

# CONNECT



**INSIDE  
INBOX**

Malaysian Society for  
Assisted Reproductive Technology  
(MSART) Conference CME 2023

ICOE Japan: Masterclass  
in Caesarean Section  
12 – 14 May 2023

## ICOE Triumph: Revolutionising Obstetric Emergency Training in Cambodia



## Editorial Team

Editor :



Dr Eeson Sinthamoney



Dr Voon Hian Yan



Mr Chong KL



Prof Nazimah Idris



Ms Premalatha B

Creative :

Pronto Ad Sdn Bhd | [ask@prontoad.com.my](mailto:ask@prontoad.com.my)

*Disclaimer While all care is taken to ensure that the information in this newsletter is accurate, the authors and publishers of this newsletter cannot be held liable for any loss or harm suffered by any person, by any reason of information contained in this newsletter or any inaccuracies, omissions or misrepresentations in any article in this newsletter.*

*The opinions expressed in this publication are those of the authors/contributors and do not necessarily reflect the views of the society.*

# Contents

01

From the President's Desk  
*Prof Nazimah Idris*

06

ICOE Triumph: Revolutionising Obstetric  
Emergency Training in Cambodia  
*Dr Chua Wang Ching*

12

ICOE Japan: Masterclass  
in Caesarean Section  
12 – 14 May 2023  
*Dr Nina Lau Lee Jing*

24

ICOE Nepal  
31/08/2023 To 04/09/2023  
*Dr Vinodhini Bhaskaran*

32

Malaysian Society for Assisted Reproductive  
Technology (MSART) Conference CME 2023  
*Dr Navdeep Singh Pannu*

40

O&G Scientific Conference for Trainees  
*Dr Nanthakumar Nadarajan*

48

Landmark Occasion: The First RCOG  
Admission Ceremony on Malaysian Soil  
*Teo Wan Sim*

# From the President's Desk



**Prof Nazimah Idris**

President, Obstetrical and  
Gynaecological Society of Malaysia

Dear friends,

I hope everyone is well and productive.

At the time of writing, it has just been over three months since the new council took office and we have been quite busy. I would like to share with you some of our society's achievements and other works that have been accomplished so far.

One of our first assignments was to participate in the 12th Singapore International Congress of O&G on 25-27 August 2023. I had delivered the lecture titled 'Closing the Gaps in Women's Health' which was well received. We were specifically congratulated by Dr Raneer Thakar, the President of RCOG, for our work on refugees and displaced women in Malaysia and other countries.

## Achievements

One of our proudest moments was when Dr Ravi Chandran, OGSM's Past President, was appointed as FIGO Honorary Secretary (2023-2025) at the XXIV FIGO World Congress of Gynaecology and Obstetrics held in Paris, France from 9 to 12 October 2023. He is the first Malaysian to be elected for the position.

Another proud moment for us was when, at the same FIGO World Congress, Dr Premitha Damodaran (OGSM's Chairperson for Menopause and Midlife Women's Health Subcommittee) was announced as the recipient of the FIGO Women's Award 2023: Recognising Female Obstetricians and Gynaecologists, for her work towards menopausal health in Malaysia. She is one of 15 female obstetricians & gynaecologists from around the world who received the award.

Besides the achievement of our colleagues, Malaysia (via OGSM) has been elected as a new member to the FIGO Council for 2023-2025. The FIGO Council, consisting of 24 elected National Member Societies, represents the Voting Members of FIGO. They have the role of advising and making recommendations to the Board of Trustees and other functions as may be delegated to them. Malaysia will be represented by the sitting President of OGSM in this appointment.

Indeed, it was a very productive outing for us at the XXIV FIGO World Congress!

### 31st Congress of Obstetrical and Gynaecological Society of Malaysia

Our 31st annual congress will take place on 4-7 July 2024 in the beautiful state of Sabah, Malaysia. The President-Elect, Dr Muniswaran, and his team promised the most intelligent congress ever. Let us all make the necessary arrangements to meet in Kota Kinabalu next July and prepare ourselves to be inspired.

### OGSM Subcommittees

As agreed at the last AGM, OGSM has added another subcommittee called the Special Interest Subcommittee chaired by Dr Kuharaj Balasubramaniam. Dr Kuharaj's team will identify the issues of special interest to members and address them as appropriate. A complete list of OGSM Subcommittees and Chairpersons is shown below for your reference.

- Reproductive Medicine: Dr Kannappan Palaniappan
- Maternal Foetal Medicine: Dr Vijayan Valayatham
- Gynae-Endoscopy & Robotic Surgery: Dr Sharifah Halimah Jaafar
- Gynaecological Oncology: Dr Suresh Kumarasamy
- Medico-legal Matters: Prof Dato' Dr N.K.S. Thamaseelan
- Paediatric & Adolescent Gynaecology: Assoc Prof Ani Amelia Dato' Zainuddin
- Sexual & Reproductive Health & Rights: Dr John Teo Beng Ho
- Trainee Matters: Dr Hoo Mei Lin
- Intensive Course in Obstetric Emergencies (ICOE): Dr Tang Boon Nee
- Community Engagement: Dr Tan Lee Na
- OGSM Newsletter: Dr Eeson Sinthamoney
- Gynae-Aesthetic: Datin Dr Ummul Wahiy Abdul Hakim
- Menopause and Midlife Women's Health: Dr Premitha Damodaran
- Urogynaecology: Dr Ng Poh Yin
- Special Issues: Dr Kuharaj Balasubramaniam

Other highlights from the subcommittees are the I Love Me Conference and ICOE.

### I Love Me

Other than attending to the issues of members, the Council agreed that we should double our efforts to reach out to women in the community even before they come to us as patients. For this, the OGSM brand of Community Engagement work, the I Love Me conference, will run twice throughout the council's term compared to once every term, as previously done. Dr Tan Lee Na and her team are working on scheduling the I Love Me conference in Kuching and Kuala Terengganu for early next year. OGSM Terengganu state representative, Dr Malini Mat Napes, has started preparation for the event in Terengganu. We hope to reach as many women as possible at these two events.

Our ICOE team has been very active as usual. Among the trainings conducted were:

1. Local training of nurses: 30 August 2023
2. Nepal: 31 August – 3 September 2023

3. China: 7 – 11 September 2023
4. Cambodia: 28 Sept – 1 Oct 2023
5. Local training of doctors: 6-7 October 2023. Prof TY Leung from Hong Kong came as an External Assessor.
6. Laos: 19-22 October 2023

## Ministry of Health

OGSM closely works with the MOH on matters related to O&G practices in Malaysia. In the last three months, OGSM has been invited to attend several important meetings with the MOH, as shared below:

1. Mesyuarat berkaitan profesion sonographer di Malaysia (15 September 2023).

This is related to the unregulated practices of sonographers in Malaysia.

Based on Act 774 Allied Health Professions Act 2016, sonographers are not recognised as allied health professionals in the Second Schedule List of Allied Health Professions. Sonographers are not registered with the Allied Health Division of KKM hence has no APC to permit practice. Real concerns are present regarding the legality of their practice in the private sector. These concerns have led us to highlight this matter to KKM. OGSM, via a special task force led by Dr Kuharaj Balasubramaniam, will be closely working with KKM on addressing this as well as other related issues.

2. Mesyuarat Kementerian Kesihatan Malaysia (KKM) bersama pihak berkepentingan berkenaan hala tuju kawalan perkhidmatan Assisted Reproductive Technology (ART) di Malaysia (25 September 2023).

OGSM was represented by the President and a Council Member, Dr Kannappan Palaniappan, who delivered a presentation on 'ART Services in Malaysia: Private Sector Perspectives'.

3. Mesyuarat membincangkan isu-isu berkenaan prosedur Obstetrik dan Ginekologi (27 October 2023)

This meeting was attended by the President, OGSM's representatives to the Fees Schedule Committee (Dr KB Ng and Dr Eeson Sinthamoney) and Chairpersons of OGSM Subcommittees. It was agreed at the meeting that a joint committee with representatives from OGSM and other O&G societies should be formed for a more united and efficient representation of O&G fraternity to the Fees Schedule Committee.

I would like to end with a call to members as well as our patients to continue to support and contribute ideas to our society to make it better and more relevant. I will share more updates in subsequent issues.

Until then, take care.

Prof Nazimah Idris  
President (2023-2024)

# Aesculap® Surgical Instruments

## Think Surgical Instruments. Think Aesculap

**B. Braun Medical Supplies Sdn Bhd** [Co.Reg: 198001002641 (56425-H)]  
Crown Penthouse | Plaza IBM | 8 First Avenue | Persiaran Bandar Utama  
47800 Petaling Jaya | Selangor, Malaysia  
General Line +603 7841 4200 | Fax +603 7729 7491 | [www.bbraun.com.my](http://www.bbraun.com.my)

**"For Healthcare Professionals Only"**



# MAKING DIAGNOSIS MOLECULAR

## Wide Range of Genetic Tests

- ❖ NIPT & Reproductive Genetic Test
- ❖ Expanded Carrier Screening
- ❖ Karyotyping
- ❖ Kinship (Paternity)
- ❖ PGT-A, PGT-M, PGT-SR, PGT-HLA (Hi-Res)
- ❖ Inherited Diseases
- ❖ Microdeletion Syndromes
- ❖ Neurogenomics
- ❖ Whole Exome Sequencing (WES)
- ❖ Cardio-Health & APOE Gene
- ❖ Thalassaemia
- ❖ Sanger Sequencing
- ❖ Germline/Hereditary Cancer
- ❖ Pharmacogenomics
- ❖ CYP2C19 Genotyping (Clopidogrel)



ISO 15189 CERTIFIED

# ICOE Triumph: Revolutionising Obstetric Emergency Training in Cambodia



**Dr Chua Wang Ching**

Specialist, Obstetrician & Gynaecologist  
Hospital Sultan Idris Shah,  
Serdang, Selangor

In this edition of our newsletter, we embark on a transformative journey to Cambodia where dedicated healthcare professionals joined hands to revolutionise maternal healthcare through the Intensive Course in Obstetric Emergencies (ICOE).

Cambodia, a nation rich in history and culture, stands at the heart of our narrative. Yet, beneath its vibrant surface, lies a healthcare challenge that cannot be ignored. The maternal mortality rates, a critical indicator of a nation's healthcare system, have been a cause for concern. As of September 2023, Cambodia's maternal mortality rate stood at 154 per 100,000 deliveries, reflecting the urgent need for improved maternal healthcare. Our mission was clear: to equip doctors with the essential emergency skills required to confront obstetric crises head-on and contribute to reducing these alarming figures.

Our story begins at the bustling National Maternal and Child Health Centre in the heart of Phnom Penh, Cambodia. This remarkable institution serves as a beacon of hope for countless mothers and children. However, we recognised that more can be done to enhance the quality of care and, in turn, reduce maternal mortality rates.

Our participants, a diverse group of 27 dedicated individuals, including OBGYN residents, specialists and doctors, came from various corners of Cambodia. Their commitment was nothing short of inspiring, with one participant even traveling a staggering 410 kilometres from Poipet Referral Hospital to join our mission. Our trainers, both local and international, brought their collective wisdom to the table.

On the inaugural day, we directly delved into Training of Trainer (TOT) sessions, paving the way for a cadre of six newly minted trainers. Subsequently, we plunged wholeheartedly into a series of intensive hands-on workshops that would span the following days. Throughout this transformative experience, our steadfast companions were none other than meticulously designed mannequins—silent allies in our unyielding pursuit to elevate our obstetric emergency skills.

Yes, we explored everything from basic obstetrics to effectively tackle labour ward emergencies, aligning with the global goal of achieving a maternal mortality rate of less than 70 per 100,000 deliveries in year



2030. Our program focused on critical topics, including complicated caesarean sections, non-surgical techniques for postpartum haemorrhage, managing shoulder dystocia, precise estimation of blood loss, maternal resuscitation, B-Lynch sutures, vaginal breech deliveries and the vital art of communication and transfer during emergencies.

