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INSIDE INBOX

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A Journey Through Time in Gynaecologic Surgery: From Laparotomy to Robotics

A publication by the Obstetrical and Gynaecological Society of Malaysia

Contents

01

Stepping Forward with Gratitude – Join Us in Penang for the 32nd OGSM Congress
RM Udayar Pandian Ramachandhiran

02

A Journey Through Time in Gynaecologic Surgery: From Laparotomy to Robotics
Dr. Sharifah Halimah Jaafar

10

GLOW Training of Trainers 12th January 2025 OGSM Office
Dr Ong Zhong Wei

12

SRH Module Development Workshop
Dr Harizah Hatim

14

Heartbeats Beyond Borders: 1st International Fetal Heart Workshop 2025
Dr Chua Wang Ching

18

Patients' Rights to Their Medical Records
Dr Milton Lum

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Stepping Forward with Gratitude – Join Us in Penang for the 32nd OGSM Congress

Dear Esteemed Members,

It is with great honor and humility that I take on the role of President of the Obstetrics and Gynaecology Society of Malaysia very soon. I am deeply grateful for the trust you have placed in me, and I look forward to serving our community with dedication, vision, and collaboration.

As we navigate the future of women's health in Malaysia, I am inspired by the strength of our collective expertise and commitment. My aspiration for the coming term are centered around three key pillars: excellence in clinical practice, education and professional development, and advocacy for women's health.

We will work to enhance training opportunities, support research and innovation, and ensure that our members are equipped with the latest knowledge and tools to provide outstanding care. I also aim to strengthen partnerships—both within the medical community and with policymakers—so that our voices are heard where it matters most.

In these times of rapid advancement and evolving healthcare needs, our society must remain a beacon of leadership and integrity. I invite each of you to engage actively with the society's initiatives, contribute your insights, and share in the responsibility of shaping the future of obstetrics and gynaecology in Malaysia.

Together, let us continue to uplift the standards of care, mentor the next generation, and make a meaningful difference in the lives of the women we serve.

Finally it's my great pleasure and honour to welcome you to our 32nd International Congress of the Obstetrical & Gynaecological Society of Malaysia in Penang, where we gather to share knowledge, foster collaboration, and explore new horizons in the field of obstetrics & gynaecology. Your presence in the congress will undoubtedly bring an exciting diversity of perspectives that enriches our discussions and drives meaningful progress.

See you soon in Penang.

With warm regards,

RM Udayar Pandian Ramachandhiran
President Elect & Organising Chairman
32nd International Congress of the Obstetrical & Gynaecological Society of Malaysia.

Obstetrical and Gynaecological Society of Malaysia

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A Journey Through Time in Gynaecologic Surgery: From Laparotomy to Robotics

Dr. Sharifah Halimah Jaafar
Consultant Gynaecologist,
Hospital Picaso

Paradigm Shift in Gynaecologic Surgery

Today, the landscape of gynaecologic surgery has been transformed by remarkable advancements. The rise of minimally invasive surgery (MIS), robotic-assisted procedures, and cutting-edge ablation technologies has revolutionised patient care.

These innovations have not only enhanced surgical precision and safety but have also paved the way for personalised treatment approaches that prioritise fertility preservation and significantly improve quality of life. What was once deemed impossible has now become routine, thanks to relentless progress in surgical techniques and technology.

These advancements not only improve patient outcomes by minimising pain, scarring, and recovery times but also provide gynaecologists with opportunities to broaden their skill sets. Compared to the era of open surgery, modern technologies enable surgeons to master diverse techniques, from advanced laparoscopy to robotic systems - enriching their expertise and enhancing surgical precision.

What was once a single pathway dominated by open surgery has evolved into a dynamic field with multiple options, empowering surgeons to tailor treatments to individual patient needs. This transformation ensures a future where gynaecologic care continues to improve, benefiting patients and healthcare providers alike.

Limitations of Laparotomy: Why Change Was Necessary?

For much of modern medical history, gynaecologic surgery was synonymous with open laparotomy. Whether for a hysterectomy, myomectomy, or ovarian cyst removal, large abdominal incisions were the norm.

