

# CONNECT



Jan 2025 (Issue 1, Council 2024/2025)

EMBRACING, ENGAGING & INFORMING

**INSIDE  
INBOX**

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Trailblazing the Future  
of Women's Health: Highlights  
from the O&G Trainees  
Scientific Conference 2024

ICOE in Mongolia 2024  
Journey to the Land  
of Mongols

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# 32nd International Congress of the Obstetrical & Gynaecological Society of Malaysia

32<sup>nd</sup>

International Congress  
Of The **Obstetrical** and  
**Gynaecological**  
Society of Malaysia



Greetings from the Obstetrical and Gynaecological Society of Malaysia (OGSM).

It is 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 here today, representing various countries and cultures, brings an exciting diversity of perspectives that enriches our discussions and drives meaningful progress.

As we embark on this journey of learning and exchange, we encourage you to engage in thoughtful dialogue, connect with peers, and contribute your unique insights to the collective wisdom of this global community.

We are confident that the knowledge shared and relationships formed during this event will inspire innovative ideas and long-lasting partnerships that transcend borders.

Thank you for being a part of this conference, and we look forward to a productive and enriching experience for all.

Welcome to "The Pearl of the Orient "

Warm regards,

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

# OGSM as the Champion for Women's Health in Malaysia



Dr Muniswaran Ganeshan  
President, 2024-2025

Dear friends,

I am writing my first engagement in the CONNECT as your president, and I assure you that the council has completed its crucial embryonic stages. Akin to a fetus, the council has now fully formed, shaped, and structured itself, ready to exhibit its unique characteristics. We have refined portfolios, restructured resources, established subspecialty leads, state representatives with designated administrative staff to ensure efficient teamwork, while the trustees' meeting was cerebral, finalizing the council's genome for this term.

As we continue to adapt, evolve and mature, I reassure you that each of our endeavor, equivalent to childbirth would not be premature, prolonged or asphyxiated. As a maternal fetal medicine subspecialist, it will be delivered timely with perfect Combined Apgar Scores to ensure the long term impact remains intact.

As the 62nd President of our esteemed society, I frequently contemplate the next phase for OGSM since its inception in 1963. Founded as a society committed to its members six decades ago, I believe it is now time to evolve into one dedicated to championing improved outcomes for women's health. Moving beyond individual focus and benefits, we should now lead and diversify efforts to enhance health outcomes for women in Malaysia and the region. We have done well, united as a society, but I believe we are yet to achieve our true potential as a fraternity.

We have successfully hosted and organized internationally renowned conferences, we continue to champion educational activities for members within and related to the fraternity in Malaysia and in the region, our family is as big as 1600 members now, our resources are often envied by our counterparts, but it is now time that we measure our success on the impact that we make towards improving women's health in Malaysia and in the region. While our members remain our priority, our patients and women's sexual and reproductive health outcomes should be our benchmark if we are to remain altruistic to our fraternity.



With this vision clearly in mind, here are some upcoming initiatives that I believe will make a significant difference:

#### **1) HealthyHER Hackathon in February 2025**

This one-day Hackathon aspires to empower young professionals in Malaysia to build FemTech solutions to elevate women's health and wellbeing focusing on three essentials, menstrual health among adolescents, postpartum maternal deaths and integrating artificial intelligence in women's health. This is the first of its kind, focusing on women's health in Malaysia.

#### **2) Blossoming lives and masterclass in healthy weight in November 2024**

One in five women live with obesity in Malaysia and this one-day masterclass will not just address the entire spectrum of obesity among girls and women, but solutions on how best to manage weight, which remains the elephant in the room which OGSM aspires to address.

#### **3) OGSM's Project GLOW (Guided Long-Acting Contraception on Women) in January 2025**

OGSM, will collaborate with its industry partners to establish a matrix of experts, trainers, mentors and trainees on save Implanon insertion and management. This supervised initiative, with remuneration to trainers, training for primary health care professionals and free contraception for patients stands to benefits hundreds of mothers.