At the end of our intensive sessions, the room was buzzing with energy and enthusiasm. Participants shared their thoughts and experiences. Many expressed their thrill at learning new skills and pledged to share their newfound knowledge with colleagues and communities. Some even had ambitious plans to organise emergency drills within their healthcare settings, ensuring that knowledge and response to obstetric emergencies remained sharp.

However, it wasn't all praise; there were constructive criticisms. Some participants felt that the course had been a bit rushed, and there hadn't been enough time for hands-on practice. Others noted that the venue was crowded and noisy, affecting the overall experience. There was a specific request for including a Cardiotocography (CTG) course in future training sessions.

Language emerged as a formidable challenge during our training in Cambodia. However, our dedicated local trainers often conveyed their expertise in their native language, with our international team providing support and assistance when needed. The presence of local translators among the training staff proved invaluable in bridging language barriers.



On departure day, behold the 'Fantastic Five' trainers" ready to take off to Cambodia



Day 1: TOT sessions, where we transformed from mere mortals into obstetric gurus!



New trainers, channelling their inner experts, showcasing the art of conquering skills stations.



The culmination of the TOT session? Behold, six freshly minted trainers, joining the ranks of our extraordinary team!

Our most significant triumph came in the form of pre and post-test results. Participants displayed a remarkable shift from lower marks to higher ones, demonstrating significant improvements in their knowledge and skills—a testament to the effectiveness of the ICOE program.

As we conclude our report, we're not resting on our laurels. Plans are already in motion to improve the course experience. One crucial element is the revamping of venue setups to ensure a more comfortable and productive learning environment. We're unwavering in our commitment to returning to Cambodia twice a year, steadfastly continuing our mission to enhance maternal healthcare.

This journey was a testament to the power of collaboration, dedication and a shared mission. We're grateful and satisfied to have been part of this meaningful course. Together, we're catalysing change and ensuring safe motherhood, regardless of geographical boundaries.

Stay tuned for more adventures, as every journey has the potential to change lives.

Until next time.....



Day 2: kicked off with a prestigious opening ceremony led by Dr Koum Kanal, President of the Society of Cambodia Gynaecology and Obstetrics.



Before we dove into action, Dr Sopheam, our local team leader, provided a morning briefing to the trainers, setting the stage for our day.



And thus, our journey unfolds



In a room filled with unwavering focus, all eyes were glued to a captivating non-technical skills lecture.



Ongoing pretest challenged our mastery of Bakri balloon placement during a postpartum haemorrhage scenario.



Participants engrossed themselves in the intricacies of managing a Shoulder Dystocia station."



Participants showcased their prowess in delivering high-quality CPR, leaving no room for doubt.



A vibrant exchange of knowledge and skills unfolded, uniting trainers and participants in a collaborative learning experience.



Six selected participants took the spotlight to demonstrate their skills in handling cord prolapse scenarios through live drills.



As we returned on arrival day, all trainers safely touched down at KLIA, concluding our memorable journey."

*INCREASE YOUR PATIENT ACCESS  
TO ROBOTIC-ASSISTED SURGERY*

*ENHANCE YOUR ACCESS WITH  
THE LATEST GENERATION:*

# *DA VINCI XI*

## **MULTI-QUADRANT ACCESS:**

Access anatomy from splenic flexure  
to deep in the pelvis.

## **OPTIMISED PATIENT-SIDE ACCESS:**

Multi-position set up joints to maximise the surgical workspace  
externally and internally.

### **Outcomes that favor RAS<sup>1</sup>**

	vs. Lap	vs. Open
Conversions	55% less likely	
Blood transfusions	28% less likely	70% less likely
30-day complications	14% less likely	39% less likely
Length of stay	0.4 days shorter	1.9 days shorter
30-day mortality	33% less likely	57% less likely
30-day readmissions	23% less likely	

#### References:

1. Results are based on a meta-analysis of peer reviewed literature for robotic-assisted procedures (right colectomy, LAR/TME, prostatectomy, partial nephrectomy, lobectomy, hysterectomy for endometrial and cervical cancer) published between 2010-2020. This work was presented at the ISPOR 2021 annual congress. The summary of clinical results are reflective of a pooled analysis of 7 systematic literature reviews, presented by outcome across different surgical procedures. While the meta-analysis results provide a single conclusion that is statistically significant or not statistically significant, these results are subject to variability. The results of this analysis may depend on several factors, including but not limited to patient characteristics, disease characteristics, the procedure of interest, and/or surgeon experience.



# Start with Fluomizin®

10mg Dequalinium Chloride

Reduce pathogenic germs in vaginal



Unique, multiple mode of action against all relevant pathogens of vaginal infections <sup>3</sup>

Low systemic exposure, good tolerability and high level of safety <sup>3</sup>

Can be used in all phases of pregnancy and lactation <sup>2 4</sup>

Effective against the biofilm in bacterial vaginal infections <sup>1</sup>

#### BRIEF PRESCRIBING INFORMATION OF FLUOMIZIN®

**INDICATIONS:** Vaginal infections of bacterial and mycotic origin (e.g. bacterial vaginosis and candidiasis), Trichomoniasis and Achievement of asepsis before gynaecological operations and deliveries. **DOSAGE & METHOD OF ADMINISTRATION:** One vaginal tablet daily for six days. The vaginal tablets should be inserted deeply into the vagina in the evenings before retiring. **PREGNANCY AND LACTATION:** Can be used during pregnancy and lactation. Caution should be exercised when prescribing Fluomizin® to pregnant women in the first trimester. **CONTRAINDICATION:** Hypersensitivity to the active substance or to any of the excipients. Ulceration of the vaginal epithelium. Young girls who have not reached sexual maturity should not use Fluomizin®. **PRECAUTIONS / INTERACTIONS:** No interactions are known. **ADVERSE EFFECTS:** General disorders and administration site conditions. In rare cases, pruritus, burning or redness. However, these adverse reactions can also be associated with symptoms of vaginal infection. Local irritation reactions, such as bleeding surface defects (erosions) in vagina, were reported in individual cases (0.002%). In these cases, the vaginal surface (vaginal epithelium) was predamaged. Treatment should be stopped, and patient should be advised to seek medical attention. Some very rare cases (0.0003%) of fever have been reported. **DATE OF REVISION OF PACKAGE INSERT:** January 2013.

#### References:

1. Gaspar C, Rolo J, Cerca N, Palmeira-de-Oliveira R, Martinez-de-Oliveira J, Palmeira-de-Oliveira A. Dequalinium Chloride Effectively Disrupts Bacterial Vaginosis (BV) Gardnerella spp. *Bio. Jms. Pathogens.* 2021 Feb 25;10(3):261. 2. Fluomizin Package Insert January 2013. 3. Mendling W, Weissenbacher ER, Gerber S, Prasauskas V, Grob P. Use of locally delivered dequalinium chloride in the treatment of vaginal infections: a review. *Arch.Gynecol. Obstet.* 2016;293:469-84. 4. Demina, T.N., O.N. Pilipenko, O.N. Jotenko, B.A., Baksheeva, O.L. The role of anti-microbial therapy in complex treatment of women with miscarriage. 2005.

For Healthcare Professionals only.

Market Expansion  
Services by  
www.dksh.com



DKSH Malaysia Sdn. Bhd. (4476-U)  
B-11-01, The Ascent, Paradigm, No. 1,  
Jalan SS 7/26A, Kelana Jaya, 47301  
Petaling Jaya, Selangor Darul Ehsan, Malaysia.  
Phone +60 3 7882 8888, Fax +60 3 7882 5555

medinova  
SWITZERLAND

WHAD10523V1  
Revision date: 3<sup>rd</sup> May 2023

# ICOE Japan: Masterclass in Caesarean Section 12 - 14 May 2023



**Dr Nina Lau Lee Jing**  
Specialist, Obstetrician and  
Gynaecologist  
Sarawak General Hospital

The COVID-19 pandemic has led to the shutdown of many countries around the world, therefore, the plan of running a Caesarean Section Masterclass in Japan in 2020 was cancelled. However, it did not extinguish the fire of desire and passion to improve the maternal care among the ICOE and J-CIMELS team. The ICOE team, in collaboration with the Japan Council for Implementation of Maternal Emergency Life-saving System (J-CIMELS) and Asia Medical Support Organisation (AMSO), has successfully organised the Masterclass in Caesarean Section in Tokyo, Japan on the 13th of May 2023 in conjunction with the 75th Annual Congress of the Japan Society of Obstetrics and Gynaecology (JSOG 2023).

The Malaysian team consisted of 4 trainers – Dr Gunasegaran (ICOE team leader), Dr Thaneemalai, Dr Muniswaran and Dr Nina Lau. We met at KLIA International Airport at 9 pm, on the 11th of May 2023. As usual, Mr Baskeran (the ICOE admin liaison) has packed, pre-weighed and securely wrapped all the necessary mannequins, equipment and ICOE handbooks. Our check-in and immigration clearance went smoothly and we boarded the midnight plane to Tokyo. After a 7 hours flight, we finally arrived at Narita International Airport. We met Dr Mayumi, one of the Japanese trainers for this masterclass, who also just arrived at Tokyo. Dr Mayumi is one of the J-CIMELS trainers and has been our important translator and liaison between the Japanese and ICOE team throughout the planning and preparation processes.

Coming from Malaysia with months of scorching heat waves, we were all delighted with the cold morning and gentle drizzle outside the airport terminal. The beautiful Tokyo spring breeze and refreshing zephyr swept away my grogginess from the overnight plane ride. After some paddy field and greenery, unending skyscrapers soon loomed into view. I was exhilarated watching the driver effortlessly navigate through the most complicated multi-layered highway lines. After an hour ride, we finally reached the centre of the Tokyo metropolitan. We dropped off the mannequins and equipment at the Tokyo International Forum. The J-CMELS maternal life-support course was held in the same venue on that day so we could not set up the equipment for the masterclass. We had some free time to explore Nihonbashi while waiting for the J-CMELS team.

Nihonbashi is a very distinctive place, offering traditional and historical charm combined with ultra-modern architecture. We walked across Nihonbashi bridge and “Zero Milestone of Japan”- the starting point of the five major roads across Japan. The picture scroll of Kidai Shoran in the underground passage in Misukoshimae station was amazing and offered a glimpse of Japanese history during the Edo era. There were shrines and historic department stores, such as Nihonbashi Mitsukoshi Main Store and Nihonbashi Takashimaya S.C, in the midst of modern skyscrapers. Every corner of Tokyo city was filled with various beautiful blossoms of Nemophila and Rhododendrons, such as Azalea and Kalmia Latifolia, signifying the beauty of spring.



The unending skyscrapers and sophisticated railway lines in Tokyo Metropolitan



The beautiful city view with colourful blossoms in spring

At around 6 pm, we met the J-CMELS team, Dr Hashii Koji (the founder of J-CMELS) and Dr Mayumi and Dr Hikaru (the trainers of J-CMELS). We had a dinner talk prepared by the EmerSim team at the meeting room of the Japanese Association of Obstetrics and Gynaecology (JAOG). They introduced the Penguin System and their new EmerSim program. EmerSim has evolved into a cloud-based vital signs monitor simulator and scenario management that allows on-site, remote and hybrid medical training. We were amazed that the EmerSim system directly connects to any mobile or tablet devices and requires neither special mannequins nor software installations. The trainer can adjust the vital sign values in real time based on the trainees’ responses during the simulation. It was extremely useful, especially during the pandemic since it allowed training to continue remotely. With a mobile phone or tablet in hand, simulation training can be conducted easily anywhere, anytime and with anyone, both in the hospital and outside on the field. It is definitely a must-have system for future ICOE training. The program can immediately begin upon subscription. The brainstorming on the clinical scenario for the Masterclass in Caesarean Section was fuelled by the enthusiasm to incorporate EmerSim into the simulation. Within half an hour, the entire scenario with multiple obstetric emergencies was drafted and completed.