Despite its long-standing role, laparotomy has clear disadvantages, particularly in complex pelvic surgeries. Studies indicate that laparotomy is no longer the standard of care for most gynaecologic surgeries,

particularly in cases requiring meticulous dissection. Several comparative studies provide compelling evidence supporting the transition from laparotomy to minimally invasive approaches, particularly robotic surgery. (Table 1)

Table 1: Comparison between the surgical approach

Factor	Laparotomy	Laparoscopic 2D/3D	Robotic Surgery (RS)
Complication Rate	High (↑ bleeding, infection)	Lower than laparotomy	Lowest (1)
Length of Stay (LOS)	4-5 days	2-3days	1-2 days (2)
Post-op Pain	Significant	Moderate	Least (3,4)
Estimated blood loss (EBL)	Significant	Moderate	Least (3,4)
Surgical Precision	Limited (hand tremor, poor depth perception)	Improved (esp. 3D)	Highest (wristed instruments, tremor filtration) (4.5)
Recovery Time	4-6 weeks	2-3 weeks	1-2 weeks (5)
Ergonomics	Fatigue for surgeon	Moderate improvement	Best (console-based, stable posture)

According to Cochrane systematic review of surgical approach to hysterectomy, both robotic and laparoscopic hysterectomy are found to be equally effective and did not show any difference in the surgical outcome and the complication rate.

However, multiple studies have demonstrated advantages of robotic hysterectomy over laparotomy and laparoscopy, particularly in specific patient populations [7]. Robotic-assisted surgery has shown significant benefits in obese patients [8] and in cases involving large uteri [8–10]. Compared to laparotomy, robotic surgery has been associated with reduced blood loss, decreased postoperative pain, and shorter hospital stays [4,5,6].

Minimally Invasive Surgery (MIS): A New Era of Care

MIS skills are difficult to master but over the past two decades, across the world, laparoscopic surgery has become the cornerstone of modern gynaecologic care, replacing open surgery as the first-line approach for most benign gynaecologic conditions.

The evolution of laparoscopy has been a key driver of this transformation, offering reduced recovery times, minimal scarring, and improved cosmetic outcomes.

The advancements in MIS are not limited to surgical techniques but also include significant technological innovations. Traditional 2D laparoscopy has evolved into 3D laparoscopic systems, providing surgeons with enhanced depth perception and improved spatial awareness during procedures.

High-definition imaging technologies, such as 4K systems, now deliver unparalleled clarity, enabling precise visualisation of intricate anatomical structures.

The transition to 3D laparoscopy significantly improved depth perception, reducing errors in suturing, adhesiolysis, and nerve-sparing dissections. A meta-analysis [11, 12, 13, 14] found that 3D laparoscopy led to:

- Reduced operative time by 15-20% (particularly in myomectomy and endometriosis cases)
- Reduced blood loss by 30% compared to 2D laparoscopy
- Increase suturing efficiency by 40% (critical in cases like laparoscopic myomectomy)

However, 3D laparoscopy still had limitations:

- Lack of instrument articulation made complex cases technically demanding.
- Surgeon fatigue remained an issue due to prolonged standing and strain.
- Steep learning curve persisted, particularly for gynaecologists transitioning from open surgery.

Beyond conventional laparoscopy, the introduction of advanced techniques such as single-port surgery (SP), vNOTES (vaginal natural orifice transluminal endoscopic surgery), and NOSE (natural orifice specimen extraction) is further revolutionising the field.

These approaches minimise surgical trauma, improve recovery times, and offer superior cosmetic results, marking a significant leap forward in patient care. Together, these technological advancements and innovative techniques have solidified MIS as the gold standard in gynaecologic surgery, paving the way for safer, more efficient, and patient-centred care.

However, this technique has a steep learning curve. According to the systematic review [7], none of the studies reported satisfaction rates, quality of life or major long-term complications associated with these innovative surgical approach to hysterectomy. It remains uncertain whether there is a difference between the groups in terms of intraoperative visceral injury rate.

Robotic-Assisted Surgery: Precision and Progress

Up to 2023, more than 9,100 robotic platforms have been installed worldwide. By the end of 2023, the total number of procedures performed using da Vinci systems surpassed 14 million across various specialties, including gynaecology.

In 2019, approximately 282,000 gynaecologic robotic procedures were performed worldwide, increasing to about 416,000 in 2023. [15]

In Malaysia, interest in robotic-assisted laparoscopic surgery has grown rapidly over the past three years. The deployment of the da Vinci Xi system in private hospitals has been instrumental in this progress. The number of trained gynaecologic robotic surgeons has increased from just four in 2021 to 27 by December 2024, reflecting a promising shift towards minimally invasive approaches in gynaecologic care, benefitting countless women across the country.

The robotic technology provides superior magnification and high-definition 3D visualisation thereby, enhancing the surgeon's ability to navigate intricate anatomy.

In addition, the advantage of increased dexterity with wristed instruments allowing for a full range of motion, mimicking the natural movements of the human hand. With just fingers movement controlling the robotic arms, it provides greater precision with tremor filtration, thus, reducing human error and enabling delicate tissue manipulation.