#### **4) OGSM best practice guides for members in 2025**

With 1600 members strong, OGSM is ready to elevate its status towards academia with aspirations to improve women's health standards in Malaysia. Look out for OGSM's Evidence-Based Algorithms, a handbook written by experts in Malaysia on best practices for O&G in 2025. This initiative affirms OGSM's dedication to providing cutting-edge knowledge and practices, ensuring that OGSM members deliver the highest quality of care for women.

#### **5) Connecting our members to global experts**

Learn from the world's best! We have launched the OGSM Academy, engaging world-renowned speakers for virtual interactions with our members. A series of world class webinars from various subspecialties are planned throughout this term. Our first session with Professor Catherine Nelson-Piercy was a remarkable success, proving our members seek only the best.

#### **6) Strengthening collaborations with international societies**

Nearly a decade has passed since our last international congress on our shores. We aim to bring the RCOG World Congress to Kuala Lumpur, Malaysia, in 2026 or 2027. Foundations are laid, and we hope to soon confirm this



good news. Additionally, we are working on hosting the AOFOG congress in 2030 and exploring collaborations with other esteemed international organizations and societies. This strategic approach not only strengthens OGSM's global network but also positions Malaysia as a center for medical excellence.

### 7) Engaging the next generation

By involving the next generation of healthcare professionals, OGSM ensures the sustainability and growth of its mission. We now work and support various societies involving medical students and initiatives for future doctors interested in pursuing O&G as a career. By providing guidance, training and mentorship, these initiatives inspire future doctors, fostering a culture of continuous improvement and innovation in women's health and they may one day even lead OGSM.

### 8) Efficient office and staff management

One of our first task which we undertook is to implement efficient and cost-effective operations at the OGSM office, while appreciating the hardworking staff who go beyond their duties to advance the society. By focusing on specific details, we have minimized expenditure and has saved the society a significant amount of funds.

### 9) Members at the heart

Members' voices are now included in every council meeting, encouraging them to highlight pertinent issues. Issues such as allied health professionals conducting ultrasound scans, the medical fee schedule, and specialized training pathways have been addressed within the means of the society. The society

is also focused on enhancing benefits and privileges for contributing members who work closely with the society to elevate women's health in Malaysia.

### 10) Working together as a team

Despite our different areas of expertise and specializations, recognizing the intricacies of medical progress, a crucial step to advance the fraternity is through teamwork. OGSM greatly welcomes the opportunity to engage, network, and collaborate with every organization, institution, and society, as I believe our shared commitment to women's health unifies us. Our collective strength lies in unity, so please feel free to contact us if you're interested in partnering with OGSM.

These are just the tip of the iceberg of what you can expect in the coming months. Ultimately, OGSM's comprehensive strategy to advance women's health through education, collaboration, and engagement underscores its crucial role in shaping the future of our fraternity, which aligns with my aspirations for this term.

Till the next CONNECT, I thank you all for your support and I look forward to meeting you at many of our upcoming endeavors.