The J-CMELS team shared a new invention by Kyoto University – a dedicated blunt straight needle and sutures for uterine compressive sutures. Dr Hashii has generously provided us with some samples for the hands-on session during the Caesarean Section Masterclass. I personally found it extremely useful for Hayman sutures. We were excited to observe another intelligent innovation - the Japanese water pillow Caesarean Section model. We were privileged to have Dr Junko Nakayama, the inventor, to personally demonstrate her model to us. The rubber hot water bottle, known as water pillow in Japan, is creatively used to mimic the uterus. The bottle is cut on one side and the baby mannequin can be placed inside the water bottle to mimic abnormal lie during Caesarean section. This model allows the trainee to practice cutting the uterus model and learn how to deliver the baby during difficult Caesarean section. It is economical and easily reproducible. Dr Guna and Dr Munis shared some ideas and suggestions on how to improve this water pillow model. The participants for the masterclass were lucky to be the first group of people to try this water pillow model.

For the intraoperative maternal collapse workshop, we suggested to cover postpartum haemorrhage, maternal collapse, amniotic fluid embolism and resuscitative hysterotomy. We planned a role play by both the Malaysian and Japanese team, each with different roles. We drafted the script and discussed the essential points for debriefing and feedback. Dr Mayumi and Dr Hikaru also discussed the healthcare system and ambulance and transport systems available as well as the common challenges they faced in Japan and Tokyo. This topic was very relevant for my talk about patient transfer. We were so engaged with the conversation that we did not realise how time flew by. Everyone was very pleased with the fruitful pre-masterclass discussion.



Dr Nakayama showing the water pillow model



Dr Mayumi demonstrating how to deliver a baby through the water pillow model



The Japanese Water Pillow Model



More ideas about the CS workshop





Pre-masterclass group picture (from left): Ms Fumie Kondo, Dr Mayumi, Dr Hikaru, Dr Nina Lau, Dr Junro Nakayama, Dr Gunasegaran, Dr Hashii Koji, Dr Thaneemalai and Dr Muniswaran

After savouring a mouthwatering Japanese breakfast in the hotel, we departed to Tokyo International Forum, which was a 5-minute walk away. As we walked into this beautiful building, the huge banner illustrating the theme of the 75th Annual Congress of the Japan Society of Obstetrics and Gynaecology loomed into view. The theme of the Congress was 'Jishin Myoshu 慈心妙手'. It illustrated that a good doctor cares for every patient with a considerate mind and excellent skills. This theme perfectly conformed with the motto of our Masterclass today – to equip everyone with better knowledge and skills so that we can provide compassion and optimal patient care.

The Tokyo International Forum is huge with magnificent and eye-catching internal architectural designs made of steel truss and glass. We immediately arrived at our venue and set up for the Caesarean Section Masterclass. We met the other J-CMELS trainers – Dr Yamahata, Emergency Physician, and Dr Kariya, the Anaesthesiologist. The Kyoto Kagaku company showed us their new advanced obstetric and birthing simulator model. This new model had an elastic layer that allowed realistic reproduction of the cervical dilatation for internal pelvic examination. It also allowed changes in the size of the bony birth canal to demonstrate shoulder dystocia and various techniques involved. As we were trying on the Kyoto Kagayuu model, Dr Thaneemalai made an impromptu decision to add in a session of resuscitative hysterotomy using this Kyoto Kagayuu new birthing model.



The amazing Tokyo International Forum hosting the 75th Annual Congress of the Japan Society of Obstetrics and Gynaecology (JSOG 2023)



Different mannequins prepared for the Caesarean Section Masterclass

The Caesarean Section Masterclass started punctually at 9:30 am. We began with two lectures entitled 'Evidence-based interventions in reducing primary Caesarean Sections' by Dr Muniswaran and 'Obstetric Leadership & Crash Caesarean Sections' by Dr Thane. Afterwards, we had our first breakout session. The participants were divided into three groups using different coloured blazers. They rotated around 3 breakout sessions – Uterine Incision and Foetal Malpresentation, Second Stage Caesarean Section and Uterine Compressive Sutures and Resuscitative Hysterotomy. I had the opportunity to demonstrate the uterine compressive sutures with both the curved needle and the new blunted straight needle designed by Kyoto University, which was not commonly used in Japan yet. All participants had the opportunity to practice B-Lynch compressive sutures and Hayman's suture on the uterus model. An experienced Anaesthesiologist consultant was initially apprehensive but she was very excited when she successfully performed the B-lynch suture. The participants were delighted to go through the resuscitative hysterotomy steps and principles since they are rarely discussed yet important topics.



Getting ready for different breakout stations





Dr Muniswaran giving a lecture

Demonstrating second stage  
Caesarean SectionIntroduction lecture by  
Dr Gunasegaran

Lecture by Dr Thaneemalai

Dr Guna demonstrating various  
uterine incisionsB-Lynch Compressive Suture  
demonstration

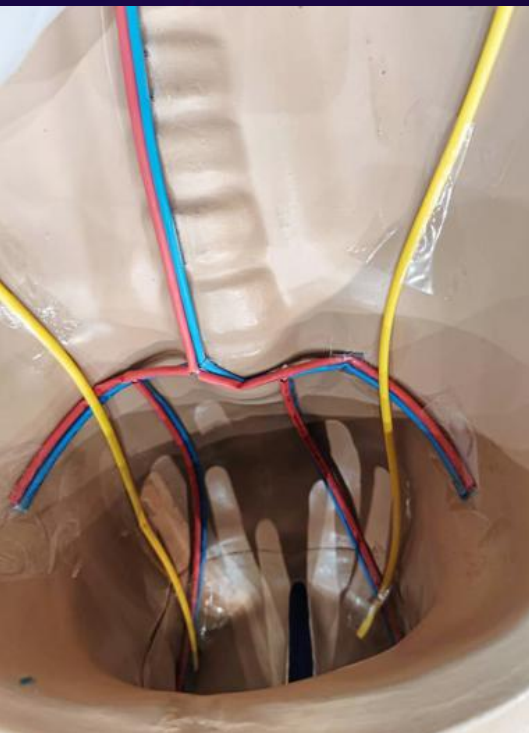
During lunch time, Dr Kariya, a senior Anaesthesiologist, demonstrated how to do a bedside echocardiogram during maternal collapse to assess the systolic wall thickening and inward endocardial motion. He was very enthusiastic and volunteered to serve as the patient to allow us to practice doing ECHO on him. It is the way forward where bedside ECHO is an important aid in managing emergencies, including maternal collapse.

We had the second breakout sessions after lunch - Extended Tear and Systemic Pelvic Devascularisation, Placental Problems and Caesarean Hysterectomy. Dr Thaneemalai and Mr Baskeran had innovatively used different coloured wires in the mannequins to demonstrate the anatomy and the course of the ureters in relation to the iliac vessels. The participants were very impressed with the systemic pelvic devascularisation. This skill is rarely witnessed in Japan since interventional radiologist and internal iliac artery balloon occlusion catheter insertion services are widely available in most tertiary hospitals. However, this skill is handy and can be life-saving especially during unexpected massive haemorrhage in both obstetric and gynaecological surgeries.



Dr Gunasegaran looking for parasternal LV short axis view on Dr Kariya using the cordless probe

During the case discussion, Dr Muniswaran illustrated difficult Caesarean section during various challenging situations, such as multiple uterine fibroids and extreme prematurity. The participants were actively involved in the interactive session. We subsequently had the CS workshop for intraoperative maternal collapse. Both Japanese and Malaysian tutors took on different roles – obstetrician, operating nurses, anaesthetist, anaesthetic assistants and junior doctors. Dr Muniswaran showed how the EmerSim system can display different vital signs in accordance with the participants' responses. We successfully demonstrated how to prepare a patient with massive haemorrhage due to placenta previa for clash Caesarean section, diagnose and resuscitate maternal collapse due to amniotic fluid embolism during CS, when and how to perform resuscitative hysterotomy, as well as stabilise and transfer patient to ICU. I was initially apprehensive as we did not have the time to brief everyone for the role play. I was proven to be over-worried. The J-CMELS team was very experienced in simulation and the role play went perfectly well. The participants had the opportunity to do the role play and simulation with the same scenario. During the debriefing, we emphasised the importance of close-looped communication, interdisciplinary discussion and leadership during resuscitation and crises.



The yellow-coloured wires represented bilateral ureters. It demonstrated the close proximity of ureters with iliac vessels (blue and red wires).



Participants attentively listened during the case discussion



Preparing for the Intraoperative Maternal Collapse Workshop



The EmerSim displayed patient's vital signs and can be changed in accordance with participants' response



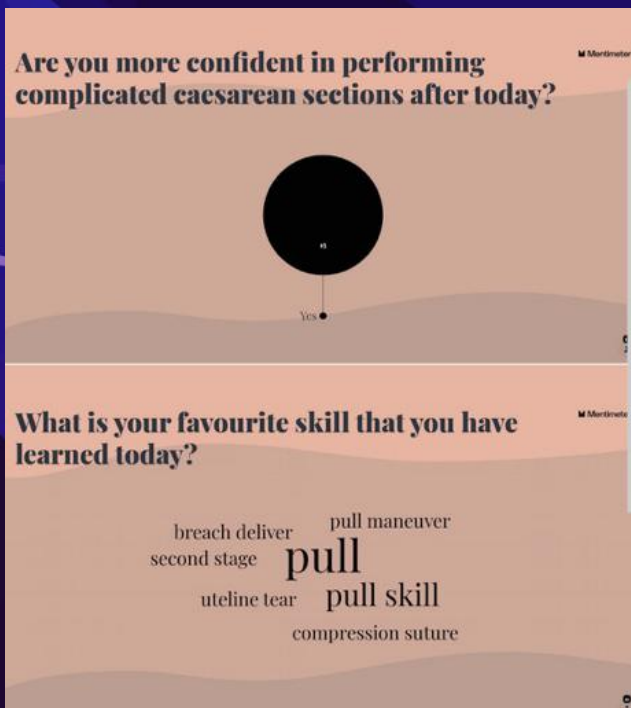
Dr Muniswaran controlled the vital sign behind the scenes using a device connected to EmerSim through the cloud



Feedback session by Dr Mayumi

Role play by participants for intraoperative maternal collapse

We attended another two lectures on the topic of essential post-operative care and patient transfer. Dr Guna delivered the last lecture on quality in training to encourage and motivate every participant not only to learn, but to step up and become the trainer for future courses. During the feedback session, the second stage Caesarean section station, especially the pull manoeuvre, appeared to be the highlight for most participants. We received very positive feedback and many recommended to run such courses more often in Japan. Many were inspired to become the trainers for future courses. The course ended successfully at 5 pm.



Feedback from participants which is important for us to evaluate and improve ourselves



Group picture of J-CMELS trainers and ICOE trainers

First row from left: Dr Junro Nakayama, Dr Kaoru Kawasaki, Dr Mayumi, Dr Hikaru, Dr Nina Lau, Dr Thaneemalai, Ms Fumie Kondo

Second row from left: Dr Yamahata, Dr Kariya, Dr Hashii Koji, Dr Gunasegaran, Dr Muniswaran

As I walked out the Tokyo International Forum, I suddenly remembered that the Caesarean Masterclass was held in the midst of JSOG 2023 Congress, a mega event with thousands of participants. It was so quiet and tranquil the entire time that I forgot it was held in the corner of a big hall covered with few partitions for privacy. I was truly astonished by the Japanese self-discipline and considerate culture.

The J-CMELS and ICOE team celebrated the successful course with a cozy Japanese dinner at Ginpa Restaurant at Ginza. We were pampered with the delicious Japanese 8-course meal, good wine and fresh sashimi. The J-CMELS team also shared their experience in various countries, such as Vietnam and Mongolia, where the ICOE team also visits regularly. They introduced Japanese Mount Fuji and we shared the beautiful pictures of Mount Kinabalu and Mulu Caves and Pinnacles in Malaysia. It was a wonderful time of fellowship with great companions.

