaysia

Editor: Associate Professor Dr Lim Kean Ghee

## Message from the President

HANAFIAH HARUNARASHID

It gives me absolute gratification to enlighten all of you fellows and members of the prestigious college on the challenging yet highly prolific past six months for the College of Surgeons Malaysia.

However, the celebrations were tinted with a bit of gloom by the surprise notice of the acquisition of the Academy Building for the construction of MRT line 2.. A meeting therefore was called to settle this issue, including a formal meeting of the council with the past presidents of our college followed by an EGM, which was well attended at the Hilton Petaling Jaya. A unanimous decision was made at the meeting to appoint a committee to get the best value for our property and seek a temporary home in the meantime. In the long run, we will have to try to obtain a new piece of land to build our permanent home. An appeal letter was sent to the Minister of Health and a meeting was held with the Chief Secretary of the Ministry of Health. It was attended by the council of the Academy of Medicine, College of Physicians, Academy of Family Physicians together with Gamuda Berhad. We were very much involved in the discourse as we presented our case at the Land Office to maximize compensation and ensure justice prevails.

At this difficult time, I personally would encourage for us to remain strong and unity is paramount to strength and only when there is teamwork, trust and collaboration can remarkable goals be envisioned. We hope that this move would be a blessing in disguise, a stepping stone to help facilitate our expansion and hence act as a new lead for us to build our new home.

The college has always been a champion of advancing the quality of surgical education and training besides inculcating global sustainability and shaping Malaysia into a premier surgical excellence of global appeal. Therefore, several initiatives have been carried out.

The Annual Scientific Congress spear headed by the charismatic Professor April and her organizing committee concluded with excellence at Shangri-La Hotel, Kuala Lumpur from the 13th to 15th of May 2016. This year, besides receiving a record-setting number of delegates from all across the region, and an unprecedented number of pre- and post-congress workshops, we also saw the introduction of concurrent sessions dedicated to nurses and medical students. Besides the regular collaboration with the Royal College of Physicians and Surgeons of Glasgow and the Royal College of Surgeons Edinburgh, we were privileged to host the summit meeting of the ASEAN Federation of Surgical Colleges, a pioneer event for Malaysia. We take this opportunity to once more congratulate the team for the resounding success of the event. We look forward to impress you further at CSAMM 2017 that will be held on the 19th to 21st of May at Pullman Hotel, Kuching; Sarawak's most populous city.

The college also participated in the momentous Golden Jubilee Celebration commemorating the Academy of Medicine Malaysia's 50th Anniversary, a key union in the dynamic field of medicine.



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We play an active role in the National Specialist Registry Surgical Sub Committees besides investing in the organization of more training workshops at the academic forefront for both undergraduates and postgraduates. We have introduced the Entry into Postgraduate Surgical Training workshop which was successfully held for the fourth time, recently. We have once more successfully conducted the Joint Surgical Colleges Fellowship Examination (JSCFE) and facilitated the Royal College of Surgeons Edinburgh in conducting the MRCS Part B Preparatory Course at ASSC, UKM Medical Centre.

This year marks another important milestone for us as we received the Royal College of Surgeons England at University of Malaya for the Intercollegiate MRCS Part B Examination.

We have also signed a memorandum of understanding with Johnson and Johnson recently to conduct the Science of Tissue Management courses as part of our attempt at modernising the surgical training for doctors in Malaysia.

With regards to being a key player of the surgical training in the region, the College was honoured to attend the Indonesian National Board Exit Examination recently.

We have also successfully won the bid for the Congress of Endoscopic and Laparoscopic Surgeons of Asia (ELSA) 2018 and preparations are on the way to make it a most successful event. For the future, we also look forward to win the bid for the World Congress of Surgery 2021. The future is very exciting indeed!

Fellows and members, hard work awaits, yet let us all look ahead as this is merely the beginning of our journey to more groundbreaking accomplishments and in shaping Malaysia as a global landmark on the surgical horizon.

Our true potential can only be brought out when we choose to embrace diversity and camaraderie. These values can only truly be internalized when we respect each and every one of our ability to think independently, together.

Finally, on behalf of the council of the College of Surgeons of Malaysia, I would like to congratulate our council member Associate Prof Christopher Ho Chee Keong for the prestigious International Guest Scholarship Award from the American College of Surgeons and Prof Dato Yip Cheng Har, our Past President for her Emeritus Professor award from the University of Malaya.

Thank you and hope you would enjoy reading our edition of the bulletin this term.



## COLLEGE OF SURGEONS Academy of Medicine of Malaysia



### ANNUAL SCIENTIFIC MEETING

*"Dum Spiro Spero  
Building a Foundation for The Next Generation"*

**19<sup>th</sup> - 21<sup>st</sup> May 2017**

**Hotel Pullman Kuching  
Sarawak, Malaysia**

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# Congratulations

## Associate Professor Dr Christopher Ho

Assoc Prof Dr Christopher Ho Chee Kong from University Kebangsaan Malaysia Medical Centre has won the prestigious International Guest Scholar Award 2016 from the American College of Surgeons. The American College of Surgeons offers International Guest Scholarships to young surgeons from countries other than the United States or Canada who have demonstrated strong interests in teaching and research. The scholarships, in the amount of \$10,000 each, provide the Scholars with an opportunity to visit clinical, teaching, and research activities in North America and to attend and participate fully in the educational opportunities and activities of the American College of Surgeons Clinical Congress.

This scholarship endowment was originally provided through the legacy left to the College by Dr Paul R. Hawley (FACS Hon), former College Director. More recently, gifts from the family of Dr Abdol Islami (FACS), the Stavros Niarchos Foundation, and others to the International Guest Scholarship endowment have enabled the College to expand the number of scholarship awards.