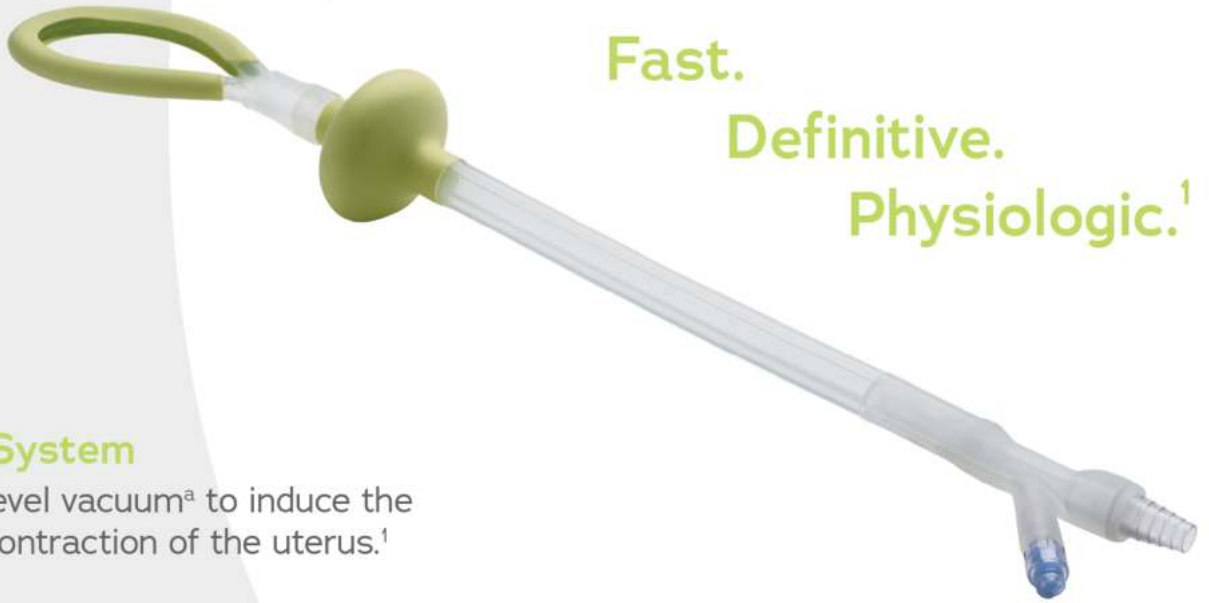
Sincere regards,

Your President,  
Dr Muniswaran a/I Ganesham @ Ganeshan



# Jada.

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



**Fast.  
Definitive.  
Physiologic.<sup>1</sup>**

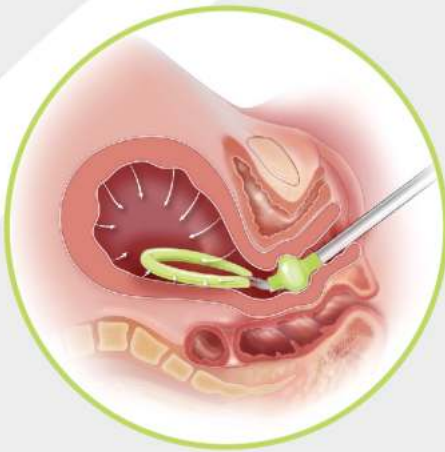
## The Jada System

utilizes low-level vacuum<sup>a</sup> to induce the physiologic contraction of the uterus.<sup>1</sup>

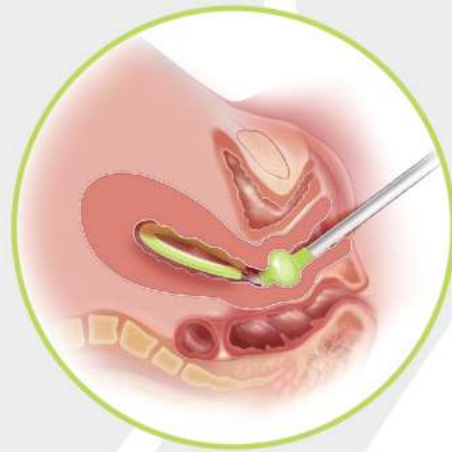


### 94% Effectiveness

94% (n=100/106) of participants treated successfully in the PEARLE study with the Jada System ( $P < 0.001$ ).<sup>1,b</sup>



Low-level vacuum<sup>a</sup> induces collapse of the atonic postpartum uterus<sup>1</sup>



Contraction of the myometrium provides physiologic control of bleeding<sup>1</sup>

<sup>a</sup> 80 mm Hg. The maximum vacuum pressure is 90 mm Hg. Do not increase the vacuum pressure higher than 90 mm Hg or tissue trauma may occur.