Finally, it was time to bid Japan farewell. The team safely returned to Malaysia on the following afternoon. It was a very fruitful and mentally stimulating trip. It is my privilege to be part of the ICOE Japan team. My difficult Caesarean section knowledge and skills were consolidated and enhanced through learning from various trainers as well as through teaching others. Knowledge shared is knowledge multiplied. The opportunity to meet extraordinary doctors (like Dr Hashii, Dr Yamahata, Dr Mayumi and Dr Hikaru) was invaluable. The willingness and generosity in knowledge and experience sharing among the J-CMELS and ICOE team were exceptional. I was deeply inspired by everyone's great passion and desire to teach and train other doctors, to ameliorate the quality of care and



Group picture showing the J-CMELS and ICOE trainers and all participants




provide safe motherhood to everyone. The theme of JCOG 2023 -Jishin Myoshu 慈心妙手 reminded me that a good doctor is nurtured to have an affectionate and caring heart, armoured with excellent skills to provide magical healing hands (sometimes) but to comfort always. The J-CMELS and ICOE pioneers, like Dr Hashii, Dr Gunasegaran, Dr Thanee, Dr Munis, Dr Tang Boon Nee and many other trainers, are the walking examples of compassionate doctors and the essential catalysts for this spirit of Jishin Myoshu to be cultivated and passed on to the participants of J-CMELS and ICOE.

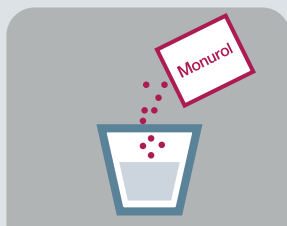
After returning to Malaysia, I explored more about Japan and J-CMELS. I admired the Japanese culture of striving for excellence and full dedication to improve their healthcare system. The Japan Council for Implementation of the Maternal Emergency Life Support System (J-CIMELS) was founded in 2015 by 7 academic organisations involving Obstetrics and Gynaecology, Emergency Medicine, Anaesthesiology, Maternal Death Exploratory Committee in Japan and Japan Society of Perinatal and Neonatal Medicine. It also collaborates with organisations of midwives and nurses. J-CMELS aims to reduce maternal deaths by providing simulation-based practical training courses of obstetric emergencies. I hope we can have multidisciplinary collaboration and training in future, especially during simulation training and drills. This provides a more holistic approach and can tackle various interdepartmental communication barriers. J-CMELS and ICOE share a similar motto and vision – to minimise maternal death and to provide safe motherhood to everyone, everywhere. The generous spirit of sharing between the two teams has resulted in a special synergy and mutual improvement. I certainly look forward to additional collaboration between J-CMELS and ICOE in future.

# Be Urospecific in Treating Cystitis

## Treat it right with just a single dose antibiotic<sup>1</sup>



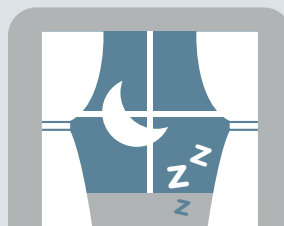
-  **Recommended by local and international guidelines<sup>2,3,4,5</sup>**
-  **Low resistance rates<sup>7</sup>**
-  **Single-dose therapy<sup>8</sup> which;**
  - Improves treatment compliance
  - Reduces risk of failure
  - Reduces emergence of resistance
-  **Generally well tolerated<sup>9</sup>**



Dissolve one sachet in a glass of water (50 to 75ml).



Administer orally on an empty stomach 1 hour before or 2 to 3 hours after meals.



Ideally, should be taken at bedtime after emptying the bladder.



**Active ingredient:** Fosfomycin trometamol 3g (Monuroil®). **Indications:** Monuroil® is indicated in the treatment of acute uncomplicated lower urinary tract infections (acute cystitis) in females of 18 years of age and older caused by the following susceptible pathogens: *Escherichia coli* and *Enterococcus faecalis*. **Dosage & administration:** In acute infections of the lower urinary tract (cystitis, non-gonococcal urethritis) caused by microorganisms susceptible to Monuroil®, a single dose (3g of active substance in adults) is sufficient for recovery. In more clinically problematic cases (elderly, bedridden patients, recurrent infections) or in infections due to microorganisms usually susceptible to the highest antibiotic doses (*Pseudomonas*, *Enterobacter*, *Indole - Proteus*) two Monuroil® doses can be administered at a 24 hour interval. **Contraindications:** Hypersensitivity to fosfomycin or any excipients listed in the composition. **Adverse reactions:** The most common adverse effects are those which affect the gastrointestinal tract, primarily diarrhoea. **Precautions:** The use of Monuroil® is not recommended in patients with renal impairment (creatinine clearance < 10 ml/min). Since there is insufficient data for children under 12 years of age, Monuroil® should not be given to them. **Warnings:** Only limited data on the safety of fosfomycin trometamol treatment during 1<sup>st</sup> trimester of pregnancy are available. These data do not raise any safety signal for teratogenicity so far. Monuroil® should only be used during pregnancy, if clearly necessary. Since Monuroil® passes into breast milk, women who are breastfeeding should not be treated with Monuroil® unless strictly necessary. **Drug interaction:** The co-administration of metoclopramide or other drugs known to increase gastrointestinal motility may cause a significant reduction in the therapeutically effective plasma and urinary concentrations of fosfomycin. If fosfomycin trometamol is taken with food, the plasma and urinary levels of fosfomycin decrease. For this reason, it is recommended to take this medicine on an empty stomach or 2 to 3 hours after a meal or after taking other medications. Please refer to the Monuroil® approved product insert.

#### Reference:

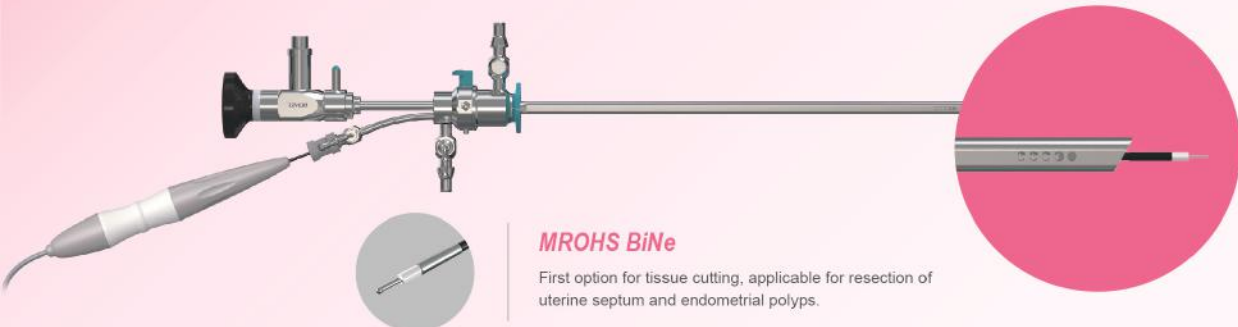
1. Monuroil® Prescribing Information, Malaysia, August 2016.
2. G. Bonkat (Co-chair), R. Pickard (Co-chair) et. al. EAU Guidelines on Urological Infections 2021.
3. Primary Care Common Infections Guide for Adults: Our Drive to Uplift Antimicrobial Stewardship. An Initiative by Malaysian Medical Association, Malaysian Society of Infectious Diseases and Chemotherapy, and Hospital Sungai Buloh: Infectious Diseases Unit.
4. Choe HS et al.; Int J Urol 2018 Mar;25(3):175-185.
5. Gupta K. et al.; Clin Infect Dis. 52(5) 2011: 103-120.
6. Matthews et al.; BMC Infectious Diseases (2016) 16:556.
7. Karlowsky J.A. et al.; Antimicrob. Agents Chemother 2014, 58(2):1252.
8. Monuroil® Product Monograph 2013.
9. Falagas ME, Vouloumanou EK, Togiag AG, et al. Fosfomycin.

For healthcare professionals only. MON-AD-0123-01



# RF Plasma Technology

**An overall solution of Minimally-invasive Gynecology Surgeries**



### MROHS BiNe

First option for tissue cutting, applicable for resection of uterine septum and endometrial polyps.



### MROHS BiNeBD

Flexible and bendable design, suitable for clinical applications of multiple anatomical sites and different pathologies in uterus cavity.



### MROHS Spring

With better vaporization effect, the first option for uterine fibroids.



### LoopXS

Can produce larger tissue fragments with fewer cuts and faster speeds.

Suitable for large prostate resection, bladder tumor, urethral stricture, myomectomy, endometrial polyp, residual embryonic tissue after abortion, and cyst surgery.



### LoopXL

The wider electrode loop can provide more effective Coagulation than a conventional electric loop during cutting. Suitable for large prostate resection, bladder tumor, urethral stricture, myomectomy, endometrial polyp, residual embryonic tissue after abortion, and cyst surgery.



**RF Plasma**

EVOMEDIC SDN BHD

Lot No. H-06-05, Block H, Aeropod Commercial Centre Phase 2A, Jalan Aeropod, Off Jalan Kepayan, 88200 Kota Kinabalu, Sabah.

Tel / Fax : +6088 276 923 Website : my-evomedic.com



### Dr Vinodhini Bhaskaran

Consultant, Obstetrician and  
Gynaecologist  
ParkCity Medical Centre, KL

# ICOE NEPAL

31/08/2023 to  
04/09/2023

Every obstetrician's dream is a safe childbirth – every time, everywhere. Ever since its inception in 2014, this is what “Intensive course in obstetric emergencies”, popularly known as ICOE, has been doing: making childbirth safer by training doctors and midwives in the Asia Pacific region on safe delivery practices. As a practicing OBGYN who has always been passionate about women's health, my pursuit for excellence in delivering the best possible care to my patients and the society has unsurprisingly led me to ICOE! My journey with ICOE since 2018 had been both enlightening and enriching where I learned so much, not just about obstetrics but also about people, culture, team building, communication and other soft skills. Every ICOE course, both local and regional, was something I looked forward to! Having previously travelled to Cambodia and Vietnam in 2019 and 2020 with the ICOE team, I was excited when the opportunity to conduct a course in Nepal came. ICOE had been running courses in Nepal since 2018 and this was the fifth course in Nepal which also had the Training of Trainers (TOT).

Ours was a vibrant team of six – led by our team leader, the spirited Prof Dato' Dr Zaridah Shaffie, Dr Harris Njoo Suharjono (Past president of OGSM), Prof Zaleha Abdullah Mahdy, Dr Rahmah Saaid, me Dr Vinodhini Bhaskaran and the indispensable Mr Baskeran, the ICOE admin liaison. Together with a significant number of mannequins, we flew off to Kathmandu on Merdeka day waving our Malaysian flag. Our journey was smooth. We landed at Kathmandu late night and checked into our hotel (Lavie Residence) for a good night's rest. The hotel was conveniently located not too far from the airport. With a two and half hours' time difference, I was up by 5 am and was welcomed with a beautiful sunrise. I had imagined Kathmandu to be surrounded by the snowcapped Himalayan range and was rather disappointed when I saw only hills! However, Kathmandu had other exciting features to offer a traveller. I went on to explore the city's dusty streets with a couple of street dogs following me before heading to the Training the Trainers (TOT) session organised by the NESOG at Paropakar hospital, Lalithpur. The hilly city felt ancient and vaguely familiar, similar to India. After a sumptuous breakfast at our hotel, we set off for the TOT to Lalithpur which was just across the River Bagamathie. The President of NESOG, Dr Saroja Karki Pande, and the NESOG Secretary, Dr Sapana Amatya Vaidya, warmly welcomed us and had the venue appropriately organised

for the course. They also ensured that we have an hourly dose of tea or coffee and are well fed. It was an interesting day where we interacted with the local Nepal trainers who were very enthusiastic to conduct the course and train sixteen new trainers. They shared their journey in ICOE, how it has had a positive impact on their practice and why they chose to become trainers. It was indeed inspiring to know how they work with very little resources and use it optimally for providing quality healthcare despite challenging situations. After the session, we prepared our stations for the next day and headed back to the hotel late afternoon. We were happy to meet the AFOG president, Dr Pisake Lumbiganon, who joined us during our trip back to the hotel.