Assoc Prof Dr Christopher Ho received this award during the American College of Surgeon Annual Congress in Washington DC, 16-20 October 2016. During the congress, he presented a paper on "Surgical training in Malaysia: Challenges and Roadmap". The congress was also attended by the President of the College of Surgeons of Malaysia, Prof Dr Hanafiah Harunarashid, who through his support, has made all this possible. Prof Dato Yip Cheng Har, previous President of the College of Surgeons Malaysia, was the other Malaysian who also attended the congress.

During the congress, Assoc Prof Dr Christopher Ho not only had the opportunity to mingle and network with American surgeons, he also had the opportunity to exchange ideas with other surgeons outside America. This ties established with other senior surgeons from around the world opens up more links for students, researchers and doctors from Malaysia to attain training overseas.

Besides attending the congress, Assoc Prof Dr Christopher Ho also had the opportunity to visit the world-renowned University of Texas Southwestern Medical Centre. Here, he observed robotic surgery on prostate cancer and kidney cancer performed by the distinguished Professor of Urology, Dr Claus Roehrborn. He also had a tour of the facilities and the set up of this spanking new state-of-the-art university hospital. During his stay here, he was mentored by the illustrious Professor Dr Arthur Sagalowsky, another prominent urologist in America.

"Academic Rankings of World Universities," published by Shanghai Jiao Tong University, named UT Southwestern the sixth best world university in clinical medicine and pharmacy. The top five schools were Harvard University; University of California, San Francisco; University of Washington; Johns Hopkins University; and Columbia University. UT Southwestern has five Nobel Laureates, more than any medical school in the world.

This is indeed a rare honour and great achievement for Malaysia and hopefully others will emulate his success in the future.







## Professor Dato' Dr Yip Cheng Har Conferred Emeritus Professor of University of Malaya

**Dato' Dr Cheng-Har Yip**, MBBS (Mal),  
FRCSEd, FRCSGlasg FACS (Hon)

Consultant Breast Surgeon, Breast Centre, Subang Jaya Medical Centre/ Parkcity Medical Centre and Clinical Professor, Dept of Surgery, University Tunku Abdul Rahman was recently made Emeritus Professor of Surgery, University Malaya, Kuala Lumpur

Dr Yip was born in the small town of Kampar, Malaysia, the second of four

children, of a school teacher, Mr Yip Yat Sun. She was the first in her family to graduate with a medical degree from the University of Malaya in 1981. After obtaining the FRCS (Glasgow) in 1985, she went on to pursue a career in academic surgery in the Dept of Surgery, Faculty of Medicine, University of Malaya, where she was appointed a lecturer in May 1986, until she retired in Sep 2012 as a professor, after 26 years' service, the last 12 years as a professor.

Dr Yip sub-specialized in breast surgery as she was the only woman surgeon in the hospital and she received a lot of breast cases as women with breast problems preferred to see a woman surgeon. She went on to train in breast surgery in the United Kingdom in 1989 and in 1993 she started one of the first breast clinics in Malaysia in the University of Malaya Medical Centre providing oncology and palliative care services as well.

Dr Yip obtained many grants to study the epidemiology of breast cancer in Malaysia starting in 1995, culminating in a RM15 million dollar research grant from the Ministry of Higher Education, Malaysia, for breast cancer research in 2011. Dr Yip has over 180 publications in peer reviewed journals.

Regards surgical training, Dr Yip has taught many medical students, and supervised Master of Surgery students, who have gone on to become professors and consultant surgeons. She has also supervised research theses candidates for the MSc and Phd programmes. She has been in several faculty committees, and was the Head of the Dept of Surgery in the University of Malaya for 6 years. In that position she worked her counterparts in the Dept of Surgery in UKM and USM to develop the first conjoint Master of Surgery Part 2 Examination in 2007.

Although retired from the University of Malaya, Dr Yip is still an active surgeon and academician. She continues her role as a visiting consultant to Department of Surgery in the

University of Malaya. A busy consultant breast surgeon in Ramsay Sime Darby Healthcare, she has established a tissue repository and breast cancer database with Cancer Research Malaysia (CRM) at the Subang Jaya Medical Centre and is the lead

clinician for the breast cancer research programme in CRM. She is also a clinical professor with the Medical Faculty, Tunku Abdul Rahman University, and teaches undergraduate medical students in Ampang Hospital. She is on the editorial board of JAMA Surgery.

She is a past-president of the Association of University Surgeons of Asia (2003-2005). In 2010 she became the President of the College of Surgeons of Malaysia, the first woman to hold such a position. Dr Yip has been very involved in cancer control and prevention, and is the immediate past President of the Asia Pacific Organization for Cancer Prevention. She has been appointed an expert in cancer control by the World Health Organisation and the International Atomic Energy Agency (IAEA), and has been on expert panels in international organizations such as the International Cancer Control Conference, the Breast Health Global Initiative, and the International Consortium of Health Outcome Measures. She is currently the President of Breast Surgery International, which is a member organization of the International Surgical Society.

Dr Yip's illustrious academic career has often overshadowed her role as a clinician. She is nonetheless deeply committed to her patients. Her commitment, diligence, kindness and generosity places her as one of the top breast surgeons in the country. She works closely with the breast cancer support and advocacy groups and non-government organizations to promote health awareness and early detection of breast

cancer. She is a technical advisor to the Breast Cancer Welfare Association. She was awarded the UICC 2009 Reach to Recovery International Health Professional Award. She was also awarded the Malaysian "Greatest Women of our Times" award in Oct 2009. In May 2012, she was awarded the DPMP, which carries the title of Dato' from the Sultan of Perak, which is her home state in Malaysia.

Dr Yip is married to an engineer and has 2 sons, both of whom are in medical school.





