

THE CUTTING EDGE

MARCH 2024



THIRD PARTY ADMINISTRATORS

Facilitates or Hinders Management?



SURGEONS & SUSTAINABILITY

Did you know?



ROBOTIC-ASSISTED LAPAROSCOPIC SURGERY

Annual Scientific Congress -
Global Surgery Outreach -
The New Medical Academies
Building -
and much more



INTERNAL CIRCULATION ONLY

BERITA CSAMM

THE CUTTING EDGE

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MARCH 2024



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EDITOR'S NOTE



When I was tasked to revamp the CSAMM newsletter, I suddenly realised times have passed us by rapidly and we are in the digital era when news comes in three dimensions - sight, sound, action and travels at the speed of a click.

NOBODY READS.

Or perhaps, a minority of seniors still prefer the touch of paper, something in hand, relishing news at their own pace.

I reckon for the majority, if the newsletter is meant to inform and connect, then it should be brief and concise and full of pictures and easily accessed. With this in mind, we decided to try digital news, hopefully it extends breadth and depth and covers what you would be interested in. You could also share with the surgical community with a click.

For this new venture, I need your participation and feedback. YES, send me some comments, short notes, pictures using that ONE CLICK!

*Professor Liew Ngoh Chin
Hon Secretary CSAMM
(College of Surgeons, Academy of Medicine of Malaysia)*

A promotional banner for the Golden Jubilee Anniversary Annual Scientific Congress. The background is dark blue with a starry pattern. The text is in yellow and white. It includes the event title, dates (25th - 27th August 2023), location (Shangri-La Kuala Lumpur, Malaysia), and the theme 'Towards a Sustainable Future'. Logos for the College of Surgeons, Academy of Medicine of Malaysia, and various surgical societies are displayed. A '50 Golden Jubilee' logo is also present. The website www.csamm.asm.org.my is listed at the bottom.

Golden Jubilee Anniversary
Annual Scientific Congress
25th - 27th August 2023
Shangri-La Kuala Lumpur, Malaysia

Towards a Sustainable Future
www.csamm.asm.org.my

COLLEGE OF SURGEONS
ACADEMY OF MEDICINE OF MALAYSIA

50 Golden Jubilee

In partnership with the

Malaysian Association of Paediatric Surgery
Malaysian Society of Hepato-Pancreato-Biliary Surgeons
Malaysian Upper Gastrointestinal Surgical Society

Meet in **Go2023** Malaysia
Be Greater, Together

PRESIDENT'S MESSAGE

Dear Esteemed College Members,

I trust this message finds you well and that the commencement of 2024 has been marked by moments of joy and fulfillment. I express my heartfelt appreciation to each one of you for your unwavering support, contributing wholeheartedly to the growth and success of our esteemed College.

With the collaboration of our dedicated council, we aspire to craft enriching learning experiences and offer a platform for sustained professional development. In the upcoming year, our emphasis will be on strengthening ties with sister colleges and international surgical associations, ensuring a seamless and globally enriched learning environment.

Building on the success of last year, where we entered into a Memorandum of Understanding (MOU) with the Association of Surgeons of India (ASI) for the CSAMM - ASI Observer Programme, we are pleased to announce the participation of three surgical trainees from India in the upcoming International Surgical Week (ISW) 2024. After the event, these trainees will engage in a two-week attachment at our center of excellence, aligning with their specific areas of interest. In reciprocity, three of our candidates will attend the Annual Conference of the ASI (ASICON) 2024, to be followed by a similar two-week attachment at their center of excellence.

As advocates for surgical training, we understand the pivotal role that training opportunities play in shaping one's surgical journey. We remain steadfast in our commitment to provide you with the best experiences through a diverse array of courses and workshops. Recently, we renewed our collaboration with the American College of Surgeons (ACS) for the exclusive conduct of the Advanced Trauma Life Support (ATLS) course in Malaysia for the next two years. The new agreement not only secured a favorable student fee but also granted permission for



“In the upcoming year, our emphasis will be on strengthening ties with sister colleges and international surgical associations, ensuring a seamless and globally enriched learning environment.”

us to locally print the course textbook, ensuring the continued delivery of the ATLS courses to our surgical community.

In addition to these developments, we have successfully relocated the national ATLS center from Hospital Sungai Buloh to Mranti Park, Bukit Jalil, Kuala Lumpur, with plans to move to the new Medical Academies building upon its completion.

This course, known for its popularity, necessitates advanced booking due to high demand. We are pleased to announce the re-appointment of Professor Lum Siew Kheong as the ATLS Country Chair and Dr. Andre Das as the Deputy Chair.

Moving forward, we are committed to fostering collaborations with international counterparts to expand fellowship exchange programs, and enhance training opportunities.

Recently, at the Asean Federation of Surgical Colleges (AFSC) meeting in Manila, the establishment of an Education Committee was agreed upon, aiming to share best practices and harmonise surgical curriculum and training across member countries, with a focus on areas such as minimally invasive surgery, surgical research, cancer care, and surgical rotation.

Addressing recent challenges surrounding 'Parallel Pathway Training,' the College acknowledges and supports the efforts of our Health Minister, Datuk Seri Dr Dzulkefly Ahmad, in resolving this matter judiciously.

“We remain steadfast in our commitment to provide you with the best experiences through a diverse array of courses and workshops.”

Recognising the importance of harmonising specialist training in both the Master programs and parallel pathways, we hope for a resolution that recognises the integral role of parallel programs in surgical training, while ensuring quality assurance and oversight.

Looking ahead, the College is honored to co-host the ISW 2024 with the International Society of Surgery at the Kuala Lumpur Convention Centre from August 24 to 27. Anticipating your enthusiasm for this prestigious congress, we encourage you to stay tuned for more information in the coming months.

In conclusion, the College remains steadfast in promoting the highest standards of surgical training through education and professional development.

Your input is invaluable to us, and we eagerly await your engagement. Please feel free to reach out and share your thoughts.

Dr Siow Sze Li
President, CSAMM
(College of Surgeons, Academy of Medicine, Malaysia)



THIRD PARTY ADMINISTRATORS

FACILITATES OR HINDERS MANAGEMENT?

by Professor Liew Ngoh Chin, Honorary Secretary CSAMM

We often hear grouses from surgeons that the Third Party Administrators (TPA) and Managed Care Organisation (MCO) of private healthcare insurance is becoming a 'pain'. They are intrusive at times and burden us with tons of questions or questionnaires, to be completed, submitted and approved before care can be rendered.

Sometimes these questions come in late, resulting in postponement of elective surgeries. At times, emergency surgeries get delayed. We can understand some form of 'screening and vigilance' is needed due to the myriad policies that cover a fixed sum of money.

If the surgery is approved and when the policy amount is exceeded, who will foot the bill? Patient will point to the insurer and hospital and the latter will in turn point to the doctor and patient for agreeing to the surgery.

We should all agree that some form of 'screening and safeguard' is necessary. There is no way the TPA can afford a team of consultants who are knowledgeable of the surgery or procedures.

What they could afford is a team of healthcare professionals (nurses, hospital assistants, medical officers and few consultants) to undertake the task of screening and approval. It is in this context that we, as surgeons, have to be 'patient', calm and fair. TPA should ensure 'screeners' are knowledgeable. Often times we are riddled with ridiculous questions such as when did the condition occur or what is the cause of the illness. The explanation would

require a basic medical degree and many hours of explanation. The pre-approval is not limited to the 'sum-assured' or policy exclusion criteria alone. Understandably, there are 'black-sheep' in the surgical community whose ethics and charges are questionable. That is a mammoth task of TPA - having to understand the type of surgery and how the fees are derived. However, TPA have to understand that a large chunk of the fees is hospital bill. TPA will have to spend time teasing out the differences in hospital charges and understand why some hospital charges are exorbitant. Targeting the busy surgeon is unfair and intimidating.

When it comes to ethics and honesty, we should not allow a small minority to tarnish the good names of the majority. Neither should we allow hospitals to raise their fees unreasonably to make it unaffordable for our patients. There should be a reasonable balance in doctor's fees and hospital charges. More importantly, TPA, MCOs and CSAMM have to work together. Searching for the 'variants' are like looking for the needle in the haystack. The exercise is penny wise and pound foolish. I am sure in this digital era, there are data that had been captured and some algorithm can be worked out.