I managed to squeeze some time to visit the famous Pashupathinath temple. It was indeed a beautiful temple with stunning architecture. I was able to see the magnificent sunset just beside the temple. The temple, with the sunset hues, was simply remarkable! I was just in time for the evening prayers and got to witness the impressive River Arathi where they conduct a ritual to thank the river Bagamathie. Despite the huge crowd, I was able to get a nice place from a nearby Rudraksha shop thanks to my local guide, Bishal, who made way for me in the crowd. The entire ceremony was so beautiful. It was heartwarming to see people offering gratitude to nature for providing and sustaining us. I was quite surprised to know that there are crematoriums on the banks of the river. I saw several ongoing funerals. Filled with a stark contrast of reality and strangely, serenity, I plunged into a deep slumber after swallowing a full Nepalese Thali meal for dinner. The sleep helped prepare me for the hectic day ahead.





The next day started early. By 7 am, we were ready to set off to train around 26 doctors who had enrolled for the program. The course began with our usual pretests and went smoothly without a glitch. In between, we had the inauguration ceremony with the AOFOG president, Dr Pisake Lumbiganon, the NESOG president, Dr Saroja Karke Pande, and the Director of Paropakar maternity hospital, Dr Shri Prasad Adhikari, officially launching the session. We were given a sumptuous lunch which provided the energy to run the course until almost 6 pm with Prof Pisake's wonderful sharing of WHO's recommendations on intrapartum care for appositve childbirth experience.

We left early next day for the concluding session after a delicious masala chai at our hotel. The communication skills station and lecture were a hit with the local doctors. We were really touched when one of our local trainers, Dr Anjana Adhikari, shared her experience about being locked up in a room by a mob after a poor outcome and how communicating the right way, as she was taught in ICOE, had not only saved her but also won her appreciation from both the mobsters and the hospital admin. It was really heartening to note that we (ICOE) were making a difference or rather a significant impact on the lives of both the mothers and healthcare staff alike! The training concluded with our post-tests and as usual, the participants had scored remarkably higher with some stations having almost a perfect score of 10 & 9.

The next morning, I woke up fresh at 5 am from the soft rays of the sun. I had rested well the night before. As I drew the curtains away, I was stunned to see the magnificent snowcapped mountains staring at me right across the window! For a moment, I wondered if I was dreaming and had to pinch myself to see if that was indeed true. I made quick phone calls to the others and soon after, we snuck into the dilapidated terrace of our hotel building (which I had accidentally discovered while exploring the surroundings on the first day). We soaked in the beauty of the snowcapped peaks shimmering in the golden rays of the early morning sun. We savoured every second of that awesome moment and captured those precious memories in our cameras as selfies and wefies. It was like the universe had heard us and granted us our wish as a reward for all the good work we did in Nepal! It was indeed a surreal experience where I felt the wind whisper in my ears the iconic dialogue from the movie Om Shanti Om delivered by none other than the Bollywood king Dato' Sharukh khan "Agar kisi cheez ko dil se chaaho to puri kyanat usey tumse milane ki koshish mein lag jaati hai". This is nothing but Paulo coelho's famous quote "when you want something with all your heart, the universe conspires in helping you to achieve it". I decided to make a quick visit to the Boudhnath stupa, one of the largest spherical stupas in the world, which was at a walking distance from our hotel. The stupa was a remarkable sight with colourful flags adorning and bustling with pilgrims as it's a very important sacred pilgrimage site for Buddhists from all over the world. I also managed to go to the Ghyoilisang peace park (Buddha Peace Park) which was beautiful and serene with fishponds before I headed back to the hotel just in time to prepare for our journey back home.



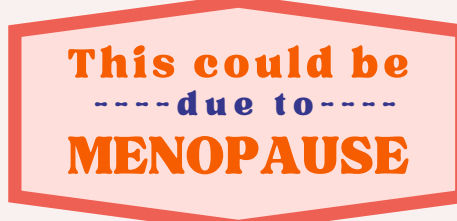
We reached the airport well ahead to make sure all our luggage were checked in hassle free. But, that was not the case to be! The drama unfolded when the airport kept announcing my name after the security clearance. I had to cancel my order in the airport restaurant and return back to the check-in counter once again! One of the mannequin bags, which had my name on it, failed to clear the security check as it was a high fidelity model and the airline probably thought it was a serious issue of human trafficking! Our "All in all" Mr Baskeran had to come and bail me out after reopening the baggage and showing the customs clearance letters. Ah... Those were adrenaline filled moments! I had to have a coffee and sandwich to cool off the stress! The flight was delayed by an hour and that delay was well worth it when we had a chance to interact with the pilots and crew who were flying us back. We took a picture with them to savour those memories later, thanks to our Team leader Dato' Dr Zaridah. We safely reached home later that night with a mind full of beautiful memories, thanking ICOE from the bottom of our hearts for giving us this wonderful opportunity and happy that we had made the journey to motherhood, safer, though not every time everywhere, but at least sometime somewhere!



# MENOPAUSE

## Mend-your-Pause

Are you experiencing these symptoms?



These changes can start even before your periods stop  
(in the perimenopause)



SCAN THE QR CODE TO LEARN MORE ABOUT MENOPAUSE!



In conjunction with  
World Menopause Day  
18th October 2023





PROFESSIONAL  
MEDICINE  
DOCTOR  
HOSPITAL  
HEALTH CARE  
EMERGENCY  
NURSE  
SURGEON



medilife

MEDICINE



## ABOUT US

Medi-Life (M) Sdn Bhd is a leading distributor of advanced medical devices and services; providing high quality, state-of-the-art medical innovations to healthcare centers throughout Malaysia.

## WHEN QUALITY HEALTHCARE MATTERS

We are committed in making a positive difference in the lives of patients and caretakers; by delivering a safer, more efficient and effective care.

## OUR VISION

To be the leading distributor of advanced medical products and services

## OUR MISSION

### WORLD-CLASS BRANDS

Improve our agency lines to offer cutting edge solutions to meet growing customer needs

### CONTINUOUS EDUCATION

Invest in ongoing training to enhance healthcare standards

### CONSISTENT SERVICE

Inspire trust in our customers with excellence and high quality service



STAR OUTSTANDING BUSINESS AWARD (SOBA) 2020  
PAR EXCELLENCE ACHIEVEMENT  
"FEMALE ENTREPRENEUR OF THE YEAR"

**MEDI-LIFE (M) SDN BHD** [ 825596-A ]

No. 10 (2nd Floor), Jalan Pendaftar U1/54, Temasya Industrial Park,  
40150 Shah Alam, Selangor Darul Ehsan. Malaysia.

Tel : +603-5569 2699 Fax : +603-5569 3299

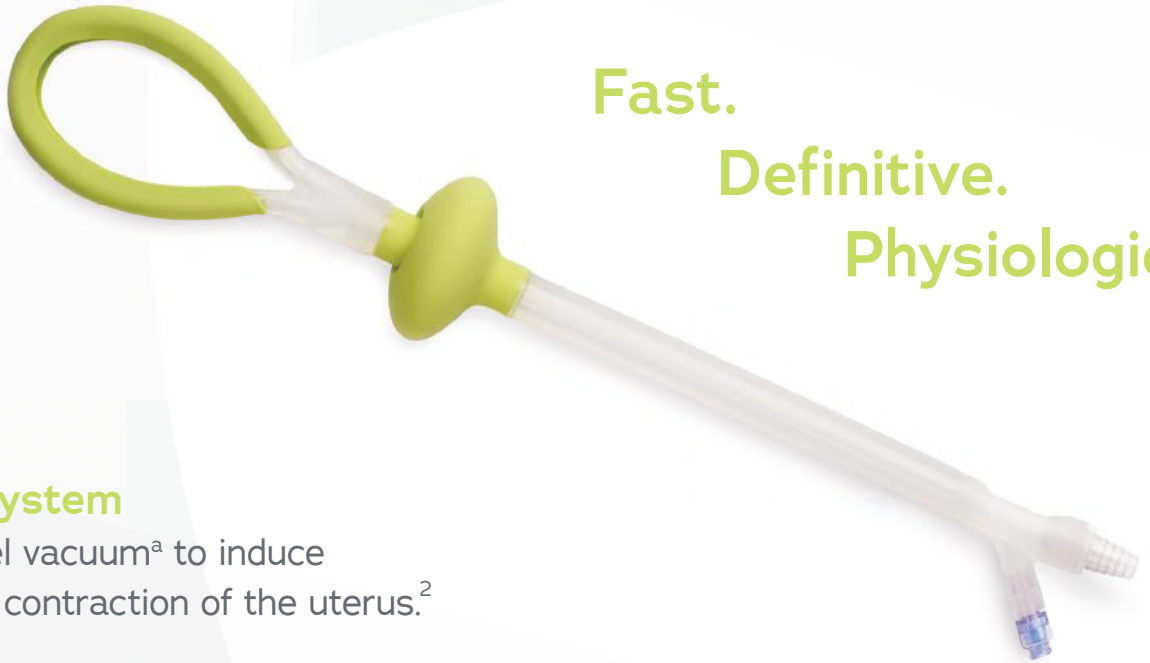
Email : info@medi-life.com.my

[www.medi-life.com.my](http://www.medi-life.com.my)





The Jada® System is intended to provide control and treatment of abnormal postpartum uterine bleeding or hemorrhage when conservative management is warranted.<sup>1</sup>



**Fast.  
Definitive.  
Physiologic.<sup>2</sup>**

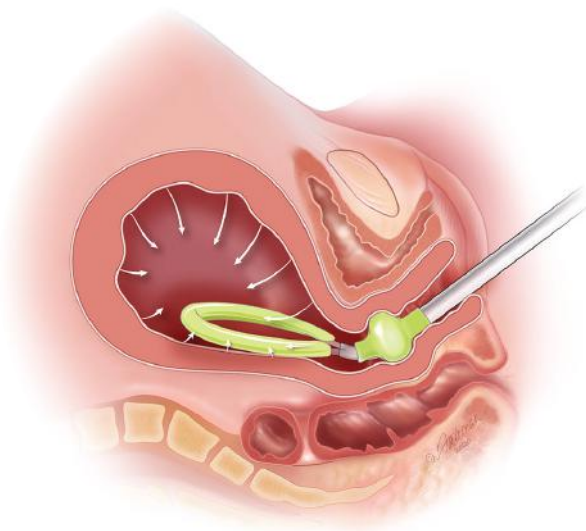
### The Jada® System

utilizes low-level vacuum<sup>a</sup> to induce the physiologic contraction of the uterus.<sup>2</sup>

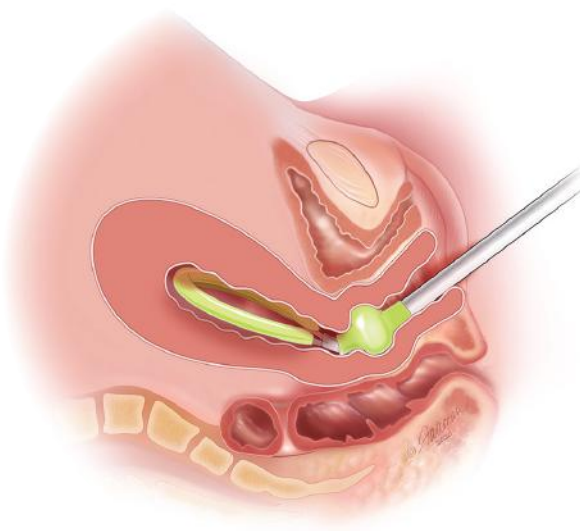


**94% Effectiveness**

94% (n=100/106) of participants treated successfully in the PEARLE study with the Jada® System ( $P < 0.001$ ).<sup>2, b</sup>



Low-level vacuum<sup>a</sup> induces collapse of the atonic postpartum uterus<sup>2</sup>



Contraction of the myometrium provides physiologic control of bleeding<sup>2</sup>



Scan this QR code for a video to learn more about Jada®

<sup>a</sup>80 mmHg +/- 10 mmHg. The maximum vacuum pressure is 90 mmHg. Do not increase the vacuum pressure higher than 90 mmHg or tissue trauma may occur.<sup>1</sup>

<sup>b</sup>Primary effectiveness was the control of postpartum hemorrhage, defined as the avoidance of non-surgical, second line or surgical intervention to control uterine hemorrhage.<sup>2</sup>

# Malaysian Society for Assisted Reproductive Technology (MSART) Conference CME 2023



**Dr Navdeep Singh Pannu**

President, Malaysian Society for Assisted Reproductive Technology (MSART)  
Term 2022-2024



MSART has been annually organising conferences since 2021. This year's conference carried a special significance as it marked our first in-person gathering after the global pandemic. The conference was held on October 7th and 8th, 2023 at the Grand Wyndham Bangsar in Kuala Lumpur, Malaysia.