# 43<sup>rd</sup> A M Ismail Oration

## *An Unforgettable Surgical Journey*

### 1959 to 2011

By Dato' Dr J C Mehta

#### Introduction

The late Tan Sri Dato' Seri Dr Haji Abdul Majid bin Ismail had an illustrious career initially as an Orthopaedic Surgeon at General Hospital Kuala Lumpur and in his later years as the Director-General of Health. His crowning achievement as a surgeon was to pioneer Orthopaedic Surgery as a dedicated service initially at General Hospital Kuala Lumpur and later for all the General Hospitals in the country. As Director-General, he advanced the concept of a subspecialty service in the various disciplines of Medicine.



*Tan Sri Dato' Seri  
Dr Haji Abdul  
Majid bin Ismail*

Tan Sri Dato' Seri Dr Haji Abdul Majid bin Ismail was the founding President of the Association of Fellows of the College of Surgeons of Edinburgh which was later to become the College of Surgeons of Malaysia.

This lecture is dedicated to the memory of Tan Sri Dato' Seri Dr Haji Abdul Majid bin Ismail.

There are two ways in which one can put together this lecture.

One would be to focus on recent developments in surgical and diagnostic techniques, personal research, reviews of case studies and clinical trials. The other would be to take a retrospective look at how our service has evolved over the years, to convey a sense of how we have progressed to where we are today. I have opted for the latter approach.

There are two reasons for my choice, the first of which is that it is my firm belief that it is only by understanding the past that we can fully appreciate the present. Without knowing how our field of specialization has progressed over time, under circumstances that have themselves kept changing, such as the working environment, the evolving technologies and patient expectations, we will not have the depth of understanding that can lead to pride in our achievements and a love for our discipline and profession.

The other reason is a more personal one. Having been a practicing surgeon for more than fifty years and having had responsibilities at many different levels for the development and maintenance of professional standards, I consider myself to be in a good position to give you a sense of how, as I have said, we have reached our present situation.

I have therefore chosen to play to my strengths and to give you an insight as to how it began for me and how general surgery and in particular HPB Surgery which was the discipline of

special interest to me has progressed over the years.

I should however make it clear that the journey that I will be presenting while appearing to be personal to myself, was in fact one that was also experienced by many of my colleagues both local and expatriate. Admittedly it was more demanding for those practising in the more remote hospitals of Sabah and Sarawak.

#### The General Hospital Penang (August 1959)

My career as a surgeon began with a six-month posting as a medical officer in the Surgical Unit, General Hospital Penang in August 1959 after which I was transferred to the District Hospital Bukit Mertajam.



*Dato' Dr Peter  
Vanniasingham*



*Dato' Dr S M A Alhady*

It was back to Penang in January 1961 upon my appointment as a surgical registrar which was a training post recognized by the Royal Colleges of the United Kingdom and Ireland. I had the

pleasure of working under three surgeons, Mr Owen O'Malley, Dato' Dr S M A Alhady and Dato' Dr Peter Vanniasingham.

Mr O'Malley, a general surgeon, had a natural talent for Orthopaedic Traumatology. He was one of the few expatriate consultants who upon the Malayanisation of the service chose to remain in Malaysia and joined the Assunta Hospital as its first consultant surgeon.

Dato' Dr Alhady is acknowledged as having introduced major gastric and oesophageal surgery into the service.

Dato' Dr Peter Vanniasingham, a person of eminence in our discipline who has very recently retired from active surgical practice, has the distinction of being the first surgeon in the country to use the flexible gastroduodenoscope in the early 70s.

#### The Surgical Service 1959 – General Hospital Penang

It was then a single surgical service provided by two general surgical units, the exception being Ophthalmology. An emergency list could consist of an appendicectomy or two, a perforated duodenal ulcer, an obstructed hernia in a child, on occasion a congenital pyloric stenosis, a ruptured liver abscess, a craniotomy for an extra-dural, or limb and abdominal trauma. Closed reductions of limb fractures were an almost daily affair.

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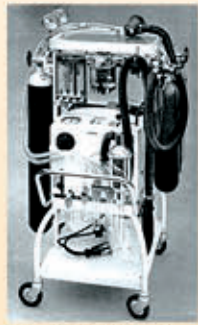




An elective list could have a tonsillectomy, a cleft lip repair, a partial gastrectomy – in effect a variety of surgical procedures. An oesophagectomy would occupy the entire day's list. As registrars, we were performing open cholecystectomies, partial gastrectomies, mastectomy, and superficial parotidectomies.

Housemen and medical officers were administering general anaesthesia for surgical emergencies. Medical officers were rostered for duties in the blood bank and casualty department. Registrars were performing post mortems and attending court as 'expert witnesses'.

The laboratory and pathology services were rather basic. There was one radiologist and in his absence we did the contrast studies on our patients. Antibiotics available then were penicillin, streptomycin and the sulphonamides. The tetracyclines and ampicillins were introduced later.



East Radcliffe Ventilator

For ventilator support we had the East Radcliffe Ventilator. It was first installed in the "Tetanus Room", the brainchild of Dato' Dr Alhady. Cases of severe tetanus were ventilated for a week to ten days in this room. The East Radcliffe was quite unique in that it could be worked manually. Doctors were required to keep a 24-hour vigil in the tetanus room both for the care of the patient and the machine in the event of a power failure.

Surgical cases requiring ventilation were nursed in a recovery room which was situated in the operation theatre complex. This room was the forerunner of the first Post-Surgical Intensive Care ward set up by Dato' Dr Law Gim Teik and Emeritus Professor Datuk Dr A E Delilkan in 1962.

## A Break from Surgery

August 1963 saw a break from surgery. I had completed my term as a surgical registrar and while awaiting a study award to the United Kingdom, I was appointed Medical Officer in charge of officials with additional duties of Prisons Doctor and Port Health Officer.

I found prison duties unpleasant as besides having to deal with prisoners of varying character, I had to be present to certify prisoners as being medically fit to be caned. I absolutely refused a trip to Taiping prison to witness a hanging.