The first step is to identify and understand the issues.

Dr Gunalan Palari, a former Private Practitioner's Section Malaysian Medical Association Honorary Secretary, has represented MMA in discussion of fee schedules and issues, with TPA and MCO. I have extracted some of his notes to understand the issues from a larger perspective.

COLLEGE OF SURGEONS ACADEMY OF MEDICINE OF MALAYSIA COUNCIL 2023 - 2024

The College of Surgeons, Academy of Medicine of Malaysia held its Annual General Meeting on 10th June 2023 and the elected Executive Officers and Council Members are as follows:

PRESIDENT

DR SIOW SZE LI

SENIOR VICE PRESIDENT

PROFESSOR DR CHRISTOPHER HO CHEE KONG

HON SECRETARY

PROFESSOR DR LIEW NGOH CHIN

HON TREASURER

DR NG CHAR HONG

COUNCIL MEMBERS

- PROFESSOR DR AZLINA AMIR ABBAS
- DR AZMI ALIAS
- PROFESSOR DR JOHN CHAN KOK MENG
- PROFESSOR DR DHARMENDRA GANESAN
- ASSOCIATE PROFESSOR DR SEE MEE HOONG
- PROFESSOR DR SHIREEN ANNE NAH
- DATO' DR TIKFU GEE
- DATUK SERI DR YUSOF ABDUL WAHAB

INTEGRITY IN PRIVATE PRACTICE

*by Dr Gunalan Palari Arumugam,
former PPSMMA Honorary Secretary*

Talking about integrity, we also have our share of negative reviews concerning doctors in private hospitals.

We continued our engagement with the insurance industry where on 11th December 2021, representatives from the Malaysian Medical Association, the Medicolegal Society of Malaysia, Association of Private Hospitals Malaysia, General Insurance Association of Malaysia, Life Insurance Association of Malaysia, and Malaysian Takaful Association as well as a few Third-Party Administrators and Managed Care Organisations took part in an ongoing dialogue to solve some teething issues. This was our fourth engagement over the last two years as we zoom in on specific issues. We began by highlighting some of the areas especially with regards to the claims process that has been intruding in our patient care and delaying appropriate care to the insured party.

Sad to say, some of the issues highlighted from the insurance industry did not augur well for the majority of doctors who are managing patients ethically. Fraudulent claims, faking non-existent medical illnesses in order to get a claim approved, non-disclosure of illnesses and performing unnecessary procedures were highlighted.

These again indicates that there has to be more education given to our fraternity in understanding how insurance policies work.



Often times we want to be on the side of the patient, but it does not work that way all the time especially when it concerns healthcare financing.

Having an insurance policy or a large conglomerate self-insuring their employees does not mean that doctors have a blank cheque to do practically everything. It all boils down to integrity and ethics. The doctors who side the patients thinking that they were doing them a favour may one day regret it especially when a patient may turn the tables around and say it was the doctors' idea to do so and not theirs.

All parties who attended the meeting acknowledged that there is room for improvement. We also agreed that a lot of work needs to be done on both sides of the divide as we believe that no party can do their part efficiently without the other. There is absolutely no doubt that the insurance industry is an important aspect of healthcare financing in the country, and this has been acknowledged by the CEOs of the private hospitals attending the meeting. There is also a strong sentiment in not wanting to take any punitive actions against any parties unnecessarily.

“ We try to remember that medicine is for the patient. We try never to forget that medicine is for the people. It is not for the profits. The profits follow, and if we have remembered that, they have never failed to appear.”

Sometimes we may be ignorant of the policies and their limitations which is fine as that is not expected of the doctors to be aware of the coverage, benefits, and exclusions all the time. But it is when a doctor knowingly puts in claim when he is aware that the policy will not respond to it is the tricky part.

We hope that with more education and engagement from MMA to our members these issues can be further minimised. One thing for sure, it is tough being a doctor in private practice. Patient expectations against a backdrop of commercial considerations in a medicolegal environment is often fraught with some sensitive discussions.

It is times like this when we really have to fall back on two words: ethics and integrity. I leave you with a quote by George W. Merck that I came across at a lecture recently. May our service to mankind continue without undue conflicts.

“We try to remember that medicine is for the patient. We try never to forget that medicine is for the people. It is not for the profits. The profits follow, and if we have remembered that, they have never failed to appear”.



SURGEONS & SUSTAINABILITY

by Professor Shireen Anne Nah

DID YOU KNOW?

The operating theatre is the most energy intensive area in the hospital, forming 30-40% of its carbon footprint. The OT is also a major contributor of waste.

OT carbon hotspots are electricity use and the use of consumables.

The reasons for this include:

- **Consumption of energy in air-conditioning, heating, running of equipment, sterilisation and lighting**
- **Water use in scrubbing, irrigation and cleaning**
- **Usage of single use instruments and equipment, sterile packaging, and personal protective equipment**
- **Release of anaesthetic gases - high global warming**
- **Disposal of medications with high environmental toxicity profiles**
- **Clinical and non-clinical waste generation**



Surgeons play a pivotal role in reducing the environmental impact of the operating theatre.

By adopting sustainable practices such as minimising energy consumption through efficient equipment use, choosing reusable instruments and materials, and segregating waste for proper recycling and disposal, surgeons can significantly mitigate their environmental footprint. Also, advocating for the implementation

of environmentally friendly policies and procedures within healthcare institutions can promote a culture of sustainability among surgical teams.

Here, we highlight five ways surgeons can reduce the environmental impact of surgery in the operating theatre. Let us make decisions that value this world that we live in. Together we can work towards a more sustainable healthcare system for future generations.

5 THINGS YOU CAN DO



1 WASTE DISPOSAL: BIN CHECK!

An audit at a local KL hospital OT complex showed that **40% of items** thrown into clinical waste bins was NON-clinical waste, leading to unnecessary costs and emissions in processing and disposal. Make sure you are using the correct bin!

2 CONSERVE WATER

When you scrub with soap and running water, two-thirds of the water flows away unused. That's up to **26 LITRES** for a 2 minute scrub! Reduce your tap flow or consider using alcohol based hand rub where appropriate.



3 CHOOSE REUSABLE INSTRUMENTS



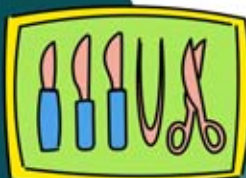
Plastics are made from non-renewables such as oil, gas and coal, take between 20 - 1000 years to break down, and produce micro- and nano-plastics that are ingested by humans and animals. Switching to reusable instruments will reduce our dependence on single use plastic instruments.

4 SWITCH OFF THE LIGHTS

The next time you leave your call room or exit the washroom, switch off the lights. A simple time-honoured way to reduce energy waste!



5 REVIEW YOUR TRAYS



Another local study found that approximately 50% of instruments packed into a surgical instrument tray remained unused throughout the surgical procedure, leading to unnecessary sterilisation and instrument wear & tear. Work with your OT team to remove 'never-used' instruments.

ROBOTIC-ASSISTED LAPAROSCOPIC SURGERY



*by Dato' Dr Loh Chit Sin, Consultant Urologist
Chairman, Chapter of Minimally Invasive Surgery, College of Surgeons of Malaysia*

FDA gave the first approval for a robotic system for laparoscopic surgery in 2000. From its initial use exclusively in radical prostatectomy, to date, more than 10 million robot-assisted laparoscopic operations have been conducted worldwide.

In our country, from the very first two installations of the first generation of Da Vinci® system in 2003, there are now

13 installations of the latest model of robotic surgical systems for laparoscopic surgery up and down the country.

Almost a quarter of a century on, robot-assisted laparoscopic surgery has virtually become the gold standard in certain clinical scenarios. Unfortunately, with new technology comes added cost and the need for its judicious use is particularly urgent in countries where financial

constraint weighs heavily. Robotic systems almost universally make laparoscopic surgery easier in all clinical scenarios. Judicial use of robot assistance should be based on clinical outcomes and it should not be used in scenarios in which robot assistance do not enhance outcome. Robot assistance offers laparoscopic surgeons better optics, a totally stable, surgeon-controlled view of the operative field. In addition, robot assistance also affords stability, added dexterity and precision of instruments control which are most lacking in unaided laparoscopic surgery.