The Malaysian Society for Assisted Reproductive Technology (MSART), a non-profit society established in 1993, embodies the spirit of unity and knowledge exchange. Our members, throughout Malaysia, form a community that has served as the foundation for most ART cycles conducted in Malaysia. The goal of the society is to enhance the fellowship and facilitate technology and information transfers between all its members.

To that end, CME 2023 had a rich and diverse programme featuring cutting-edge research presentations, interactive sessions and invaluable networking opportunities. Our collective commitment to advance the field of assisted reproductive technology was evident in the thoughtful curation of the programme.

The conference featured a prestigious lineup of international speakers from diverse corners of the

globe, hailing from Vietnam, India, Spain, Indonesia, Singapore, China, Japan, South Korea, New Zealand and Australia. These global perspectives were thoughtfully accompanied by the expertise of esteemed local government and private practice doctors. With 12 dynamic symposiums and over 50 enlightening talks, the event served as a fertile ground for the exchange of knowledge, setting the stage for pioneering advancements in the field of reproductive medicine.

## **Keynote Address: Dr Tuong Manh Ho on "In Vitro Maturation (IVM) in Clinical Practice"**

The centrepiece of the conference was Dr Tuong Manh Ho's keynote speech, offering a compelling exploration of "In Vitro Maturation (IVM) in Clinical Practice". Dr Tuong masterfully navigated this enlightening subject due to his distinguished career in assisted reproductive technology (ART) since 1997.

He commenced with a gracious introduction, emphasising IVM's attributes – its safety, patient-friendliness and cost-effectiveness. Dr Tuong eloquently explained IVM's essence involving the in vitro maturation of oocytes from small follicles before fertilisation and embryo transfer. He further emphasised the advantages



of various IVM protocols, particularly underscoring the significance of the CAPA-IVM protocol. This innovative protocol has demonstrated substantial enhancements in oocyte maturation, quality and pregnancy rates, promising to overcome challenges associated with outdated IVM protocols. Dr Tuong also explored the application of IVM in fertility preservation, especially for cancer patients and individuals with conditions such as resistant ovary syndrome. He highlighted the recent acknowledgment of IVM as a standard treatment for various indications, encompassing high-risk patients and women with polycystic ovary syndrome (PCOS).

### Symposium Highlights

The symposiums covered a wide range of topics regarding reproductive medicine. The topics included the transformative role of Artificial Intelligence in embryo selection, the latest IVF protocols, oncofertility, male infertility, innovative cellular restorative treatment options, genomic fertility analysis addressing both male and female infertility as well as the significance of genetic counselling.

The symposiums also explored the optimisation of IVF laboratory techniques, strategies for effective ovarian stimulation, approaches to address recurrent miscarriages as well as breakthroughs in IVF surgical interventions. Additionally, discussions were held on the pivotal roles of nurses, the importance of patient

mental health, the power of reproductive narratives in overcoming trauma and the emerging frontiers of reproductive immunology.

### The Gala Night to Remember

The conference's gala dinner, held on the 7th of October, is a highlight to be cherished. The evening was filled with laughter, joy and meaningful connections, witnessing the rekindling of old friendships and the forging of new ones. The night beautifully embodied the spirit of camaraderie and collaboration within the MSART community.

Finally, I would like to extend my sincere gratitude to our esteemed keynote speaker and all guest speakers, as well as our dedicated Chairpersons. I also deeply appreciate the hardworking organising committee and our generous sponsors whose support has been indispensable to the success of this event. A special and heartfelt thank you goes to Ms Ratha Rajasoorian, the head of the secretariat.

Sincerely,  
Dr Navdeep Singh Panu

President, Malaysian Society for Assisted Reproductive Technology (MSART)

Term 2022-2024

\*\* MSART 2023 was supported by OGSIM



**mindray**

HyPixel U1

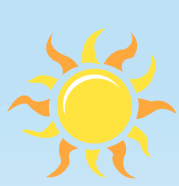
4K Endoscope Camera System



Simply Clear

 **evomedic**

Visit us at [my-evomedic.com](http://my-evomedic.com)



# Bio-D<sub>3</sub> 800 IU

Cholecalciferol

## Strengthen Your Bones & Muscle Naturally



**Suitable For  
Those With  
Limited Sun  
Exposure**



MAL 13045020N



### Clinically Tested Dosage

- ✓ 800 IU is a dose that was clinically tested to reduce the risk of hip and any nonvertebral fractures.
- ✓ 800 IU is the recommended daily dose by International Osteoporosis Foundation.



### Reduce Risk of Hypercalcemia

- ✓ Cholecalciferol (inactive form of Vitamin D3) gives a more natural way of supplementation without any concern for hypercalcemia.



### Optimal Absorption

- ✓ Dissolved in high-quality cold-pressed olive oil to ensure optimal absorption.

Also suitable for:



**Vitamin D  
Deficiency**



**Elderly**



**Pregnant and  
Breastfeeding**





Obstetrical and Gynaecological  
Society of Malaysia



Congress of the  
**Obstetrical and  
Gynaecological  
Society of  
Malaysia**



Intelligence in O&G:  
**Real or Artificial?**

4-7 July 2024

Sabah International Convention Centre (SICC)  
Kota Kinabalu, Sabah, Malaysia



Dear Ladies and Gentlemen,

**31st Congress of the Obstetrical and Gynaecological Society of Malaysia  
4-7 July 2024, Sabah International Convention Centre, Kota Kinabalu, Sabah,  
Malaysia**

Greetings from the Obstetrical and Gynaecological Society of Malaysia.

Mark your calendar for the biggest Obstetrics and Gynaecology colloquium for 2024.

The 4th-7th of July 2024 are the confirmed dates for our 31st Congress of the OGSM and we are amid of conceptualizing an unparalleled, distinctive, state-of-the-art scientific experience.

"Intelligence, Real or Artificial?" is the theme where we aspire to blend the old with the new, the art with the science, human with machine learning as we embrace the evolution towards Artificial Intelligence. As an ultra-modern conference, we have redesigned the scientific blueprint as we aim to evolve from the traditional specialty-based symposiums for a more holistic academic experience.

As to further enhance your conference experience, Sabah, the third largest island in the world is our venue, where we endeavor to elevate your academic experience with a tinge of adventure, captivating nature, idyllic beaches, untouched rainforest and embracing Borneo's diversified culture; as we passionately aim to deliver an enriching experience beyond plenaries and symposiums.

Apart from an engaging academic experience of high standards, the congress will also be a convocation to engage with our esteemed members, strengthen camaraderie, network, build fellowships as we all unite with a single passion, Obstetrics and Gynaecology.

I assure you that a meaningful and an enriching experience awaits you at the 31st Congress of OGSM next July and I sincerely hope that you will support us to make this a memorable conference. Let us all meet in Sabah, next July.

Yours truly,

**Dr Muniswaran Ganeshan**  
Organising & Scientific Chair,  
31st Congress of the OGSM,  
OGSM President Elect 2023-2024

Organised by:



Obstetrical and Gynaecological  
Society of Malaysia

Venue:



**SABAH INTERNATIONAL  
CONVENTION CENTRE**

# SALE OF PRACTICE

---

**THRIVING O&G / GP PRACTICE**  
AWAITS NEW OWNERSHIP

**Facilitating an array of services:**

- 25 monthly deliveries
- 50 patients daily

Accommodating for **O&G specialist**  
& **Medical partner**



[bit.ly/obgynkl-acquire](https://bit.ly/obgynkl-acquire)





*INCREASE YOUR PATIENT ACCESS  
TO ROBOTIC-ASSISTED SURGERY*

*ENHANCE YOUR ACCESS WITH  
THE LATEST GENERATION:*

# *DA VINCI XI*

## **MULTI-QUADRANT ACCESS:**

Access anatomy from splenic flexure to deep in the pelvis.

## **OPTIMISED PATIENT-SIDE ACCESS:**

Multi-position set up joints to maximise the surgical workspace externally and internally.

### **Outcomes that favor RAS<sup>1</sup>**

	vs. Lap	vs. Open
Conversions	55% less likely	
Blood transfusions	28% less likely	70% less likely
30-day complications	14% less likely	39% less likely
Length of stay	0.4 days shorter	1.9 days shorter
30-day mortality	33% less likely	57% less likely
30-day readmissions	23% less likely	

#### References:

- Results are based on a meta-analysis of peer reviewed literature for robotic-assisted procedures (right colectomy, LAR/TME, prostatectomy, partial nephrectomy, lobectomy, hysterectomy for endometrial and cervical cancer) published between 2010-2020. This work was presented at the ISPOR 2021 annual congress. The summary of clinical results are reflective of a pooled analysis of 7 systematic literature reviews, presented by outcome across different surgical procedures. While the meta-analysis results provide a single conclusion that is statistically significant or not statistically significant, these results are subject to variability. The results of this analysis may depend on several factors, including but not limited to patient characteristics, disease characteristics, the procedure of interest, and/or surgeon experience.





# O&G Scientific Conference for Trainees

## Dr Nanthakumar Nadarajan

O&G Specialist, Hospital Shah Alam

In today's fast paced and ever evolving medical field, the pursuit of knowledge is beneficial not only for patient care, but also for personal and professional development. Change is inevitable and medical fraternity is no exception. Thus, the 'Embracing change with a strong foundation' theme kicked off our O&G Scientific Conference for Trainees for the second time. The conference was organised by the Royal College of Obstetricians and Gynaecologists (RCOG) International Representative Committee of Malaysia (IRC) in collaboration with the Obstetrical and Gynaecological Society of Malaysia (OGSM), College of Obstetricians and Gynaecologists, Academy of Medicine, Malaysia (COGAMM) and Persatuan Obstetrik dan Ginekologi Nasional KKM (PROGEN). Led by our advisor, Dr Tang Boon Nee, and organising chair, Dr Khor Xin Yun, the conference was held on the 21st and 22nd of August 2023 at AC Hotel by Marriott, Kuala Lumpur.

With the success of the first trainee conference held last year, more trainees were enthusiastic about joining the conference this year with a total of 88 participants. The conference consisted of lectures in the morning followed by workshops in the second half of the day.

It was a fruitful experience this year with the presence of RCOG fraternity members, and the President of RCOG herself, Dr Raneer Thakar. She shared her inspiring journey to presidency, thus encouraging trainees to be more confident, capable and credible people. She was also joined by Prof Hassan Shehata who shared the current updates on the management of recurrent miscarriages.

The conference continued with various lectures addressing relevant topics and updates regarding the O&G fraternity given by various speakers from all around Malaysia. Some of the topics highlighted were 'Requirement of an O&G Trainee – MOG & MRCOG' by Dr Wan Ahmad Hazim Wan Ghazali who had given a clearer understanding of training requirements to become an O&G specialist in Malaysia.