Port Health was a change. It involved inspecting ships for health hazards rather than attending to patients. I had a rather embarrassing experience when I made a diagnosis of small pox on a passenger, requested the presence of the Senior Health Officer, who after his examination and in the presence of the ship's doctor called me an idiot for mistaking chicken pox for small pox. That ended my short stint as a Port Health Officer.

On the 26<sup>th</sup> of May 1964, I was summoned to the office of the Chief Medical and Health Officer, informed of an outbreak of cholera in Kota Bharu and told that I was to report for duty there within twenty-four hours.

It was to be a lesson in the clinical management of severe dehydration. Patients were made to lie on canvas beds which had an opening at their lower end, below which was placed a large bin to collect the classical text book description of 'rice water stools'. The standard treatment was to have



two peripheral lines and oral tetracycline as medication. As backup facilities were not readily available, one had to rely on common sense and a constant vigil for the first 48 hours.

## The Examination for Fellowship of the Royal Colleges – An Experience

I was in the United Kingdom from late 1964 to 1966. Having passed the Primary Fellowship of the Royal College of Surgeons of England, I proceeded to sit for the Final. There were three parts to the examination, the last being the Oral and Viva. At the Viva, I was asked on Thyroidectomy. The examiner did not agree with my incision. I responded by telling him I did quite a few thyroidectomies. His reply "Young man, I have done a thousand!" The result – I passed the written and clinical and failed the Viva.

I then proceeded to go on to Edinburgh where I had quite a bit of luck at the clinicals. The patient that I was to examine informed the ward doctor that she was not feeling well and wanted to be excused. I was then asked to examine another patient who after I dealt with the usual courtesies and enquired about her symptoms responded by telling me her diagnosis.

I had no difficulty with my presentation of the case. The first question that I was asked by the examiner was where I came from. I mentioned Penang to which he responded that he had been there and liked it. I passed.

## The District Hospital Bukit Mertajam (1967 – 1968)



District Hospital Bukit Mertajam

I returned to Malaysia in late November 1966 and reported for duty at the General Hospital Penang. Within a few weeks I was transferred to the General Hospital Kuantan. I tried to get the order rescinded by informing the powers that be that I could not drive there as there were floods. The reply – "If you cannot drive there, swim there". This resulted in my relocation to Kuantan after which I was posted to the District Hospital Bukit Mertajam in April 1967. I recall five memorable events in Bukit Mertajam:

1. Having to perform tracheostomies on infants in respiratory distress due to diphtheria. The patient would first be immobilized by having a blanket wrapped around the

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body. The hospital assistant would hold the head in an extended position. I would then make a vertical incision over the trachea and follow up with a metal tracheostomy tube. Not an easy task when faced with a trachea moving in and out.

2. An appendicectomy in a full-term pregnancy performed under open ether anaesthesia.
3. My first caesarean section. My experience then was limited to that of an assistant during my internship in Penang. The lady had a 'paper thin' abdominal wall. I proceeded with a vertical incision. Imagine the fright I had when with the one incision I laid open the uterus and exposed the baby. It was quite a relief to find that all was well with the baby.
4. Then there was this 14-year-old admitted with a puncture wound in the epigastrium. At laparotomy, I found blood spurting from a puncture in the diaphragm synchronous with the heartbeat. There was no option but to improvise and proceed. In the absence of a sternal saw I used a plaster of Paris shears to split open the sternum, laid open the pericardium and sutured a small tear in the right ventricle. The boy survived.
5. 24<sup>th</sup> November 1967 was a day to remember. It was the Penang Hartal which resulted in racial riots with spilled over effects into Bukit Mertajam and the surrounding districts. It was three days and nights of treating victims with multiple wounds. I vividly remember the visit of our First Prime Minister, the TUNKU, who in my office and with tears in his eyes uttered these words and I quote "The thing that I never wanted to happen has happened".



*Tunku Abdul Rahman  
Putra Al-Haj*

### **The East Coast States of Peninsular Malaysia & Johor Bahru (1968-1983)**

My next posting was to the General Hospital Kuala Terengganu. The hospital then consisted of single storey wards, the majority on concrete stilts, a few at ground level. The operating theatre was at ground level and next to the surgical ward which was on stilts. Patients were carried up and down the stairs, some had to be carried on stretchers. The first thing I did was to get a ramp constructed for the stretchers to be wheeled up and down.

There were three specialists and three medical officers for the entire service. Until the early 70s when the staff situation improved I was surgeon, and medical officer. There was excellent back-up service from the nurses and hospital assistants.

I recall my first day when I was informed of a case with a foreign body on the cornea. Having had absolutely no exposure to ophthalmology my first reaction was to refer the case to Kota Bahru. The serving hospital assistant very calmly handed me a hypodermic needle and advised that I 'dig it out'

which I did with his assistance. Fortunately, it was sitting on the surface.

I was seeing a variety of surgical conditions. On occasion a ruptured liver abscess, a typhoid perforation of small intestine, abdominal tuberculosis and a major head injury. Kidney injuries were common with the lumberjacks. Renal and bladder stones were also common. Stomach ulcers and gall bladders few. Thyroids on presentation massive! There were a good number of cleft lips and palates. I did my first cleft lip repair thanks to a Ministry sponsored visit of a plastic surgeon from Canada. I never ventured into palates

As a posting, it was inconvenient and demanding with no vacation leave during the wet months from November to January. Specialists in all disciplines were required to provide cover whenever a specialist in Kota Bahru or Kuantan was away and vice versa. I recall an occasion when I was required in Kota Bahru which was 103 miles away. I left in the morning, attended to the emergencies and returned to Kuala Terengganu in the late afternoon. I was just settling down to a cup of tea when I was informed of more emergencies. Back I went, attended to the cases and drove back the next morning.