A significant advantage of robotic surgery is its shorter learning curve compared to traditional laparoscopy. [16] This makes it an ideal pathway for surgeons transitioning from open surgery, especially for complex cases such as gynaecologic malignancies, pelvic reconstructive surgery (sacrocolpopexy, fistula repair) and deep endometriosis.

Encouraging open surgeons to adopt robotic techniques can significantly reduce the rate of open surgeries, offering patients improved outcomes and less invasive alternatives.

However, robotic surgery and its consumables are costly. Hence, it should be used with discretion, specifically in well-selected cases where it provides proven benefits to patients, This includes complex surgeriesthat require precision, procedures in obese women, deep pelvic surgeries, fertility and nerve-sparing techniques and cases involving large and complex masses. Additionally, robotic surgery is advantageous in situations that require high magnification of the operating field.

Why Robotic Surgery? A cost for nothing? or evidence-based benefits?

The greatest limitation of laparotomy was seen in complex cases such as deep endometriosis and frozen pelvis, where severe scarring and organ involvement made surgical intervention highly challenging. Many women were either left untreated or subjected to radical procedures, such as hysterectomy, eliminating their options for fertility preservation.

Numerous studies comparing the clinical outcomes of robotic-assisted surgery with both laparoscopy and laparotomy have found that, in addition to the general benefits of minimally invasive surgery—such as shorter hospital stays, less pain, and faster recovery—the robotic approach also reduces post-operative complications and recurrence rates in deep endometriosis involving the rectum and ureters [16, 17].

It also represents a paradigm shift in gynaecologic oncology, particularly for endometrial cancer, as mounting evidence shows that robotic radical hysterectomy leads to fewer perioperative complications (5.3% vs. 12.1% in laparoscopy) [18].

Additionally, pelvic lymph node dissection is more precise with robotics, reducing the risk of recurrence. Robotic-assisted surgery has also shown significant benefits for pelvic and complex surgeries, particularly in specific patient populations such as obese patients [8], those with a large uterus [9–11], and individuals with a history of previous surgery. For complex myomectomy, multiple studies have proven that robotic surgery enables deeper myometrial closure, reduces perioperative complications, and improves fertility outcomes.

Challenges and Future Directions: Are we ready to dive into the future?

Currently, robotic surgery training in Malaysia is predominantly industry-led. The da Vinci system by Intuitive (USA), being the most established in the field, follows a standardised training pathway for

surgeons and sets specific prerequisites for robotic training, including certification requirements for console surgeon. Apart from technical training, transitioning from laparoscopy requires structured mentorship. While these training programmes provide foundational and basic skills, they do not take responsibility for a doctor's clinical performance or surgical outcomes. Full reliance on industry sponsorship leads to variability in training quality and limits the scope for comprehensive, independent oversight.

Soon, we can anticipate emerging competition in robotic surgical systems. The Medical Device Authority (MDA) in Malaysia has recently approved several robotic surgical systems from different companies, which are set to be introduced in hospitals soon.

However, it remains unclear what their training pathways entail and who is responsible for ensuring that doctors meet the certification requirements before being granted privileges by individual hospitals to operate using a robotic platform.

While this growing competition may lead to greater accessibility, it also increases the urgency for a robust certification and credentialing system. Without these safeguards in place, the safety and quality of robotic-assisted procedures could be compromised or misused.

Similarly to MIS, Malaysia has yet to establish a certification or credentialing system by a local authority to verify that a surgeon has undergone adequate training and achieved the necessary competency to perform robotic surgeries independently.

Without such oversight, there is a risk of inconsistencies in the quality of care, which could potentially jeopardise patient safety and increase healthcare costs.

The importance of continuous learning requirements cannot be understated. Robotic-assisted surgery in gynaecology is a skill-intensive modality that requires ongoing education and practice to achieve and maintain proficiency.

The lack of structured programmes for continued professional development limits surgeons' ability to refine their skills to handle complicated cases and stay up-to-date with technological advancements.

One of the most crucial steps forward we have to consider is the development of a National Certification and Credentialing Framework-a unified system to certify gynaecologists not only in robotic-assisted surgery but also for MIS. This framework would ensure that surgeons meet consistent standards of training and competency before being granted the privilege to independently perform these advanced surgical techniques.

For robotic surgery specifically, the framework must account for the growing diversity of robotic systems entering the Malaysian market. Comprehensive and adaptable certification pathways are essential to ensure consistency and high standards across different platforms.

The introduction of mandatory certification for surgeons performing robotic surgeries is not just a matter of quality assurance - it is a critical step for medico-legal protection for both doctors and hospitals. A formal

certification process provides concrete evidence of adequate training and competency, reinforcing trust in the surgeon's abilities.