This conference also acted as a platform to create awareness of various ethical and legal issues concerning the O&G fraternity. The symposium on medicolegal issues began with a talk on 'The anatomy of an enquiry' by



Datuk Dr Tham Seng Wah, followed by 'Supporting underage girls through pregnancy and sexual abuse' by Prof Shamala Devi Karalasingam and 'Lessons learnt from O&G litigation cases' by Mr Dhinesh Bhaskaran.

Apart from that, a symposium addressing the recent updates in the management of obstetric patients was presented by Dr Muniswaran Ganesham, focusing on 'Advances in prediction and prevention of preeclampsia' and Dr Carol Lim Kar Koong who emphasised the 'New Labour Care Guide'.

The conference then continued in the afternoon with workshops and hands-on sessions. The sessions commenced with 'Ultrasound Workshop' by Dr Voon Hian Yan, 'UDS/POP Q and TVT-O Workshop' by Dr Ng Poh Yin and team, 'Hysteroscopy Workshop' by Datuk Dr Soon Ruey, 'Managing intrapartum events' by Dr Malar Kandasamy and team, 'Colposcopy Workshop' by Assoc Prof Dr Kavitha Nagandla and 'Laparoscopic Workshop' by Dr Nor Azmi Kassim.

In conclusion, the conference was a great success with an overall positive feedback from participants and fellow speakers. This conference functioned as a networking platform for participants to meet with pioneers and aspiring specialists from the O&G fraternity. Success of this conference is not the end goal since it inspired the courage and momentum to conduct future conferences to guide and motivate our O&G trainees in Malaysia.

Dr Nanthakumar Nadarajan  
Hospital Shah Alam





# Bio-Selenium™ Plus

Improving the quality of output



## Enhancing Reproduction Function



Contains the patented SelenoPrecise® to deliver high bioavailability to our body for optimum absorption.

- ⊕ **High absorption** <sup>4</sup>
- ⊕ **Consistent and uniformly high content** <sup>4</sup>
- ⊕ **Gold standard and official reference**

**References:** 1. Moslemi, MK and Tavanbakhsh, S, (2011), Selenium-vitamin E supplementation in infertile men: effects on semen parameters and pregnancy rate, Int J Gen Med, 4:99-104, 2. Scott, R et al, (1998), The effect of oral selenium supplementation on human sperm motility, Br J Urol, 82:76-80 3. Safarinejad\*, MR and Safarinejad, S, (2009), Efficacy of Selenium and/or N-Acetyl-Cysteine for Improving Semen Parameters in Infertile Men: A Double-Blind, Placebo Controlled, Randomized Study, J Urology, 181, 741-751, 4. Bügel S, et al, (2004) Selenium from a high Se yeast supplement is well absorbed and retained in humans, Metal Ions in Biology and Medicine, 8:206-209

Selenium 200mcg/day improves quality in

- ⊕ **Sperm Count** <sup>3</sup>
- ⊕ **Sperm Motility** <sup>2</sup>
- ⊕ **Sperm Morphology**

Clinically proven to increase spontaneous pregnancy



MAL12105077N



# Immunisation of expectant mothers has been shown to confer **passive protection against pertussis** in newborns<sup>1</sup>

Adacel®

## Adacel® is indicated for immunisation during pregnancy in Malaysia!<sup>2</sup>



### HIGH VACCINE EFFECTIVENESS

> **90%** effective in preventing pertussis within the first 3 months of life<sup>2,3</sup>



### WELL-DOCUMENTED SAFETY PROFILE

> **80,000** pregnancy outcomes evaluated<sup>2</sup>



### Extensive real-world experience in pregnancy vaccination

Widely used in routine pregnancy immunisation programmes since 2011<sup>4</sup>

## Adacel® For the passive protection of newborns against pertussis in the first 3 months of life<sup>2</sup>



#### ADACEL® MY PI

<https://surl.sanofi.com/adacelmy>  
For the full prescribing information, please scan the QR Code or visit the link provided



Tdap: Tetanus, diphtheria and pertussis.

**References:** **1.** Gall SA, Myers J, Pichichero M. Maternal immunization with tetanus, diphtheria, pertussis vaccine: effect on maternal and neonatal serum antibody levels. *Am J Obstet Gynecol.* 2011;204(4):334.e331-5. **2.** Adacel full prescribing information. Date of revision: March 2020. **3.** Baxter R, Bartlett J, Fireman B, Lewis E, Klein NP. Effectiveness of vaccination during pregnancy to prevent infant pertussis. *Pediatrics* 2017;139(5):e20164091. **4.** Kharbanda EO, Vazquez-Benitez G, Lipkind HS, et al. Evaluation of the association of maternal pertussis vaccination with obstetric events and birth outcomes. *JAMA.* 2014;312:1897-904.

sanofi

SANOI PASTEUR c/o sanofi-aventis (Malaysia) Sdn. Bhd. (334110-P)  
Unit TB-18-1, Level 18, Tower B, Plaza 33, No.1 Jalan Kemajuan, Seksyen 13,  
46200 Petaling Jaya, Selangor Darul Ehsan, Malaysia.  
Tel: +603-7651 0800 Fax: +603-7651 0801/0802  
© 2022 Sanofi. All rights reserved.

For healthcare professionals only.

MAT-MY-2200227-2.0-05/2022



**Annum™**  
MATERNA

# 2 glasses of Annum™ MATERNA support 100% of nutritional needs\*



- ✓ **DHA & Gangliosides**
- ✓ **Probio DR10™<sup>^</sup>**
- ✓ **Low Fat & Low GI**  
(GI Value for Annum™ MATERNA Plain = 23)
- ✓ **No Added Sugars\*\***

**Did you know?**

- ✓ **DHA and Gangliosides support memory and learning.**
- ✓ **Prebiotic and Probio DR10™<sup>^</sup> support good gut environment. A good gut environment is important for body defense system.**

<sup>^</sup> *Bifidobacterium lactis* HN019

\* For Folic Acid, Calcium, Zinc, Vitamin B<sub>2</sub>, Vitamin B<sub>6</sub> and Vitamin E, with 2 glasses a day (RNI Malaysia, 2017)

\*\* Sucrose, Glucose Syrup Solid, Corn Syrup Solid, Brown Sugar, Dextrose, Lactose, Fructose, Honey and White Sugar are defined as 'sugars' and 'added sugars' under CODEX Standard 212-1999 and CAC/GL23-1997. CODEX develops harmonised international food standards guidelines and code of practices. Under Malaysia Food Regulations 1985, Sucrose, Brown Sugar, Dextrose, Glucose, Fructose, Honey are defined as sweetening substances. For Annum™ MATERNA Plain only.

# End with Gynoflor®

100 million Lactobacillus acidophilus | 0.03 mg Estriol

## Restoration of normal vaginal ecosystem



Unique combination of ultra-low dose estriol (0.03 mg) and lactobacilli (*L.acidophilus* KS400) <sup>1</sup>

For initial treatment and maintenance therapy of vaginal atrophy <sup>1</sup>

For the restoration of the vaginal ecosystem <sup>1</sup>

#### BRIEF PRESCRIBING INFORMATION OF GYNOFLOL®

**INDICATIONS:** Restoration of the Lactobacillus flora after local and / or systemic treatment with anti-infective or chemotherapeutic agents; Atrophic vaginitis due to estrogen deficiency during menopause and postmenopause, or as co-medication to systemic hormone replacement therapy. **DOSAGE:** Restoration therapy: 1–2 vaginal tablets daily for 6–12 days. Atrophic vaginitis: A dose of 1 vaginal tablet daily is recommended for 6–12 days, followed by a maintenance dose of 1 vaginal tablet at 1–2 days per week. The vaginal tablets should be inserted deeply into the vagina in the evenings before retiring. **PREGNANCY & LACTATION:** Can be used during pregnancy and lactation. Caution should be exercised when prescribing to pregnant women in the first trimester. **CONTRAINDICATIONS:** Hypersensitive to the active substances or to any of the excipients. Malignant changes (estrogen-dependent tumors) in the breast, uterus or vagina. Endometriosis (suspected or manifest). Vaginal hemorrhaging of unknown origin. Young girls who have not reached sexual maturity should not use this preparation. **PRECAUTIONS / INTERACTIONS:** Lactobacillus acidophilus is sensitive to treatment with numerous anti-infective agents (local or systemic). Simultaneous treatment of such agents may lead to a reduction in the efficacy of Gynoflor®. **ADVERSE EFFECTS:** Local reactions: mild stinging or burning may be expected shortly after administration. Rarely, redness, itching or allergy. **STORAGE:** Store in refrigerator (2–8°C). Storage of Gynoflor® at room temperature during 1–2 weeks treatment period does not affect its efficacy. **DATE OF REVISION OF PACKAGE INSERT:** OCT 2011.

#### References:

<sup>1</sup> Gynoflor Package Insert October 2011.

For Healthcare Professionals only.

Market Expansion  
Services by  
www.dksh.com



DKSH Malaysia Sdn. Bhd. (4476-U)  
B-11-01, The Ascent, Paradigm, No. 1,  
Jalan SS 7/26A, Kelana Jaya, 47301  
Petaling Jaya, Selangor Darul Ehsan, Malaysia.  
Phone +60 3 7882 8888, Fax +60 3 7882 5555

medinova  
SWITZERLAND

WHAD10523V1  
Revision date: 3<sup>rd</sup> May 2023



Which antibiotic has the following features?



## Treat it right with just a single dose antibiotic<sup>1</sup> Be Urospecific in Treating Cystitis



**Single-dose therapy<sup>1</sup> which;**

- Improves treatment compliance
- Reduces risk of failure
- Reduces emergence of resistance



**Low resistance rates<sup>6</sup>**



**Recommended by local and international guidelines<sup>2,3,4,5</sup>**



**Generally well tolerated<sup>7</sup>**

Register your interest in **Monurol<sup>®</sup>**  
by scanning the QR code here!



**Monurol<sup>®</sup>**  
Fosfomycin trometamol

**Active ingredient:** Fosfomycin trometamol 3g (Monurol<sup>®</sup>). **Indications:** Monurol<sup>®</sup> is indicated in the treatment of acute uncomplicated lower urinary tract infections (acute cystitis) in females of 18 years of age and older caused by the following susceptible pathogens: *Escherichia coli* and *Enterococcus faecalis*. **Dosage & administration:** In acute infections of the lower urinary tract (cystitis, non-gonococcal urethritis) caused by microorganisms susceptible to Monurol<sup>®</sup>, a single dose (3g of active substance in adults) is sufficient for recovery. In more clinically problematic cases (elderly, bedridden patients, recurrent infections) or in infections due to microorganisms usually susceptible to the highest antibiotic doses (*Pseudomonas*, *Enterobacter*, *Indole - Proteus*) two Monurol<sup>®</sup> doses can be administered at a 24 hour interval. **Contraindications:** Hypersensitivity to fosfomycin or any excipients listed in the composition. **Adverse reactions:** The most common adverse effects are those which affect the gastrointestinal tract, primarily diarrhoea. **Precautions:** The use of Monurol<sup>®</sup> is not recommended in patients with renal impairment (creatinine clearance < 10 ml/min). Since there is insufficient data for children under 12 years of age, Monurol<sup>®</sup> should not be given to them. **Warnings:** Only limited data on the safety of fosfomycin trometamol treatment during 1st trimester of pregnancy are available. These data do not raise any safety signal for teratogenicity so far. Monurol<sup>®</sup> should only be used during pregnancy, if clearly necessary. Since Monurol<sup>®</sup> passes into breast milk, women who are breastfeeding should not be treated with Monurol<sup>®</sup> unless strictly necessary. **Drug interaction:** The co-administration of metoclopramide or other drugs known to increase gastrointestinal motility may cause a significant reduction in the therapeutically effective plasma and urinary concentrations of fosfomycin. If fosfomycin trometamol is taken with food, the plasma and urinary levels of fosfomycin decrease. For this reason, it is recommended to take this medicine on an empty stomach or 2 to 3 hours after a meal or after taking other medications. Full prescribing information is available upon request. All adverse event should be reported to [vigilance@epplusgroup.com](mailto:vigilance@epplusgroup.com)

**Reference:**

1. Monurol<sup>®</sup> Prescribing Information, Malaysia, April 2022. 2. Bonkat, G. et al. (2023). EAU Guidelines on Urological Infections. European Association of Urology. 3. National Antimicrobial Guideline. Pharmaceutical Services Programme, MOH Malaysia; 2019. 4. Anger, J. et al. (2022). Recurrent uncomplicated urinary tract infections in women: AUA/CUA/Sufu guideline. Journal of Urology, 208(4), 754-756. 5. Choe, H.-S et al. (2017). Summary of the UAA-AAUS guidelines for urinary tract infections. International Journal of Urology, 25(3), 175-185. 6. Karlowsky, J. A. et al. (2014). In vitro activity of fosfomycin against *Escherichia coli* isolated from patients with urinary tract infections in Canada as part of the CANWARD Surveillance Study. Antimicrobial Agents and Chemotherapy, 58(2), 1252-1256. 7. Falagas, M. E. et al. (2010). Fosfomycin versus other antibiotics for the treatment of cystitis: A meta-analysis of randomized controlled trials. Journal of Antimicrobial Chemotherapy, 65(9), 1862-1877. 8. Dawood, A. S. et al. (2017). Fosfomycin therapy for non-complicated lower urinary tract infections during pregnancy: Tanta University experience. Open Journal of Obstetrics and Gynecology, 07(05), 532-544.