The Da Vinci® Surgical System was the first to introduce 3-D vision in laparoscopy. Display definition has improved vastly since early years and current systems offer definition at least matching 4-K in resolution and with autofocus capability. In urology, these assets greatly facilitate certain operations, particularly in radical prostatectomy and cystectomy for cancers and excision of renal masses in awkward locations of the kidney.

Clinical outcome in surgery depends on clinical indications. Oncological outcome is most important in cancer surgery. Several parameters are surrogate of quality of excisional/extirpative surgery such as surgical margins, disease recurrence and cancer-specific and overall survival. Next comes permanent functional outcome such as urinary function and sexual function in lower urinary tract surgery and renal function in certain renal surgery. Temporary functional outcomes such as recovery, blood loss and complications should be the last of the considerations.

For reconstructive surgery such as repair of pelvi-ureteric junction obstruction, ureteric reimplantion, neobladder reconstruction, the most important outcome is final function of the organ concerned followed by complications and recovery.

The most common surgery performed with robot-assistance is prostatectomy for organ-confined cancer. Robot-assisted laparoscopic radical prostatectomy has become the virtual gold standard for organ-confined prostate cancer. In urology, robot assistance in partial nephrectomy for renal masses and cystectomy for invasive bladder cancers are rapidly gaining traction.

Moretti et al reported a systematic review of 559 open prostatectomy series, 413 laparoscopic prostatectomy without robot-assistance and 752 series of robot-assisted laparoscopic prostatectomy (RALRP) involving 1,353,485 prostate cancer patients

Robot assistance offers laparoscopic surgeons better optics, a totally stable, surgeon-controlled view of the operative field. In addition, robot assistance also affords stability, added dexterity and precision of instruments control which are most lacking in unaided laparoscopic surgery.

and concluded that RALRP performed better in all perioperative variables such as operative time, blood loss, blood transfusion rate, inpatient stay and catheter time.

Oncological outcome parameters such as positive surgical margin rate and biochemical recurrence was reported to be similar to open surgery by Novarra et al in 2012, Jun et al in 2019, Seo et al in 2016 and cancer-specific survival was reported to be superior to open surgery by Lantz in 2021. Thus, in prostate cancer surgery, robot-assistance offers superior clinical outcome without affecting oncological outcomes.

Renal cancer is the second most common urological cancer. With increasing access to imaging, the average size at diagnosis has become smaller and smaller with corresponding improvement in oncological outcome. More importantly, smaller renal masses can be excised without total nephrectomy, thus averting the future need of renal support in many patients, especially in a country such as ours in which there is a very high incidence of chronic kidney disease. Hitherto, all oncological outcome in laparoscopic partial nephrectomy is not inferior to open surgery. For examples, Kyllö et al in 2012 reported similar positive margin rate and local recurrence in 124 patients and Chang et al in 2018 reported similar local recurrence, distant metastasis and death in 1308 patients.

It is important to realise that partial nephrectomy is generally only possible with temporary interruption of renal perfusion and the duration of renal ischaemia during perfusion interruption is critical to

function recovery of that kidney. Evidence has recently emerged (Kawase et al 2022, Bray et al 2023) indicating robot-assistance improving perioperative parameters and most importantly ischaemic time and renal function outcome which may have life-long consequences.

In my unpublished series of almost 200 cases, mean ischaemic time was reduced by three mins with robot-assistance even though my use of robot assistance is confined to those more challenging scenarios due to the position taken by the insurance industry in remuneration for the use of robot assistance.

Oncological outcome for bladder cancer surgery with robot-assistance was found to be similar to open surgery by Hussein et al in 2019 (446 cases), Tae et al in 2019 (120 cases) and Reddy et al in 2021 (2544 cases). Perioperative parameters were superior with robot-assistance. Cystectomy is a complex and tiring operation and in the west, the vast majority of cystectomies are done with robot assistance.

With added dexterity and precision, robot-assistance plays an enabling role in certain intricate scenarios. Deep seated (endophytic) renal masses, masses situated at the renal hilum in close proximity to major vessels, renal pelvis and ureter are examples in which robot assistance makes such surgeries possible. Similarly, Retzius-sparing prostatectomy with well-established superior functional outcome would be virtually impossible without robot assistance due to technical difficulty. Complex surgery such as neobladder reconstruction, para-aortic node dissection, radical nephrectomy with excision of vena caval tumour thrombus are similar examples.

Outside urology, robot assistance has found similar applications in very low anterior excision of rectal cancer, complex hepatobiliary and upper gastrointestinal surgery such as segmental hepatectomy, gastrectomy, oesophagectomy, Whipple's surgery etc.

Since in its introduction in laparoscopic surgery, robot assistance has been proved to be superior to conventional laparoscopic surgery in virtually all scenarios except on the ground of cost. The coming decades will see robotic assistance pushing the frontiers in many intraabdominal and intrathoracic surgeries and other endoscopic surgeries such as block lymph node dissections in the axilla and groin, mediastinal surgery as well as neck surgery.

Like it or not, cost consideration cannot be ignored, both in state-funded and privately-funded healthcare schemes. Cost measurement is complex. Routine costing is episode-based without taking into consideration subsequent cost resulted from complications, short or long term.

Better evidence of cost vs benefit will become more and more available with time. For obvious reasons, medical insurance industrial will likely take measures to contain cost. Such measures may have implications on patients' outcome currently unknown to them. Certain insurance parties have already taken cost curtailment steps on the use of robot assistance without any consultation with frontline healthcare providers. Ironically, until better evidence becomes available, clinicians at the forefront are still best placed to opine on the role of

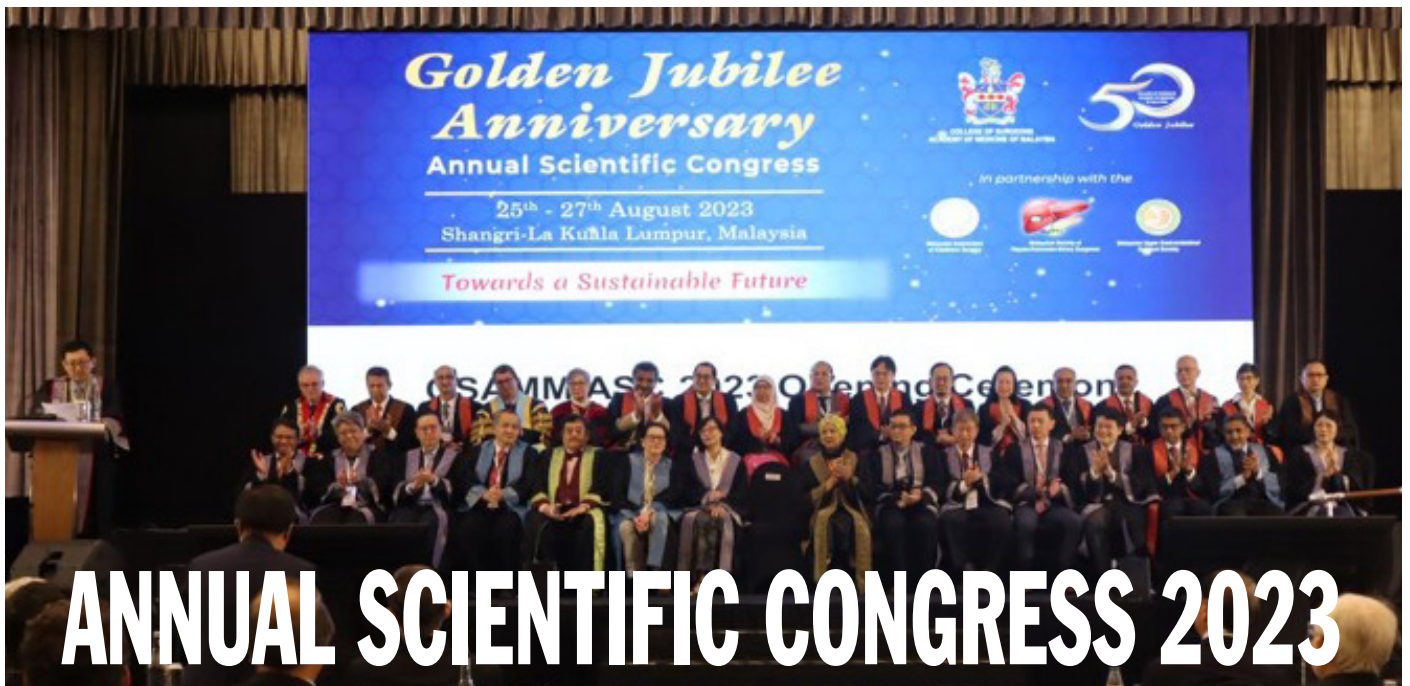
“...in my unpublished series of almost 200 cases, mean ischaemic time was reduced by three mins with robot-assistance...”

robot assistance in scenarios in which current literature evidence is still lacking.