By certifying surgeons, hospitals can demonstrate due diligence in privileging only qualified practitioners, thereby, reducing liability risks.

Mandatory certification also enhances public trust and accountability. Patients are more likely to have confidence in robotic surgeries when they know the procedures are performed by certified experts, fostering greater trust in the healthcare system as a whole.

Countries that adopted robotic technologies much earlier, such as the USA, Taiwan, South Korea, Japan, and many others, have developed localised training modules for robotic surgery certification. By addressing these challenges proactively, Malaysia can position itself as a leader in gynaecologic robotic surgery, advancing healthcare outcomes while maintaining the highest standards of safety, quality, and trust.

Optimising Surgical Precision for Gynaecologists: A Roadmap for the Future

The landscape of gynaecologic surgery has undergone a profound transformation-from open laparotomy to the advent of robotic-assisted procedures-enhancing precision, patient outcomes, and recovery times.

However, as we embrace this technological shift, it is imperative that we do not overlook the need for structured surgeon training, robust credentialing systems, and accessible robotic platforms.

As robotic-assisted surgery continues to gain traction, its success will not be measured merely by innovation but by how effectively we train, certify, and regulate its practice. A National Certification and Credentialing Framework for robotic and minimally invasive surgery is no longer a luxury-it is a necessity to uphold patient safety, surgical excellence, and medico-legal security.

Looking ahead, the true future of gynaecologic surgery lies not just in adopting AI-driven robotics or next-generation MIS, but in ensuring equitable access, continuous training, and ethical implementation.

The ultimate goal remains clear: to provide the best possible surgical care while preserving fertility, minimising invasiveness, and enhancing women's health outcomes worldwide.

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MSD

Obstetrical and Gynaecological Society of Malaysia

PROJECT GLOW
GUIDED LONG ACTING CONTRACEPTION ON WOMEN

GLOW Training of Trainers 12th January 2025 OGSM Office

Dr Ong Zhong Wei
Chair, GLOW Project
Specialist, Obstetrician & Gynaecologist Tengku Ampuan Rahimah Hospital, Klang

According to the National Health and Morbidity Survey (NHMS) on Maternal and Child Health 2022, 33% of pregnant women in Malaysia had unplanned pregnancies. The Galen Centre reported an even higher figure, estimating it at 42.9%. In response to these concerning statistics, Obstetrical and Gynaecological Society of Malaysia (OGSM) officially launched Project GLOW (Guided Long-acting Contraception on Women) on 12th January 2025 at the OGSM Office. The primary objective of this initiative is to empower O&G specialists to guide and supervise primary healthcare professionals, while promoting the uptake of reliable long-acting contraception.

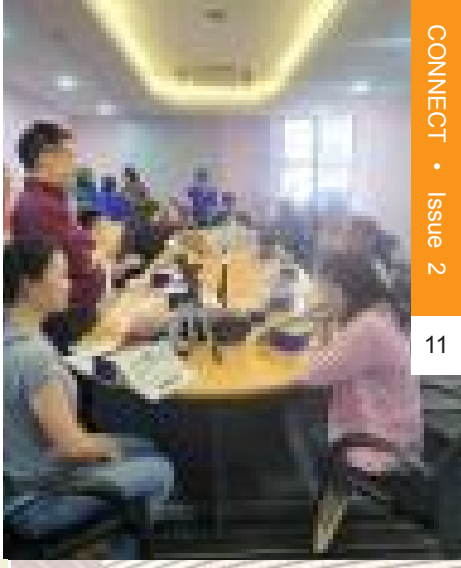
MALAYSIA

NHMS Survey: 33% Of Women In Malaysia Had Unplanned Pregnancies In 2022

Only 34.5 per cent of women used current modern contraceptive methods and 26.7 per cent of women did not get family planning as they needed.

A UNICEF report published in July 2023 stated that while the adolescent fertility rate in Malaysia has been halved since the 1990s, progress has stagnated in recent years. Similarly, the use of modern contraceptive methods in Malaysia has remained stagnant for the past two decades at 34%, a figure inconsistent with the nation's upper middle-income status.

As a significant proportion of unplanned pregnancies occur among teenagers and individuals from lower- and middle-income groups, Project GLOW seeks to address these challenges. The initiative plans to provide hundreds of free contraceptive implants to underserved communities across the country, removing financial barriers to accessing reliable contraception.