<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>1</sup>

**Reference:** 1. D'Alton ME, Rood KM, Smid MC, et al. Intrauterine vacuum-induced hemorrhage-control device for rapid treatment of postpartum hemorrhage. *Obstet Gynecol.* 2020;136(5):882-891. doi:10.1097/AOG.0000000000004138

Please refer to the Jada System Instructions for Use for the indications, contraindications, warnings, precautions, and other important information at:



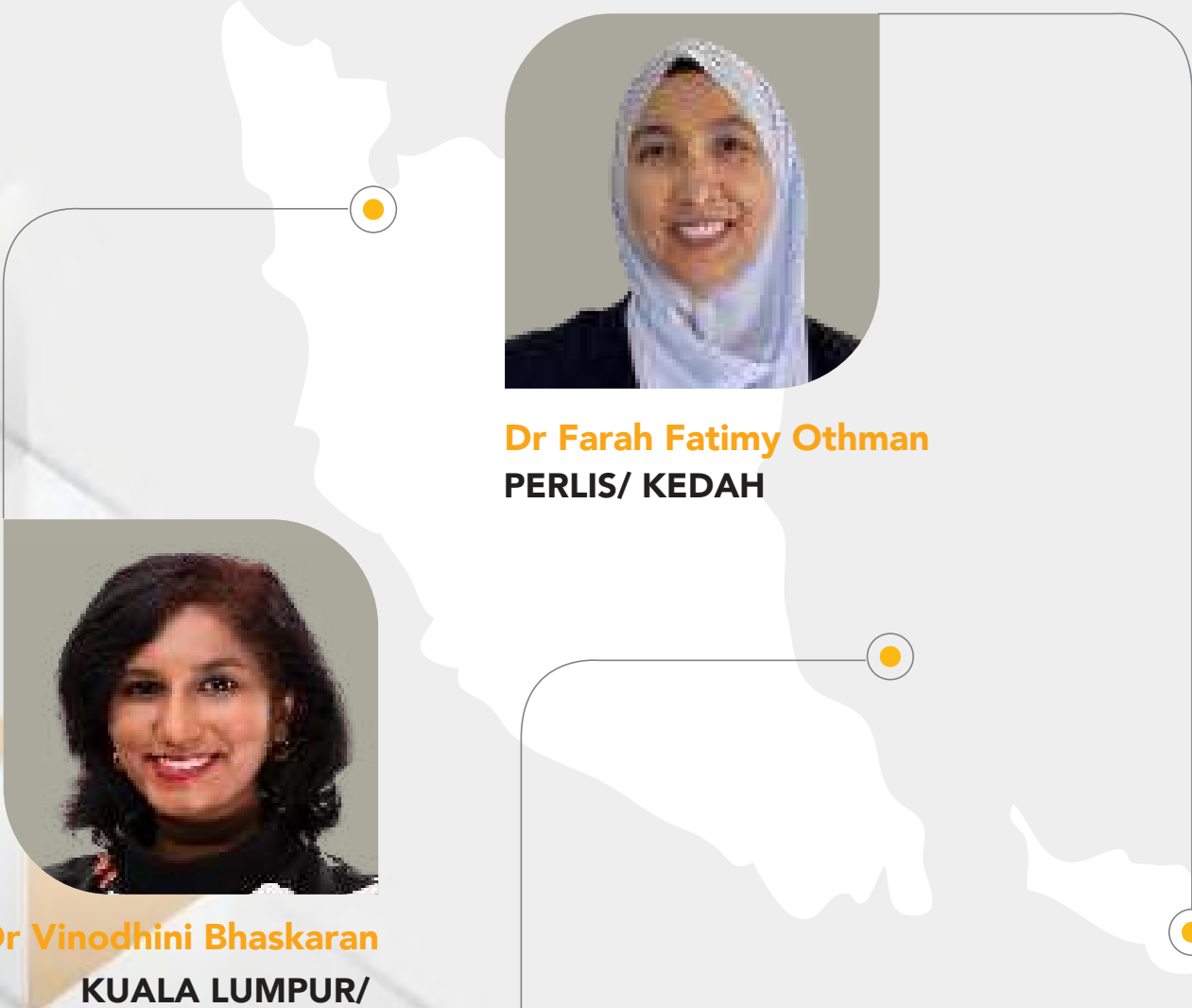
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Scan here to learn more about the Jada® System