These frontline opinion leaders have been denied a say in the current scenario in which the payers, without any legal locus standi, have given themselves the authority to decide on clinical matters which can affect patients' outcome, ostensibly purely based on current costing and without proper due consideration to outcome which ultimately also affect their cost.

The regulating bodies such as the Ministry of Health and Bank Negara need to take the initiative to establish an open mechanism based of clinical evidence to advice on the matter for the continual development of medical services and patients' rights and benefits.

Reactive cost containment measures taken by the insurance industry may have the opposite effect in the long run to what they desire.



ANNUAL SCIENTIFIC CONGRESS 2023

Report by Professor Shireen Anne Nah, Organising Chairperson

The Annual Scientific Congress of the College of Surgeons, Academy of Medicine of Malaysia took place from 25th to 27th August 2023 at the Shangri-La Kuala Lumpur. This Congress formed part of the celebrations of the Golden Jubilee of the College. The Malaysian Association of Paediatric Surgery (MAPS), the Malaysian Society of Hepato-Pancreato-Biliary Surgeons (MyHPB) and the Malaysian Upper Gastrointestinal Surgical Society (MUGiS) jointly collaborated in the organisation of this conference, which centred on the theme 'Towards a Sustainable Future'. In addition, the MAPS observed its own milestone, celebrating 50 years of the presence of specialist paediatric surgery services in Malaysia.

The Congress welcomed 646 delegates, 22 Organising Committee members and 78 speakers from Malaysia and abroad, forming a robust assembly of 746 participants. Notable overseas speakers from Denmark, India, The Netherlands, Singapore, Switzerland, Taiwan and the United Kingdom enriched the scientific discourse, complemented by a local faculty of 70 speakers.

The Opening Ceremony on 25th August 2023 was officiated by Professor Dr Rosmawati Mohamed, Master of the Academy of Medicine of Malaysia, who warmly congratulated the College on its Golden Jubilee. Highlighting excellence in the field, the event honoured Professor Dato' Dr Jafri Malin Abdullah and Dr Clarence Lei Chang Moh with the esteemed M Balasegaram Award, which is given to those recognised for outstanding contributions to education and training of surgeons. Emeritus Professor Dato' Dr Yip Cheng Har delivered the 49th AM Ismail Oration on 'Women in Surgery'- in which she highlighted the many gender-related challenges faced by women surgeons, but also recognised the great strides we have made for the cause of gender equality in our surgical fraternity.

The scientific programme, spanning two and a half days, featured a comprehensive itinerary including plenaries, symposia, meet-the-experts morning sessions, prize presentations, free papers, and an official poster round. In line with our theme, a plenary 'Plastics & Healthcare' and a symposium lecture 'Environmental Stewardship for Sustainable Surgery: What Can We Do?' were

dedicated to the environmental aspects of healthcare and surgical practice.

Dr Eleanor Felsy Phillips won the Young Investigator Award for her research on the Role of Prophylactic Pico Dressing in Reducing Surgical Site Infection (SSI) among adult patients undergoing emergency laparotomy. Poster presentations also garnered attention, with Dr Cheah Zi Fang, Dr Lynette Loi Fang Yi, and Dr Lim Shu Yu securing top places for their respective studies.

The 2023 SMA Alhady Gold Medal was presented to Dr Jessy Ng Suk Ning from Universiti Malaya, Kuala Lumpur for being the top postgraduate Master of Surgery candidate of 2023.

The celebratory spirit extended beyond scientific discourse, with a Golden Jubilee Gala Dinner on 26th August 2024.

The event was honoured with the presence of Past Presidents, Past Council Members and esteemed guests and luminaries in the medical fraternity who joined the celebrations.

The commemorative book chronicling the College's illustrious 50-year history was launched at the dinner.

In summary, the 2023 Annual Scientific Congress stood as a testament to scholarly excellence, collaboration, and the enduring pursuit of innovation within the surgical domain.

**NO 1 WORKSHOP:
BREAST CANCER SUMMIT**
DATE: 24TH AUGUST 2023
VENUE: SHANGRI-LA
NO OF PARTICIPANTS: 32

**NO 2 WORKSHOP:
ADVANCED LAPAROSCOPIC SUTURING**
DATE: 24TH AUGUST 2023
VENUE: GLENEAGLES, KUALA LUMPUR
NO OF PARTICIPANTS: 18

**NO 3 WORKSHOP:
ICG GUIDED LAPAROSCOPIC**
DATE: 24TH AUGUST 2023
VENUE: UNIVERSITI MALAYA
NO OF PARTICIPANTS: 8

**NO 4 WORKSHOP:
SCIENCE OF TISSUE MANAGEMENT**
DATE: 28TH AUGUST 2023
VENUE: UNIVERSITI MALAYA
NO OF PARTICIPANTS: 30

**NO 5 WORKSHOP:
NON-TECHNICAL SKILLS FOR SURGEONS**
DATE: 30TH AUGUST 2023
VENUE: UNIVERSITI MALAYA
NO OF PARTICIPANTS: 26



CSAMM Annual Scientific Congress 2023 in conjunction with Golden Jubilee celebration at Shangri-La Hotel Kuala Lumpur



Launching and presentation of the 50th Anniversary Book by Dr Ng Chuan Wai to Dr Robert Jalleh



Best Free Paper Awards



Annual Scientific Congress and Golden Jubilee celebrations - Organising Committee



CSAMM Council members with the chief guest Prof Rosmawati Mohamed (seated 5th from right) at the Opening ceremony of the ASC 2023



Golden Jubilee celebration night with Breast and Endocrine surgeons and their mentor Prof Freeda Meah.



Emeritus Professor Dato' Yip Cheng Har - AM Ismail Orator 2023 (second from right) and Dr Clarence Lei - recipient of M Balasegaram Training award 2023 (third from right)



Professor Liew Nghoh Chin with Professor Dato' Jafri Malin, recipient of M Balasegaram Training award 2023 and his father, retired Major General Abdullah Samsuddin (surviving member of General Templer's 12)

EXTERNAL EXAMINER IN FCPS PART II EXAMINATION (FELLOWSHIP) AT BANGLADESH COLLEGE OF PHYSICIANS & SURGEONS (BCPS)

by Dato' Dr Jiffre bin Din, Immediate Past National Head of General Surgery Service MOH

College of Surgeon Academy Medicine of Malaysia (CSAMM) has been regularly invited to appoint an external examiner in FCPS Part II Examination (Fellowship) at Bangladesh College of Physicians and Surgeons (BCPS). Through their fellowship programme, BCPS is the main provider for postgraduate training (Fellowship in Surgery) in Bangladesh. Only Bangabandhu Sheikh Mujib Medical University (BSMMU) in Dhaka provides the residency postgraduate training in surgery (Master in Surgery).

The initiative of inviting external examiners from around the world is part of quality assurance programme in ensuring not only the quality but recognition from worldwide. This programme was initially sponsored by WHO but now is taken over by BCPS. For examination in surgery, the external examiners came from Royal Australasian College of Surgeons, Royal College of Surgeons (Edinburgh), Royal College of Physicians and Surgeons (Glasgow), Royal College of Surgeons (England) and College of Surgeons, Academy Medicine of Malaysia.

I was given the opportunity to represent CSAMM as the external examiner for FCPS Part II examination which was conducted between 22nd to 25th July 2023 in Dhaka, Bangladesh.