In January 1974, I was transferred to the General Hospital Kuantan on a promotion. I was both surgeon and medical officer in charge. It was back to Kuala Terengganu in July 1974 and to Kota Bahru in 1977. The pattern of diseases was somewhat similar in Kota Bahru and Kuala Terengganu with a slightly different pattern in Kuantan owing to different patient profiles. Presentation was generally late in Kuala Terengganu and consent for surgical procedures not readily given.



*Hospital Besar Kuantan*



*Hospital Besar Kota Bharu*



*Hospital Besar Johor Bahru*

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It was in 1978 and in Kota Bahru that I was first introduced to intravenous feeding in the form of lipofundin. This to me was a breakthrough as hitherto all we had for calorie supply was 50% Dextrose which had to be given into the inferior vena cava via a catheter introduced through a cut down in the groin.

My next posting was Head of Surgery in the General Hospital Johor Bahru where I ventured into more complex surgeries. It was in Johor Bahru that I was introduced to the proximate intraluminal stapler and where I performed my first low anterior resection for a rectal cancer.

## General Hospital Kuala Lumpur (1983)



General Hospital Kuala Lumpur

I was transferred to General Hospital Kuala Lumpur in 1983 and appointed Head of the Surgical Service.

The General Surgical Service was provided by both the Department of Surgery Universiti Kebangsaan Malaysia and our department. Ours was essentially a general surgical service with emphasis on Upper GI and HPB surgery. The department was also responsible for the delivery of the endoscopic service for the Ministry of Health patients. It began as a mainly Upper GI Diagnostic Service in a side room within the Operation Theatre Complex, and later relocated to a room in the Surgical Outpatients. ERCPs were performed in the Department of Radiology.

We started on Colonoscopy following a series of workshops conducted by endoscopists from Japan and the United Kingdom. Unlike today the procedure was performed under X-Ray control. The physicians were not involved until mid 80s when Datuk Dr Mrs Kew Siang Tong, the Senior Physician in Hospital Kuala Lumpur, requested and was allowed the use of the endoscopic facilities in the Operating Theatre. I did not voice an objection to her request much to the displeasure of my surgical colleagues. This initiated the physicians journey into Endoscopy.



## HPB Surgery in the Peripheral Hospitals: The Early Years

Against this background let me go on to HPB Surgery which was of special interest to me.

I would like to begin with my experience as a surgeon in the peripheral hospitals.

There was a varying pattern of support services in these centres. Imaging was limited to plain radiography and contrast studies both oral and intravenous. Endoscopy was non-existent.

A diseased gall bladder would have an open cholecystectomy. A simple tube cholecystostomy would often be the preferred option in a difficult gall bladder in the critically ill. Almost all cases of acute pancreatitis were subject to conservative treatment. A pre-operative diagnosis of pancreatic necrosis was a rarity. A liver abscess was diagnosed on history, clinical examination, positive laboratory findings and plain radiography. Cases not responding to antibiotics would be subjected to a laparotomy and drainage. Unlike today where about 80% of liver trauma would settle with conservative treatment because of CT monitoring, almost all cases of liver trauma had surgical exploration. HPB malignancies when diagnosed were referred to General Hospital Kuala Lumpur.

## The Department of Surgery Hospital Kuala Lumpur: (1980s - 1990s)

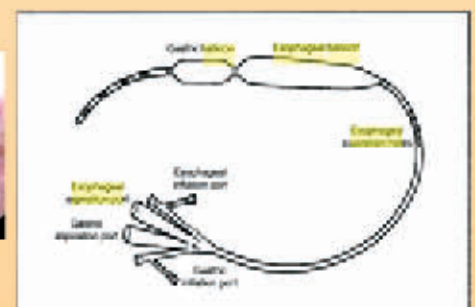
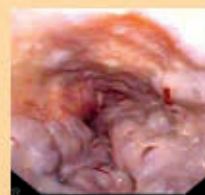
The Department of Surgery under my charge functioned as a general surgical unit with special emphasis on Upper GI and HPB surgery. We initially focussed on the oesophagus and stomach.

The Department was also responsible for the delivery of the therapeutic endoscopy service till the late 1980s when it was delivered by both surgeons and physicians.

Interventional Radiology was provided by the Ministry of Health and UKM departments with a major contribution by Dato Dr Abdul Samad Sakijan and his team. The Interventional Radiologist is an indispensable team player in the management of HPB cases.

## Treatment Strategies in the Department (1983 - 1990s)

Before the introduction of Endoscopic Variceal Ligation/Banding/Sclerotherapy the Sengstaken-Blakemore Triluminal Tube was used to control a life threatening bleed from oesophageal varices. The tube would be left in situ for not more than 24 hours. Should there be a major rebleed upon removal of the tube, the patient would be advised surgery in the form of an Oesophagogastric Devascularisation/Transection.



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I introduced active use of the flexible choledochoscope upon my return from an attachment in centres in Japan. It was used for visualization and/or removal of stones in the dilated extra hepatic ducts in an open procedure. Post-operatively it had to be introduced through a matured T-tube tract. Intrahepatic stones required multiple procedures performed through a matured trans-hepatic tract.