# State Coordinators 2024/2026



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PERLIS/ KEDAH



**Dr Vinodhini Bhaskaran**  
KUALA LUMPUR/  
SELANGOR



**Dr Yegappan Shanmugam  
Vengadasalam**  
PENANG





**Dr Lucas Luk Tien Wee**  
**JOHOR**

**Dr Yong Soon Leong**  
**PAHANG**



**Datuk Dr Soon Ruey**  
**SABAH**



**Dr Tan Yiap Loong**  
**SARAWAK**

am

# Subcommittees/ Coordinators

## 2024/2026

**Dr Mohd Faizal  
Bin Ahmad**  
Reproductive Medicine



**Dr. T. P. Baskaran**  
Maternal Fetal  
Medicine



**Dr Anuradha  
Suberamaniam**  
Gynaecological  
Oncology



**Dr Rajesh  
Mahendran**  
Gynaecological  
Endoscopy



**Assoc Prof Dr  
Sivakumar S  
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Uro-Gynaecology





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Omar**  
Paediatric & Adolescent  
Gynaecology



**Dr Premitha  
Damodaran**  
Menopause



**Dr Geetha a/p  
Thamby Raja @  
A.T. Rajah**  
Family Planning/ Sexual  
& Reproductive Health  
& Rights



**Dr Tang Boon Nee**  
Intensive Course in  
Obstetrics &  
Gynaecology (ICOE)



**Dr Eeson  
Sinthamoney**  
OGSM Newsletter



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

: Adacel<sup>®</sup>

Adacel<sup>®</sup> 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>

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



#### ADACEL<sup>®</sup> MY PI

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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.

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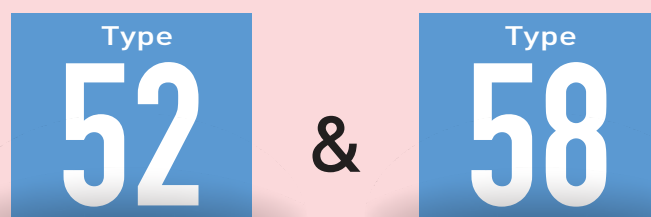
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# CERVICAL CANCER

is the **5<sup>th</sup>** leading cause of  
**women cancer death** in **Malaysia<sup>1</sup>**

## Oncogenic HPV



are responsible for  
**~20%** of **CERVICAL CANCER**  
in Malaysia which are covered in  
**Gardasil® 9<sup>1,2</sup>**



Not an actual patient,  
for demonstration purposes only.