Day one clinical examination at Dhaka Medical College: Members examiners being led by Professor Dr Salma Sultana and Professor Dr Abdul Bashar Mohamad Khurshid



Day two clinical examination at Dhaka Combined Military Hospital: Member examiners led by Dr Shahinur Rahman (Thoracic Surgeon)



BCPS Dinner Left to right - Professor Brig. Gen. Retd. Md Aminul Islam (BCPS), Dr Jiffre Din (CSAMM), Professor Vikram Kate (RCSEd), BCPS President Professor Dr Mohammad Shahidullah, Dr. John Camilleri-Brennan (RCPS Glasgow), Dr Paul Pincus (RACS), Professor Dr Md. Titu Miah (DG ME) and, Professor Dr Shafi Ahmed (RCSEng) and his son.



Receiving a token from Professor Dr Abul Bashir Mohamad Khurshid Alam (Surgery), Director General of Health Services in Bangladesh and the President of the 'Society of Surgeons Bangladesh' (SOSB)

The Examination

In the FCPS Part II Examination, the external examiners observed the Objective Structured Practical Examination and Interactive Oral Examination (OSPE & IOE) and later participated in the clinical examination which comprises both short and long case. Based on the need in the country, orthopaedic is still an important area of practice as a general surgeon.

Two days before the clinical examination, the OSPE and IOE were conducted in two halls in the BCPS building complex in Dhaka. Seventy-five candidates (who passed their theory exam) participated in this examination. There were 10 stations in OSPE (including two procedural based stations) and 5 stations in IOE. Among domains assessed include interpretation of radiology images, laboratory data and various clinical scenarios (including ethical dilemmas in surgery). The list of questions in each table were prepared in advanced and answer schema was provided.

The National Post Graduate Medical Curriculum (NPMC) Train the trainer (TtT) Journey

During a short lunch meeting with the council members of BCPS, each external examiner was given a slot for short presentation. I have taken the opportunity to present 'The National Postgraduate Medical Curriculum (NPMC) Training the Trainer (TtT) Journey' in developing a TtT programme across all specialties as a measure to provide better training experience throughout the postgraduate programme in Malaysia.

I have learned so much from information exchanges with many local examiners, and also from the external examiners such as Dr Paul Pincus from The Royal Australasian College of Surgeons, Professor Vikram Kate from Royal College of Surgeons (Edinburgh), Dr John Camilleri-Brennan from Royal College of Physicians and Surgeons (Glasgow) and Professor Dr Shafi Ahmed from Royal College of Surgeons (England).

Reflection

Participating as an external examiner has guided me to reflect not only on how we can improve the conduct of our own examination but also how we can improve the postgraduate training as we exchanged information and experiences with international examiners. We should seriously consider the role of examination censor in our local examination.

CSAMM CALENDAR OF EVENTS 2024

DATE	EVENT NAME	VENUE
21 ST FEBRUARY 2024	NOTSS COURSE	THE CUBE, UNIVERSITI MALAYA
27 TH TO 29 TH FEBRUARY 2024	ATLS COURSE	MEDICAL ACADEMIES BUILDING
5 TH TO 7 TH MARCH 2024	ATLS COURSE	MEDICAL ACADEMIES BUILDING
9 TH TO 10 TH MARCH 2024	CCRISP COURSE	CLINICAL SKILLS LAB, UNIVERSITI MALAYA
27 TH TO 28 TH APRIL 2024	CCRISP COURSE	CLINICAL SKILLS LAB, UNIVERSITI MALAYA
7 TH TO 9 TH MAY 2024	ATLS COURSE	MEDICAL ACADEMIES BUILDING
23 RD MAY 2024	NOTSS COURSE	HOSPITAL CANSELOR TUANKU MUHRIZ
25 TH TO 27 TH JUNE 2024	ATLS COURSE	MEDICAL ACADEMIES BUILDING
29 TH TO 30 TH JUNE 2024	CCRISP COURSE	CLINICAL SKILLS LAB, UNIVERSITI MALAYA
16 TH TO 18 TH JULY 2024	ATLS COURSE	MEDICAL ACADEMIES BUILDING
6 TH TO 8 TH AUGUST 2024	ATLS COURSE	MEDICAL ACADEMIES BUILDING
24 TH TO 25 TH AUGUST 2024	CCRISP COURSE	CLINICAL SKILLS LAB, UNIVERSITI MALAYA
25 TH AUGUST 2024	NOTSS COURSE	THE CUBE, UNIVERSITI MALAYA
25 TH TO 29 TH AUGUST 2024	ISW 2024	KUALA LUMPUR CONVENTION CENTRE
24 TH TO 26 TH SEPTEMBER 2024	ATLS COURSE	MEDICAL ACADEMIES BUILDING
15 TH TO 17 TH OCTOBER 2024	ATLS COURSE	MEDICAL ACADEMIES BUILDING
19 TH TO 20 TH OCTOBER 2024	CCRISP COURSE	CLINICAL SKILLS LAB, UNIVERSITI MALAYA
19 TH TO 21 ST NOVEMBER 2024	ATLS COURSE	MEDICAL ACADEMIES BUILDING
30 TH NOVEMBER TO 1 ST DECEMBER 2024	CCRISP COURSE	CLINICAL SKILLS LAB, UNIVERSITI MALAYA



Kuala Lumpur, Malaysia
25-29 August 2024



50th World Congress of the International Society of Surgery ISS/SIC

International Surgical Week
The World's Congress of Surgery isw2024.org

Jointly organized with the 51st Annual Scientific Congress of the College of Surgeons
Academy of Medicine of Malaysia (CSAMM)

A. MALAYSIAN UROLOGICAL ASSOCIATION SUMMARY OF ACTIVITY FOR 2024

by Dr Vijayan Manogran, Honorary Secretary, Malaysian Urological Association

The following is a brief summary of our activities for the year 2024 :

1. MUA and Malaysian Board of Urology conducts Entrance Exam and Interview for the parallel Pathway Program for Urology Intake 2025 on 4th February 2024 at Hospital Selayang.
2. The Malaysian Board of Urology (MBU) exams in collaboration with the Royal College of Physicians and Surgeons Glasgow was held on 18th & 19th November 2024.
3. Advanced Urological Courses for urology trainees will be held throughout the year. The schedule has been drawn up and the trainees can attend physically or via zoom.
4. The 32nd Malaysian Urological Conference will be held on the 21st to 23rd November 2024 at the SPICE Convention Centre, Penang. This year, the theme chosen is 'Innovations, Integrating AI and Precision in Urology'.

B. TRAUMA SURGERY

by Dr Rizal Alwi

The Chapter of Trauma Surgery will be organising several courses throughout the 2024. The list of activities are as below:

LOCAL PROGRAMS

EVENT	VENUE	DATES	SCOPE
TRAUMA SURGERY MASTER CLASS	MONASH UNIVERSITY, JOHOR BAHRU CAMPUS	02 MAY 2024	NATIONAL DELEGATES
DEFINITIVE SURGICAL TRAUMA CARE COURSE (IATSIC)	HUKM, ASSC LAB	30 AUGUST 2024 TO 01 SEPTEMBER 2024	INTERNATIONAL DELEGATES
TRAUMA SURGERY SKILLS COURSE	HUKM, ASSC LAB	OCTOBER 2024 (TBA)	NATIONAL DELEGATES

EXTERNAL COLLABORATION

EVENT	VENUE	DATES	SCOPE
DSTC/DATC/DNPTC	SINGAPORE	09 JULY - 11 JULY 2024	INTERNATIONAL FACULTY (2 INTERNATIONAL FACULTY MEMBERS FROM THE TS CHAPTER)

C. VASCULAR SOCIETY OF MALAYSIA

by Dr Khang Nan Chuang, Honorary Secretary, Vascular Society of Malaysia

Vascular Society of Malaysia (VSM)

The year 2023 has been a fruitful year for the Vascular Society of Malaysia. We have managed to co-organise several conferences with respective vascular departments in the country. As the pandemic has passed, all the conferences were held in person and the turnout was very eventful.

