

## Nearest Hotel

Vistana Hotel	03 - 4042 8000
Tamu Hotel	03-2 603 999
Brisdale Hotel	03 - 2694 8833
KL International Hotel	03 - 2697 8833
Adamson Hotel	03 - 2698 8557
Citi Tel Express	03 - 2691 3103

For payment by cash

Kindly Submit Completed application form fax to Jabatan Obstetrik & Ginekologi HKL

**Email Symposium :**  
**[urogynaecclinic@gmail.com](mailto:urogynaecclinic@gmail.com)**

For payment by cheque, please write to

**"PERTUBUHAN UROGYNAECOLOGY MALAYSIA"**

Payment can be made via electronic transfer or cash deposit at this account:

Bank account no: 8007904931

Bank: CIMB bank

And please fax to Jabatan Obstetrik & Ginekologi, HKL

Fax no : 03 - 26948980

Or email scanned banked in receipt or cheque the above email

### **REMINDER :**

**DO NOT SENT CHEQUE BY POST, PLEASE BRING CHEQUE ON**

**REGISTRATION !!!**

## WHO SHOULD ATTEND ?

- ◆ Specialist, working in Labour Room
- ◆ Registrars, Medical Officers
- ◆ Staff nurses (labour Room)

## COURSE FEE

### Hands On

Government RM 100

Private RM 200

Oversea participants USD 100/-

### No Hands On

Government RM 75-

Private RM 150

Oversea participants USD 50/-

## Closing date : 20th Nov 2019 !

### 1st. Come 1st. Serve! !! ...

For any enquiries & registration, please contact ;

**KJ Norpisah, JT Norlinda, JT Khadijah,  
JM Nur Suhua'ada & JM Nuratikah**  
at

603 - 2615 6740, 603 - 2615 5448

(Uro Gynae Clinic , HKL)

or email

**[urogynaecclinic@gmail.com](mailto:urogynaecclinic@gmail.com)**



MINISTRY OF HEALTH



HOSPITAL KUALA LUMPUR



PERTUBUHAN UROGYNAECOLOGY



OBSTETRICAL & GYNAECOLOGICAL SOCIETY OF MALAYSIA

## **2nd Announcement**

# **Symposium on Perineal Trauma & Repair (Central region)**

**27th Nov 2019**



held

Auditorium Hospital Wanita dan Kanak-kanak Kuala Lumpur and SACC (5th floor) ,  
Hospital Kuala Lumpur,

TEL : 03 - 26155448

**Clinic Email : [urogynaecclinic@gmail.com](mailto:urogynaecclinic@gmail.com)**

# PROGRAMME OF SYMPOSIUM

## OBJECTIVE

- ◆ To create awareness among participants regarding the importance of identifying 3<sup>rd</sup> and 4<sup>th</sup> degree perineal tears
- ◆ To improve skills in repairing 3<sup>rd</sup> & 4<sup>th</sup> degree perineal tears
- ◆ To optimize care for patients with 3<sup>rd</sup> & 4<sup>th</sup> degree perineal tears

## SPEAKERS & TRAINERS

### *Dr Ng Poh Yin*

*Head of Unit & Consultant Urogynaecologist,  
Department Obstetric & Gynaecology,  
Hospital Wanita dan Kanak -kanak Kuala Lumpur*

### *Dr Aruku Naidu*

*Head of Department, Consultant Urogynaecologist,  
Department Obstetric & Gynaecology,  
Hospitals Raja Permaisuri Bainun, Ipoh*

### *Dr. Malathi A/P Rajendra*

*Urogynaecologist,  
Department Obstetric & Gynaecology,  
Hospital Shah Alam*

### *Dr Sukanda Jaili*

*Department Obstetric & Gynaecology,  
Hospital Umum Sarawak  
Kuching, Sarawak*

### *Dr Norlelawati Abdul Latip*

*Urogynaecologist,  
Department Obstetric & Gynaecology,  
Hospital Sultanah Aminah,  
Johor Bahru, Johor*

### *Dr Tan Gaik Imm*

*Urogynaecologist,  
Department Obstetric & Gynaecology,  
Hospital Wanita dan Kanak- Kanak Likas*

## 27th Nov 2019

**0800 - 0830**

**0830-0900**

**0900-0930**

**0930 - 1000**

**1000 - 1030**

**1030 - 1100**

**1100 - 1130**

**1130 - 1200**

**1200 - 1230**

**1230-1300**

**1300 - 1400**

**1400 - 1700**

**1700**

**: Registration**

**: OPENING SPEECH**

- Pengarah Hospital

**: Anatomy of perineum**  
(Dr Sukanda)

**: Incidence, prevalence & prevention of anal Sphincter Tear & future pregnancies**  
- Dr Aruku

**: Coffee Break**

**: Repair of 3<sup>rd</sup> & 4<sup>th</sup> degree perineal tear primary repair**  
- Dr Ng Poh Yin

**: Pregnancy after OASIS**  
- Dr Tan Gaik Imm

**: Transperineal ultrasound and OASIS**  
- Dr Norlelawati

**: Medicolegal and OASIS/Video**  
- Dr Aruku

**: Suture**  
- Dr Malathi

**: Lunch Symposium**

**: Hands On Practical Application In Animal Lab (SACC HKL)**  
- Dr. Ng Poh Yin, , Dr Aruku, Dr Malathi,  
Dr. Sukanda, . Dr Norlelawati ., Dr Tan GI

**: Tea Break and close**

## APPLICATION FORM

NAMA :

IC :

PROFESSION :

PHONE NO (OFFICE) :

HANDPHONE:

PLACE OF WORK :

ADDRESS :

E - MAIL ADDRESS :

PAYMENT BY

HAND ON ( ) NO HAND ON ( )

Cash ( )	Cheque( )	Transfer In( )	LPO ( )
RM	RM	RM	RM

MEALS :

VEGETARIAN ( ) NON VEGETARIAN