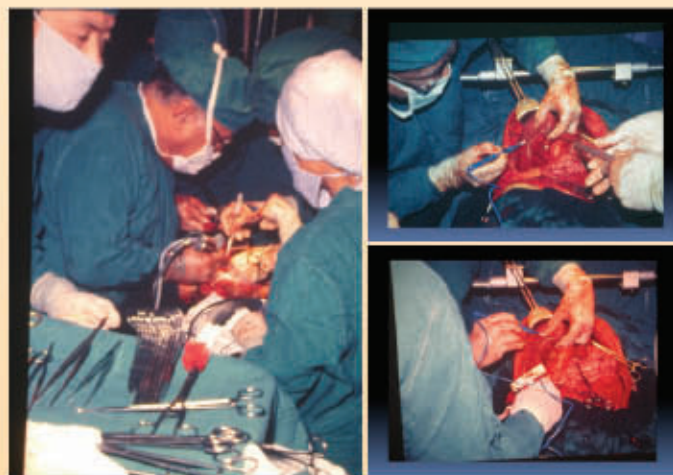
*Flexible Choledoscope*

Major Hepatic Surgery was first introduced into the service by Dato' Dr M Balasegaram. It is truly commendable that he was able to do so in the General Hospital of Seremban in 1964 and from 1969 in the Department of Surgery in Hospital Kuala Lumpur.



*Dato' Dr Balasegaram*

Our department embarked on major pancreatic and liver surgery in the mid-1980s. An area of concern in our early attempts at hepatic resection was blood loss. While inflow control and the introduction of the ultrasonic aspirator helped, it was only after we were introduced to the concept of low central venous pressure anaesthesia by our surgeons trained in the Liver Unit in the Princess Alexandra Hospital in Brisbane, Australia that we were able to overcome the problem.



A study of the case records of 86 out of 110 cases of HCC admitted to the unit between 1993 to 1996 revealed the following options:

- No treatment
  - o 49 cases
- AOR Discharge
  - o 5 cases
- Systemic Chemotherapy
  - o 3 cases
- Percutaneous Alcohol Injection (PAI)
  - o 3 cases
- Transarterial Chemoembolisation (TACE)
  - o 22 cases

- Surgery
  - o 4 cases

For the pancreas, determination of resectability was often confirmed at laparotomy.

## The Changing Surgical Scene

It was in the early 1990s that we performed our first laparoscopic cholecystectomy after having attended workshops in Singapore and a live demonstration in HKL by a visiting surgeon from the United Kingdom. As we were then on a learning curve we adopted a conservative policy in our choice of cases, converting to an open procedure in situations of severe inflammation, adhesions in Calots triangle and obscure anatomy. The dreaded complication in both the open and laparoscopic procedure is bile duct injury. None occurred in our unit. We however managed cases of bile duct injuries which were referred from both the government and the private hospitals. The incidence of iatrogenic bile duct injuries remains unchanged despite the completion of the learning curve and the recognition of preventive measures to avoid injury.



*Laparoscopic workshop*



*Early 90s*

A word of advice - If and when it occurs, do not attempt a repair if you have had no experience in dealing with such cases as the best results are at the time of the primary repair.

## The Liver Center Hospital Selayang: 1999

The vision of Tan Sri Dato' Dr Mohd Ismail Merican who was then senior consultant hepatologist and Deputy Director-General of Health of a dedicated liver centre became a reality in 1999 when the first liver centre in the country was established in Hospital Selayang. It was to be the first Liver Transplant Centre in the public sector. The profession is indebted to Professor Datuk Russell Strong from, Australia for his major contribution to the training of our HPB surgeons and to the setting up of the Transplant Centre. The first transplant was performed in 2002 by the HPB and Hand and Micro team

*continued on page 10*





under the supervision of Professor Dr Russell Strong and Professor Dr S T Fan and Dr Yong Boon Hun (Consultant Anaesthetist) from Hong Kong.

Transplant data till 24<sup>th</sup> November 2015:

- 82 cases
  - o 45 adults
  - o 37 children
  - o 64 Cadaveric, 18 Living Donors

In addition to the transplant service, the Liver Centre in Hospital Selayang is a tertiary referral centre for complex HPB cases and has a three-year dedicated training programme for HPB accreditation.

## The Surgeon, The Oncologist, and the Interventional Radiologist

Recent trends in the Management of HCC and Pancreatic Cancer (based on the Barcelona Clinic Liver Cancer Staging System)

### 1. HCC

The Surgeon -

1. Very early stage - Single lesion < 2cm
2. Early stage - 3 nodules < 3cm

Treatment Option Resection /Ablation/Transplant

The Oncologist / Interventional Radiologist

- I Intermediate Stage
  - Large multinodular
  - Child Pugh A-B
  - Treatment option TACE
- II Advanced Stage (c)
  - Portal Invasion
  - Extra Hepatic Spread
  - Child Pugh A-B
  - Treatment option SORAFENIB
- III Terminal Stage (d)
  - Child Pugh C
  - Supportive Care

Absolute contraindications to TACE

- Decompensated Cirrhosis
- Impaired Portal Venous Blood Flow
- Extensive Tumour involving both lobes
- Malignant Portal Vein Thrombosis
- Creatinine clearance < 30ml/min

### 2. Pancreatic Cancer

Treatment Options

- i. Resectable
  - Surgery followed by chemotherapy and radiation
- ii. Borderline Resectable (partly wrapped around blood vessels; might be removable after chemotherapy and radiation)
  - Chemotherapy and radiation followed by surgery if possible
- iii. Un-resectable
  - Chemotherapy

## Future Strategies

Laparoscopic and Laparoscopic Hand Assisted Hepatectomies

## The Private Sector: (1999)

I left for the private sector in 1999 after 40 years in government service and continued to jointly manage complex surgical cases with Dr Robert Jalleh in the Sunway Medical Centre, Petaling Jaya and Dr Foo Kok Kheong in the Sime Darby Medical Centre, Petaling Jaya.



*End of a Chapter after four decades*



*Sunway Medical Centre*



*Sime Darby Medical Centre*

Besides my appointment as a Visiting Consultant to both of these centres, I was also Medical Director and Surgical Advisor in the NCI Cancer Hospital.

I am presently the Person-In-Charge in the Park City Medical Centre, Kuala Lumpur.

## Conclusion

It has been a rather long journey. I have had my share of misses and near misses. The advances that we have made over the years have been the result of a more structured training programme locally and exposure to centres of excellence overseas, improvements in surgical techniques and better working conditions.