1. Kuala Lumpur Vascular Awareness Month

The Vascular Awareness Month is a campaign to educate both the public and healthcare professionals on importance of vascular diseases and its treatment. It comprised a series of activities include seminars, workshops targeted for the healthcare professionals, fun-run and screening programme in Hospital Kuala Lumpur for the public. Dr Hanif Hussein

(Head of Vascular Service of Malaysia) and Dr Naresh Govindarajantran were invited to speak on air in BFM radio station on topics regarding vascular diseases and potential interventions. It was held in the month of September 2023. The event was very well organised and received very good feedback from both the public and healthcare professionals.

2. Borneo Vascular Conference

This is the second instalment of Borneo Vascular Conference. It was held from 14th to 15th September 2023 in Hilton Kota Kinabalu. It was attended by vascular surgeons, trainees and allied health professionals, both locally and internationally. The scientific programme encompassed various aspect of vascular surgery ranging from aortic surgery (both open and endovascular interventions), peripheral arterial and venous pathology intervention, to vascular access including AV fistula.

In conjunction with the Launch of
Vascular Awareness Month
September 2023
"A Healthy Journey Begins With Simple Steps"

VASCULAR SURGERY
Seminar & Workshop

2 September 2023 | ACE Conference Centre
Bangunan AICB, Kuala Lumpur
8.30am - 4.00pm

Targeted for General Practitioners, Family Medicine
Specialists, Allied Healthcare Professionals and
those with interest in vascular diseases

The faculty members comprised international and local renowned experts in such field. Keen participants also shared their knowledge and experience through free paper and poster presentations. The two-day conference was very well received and a big success. Plan has been put forward for this conference to be held annually.

3. Universiti Malaya Advanced Vascular Surgery Workshop

This was a one-day event held on the 7th December 2023, organised UM Vascular unit, led by the the head of vascular surgery unit, Dr Ahmad Hariz Rafizi. The event focused on complex open vascular surgical techniques with the use of cadaver specimens. Three topics of focus include thoracoabdominal aortic repair, carotid to subclavian bypass surgery and obturator bypass surgery.

With the help of Silent-Mentor program, we managed to secure cadaver specimen for dissection. Our participants comprised both local and international delegates. With both international and local faculty facilitators, the workshop was a great success.

4. Kuala Lumpur Vascular Access Conference 2024 (KLVAC)

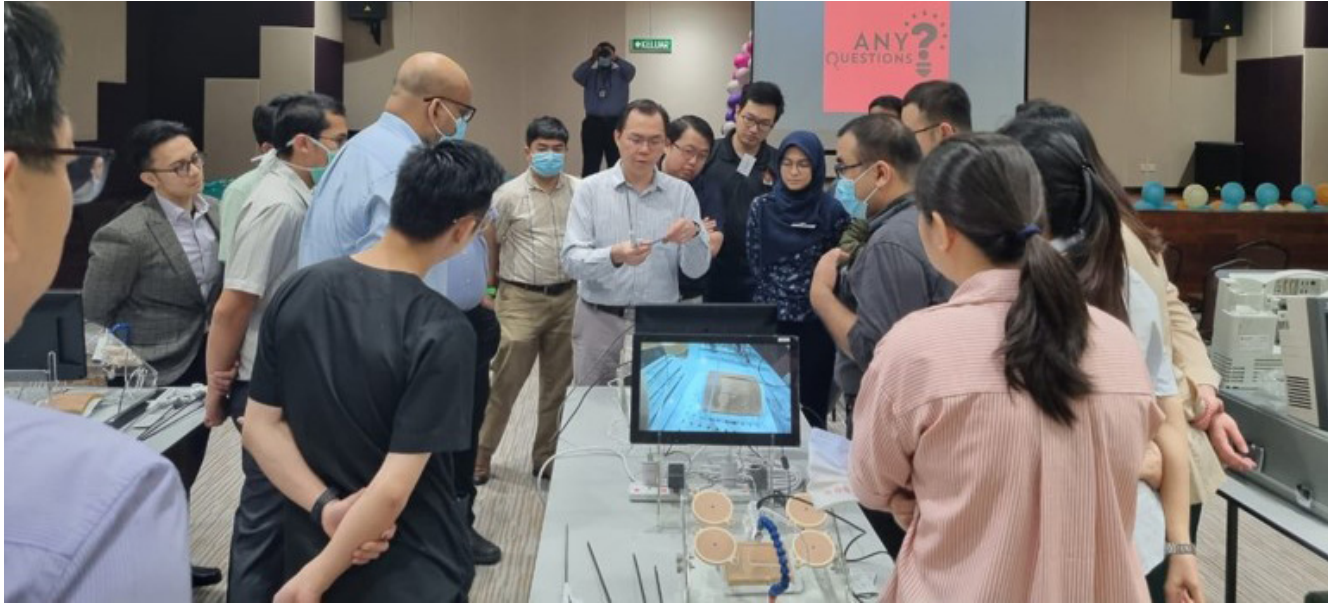
KLVAC is organised by the Society every two years to share experience and knowledge on the field of vascular access.

This year we will be organising jointly with Dialysis Access Synergy (DASy) from Singapore for the first time. It will be held in September 2024. The faculty will comprised experts from the region as well internationally. Please look out for the KLVAC website for further details.



D. CHAPTER OF MIS ANNUAL REPORT

by Dato' Dr Loh Chit Sin



Minimally Invasive Surgery (MIS) chapter workshop 2023

The year of 2023 marked the Golden Jubilee year of the College of Surgeons and the Chapter of MIS did not organise any side meeting other than playing a supportive part in the main program of the College's Golden Jubilee Annual Scientific Congress which took place from 25th to 27th of August 2023. The chapter helped in organising and running an Advanced Laparoscopic Suturing workshop at Gleneagles Hospital on 24th August as part of the Pre-congress workshops.

This Chapter is grateful to Dr Yeap Chee Loong for taking a leading role and our president Dr Siow Sze Li, Dr Lau Peng Choong and Dato' Dr Loh Chit Sin in assisting in the conduct of this workshop. Attendance of the hands-on workshop was restricted to only 18 people in order to facilitate a more one-to-one tutelage for the benefit of all the participants. The Chapter appreciates the support from the industry, UMMI Surgical and Ethicon.

The Chapter contributed 2 symposia (No. 15 and 18) during the Golden Jubilee Congress with topics covering MIS in acute abdomen, partial nephrectomy for renal mass, skull base intracranial brain surgery, robot-assistance, MIS breast surgery and joints surgery.

The chapter executive committee met twice on the 18th February and 17th December 2023. Other than matters relating to chapter academic activities, the committee deliberated on matters of a wider inclusive membership of the Chapter and training in MIS and agree on organising regular hands-on workshop in collaboration with other Chapters in that effort. A handbook in Minimally Invasive Surgery has been proposed and the content of the handbook is currently being collated. The chapter is grateful to Professor See Mee Hoong in taking the leadership in the collation of content for this handbook.

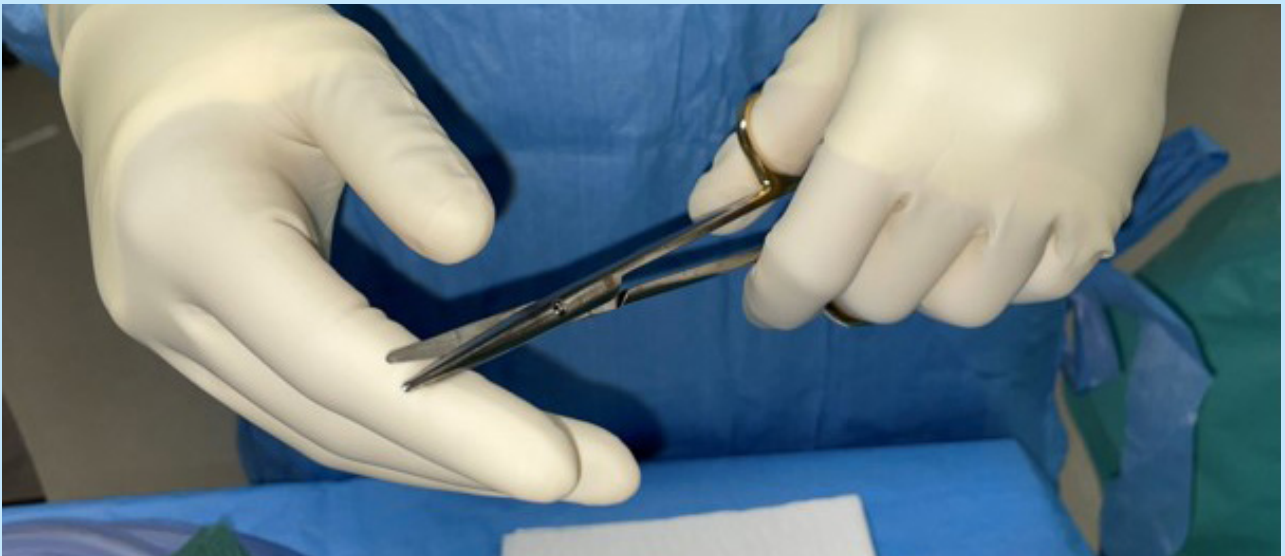
The place of robot-assistance was discussed at the last committee meeting in the light of the