UNDERSTANDING PATHWAYS TO ADOLESCENT PREGNANCY IN SOUTHEAST ASIA

FINDING FROM Malaysia

Seventeen O&G specialists from various states and institutions volunteered as GLOW Trainers and participated in a Training of Trainers programme during the project launch. The programme featured a 2-hour didactic lecture on Implanon, followed by a 1-hour hands-on training session designed to enhance both knowledge and technical skills in contraceptive implant insertion.

Looking ahead, the GLOW Committee, led by Dr. Ong Zhong Wei, aims to collaborate with key organisations such as the Malaysia Medical Association (MMA), the Reproductive Health Association (RHA), Lembaga Penduduk dan Pembangunan Keluarga Negara (LPPKN), OGSM CREATE Workshop and SHIELD Family Planning Workshop.

These partnerships will play a crucial role in expanding awareness of the initiative and ensure wider community outreach.

Unofficial data estimate that about 90,000 abortions occur annually in Malaysia. In light of this, Project GLOW is ambitiously targeting the supervision of 300 Implanon insertions nationwide as an initial milestone, underscoring its commitment to advancing contraceptive accessibility and women's reproductive health.

OGSM will continue to act as the central platform, welcoming contributions from various organisations and stakeholders to provide ideas and resources. Together, these efforts are aimed at promoting the uptake of reliable contraception in Malaysia and significantly reducing the rate of unplanned pregnancies.

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SRH Module Development Workshop

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I remember reading an article about a 14-year-old Rohingya girl who was forced to flee the Rakhine State of Myanmar to Bangladesh after witnessing her elder brother and sister tortured and killed by the military junta.

Months passed since her arduous journey to Cox's Bazar, Bangladesh, and now she faced another threat to her life simply for being a young girl in an overcrowded refugee camp. She was restricted from attending school as she was sexually harassed by the camp guards.

To ensure her safety, her parents had no choice but to send her on a perilous journey across the Andaman Sea to Malaysia, where she was to be married off to a Rohingya man.

During this journey, this little girl and many other women on the boat were raped by a man who promised them a safe route to Malaysia. Once in Malaysia, this girl was eventually married off to a 21-year-old working in a car wash and soon found herself pregnant.

She was terrified. Unable to speak the local language, she had to endure the excruciating pain of labour completely alone in an unfamiliar land.

This is just one of many stories I've come across while working at the Refugee Emergency Fund (REF), an NGO supporting refugees in Malaysia.

While the root cause of the problem is larger than my own efforts, I've come to realise that there are many opportunities to support and empower refugee girls and women here. Knowledge is a powerful tool for safeguarding the rights of every woman and girl. Therefore, providing access to early sexual and reproductive health (SRH) education is crucial to upholding these rights.

With the support of Yayasan MySDG, REF has embarked on a year-long project to ensure SRH education is given to the most vulnerable of communities. We recently completed a two-day workshop to co-design an age and culturally appropriate SRH module with refugee youth and several experts in sexual reproductive health.

The workshop was held at Taylor's University with the support of the Taylor's University Medical Student Society on the 25th and 26th January 2025.

It was attended by 27 participants including experts and youth refugees from Taylor's University Medical Faculty, University Kebangsaan Malaysia Medical Faculty, Al-Ikhlas Hope Society, Cahaya Surya Bakti Community Johor, Klinik Amal Muhajir, Rohingya Youth Support Network, Youth Empowerment Support, Pocket of Pink and Teen Health International.

We started the two-day workshop with an impactful lecture providing an overview of SRH, which covered global and regional challenges, emphasising sexual rights and access to healthcare.

This was followed by a short lecture on teenage pregnancy and contraceptives for adolescents. We then explored the challenges faced by refugee youth in Malaysia, with several key themes emerging. These included the struggle of balancing life as a refugee youth amid constant uncertainty and a lack of belonging, difficulties in accessing formal education, inability to sustain work due to the lack of work rights and protection.

Additionally, we discussed the constant threat of arrest and detention, even for those with UNHCR refugee status. We also discussed problems relating to child marriages, gender stereotypes and roles of boys and men as a SRH determinant, and had an open and engaged discussion on abortion and inclusivity.

Day 2 was when we dove head first into identifying the gaps in knowledge within the refugee youth community and prioritising key areas for developing the SRH module.

Through collaborative brainstorming, we drafted modules covering eight essential components: SRH Rights, bodily autonomy and personal safety, puberty, menstruation and menstrual hygiene, a girl's pregnancy journey, family planning, sexually transmitted diseases, and mental health and well-being in SRH.

To conclude the workshop, we provided participants with the opportunity to share their ideas on effective delivery methods for these modules, aimed at making them engaging and impactful in fostering interest and retention of this vital knowledge.