**Broaden HPV coverage with Gardasil® 9**  
covering 9 serotypes including HPV types 52 & 58

For Healthcare Professionals Only

**SELECTED SAFETY INFORMATION ABOUT GARDASIL® 9 INDICATIONS** GARDASIL® 9 is a vaccine indicated in girls and women from 9 through 45 years of age for the prevention of cervical, vulvar, vaginal, anal cancer caused by HPV types 16, 18, 31, 33, 45, 52 and 58 as well as genital warts (cs or dysplastic lesions such as AIN 1/2/3 caused by HPV 6, 11, 16, 18, 31, 33, 45, 52, and 58 and external genital lesions including genital warts (condyloma acuminata) caused by HPV types 6 and 11. **DOSAGE AND METHOD OF USE** GARDASIL® 9 should be administered intramuscularly as 3 separate 0.5-mL doses at month 0, 2 months after first dose, and 6 months after first dose. The second dose should be administered at least 1 month after the first dose, and the third dose should be administered at least 3 months after the second dose. All three doses should be given within a 1-year period. Alternatively, in individuals 9 through 14 years of age GARDASIL® 9 can be administered according to a 2-dose schedule; the second dose should be administered between 5 and 13 months after the first dose. If the second vaccine dose is administered earlier than 5 months after the first dose, a third dose should always be administered. GARDASIL® 9 should be administered intramuscularly in the deltoid region of the upper arm or in the higher anterolateral area of the thigh. GARDASIL® 9 must not be injected intravascularly. Neither subcutaneous nor intradermal administration has been studied. These methods of administration are not recommended. **CONTRAINDICATIONS** GARDASIL® 9 is contraindicated in patients with hypersensitivity to either GARDASIL® 9 or GARDASIL® or any of the inactive ingredients in either vaccine. Individuals who develop symptoms indicative of hypersensitivity after receiving a dose of GARDASIL® 9 or GARDASIL® should not receive further doses of GARDASIL® 9. **WARNINGS AND PRECAUTIONS** As for any vaccine, vaccination with GARDASIL® 9 may not result in protection in all vaccine recipients. This vaccine is not intended to be used for treatment of active external genital lesions; cervical, vulvar, vaginal, or anal cancers; CIN, VIN, VaIN, or AIN. This vaccine will not protect against diseases that are not caused by HPV. As with all injectable vaccines, appropriate medical treatment should always be readily available in case of rare anaphylactic reactions following the administration of the vaccine. Syncope (fainting) may follow any vaccination, especially in adolescents and young adults. Syncope, sometimes associated with falling, has occurred after HPV vaccination. Therefore, vaccinees should be carefully observed for approximately 15 minutes after administration of GARDASIL® 9. Individuals with impaired immune responsiveness, whether due to the use of immunosuppressive therapy, a genetic defect, Human Immunodeficiency Virus (HIV) infection, or other causes, may have reduced antibody response to active immunization. This vaccine should be given with caution to individuals with thrombocytopenia or any coagulation disorder because bleeding may occur following an intramuscular administration in these individuals. **ADVERSE EVENTS** The most common (>10%) vaccine-related adverse experiences observed among recipients of GARDASIL® 9 were injection-site pain, swelling, erythema, and headache. And common (>1%) vaccine-related adverse experiences observed reported were pruritus, bruising, pyrexia, nausea, dizziness and fatigue. Post-marketing reports: The following adverse experiences have been spontaneously reported during post-approval use of GARDASIL® 9 and may also be seen in post-marketing experience with GARDASIL® 9. Cellulitis, idiopathic thrombocytopenic purpura, lymphadenopathy, acute disseminated encephalomyelitis, dizziness, Guillain-Barré syndrome, headache, syncope sometimes accompanied by tonic-clonic movements; nausea, vomiting; arthralgia, myalgia; asthenia, chills, fatigue, malaise; hypersensitivity reactions including anaphylactic/anaphylactoid reactions, bronchospasm, and urticaria. These experiences were reported voluntarily from a population of uncertain size. It is not possible to reliably estimate their frequency or to establish a causal relationship to vaccine exposure. The safety profile was similar between GARDASIL® 9 and GARDASIL® in women, men, girls and boys. **Before prescribing GARDASIL® 9, please consult full prescribing information. Full prescribing information is available upon request.**

**References:** 1. Bruni L, Albero G, Serrano B, et al. ICO/IARC Information Centre on HPV and Cancer (HPV Information Centre). Human Papillomavirus and Related Diseases in Malaysia. Summary Report. Available From: <https://hpvcentre.net/statistics/reports/MYS.pdf>. Last Accessed: 23rd November 2023. 2. GARDASIL® 9 Product Insert Malaysia. Available at: - Product Search, National Pharmaceutical Regulatory Agency. <https://quest3plus.bpfk.gov.my/pmo2/index.php>. Last Accessed: 23rd November 2023.

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

# “Trailblazing the Future of Women’s Health: Highlights from the O&G Trainees Scientific Conference 2024”

The O&G Trainees Scientific Conference 2024, themed Navigating New Frontiers in Women’s Health, was held on the 20th and 21st of September 2024 at the prestigious AC Hotel (Marriott Hotel). The conference concluded with resounding success, gathering 50 local delegates from across Malaysia for an enriching two-day event. This exclusive conference, despite extended invitations to international participants, maintained a highly focused local engagement, bringing together the brightest minds in Obstetrics and Gynaecology (O&G). The event offered an intimate and dynamic platform for robust knowledge sharing, skill acquisition, and professional networking.