MIS chapter workshop- proctoring of trainees
by Dr Siow Sze Li

position taken by the healthcare insurance industry in unilaterally excluding several the use of robot-assistance in several minimally invasive surgery. The Chapter Chairman has drafted a letter in response to appeal for inclusive dialogues in any discussions about appropriateness in the utilisation of robot-assistance and other newer technology as the Chapter of MIS will the best locus standi to be part of any discussion.

Going forward, other than regular workshop, the Chapter looks forward to working with other academic organisations in any academic activities which promote minimally invasive surgery.



LETTERS TO THE EDITOR

TELL US YOUR CONCERNS.

Share the advances in your field. Show us how you have done differently. Your ideas on how we can better educate, train or inspire our trainees and benefit the nation. Contribute to the next edition.

CONTACT: SECRETARIAT@CSAMM

NOT A COLLEGE OF SURGEONS MEMBER YET?
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GLOBAL SURGERY INITIATIVE

Why Global Surgery Initiative?

Lancet Commission on global surgery, recognised that essential surgery service is still lacking worldwide and surgery is like the 'step child' of public health. Surgical conditions account for 28-32 % of the global burden of disease, yet it is often neglected. Universal health coverage should include access to safe and affordable surgery. According to former Director General of Health, Tan Sri Dr Noor Hisham Abdullah, from the MOH statistics in 2016, 40% out of 110,000 procedures performed in MOH hospitals in Malaysia with general surgery specialist services were medical officer-driven procedures. These procedures include hernial repair, appendicectomy, incision and drainage, male circumcision, excision of lumps and bumps.

According to the report on access to essential surgical and anaesthesia care, there is universal coverage of care in peninsular Malaysia. However, 2 million people in east Malaysia still do not have access to timely surgery. Bellwether Access in East Malaysia is only 71% compared to the 100% in West Malaysia. This is largely due to the large land mass and distribution of facilities. Even in peninsular Malaysia, some districts in Trengganu and Pahang also lacked access to timely care. While we await the improvement in medical care which would take years that include establishment of facilities, recruitment of personnel and upgrading of the existing health facilities, some Global Surgery initiative should be carried out to help the current lack of equity.

In conjunction with 60th anniversary of the Malaysian Society of Anaesthesiologists (MSA), a Global Surgery Initiative (community outreach project) was performed in Sri Aman hospital in Sarawak. This public-private initiative was conducted by a collaboration between the Ministry of Health, Sarawak General Hospital (SGH), MSA and Subang Jaya Medical Centre. The doctors, nurses and paramedical staffs of the hospitals in Sarawak, MSA and SJMC worked hand-in-hand to complete as many surgeries as possible from 13th to 17th March 2023. This helped to reduce the waiting list for surgery, reduce the travel time for patients and families from the peripheral hospitals and as a platform where nurses and doctors from the peripheral hospitals have opportunity to learn and interact with doctors and nurses from tertiary hospitals.

The surgeries conducted included gall stone, breast, plastic and vascular procedures.

Following the successful venture and positive feedback from the hospitals and public, another Global Surgery Initiative was performed in Miri hospital from 26th to 28th July 2023. Altogether 16 vascular, 4 hepatobiliary, 5 plastics, 2 gynaecological and 4 ENT surgeries were successfully completed. Post GSI initiative efforts were reviewed by the health authorities in Sarawak and the outcome was favourable. More of such projects will be organised this year.



Global Surgery outreach in Sri Aman Hospital, Sarawak



Global surgery outreach in Miri GH-OT staff and doctors elated after a hard day's work

UPDATE ON THE MEDICAL ACADEMIES BUILDING

(as of 18th January 2024)

by Tan Sri Datuk Dr Ridzwan Bakar, Chairman, Building Task Force

The Building Task Force was formed in February 2020 by the two Academies to oversee the selection, purchase of land and the subsequent planning, construction, equipping of the new joint Academies Building.

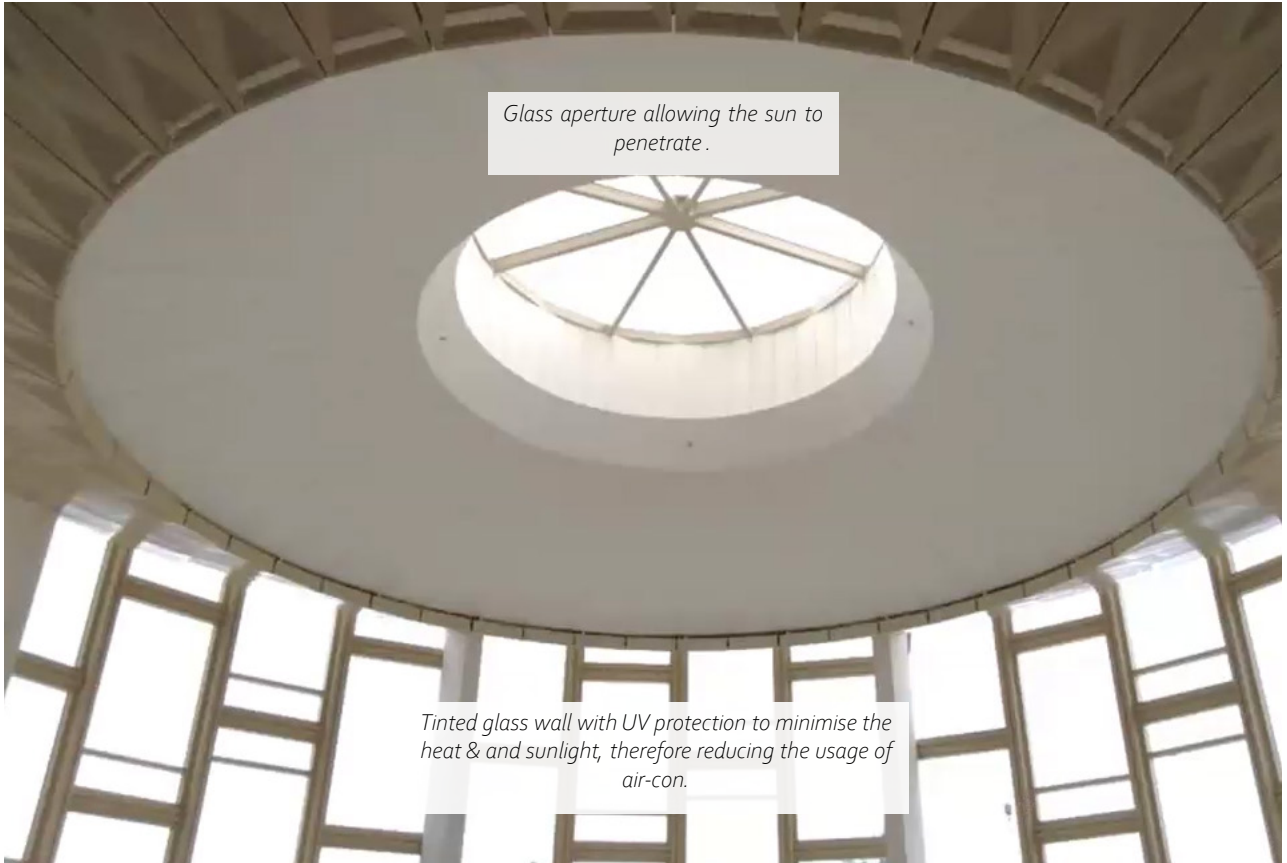
The official address of the building is: Akademi Perubatan Malaysia, No. 5 Jalan Kepimpinan P & H, Presint 8, 62250 Putrajaya.