While the modules are still under development, we hope to gather more input from experts and those with lived experiences through a focus group discussion that will be held in March 2025. Following that, the modules will be used to train peer educators in four different refugee schools in Johor, Penang, Klang and Selayang. These peer educators will then be facilitated to teach their friends about SRH, creating a ripple effect to disseminate this invaluable education.

While I may never be able to help that little girl in the boat on the Andaman Sea, I do hope that our work on this project will have a ripple effect. It would lead to more youth being equipped with their rights and bodily autonomy, practice of safe sex, and care.

Most importantly, I hope it creates a wave of change in the national policy to ensure equitable rights in acquiring SRH services for all regardless of immigration status, race, religion and nationality.

REF is a non-profit organisation that crowdfunds to help refugees, asylum seekers and stateless communities receive essential medical services. Without basic rights to legal work and high medical cost, refugees in Malaysia often find themselves in difficulty getting timely medical treatment. With strict hospital admission policies, many face morbidity and mortality which in turn burden our already stretched public services. As citizens, we recognise the importance of ensuring the safety of our own community, but as a medical doctor we also have to uphold our professional duty by ensuring basic health rights are for all regardless of their nationality. We have a responsibility to provide affirming care to all. If you are interested to learn more about our work or contribute, please visit our IG: ref.malaysia or email info@refmalaysia.org.

Heartbeats Beyond Borders: 1st International Fetal Heart Workshop 2025

Organised by: National MFM Society, Fetal Heart Interest Group (FHIG), UPM, and Hospital Sultan Idris Shah Serdang
Date: 11th – 12th January 2025 | Venue: Mini Theatre, HPUPM

Dr Chua Wang Ching
O&G Specialist, Hospital Sultan Idris Shah, Serdang

The International Fetal Heart Workshop 2025 marked a significant milestone as the first international event organised by the National Maternal-Fetal Medicine (MFM) Society in collaboration with Fetal Heart Interest Group (FHIG), Universiti Putra Malaysia (UPM), and Hospital Sultan Idris Shah Serdang (HSISS). It was led by Dr Vairavan Ramesh A/L L Velayudham from HSISS.

With congenital heart disease (CHD) being the most common congenital anomaly, affecting 8-10 per 1,000 live births, the workshop aimed at enhancing prenatal detection of CHD and improving outcomes for affected pregnancies.

In Malaysia alone, approximately 4,000-5,000 newborns are diagnosed with CHD annually, including 1,500 cases of critical CHD. Of these, 20%-30% are diagnosed late, contributing to 40% of deaths from congenital anomalies. This workshop underscored the crucial role of fetal echocardiography in the early detection of CHD, guiding decisions on pregnancy management, fetal interventions, and neonatal care.

Distinguished Faculty & Engaging Programme

The workshop featured internationally renowned fetal cardiology experts, including:

- Dr. Prashant Acharya (Ahmedabad, India)
- Dr. B.S. Ramamurthy (Bengaluru, India)

The two-day event included lectures, live demonstrations, hands-on training, and a highly anticipated porcine heart dissection session. Participants gained in-depth knowledge of fetal heart anomalies through interactive learning, with state-of-the-art ultrasound demonstrations powered by GE Voluson equipment.

Participant Engagement & Hands-On Experience

The workshop attracted 71 participants, including:

- 65.6% OBGYN specialists
- 20.3% paediatric cardiologists
- 14.1% from sonographers

Each day started with lectures delivered by expert speakers, followed by live scanning demonstrations and hands-on training. The highlight of the workshop was the animal heart dissection session, led by Dr. Prashant Acharya, allowing participants to gain a better anatomical understanding of congenital heart defects.

Unforgettable Challenges & Memorable Experiences

A unique challenge in organising the event was securing porcine heart specimens for dissection. The journey to a slaughterhouse in Rawang in search of the ideal specimens was an unforgettable one—from navigating approvals to witnessing the careful preparation of heart samples with all major vessels intact.

Despite initial apprehensions, the warm reception and meticulous assistance from the slaughterhouse team made this a rewarding learning opportunity.

The success of this event was made possible through the unwavering efforts of the HPUPM organising team, who managed logistical and academic preparations with dedication and precision.

Industry Support & Future Directions

The workshop was proudly supported by:

- GE Voluson, whose advanced ultrasound technology enhanced fetal heart anomaly detection,
- Senatek Natera, who generously sponsored lunch for the attendees.

Looking ahead, this workshop has paved the way for the Fetal Heart Academy, a new initiative in collaboration with Dr. Balu Vidyanathan (Pediatric Cardiologist, India) to develop a 6-month online and on-site fetal echocardiography course in Malaysia. This programme is aimed at further enhancing regional expertise in fetal cardiac assessment.