As I look back, another important development that cannot be ignored is the rapid expansion of the private sector in the delivery of medical services. While today a good number of surgeons are practicing in government hospitals, a more important phenomenon has been the migration of experienced specialists from the public to the private sector.

Proud as we may be of how far we have come; we must guard against the folly that we know it all. It is precisely folly of this

*continued on page 11*





kind that led the surgeon B.C Moynihan to declare in Leeds University in 1930 and I quote:

*"We can surely never hope to see the craft of surgery made much more perfect than it is today.*

*We are at the end of a chapter"*

B.C. Moynihan  
Leeds University  
1930

The best days are yet to come but above all we must never forget that our patients must remain our primary concern.

PRIMUM NON NOCERE

(FIRST DO NO HARM)

Acknowledgements

*Dr Robert Jalleh*

*Dr Kananathan Ratnavelu*

*Dr R Krishnan*

*The Secretariat, College of Surgeons, Malaysia*



## JOHNSON & JOHNSON SIGNS MoU WITH THE COLLEGE OF SURGEONS, ACADEMY OF MEDICINE MALAYSIA

In response to the strong demand for highly skilled surgeons in Malaysia, Johnson & Johnson Sdn Bhd (J&J) and the College of Surgeons, Academy of Medicine of Malaysia (CSAMM) signed a Memorandum of Understanding (MoU) to facilitate best practices and expertise in the scope of general surgery. The MoU was signed between the Managing Director of Johnson & Johnson Sdn Bhd, Mr Chin Keat Chyuan, and Associate Professor Dr Hanafiah Harunarashid, President, College of Surgeons, Academy of Medicine Malaysia and the Director of Advanced Surgical Skills Centre, UKM Medical Centre. The inaugural event was witnessed by Associate Professor Dato' Dr Ismail Sagap at the Department of Surgery, Faculty of Medicine, University of Malaya, Professor

April Camilla Roslani and Dr Yeoh Boon Hock, Medical Affairs Director of Johnson & Johnson Malaysia.

This understanding that spans a year is focused on providing medical professionals a world class training experience through the transfer of knowledge, skills and technology using the Science of Tissue Management Workshop (SoTM), a programme targeted for the future generation of students to enhance their knowledge on device-tissue interaction and management.

We are more than excited to collaborate with global market leaders like Johnson & Johnson. Currently, we have barely over 9000 specialists for the population of over 30 million people in Malaysia. Additionally, the rapid development of medical devices have created a knowledge gap for surgeons due to a lack of exposure to adequate training and educational programmes. We are confident that this smart partnership would allow us to bridge this gap, produce well-trained health care professionals who are of global standards. More importantly, we welcome such constructive initiatives from our industry partners as these MoUs are reflective of a collective effort to meet Malaysia's growing healthcare talent needs and at the same time enhance surgical training and improve the standards of surgical care for our patients.







## THE INDONESIAN NATIONAL BOARD EXIT EXAMINATION FOR GENERAL SURGERY

*Reported by Associate Professor Dr Hanafiah Harunarashid*



Indonesia boasts of its vast number of islands and a population of more than 250 million. The country spans 8,000km wide; housing 16 schools of surgery and 1300 surgical trainees. The national examination was conducted simultaneously across a few regions from 5<sup>th</sup> to 7<sup>th</sup> November 2016.

The prestigious examination was attended by Associate Professor Hanafiah Harunarashid and Professor April Roslani, representing the CSAMM. This is the pioneer participation of CSAMM following invitation by the Indonesian Surgical Board. Also present were representatives from the other ASEAN Surgical Colleges.

Conducting a national examination simultaneously while maintaining standards is a real challenge, therefore, our host must be congratulated for their success in keeping

with excellence.

The delegates were brought to visit the teaching facilities and OSCA examination at the Gadjah Mada University, the oldest university in Indonesia. On the final day, we were taken around the Royal Palace of Kraton and Mount Merapi, an active stratovolcano located on the border between Central Java and Yogyakarta, Indonesia.

We would like to thank our host for their magnificent hospitality and outstanding enthusiasm.



## MALAYSIAN WINS IN THE RESIDENT PAPER COMPETITION AT THE ATLS ASIA PACIFIC (REGION XV1) MEETING HONG KONG, 5<sup>TH</sup> NOVEMBER 2016

*Reported by Professor Dr Lum Siew Kheong, ATLS Chair, Malaysia*

The ATLS Asia Pacific (Region XV1) Meeting was held at the Li Ka Shing Faculty of Medicine, University of Hong Kong, Hong Kong on 5th November 2016. One of the highlights of the meeting was the Resident paper competition to encourage surgical trainees to pursue research in trauma related subjects. The paper may be on Basic science or Clinical science research. Surgical trainees in all ATLS countries in the Asia Pacific region are invited to participate in this competition. Shortlisted participants will make an oral presentation of their work at the ATLS Regional meeting. The winner at the Regional meeting will compete in the final competition to be held during the Annual Meeting of the American College of Surgeons (ACS) Committee on Trauma (COT) in Washington DC, USA on 2nd March 2017. The ACS will pay the economy airfare to the USA and a three-day hotel stay. The winner is also expected to attend the COT banquet. Both first-place papers in the Basic Science and Clinical science categories will be eligible for publication in the Journal

of the American College of Surgeons.