The Medical Academies Building is now in the final stage of being completed (it is 97.5% ready) and the Certificate of Completion and Compliance (CCC) is targeted to be received in the first week of April 2024, after which occupancy can take place.

As the building has not been handed over yet, it is not possible for Academicians to visit just yet, except for strictly official purposes. Nevertheless, below is a sneak peek of the new Building to show what is in store.



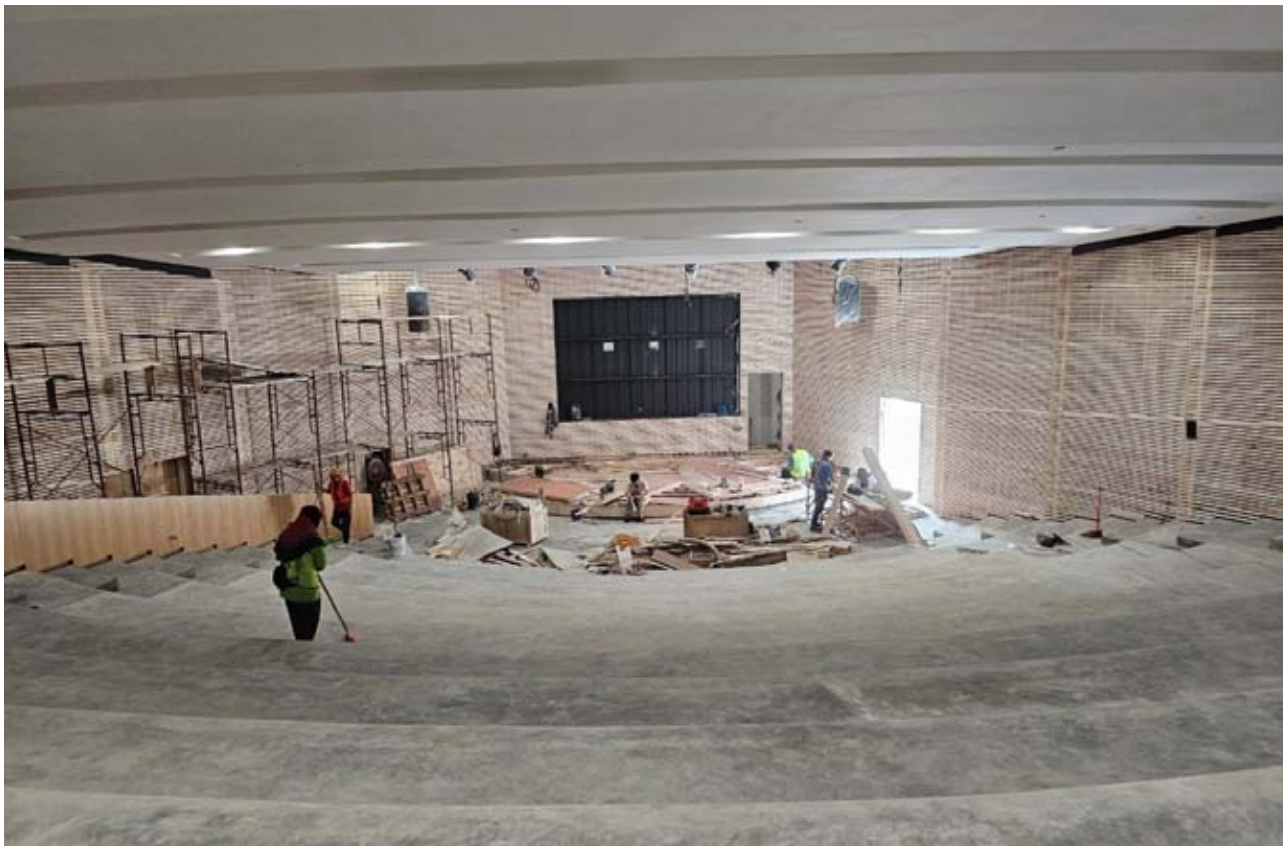
Members of the BTF making a site visit on 13th January 2024 at the main lobby. (Left to Right) Mr Choo Choon Yeow (MAGI Project Manager), Dr Norsiah Ali, Dato' Paduka Dr JP Kamalanathan, Associate Professor Dato' Dr Mohammad Husni, Tan Sri Datuk Dr Ridzwan Bakar & Mr Azan Azril (GDP Architects)



Glass aperture allowing the sun to penetrate.

Tinted glass wall with UV protection to minimise the heat & and sunlight, therefore reducing the usage of air-con.

The Islamic design of the lobby ceiling.



Cleaning the floor in preparation for the carpets and seats in the Auditorium (taken on 18th January 2024)

IN MEMORIAM

DATO' DR K SOMASUNDARAM

The passing of Professor Dato' Dr K Somasundaram, aged 90 on 24 December 2023

Dato' Dr K Somasundaram was from Sri Lanka and underwent training in pediatric surgery in Liverpool, United Kingdom. In 1965, he was invited to join a pioneer group of surgeons in the Faculty of Medicine at the University of Malaya. With a wife and young children in tow, he moved into the university quarters in Section 16, Petaling Jaya, Selangor. Little did he know that his initial plan of a three-year term in Malaysia would keep him here for over 50 years.

Dr Somasundaram's career at the University of Malaya took a rapid upward trajectory. He was promoted to Associate Professor and then to Professor. From a lecturer, he became Head of Surgery and then Dean of the Faculty of Medicine. As the first fully trained paediatric surgeon in Malaysia, he started the transformation of care for neonates and children requiring surgery and published groundbreaking animal laboratory research on congenital diaphragmatic hernia, working with the famous Professor Mark Ravitch at the University of Pittsburgh, USA, during his sabbatical. In the early days of the Department of Surgery, there were no surgical specialties, and Professor Soma (as he is fondly called) was a true general surgeon who was able to perform any and every kind of surgical procedure for the very young and very old.



Professor Somasundaram was the Head of the Department of Surgery when the Royal College of Surgeons of Edinburgh first started running the FRCS Edinburgh examination in Malaysia in 1980, allowing Malaysians to sit for the examination here without having to go to Edinburgh.

Together with plastic and reconstructive surgeon Dr K S Wong, Professor Soma performed the first-ever successful separation of conjoined twins in the region in 1981. The preoperative preparation was so intense that Professor Somasundaram requested to be relieved of his duties as Dean to allow him to concentrate fully on this all-consuming task – a testament indeed to his concern for the welfare of his patients. He repeated this feat not only once but twice when another set of Siamese twins were born.

As Professor and Head of the Department of Surgery, Professor Somasundaram trained many surgeons who have gone through the Department of Surgery, among them several Presidents of the College of Surgeons of Malaysia, namely Dato' Dr Syed Noori, Dr Robert Jalleh, Dr Chang Keng Wee



Professor Soma being awarded Prof M Balasegaram Trainer's award 2021

and myself. Personally I owe my career to Professor Somasundaram. In those days when there were not many women in General Surgery, Professor Somasundaram was responsible for getting me a position as a medical officer in the Department of Surgery. As a medical officer, I used to assist him in all types of surgery, and admired his wide repertoire of surgical skills.

I almost became a paediatric surgeon because of him. He was my first mentor. He instilled in me a love of academic surgery by encouraging me to do research, and present papers at conferences.

He also encouraged me to apply for a job as a lecturer in the Department of Surgery after I obtained my FRCS. After 21 years at the University of Malaya, Professor

Somasundaram finally left for private practice in 1986, but he remained interested in teaching, and he was still teaching medical students until his health started to fail. Professor Somasundaram is fondly remembered by his contemporaries and trainees as a generous mentor, a surgeon of incredible technical skill, and a true role model.

For his work, he was honored by the College of Surgeons of Malaysia and delivered the AM Ismail Oration in 1985 on the topic of "Fetal Surgery – Experimental Model to Therapeutic Reality".

In 2021, he was awarded the M. Balasegaram Award of the College for being an exceptional surgical trainer.

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25th - 29th August 2024

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