Participant Feedback: A Resounding Success

The workshop received overwhelmingly positive feedback, with participants praising:

- Comprehensive & clear presentations
- High-quality imaging and systematic approach
- Interactive hands-on sessions with real-world applicability
- Excellent teaching by international experts

Conclusion

The International Fetal Heart Workshop 2025 was an immense success, reflecting the growing regional interest in fetal cardiology and the commitment of the MFM community to advancing prenatal diagnostics. With strong industry support and increasing global collaboration, this workshop has set the stage for continued innovations in fetal heart screening and intervention.

The organising committee extends its heartfelt appreciation to all faculty, sponsors, participants, and supporting institutions for making this event a landmark achievement in Malaysia's fetal medicine landscape.

Stay tuned for future initiatives from the Fetal Heart Academy!

Champions Behind the Success

Distinguished speakers and the dedicated organising committee of the International Fetal Heart Workshop 2025—whose expertise and teamwork made this groundbreaking event a resounding success in advancing fetal cardiology.

United in Learning, Driven by Purpose

A wonderful capture of all our passionate participants, esteemed speakers, and dedicated committee members at the International Fetal Heart Workshop 2025. Together, we shared knowledge, fostered collaboration, and took meaningful steps towards advancing fetal heart screening and prenatal care. Here's to a future of earlier detection, better outcomes, and continued excellence!

A Night of Warmth and Gratitude

Post-event Day 1 dinner with our esteemed international speakers—described by them as a 'family dinner' in both spirit and hospitality. Thoughtfully hosted by Dr. Ramesh and his family, this evening featured a delicious spread of vegetarian and non-vegetarian options, celebrating new friendships and a shared purpose.

Dr. Prashant in Action!

Guiding participants through a live fetal echocardiography scan during the hands-on session — a rare opportunity to learn directly from one of the world's leading experts in fetal cardiology. A true highlight of the International Fetal Heart Workshop 2025!

Focused and Fired Up!

Hands-on session led by Dr. Ramamurthy in full swing! Everyone's eyes are on the screen, soaking up his scan tips and tricks to nail the perfect fetal heart views. Learning from the best at the International Fetal Heart Workshop 2025!

Respectful, Ready, and Resourceful

An ordinary examination ward was transformed into a live session room for a porcine heart dissection—every detail thoughtfully prepared. The entire space, including the floor, was fully wrapped to prevent any spillage, demonstrating full respect of the venue and our Muslim culture. A true reflection of meticulous planning and cultural sensitivity at the International Fetal Heart Workshop 2025.

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Patients' Rights to Their Medical Records

Dr Milton Lum
OGSM Past President
1994/1995

Everyone seeks medical attention at some point in their lives. Whenever there is an interaction with a healthcare facility, a medical record is generated.

The doctor makes entries into the medical record(s) which include, among others, the patient's personal information, the doctor's clinical notes; discussion records; laboratory reports, imaging data, monitoring data, electronic records, prescription and communication records; nurses' reports; operation records; consent forms etc.

Access to medical records is sought for various purposes, which range from seeking a second opinion and employment to litigation. The response to requests for access to patient's medical records has been one of facilitation, issuance of a medical report, obfuscation and/or denial. The latter has often led to forced compliance following the issuance of a court order.It is often not appreciated by healthcare providers that patients have both ethical and legal rights to access their medical records.

Ethical rights

The Malaysian Medical Council ("MMC") exercises disciplinary jurisdiction over all registered doctors. The doctor may be punished, if found guilty, for contravention of the MMC's Code of Professional Conduct ("CPC"), its guidelines or directives.

The MMC's guideline Medical Records and Medical Reports (https://mmc.gov.my/laws-and-regulations/ Accessed 20 November 2024) states:

"1.7 Patient's expectations and rights to medical records
"It is generally accepted that the patient should have access to records containing information about his/her medical condition for legitimate purpose and in good faith; know what personal information is recorded, expect the records are accurate, and know who has access to his/her personal information.

While patients have right of such access to their Medical Records, they may be permitted to inform the practitioner of any factual errors in the personal patient information…"

The patient's access to medical records may be denied in certain specific circumstances as stated in the MMC's CPC (https://mmc.gov.my/laws-and-regulations/ Accessed 20 November 2024). These circumstances were reiterated in the judicial decision below.