This year the shortlisted participants of the Resident paper competition were from Australia, Singapore, Hong Kong, Thailand and Malaysia. Malaysia was represented by Dr Sabrina Balakrishnan. Sabrina is a graduate of the International Medical University, Malaysia and is currently working as a medical officer in surgery in Hospital Kajang under Mr Andre Das. She hopes to be selected into the Master of Surgery program in the future. The title of her oral presentation was "Cries in the dark: Post-traumatic stress disorder (PTSD) in adolescents following motor vehicle accidents is no small matter." The co-authors of the paper were Drs Tharveen N, Thanabalan S, Tassha HA, Johann FK and Andre Das. She made an excellent



*Malaysian ATLS contingent:*

L> R : Aime (ATLS coordinator), Dr Thanabalan S, Dr Tharveen Nair, Wahidi (ATLS Coordinator), Prof Lum Siew Kheong (ATLS Chair, Malaysia), Dr Andre Das (ATLS Course Director), Dr Sabrina Balakrishnan, Dr Johann FK (ATLS Instructor).  
ATLS® = Advanced Trauma Life Support

oral presentation and won the first prize. The ATLS fraternity of Malaysia and the College of Surgeons, Academy of Medicine of Malaysia are extremely proud of her achievement and hope that her success will spur other Malaysian surgical trainees to achieve greater heights in the future.





# THE JOINT SURGICAL COLLEGE FELLOWSHIP EXAMINATION

*Reported by Dr Reena Prihiya*

Following its resounding success in 2015 and remarkable commendations from both the local and international community, Malaysia once again hosted the Intercollegiate Fellowship Examinations this year. This platform of recognition has been successfully concluded with excellence from 14<sup>th</sup> to 19<sup>th</sup> November 2016. The prestigious examination consists of two parts; the viva voce which was conducted at the Majestic Hotel, Kuala Lumpur and the clinical examinations held at UKM Medical Centre, Kuala Lumpur.

A total of 60 candidates from various backgrounds, all over the world, were welcomed inclusive of some local candidates; the largest ever number of candidates catered for in a single seating. Also present were the Chairman alongside council members of the Conjoint Board of Examiners from the respective Royal College of Surgeons, United Kingdom.

The holding of the examinations in Malaysia on two consecutive years as the preferred center of examination proves that the international surgical community acknowledges Malaysia as a world-class platform and is an advanced and well-equipped

training hub in the field of surgery.

An examination dinner was organized at the Sage Restaurant and Wine Bar, The Gardens, Mid Valley Kuala Lumpur on 16<sup>th</sup> November 2016. The appreciation night aspired to cultivate camaraderie in addition to consolidating a strong comradeship among key players.

The night was graced by the Director General of Health, Datuk Dr Noor Hisham Abdullah; the Master of Academy of Medicine Malaysia, Professor Dato' Dr Kandasami Palayan; the Deputy Vice Chancellor of UKM, Professor Dato' Dr Imran Ho Abdullah, and other highly reputable dignitaries.

We are honoured to have with us surgeons and scholars of such distinguished esteem. We enthusiastically anticipate future collaborations with the Royal College of Surgeons United Kingdom and other key figures in promoting the surgical standards, enhancing the quality of health care delivery and henceforth fortify Malaysia as a primary center of surgical excellence.





# ENTRY INTO POSTGRADUATE SURGICAL TRAINING



*Reported by Associate Professor Dr Hanafiah Harunarashid*



An annual event anticipated by budding surgeons, the Advanced Surgical Skills Centre of the Universiti Kebangsaan Malaysia successfully delivers as a key platform to engage and provide a comprehensive insight into career pathways available in Malaysia.

The workshop, conducted from the 11<sup>th</sup> to 13<sup>th</sup> of November, was officiated by Datuk Dr Zainal Ariffin Azizi, Head of Department of General Surgery, Kuala Lumpur General Hospital and was graced with the presence of senior faculty members, experts of their respective fields.

Besides outlining the current surgical training scenario which includes the Master of Surgery, MRCS and FRCS pathways; COSMOS was brought back for sharing sessions. Candidates

too were surprised with mock examinations as they acted as a tool in gauging their level of preparedness and, at the same time, this gave them a significant impression of the entry examinations.

Small group sessions inclusive of personalised tutorials on appearing for the interviews and packaging their attributes via holistic curriculum vitae were delivered.

Given that competition has heightened with the introduction of the open system in 1996, despite receiving more than 200 new applicants annually, only 50 will be offered a place.

We are confident that our participants would have benefited and will have an upper hand in future applications. The ASSC aspires to continue playing an integral role in shaping surgeons of the future and establishing a network of surgical excellence with global appeal.



## *Philippine College of Surgeons Annual Congress*

*Reported by Associate Professor Dr Lim Kean Ghee*

The Philippine College of Surgeons was founded in 1936 and celebrated their 80<sup>th</sup> anniversary with the publication of a book on their history at their recent annual congress at the Edsa Shangri-La, Manila from the 4<sup>th</sup>-7<sup>th</sup> of December. I was given the privilege to attend the congress on behalf of our president and not only learned much about their college, I have got to know some fantastic surgeons.

Their college is in many ways like ours, in the way the opening ceremony of their congress was conducted, for example. This was their 72<sup>nd</sup> annual scientific congress and they held the 47<sup>th</sup> Dr Gregorio T Singian memorial lecture. The lecture is named after their first president much like our AM Ismail oration. This year they honoured Dr Roman L Belmonte Jr (pictured here on my right) with the lecture and medal. He had trained in vascular surgery in the United States and returned after his residency to practice in Tarlac, about a two-hour drive from Manila. There he built up a small 10 bed hospital into what is now an accredited training centre. He even performed aortic aneurysm repairs there in his early days. He was the first president of the college from outside Manila and showed the job could be done with much travelling.

I found the content of their scientific presentations much like ours, and our trainees could benefit from attending the meeting. I was invited to give a presentation about surgical training in Malaysia.



The current president, Dr Gabriel Martinez visited us at our annual congress this year, but they have elected a new court of regents (similar to our council). Like us their fellows vote in the regents who choose the president among them. The new president who takes office on 1<sup>st</sup> January is Dr Enrico P Ragaza and he will be coming to our meeting in Kuching in May 2017.