For healthcare professionals only. MON-AD-0723-01

# Landmark Occasion: The First RCOG Admission Ceremony on Malaysian Soil



**Dr Teo Wan Sim**

Specialist, Obstetrician and Gynaecologist  
Hospital Serian, Sarawak

A big thank you for the heartwarming first ever Fellow and Member Admission Ceremony hosted by the Royal College of Obstetricians and Gynaecologists (RCOG) in Malaysia. This unprecedented event, took place at Hilton Petaling Jaya on 20th August 2023, marked a historical milestone, as it brought us together to celebrate a momentous occasion on Malaysian soil, reflecting the RCOG's commitment to advance in obstetrics and gynaecology while fostering international collaboration.

The air in the hall was filled with excitement and anticipation while the distinguished speakers illuminated the event with their insightful addresses, emphasized the value of continuous learning, professional development, and the pivotal role of young budding Obstetrician and Gynaecologist in shaping the future of women's health.

The highlight of the ceremony, of course, was the admission of new members into the RCOG family. I wanted to take a moment to reflect on the profound sense of pride that we felt as we donned our graduation gowns and mortar boards.

Wearing those gowns symbolized not just the culmination of our academic journey, but also the countless years of hard work, countless days of sleepless nights, dedication, and determination that we poured into our studies. It was a visual representation of our growth, both intellectually and personally, throughout this remarkable chapter of our lives. It was a joyous and proud moment, as we stood together in those gowns and receive the scroll handed over to us by the RCOG President, Dr. Raneer Thakar on the stage, witnessed and cheered by our family members.

Reflecting on the journey we've embarked upon, the path we've chosen is not an easy one, filled with its share of obstacles and uncertainties. But, we haven't walked this path alone. Our family members have been our pillars of strength. Their belief in us has provided the foundation upon which we've built our endeavors.





Colleagues and friends have stood by us, offering a helping hand, a listening ear, and camaraderie that has lightened the load. And then there are our mentors who have been an integral part of our academic journey, offering their wisdom, guidance, and support along the way. They have invested in our growth and have believed in our potential, even during times when we questioned ourselves.

We would like to extend our heartfelt gratitude to the countless individuals who worked tirelessly behind the scenes to ensure the seamless execution of this momentous occasion. The ceremony's success stands as a testament to their dedication and unwavering commitment, from the organizing committee to the volunteers.

In closing, the RCOG Admission Ceremony in Malaysia was a resounding triumph, setting a precedent for future gatherings of this caliber. It was a celebration of achievements, a nexus of wisdom, and a testament to the transformative power of collaboration in the field of obstetrics and gynaecology.

As we move forward, let us carry forth the values championed by the RCOG and continue our journey towards excellence in all our endeavors. Together, we possess the potential to make a lasting impact on the health and well-being of women across the globe.



# B. Braun Offers The Most Comprehensive Synthetic Absorbable Monofilament Portfolio

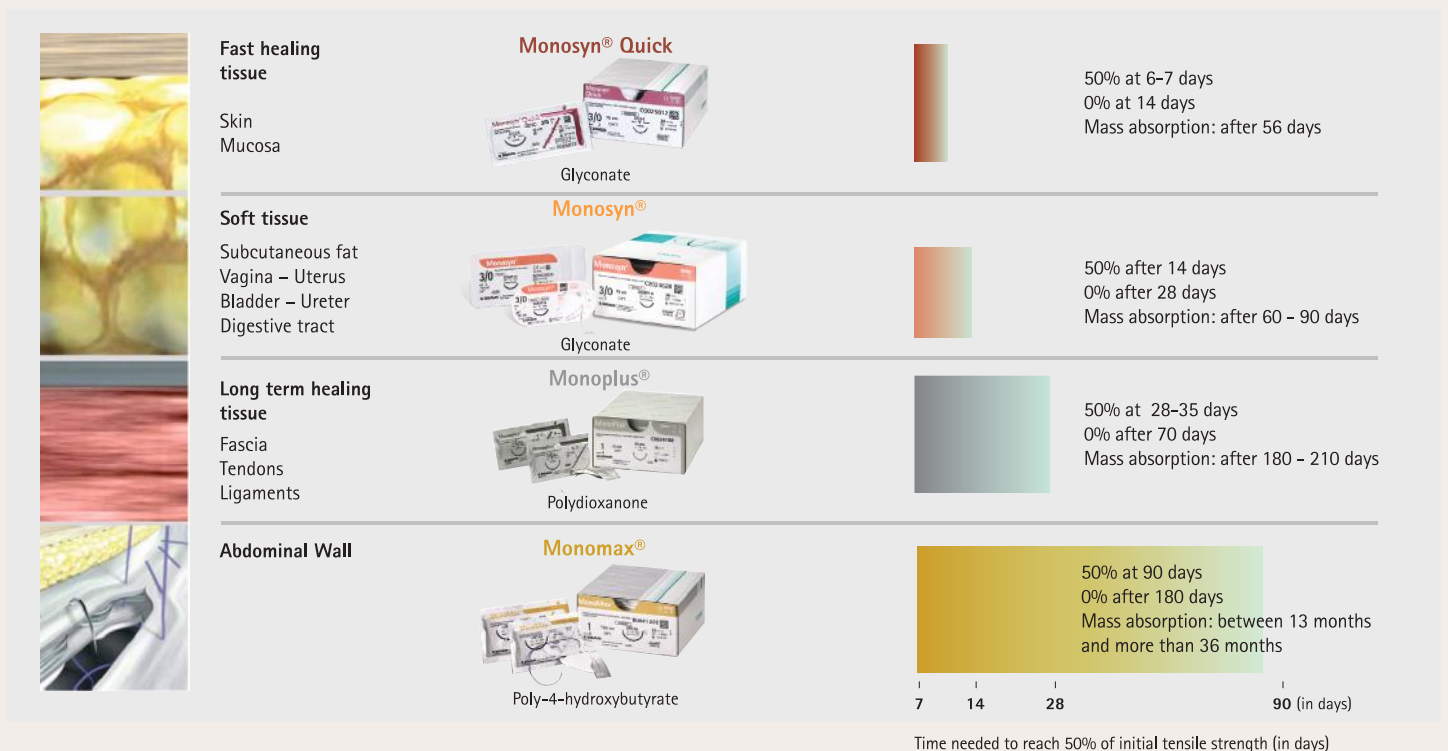
One thread. One indication. One Solution.

B. Braun Medical Supplies Sdn Bhd [Co.Reg: 198001002641 (56425-H)]  
Crown Penthouse | Plaza IBM | 8 First Avenue | Persiaran Bandar Utama  
47800 Petaling Jaya | Selangor, Malaysia  
General Line no. +603-7841-4200 | Fax +603-7729-7491 | www.bbraun.com.my

"For Healthcare Professionals Only"



## B. Braun's Complete Range of Monofilament Sutures



The implant for IMPLANON NXT® is shown in the image below. Actual implant length is 4 cm.

# IMPLANON NXT®

- a **non-uterine LARC** that is **>99% effective**<sup>1,\*</sup>

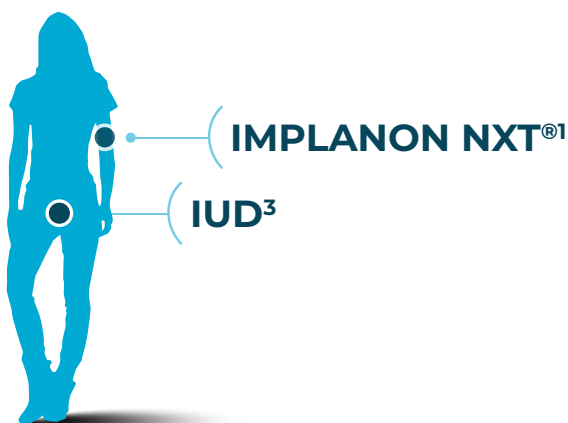
LARC = long-acting reversible contraception

\*Less than 1 pregnancy per 100 women who used IMPLANON NXT® for 1 year.<sup>2</sup>



IMPLANON NXT® is indicated for contraception. Safety and efficacy have been established in women between 18 and 40 years of age.

A LARC that doesn't go in the uterus<sup>1</sup>



**Flexible rod<sup>1</sup>**

- The IMPLANON NXT® rod is around 4 cm long and 2 mm in diameter<sup>1</sup>
- It's inserted subdermally just under the skin of the inner non-dominant upper arm<sup>1</sup>
- After insertion, both you and your patient should be able to feel the rod just under the skin<sup>1</sup>



**In clinical trials<sup>†</sup>, mean insertion time was under 1 minute<sup>4,††</sup>**

• Insertion:

- » Can be performed by any qualified healthcare provider who is familiar with the procedure<sup>1</sup>
- » Is done using anesthetic spray or by injecting 2 ml of 1%<sup>1</sup> lidocaine just under the skin along the planned insertion site<sup>1</sup>



**With pregnancy prevention for up to 3 years<sup>1,†††</sup>**

- No daily, weekly, or monthly dosing<sup>1,2</sup>

<sup>1</sup>Less than 1 pregnancy per 100 women who used IMPLANON NXT® for 1 year.<sup>2</sup>

# Want to get key nutrients for you and your foetus but worried about excessive weight gain?

Annum™ MATERNA is the only maternal milk with **No Added Sugars\*\***, **Low Fat & Low GI**

GI value = 23 (Plain); 26 (Chocolate)  
Low GI foods cause a slower rise in your blood sugar levels.



Brands	Added Sugars
<b>Annum™ MATERNA</b>	<b>No Added Sugars**</b>
<b>Brand E</b>	<b>Corn Syrup Solids, Sucrose, Lactose</b>
<b>Brand F</b>	<b>Bakers Honey Powder, Lactose</b>
<b>Brand SM</b>	<b>Corn Syrup Solids, Sucrose</b>

\*\*Sucrose, Glucose Syrup Solid, Corn Syrup Solid, Brown Sugar, Dextrose, Lactose, Fructose, Honey and White Sugar are defined as 'sugars' and 'added sugars' under CODEX Standard 212-1999 and CAC/GL23-1997. CODEX develops harmonised international food standards guidelines and code of practices. Under Malaysia Food Regulations 1985, Sucrose, Brown Sugar, Dextrose, Glucose, Fructose, Honey are defined as sweetening substances. For Annum™ MATERNA Plain only, Chocolate flavour is less sweet.