Legal rights

The patients' legal right to access their medical records was clearly stated in the High Court case of Nurul Husna Muhammad Hafiz & Anor v Kerajaan Malaysia & Ors [2015]. J Vazeer Alam Mydin Meera (currently FCJ) held:

"[21] Based on the legal duties and rights that arise from the physician- patient fiducial relationship, and further having regard to the provisions in the guideline and the common law principles, the ***legal position in Malaysia vis-à-vis the patient's right of access to medical records*** *[emphasis added] can be summarised as follows:*

(a) The ownership of a patient's medical record vests with the physician or hospital as the case may be. However, the physician or hospital must deal with the medical records in the best interest of the patient;

(b) The patient has an innominate and qualified right of access to his medical records and there is a corresponding general duty on the part of the physician or hospital to disclose the patient's medical records to the patient, his agents, medical advisers or legal advisers;

(c) The physician or hospital may refuse to disclose partly or wholly the medical records to the patient in certain limited circumstances, such as, but not limited to, situations when such disclosure would be detrimental or prejudicial to the patient's health in that the information is likely to cause serious harm to the physical or mental health of the patient or of any other individual contained in the medical records; or when such disclosure would divulge information relating to or provided by an individual, other than the patient, who could be identified from that information;

(d) When the circumstances give rise to such qualification for refusal to disclose do not present themselves, and when the request for disclosure is reasonable, having regard to all the circumstances, the physician or hospital shall give copies of the medical records to the patient upon payment of reasonable copying charges."

A request for access to medical records in the public sector is not uncommonly met with a response that a court order is necessary.

However, paragraph 3.4.3 of the guideline referred to i.e. "Garis Panduan Pengendalian dan Pengurusan Rekod Perubatan Pesakit di Fasiliti KKM" only states that medical records cannot be disclosed, disseminated, or transmitted to anyone without the consent of the medical director / administrator of the facility, or a court order.

Medical directors/administrators of MoH facilities should heed the legal position in Nurul Husna in which it was further held:

[23] ***Physicians and hospitals would be well advised to grant access to patient's medical records unless there were circumstances warranting the withholding of the same*** *for reasons discussed earlier.* ***If access is withheld unreasonably*** *and the patient is to put to cost and expense to procure a court order to compel production of the medical records, for instance under the provisions of O. 24 r. 7A of the Rules of Court 2012,* ***then the patient would in such circumstance be entitled to cost*** *on a solicitor-client basis." [emphasis added]*

Ownership and access are different

The ownership of medical records is not the same as patients' right of access to their medical records.

Some private healthcare facilities deny patients their rights because of a misperception of Regulation 44(1) of the Private Healthcare Facilities and Services Regulations 2006 which states "A patient's medical record is the property of a private healthcare facility or service".

In Nurul Husna, it was held:

"It is clear that reg. 44(2) does not primarily deal with the patient's right of access to medical records. It deals with the security of the original medical records. Regulation 44(2) does not stipulate that whenever a patient wishes to have access to his medical records, he must get a court order. Therefore, the reliance of private healthcare operators on reg. 44(2) to withhold a patient's access to medical records until the patient obtains a court order is entirely misconceived. ***There is no requirement in law that the patient first obtains a court order to get access to his medical records."*** *[emphasis added]*

The MMC's guidelines on Medical Records and Medical Reports reinforce patients right to their medical records:

"…It is important to appreciate the confidential nature of the Medical Records and though the practitioner and the healthcare facilities and services have rights of ownership, they should still ***obtain consent from the patient or next of kin before any release of information from the medical records to any third person.****" [emphasis added]*

Summary

It is generally accepted that patients' access to their medical records has provided them better understanding of their illnesses and has impacted positively the patient-doctor relationship.

Hospitals, both public and private, and doctors should be mindful of their legal position whenever patients request access to their medical records. In addition, doctors have an ethical duty to ensure patients' right of access to their medical records. The MMC's guidelines on Medical Records and Medical Reports states:

"The withholding of information of the care, diagnosis, treatment and advice given to the patient, and relevant copies of the medical records, is unethical." (emphasis added)

Dr Milton Lum is a Past President of the Federation of Private Medical Associations, Malaysia and the Malaysian Medical Association. This article is not intended to replace, dictate or define evaluation by a qualified doctor. The views expressed do not represent that of any organisation the writer is or was associated with.

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****** Patients treated with Saxenda® experienced an observed mean waist circumference reduction of 8.2 cm vs 3.9 cm with placebo (P<0.001).
† Participants (n=422) lost a mean 6.0% of screening weight with 12 weeks of low-calorie diet followed by additional mean weight loss of 6.2% with Saxenda® and 0.2% with placebo (P<0.0001) after 56 weeks.
‡ Liraglutide induced greater weight loss than placebo at week 160 (–6·1 [SD 7·3] vs –1·9% [6·3]; estimated treatment difference –4·3%, 95% CI –4·9 to –3·7, p<0·0001).

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