A true highlight of the event was the presence of Dr. Tang Boon Nee, the pioneering and current Chair of the International Representative Committee for Malaysia under RCOG UK. Her unwavering commitment to nurturing future medical professionals was felt throughout the event. Her support, alongside an impressive array of esteemed speakers, set a distinguished tone for the conference. The lineup featured experts from both government and private healthcare sectors, all of whom exuded a passion for teaching and mentoring the next generation of O&G professionals. The organizing committee itself was comprised of a young and dynamic team of specialists who had previously benefitted from Dr. Tang’s mentorship, further exemplifying her long-standing influence. These specialists, hailing from various regions including Manjung Hospital, Hospital Sultan Ismail, and Klang Valley, worked seamlessly together, showcasing teamwork and dedication, even though many of them met for the first time on the day of the conference.

The sessions were intellectually stimulating and offered invaluable insights, particularly the update on the Parallel Pathway Programme delivered by Datuk Dr. Wan Ahmad

Hazim bin Wan Ghazali, the National Head of Service for Obstetrics & Gynaecology in the Ministry of Health Malaysia. This pivotal session drew immense interest as delegates eagerly sought clarity on their future career trajectories within the O&G field. Equally noteworthy was Symposium 1, featuring Dr. Vairavan Ramesh and Dr. Buvanesh Chelliah, both esteemed MFM consultants, who emphasized the critical role of Doppler studies and cervical length surveillance in managing fetal growth restriction and preterm labor. The technical expertise shared in Symposium 2, with Dr. Nor Hashliena binti Awang Soh guiding attendees through laparoscopic interventions in ectopic pregnancy, and Dr. Jamil Omar enlightening participants on the superiority of HPV DNA testing in cervical cancer screening, further underscored the conference’s commitment to advancing clinical excellence.

A distinctive aspect of the conference was its highly anticipated practical workshops, which, according to delegate feedback, were the most engaging and impactful sessions. These workshops, held in the afternoons of both days, were crafted to provide hands-on experience in crucial areas of O&G practice. On Day 1, participants honed essential skills in Doppler in Obstetrics with Dr. Vairavan Ramesh, practiced lap suturing under the expert guidance of Dr. Nor Hashliena binti Awang Soh, and mastered the Management of Impacted Fetal Head during Caesarean Section with Dr. Ong Zhong Wei. The day concluded with an insightful workshop on CTG Clinical Scenarios led by Dr. Janani Sivanathan, providing a deeper understanding of fetal monitoring and interpretation. Day 2’s workshops were equally captivating, with participants learning effective communication strategies from Dr. Jagdeesh Kaur and enhancing their hysteroscopy skills in an interactive session led by Dr. Lee Say Fatt. The vaginal hysterectomy workshop by Dr. Ng Poh Yin was particularly





“A powerhouse team of brilliance! Day 1 kicks off with the dynamic committee members and our esteemed speakers, all smiles and energy, ready to conquer the world of women’s health. Together, they’re not just posing—they’re making history!”



“Powerhouse squad! Delegates, committee, and speakers united for an epic Day 1 to shape the future of O&G!”



“Starting off strong with the inspiring Dr. Tang, taking us on a journey through time with her captivating talk: ‘Time Travel: A Journey to Recall the Past and See the Future.’ A perfect beginning to an unforgettable day!”



“The highly anticipated moment! Datuk Dr. Hazim delivers critical updates on the Parallel Pathway Program, leaving no stone unturned for eager delegates ready to chart their future in O&G!”



“Focused and hands-on! Delegates tackle the complexities of Impacted Fetal Head Management during Caesarean, led by the dynamic Dr. Ong Zhong Wei. Skills in action!”





“Lap suturing made simple! With Dr. Nor Hashliena binti Awang Soh’s expert guidance, delegates confidently hone their skills and make surgery look effortless!”



“Dr. Ng Poh Yin, one of Malaysia’s most respected Urogynaecologists, takes participants through a step-by-step guide on vaginal hysterectomy. With her wealth of experience, this workshop becomes an essential masterclass in surgical excellence!”



“Dr. Jamil Omar passionately enlightens participants on the life-saving potential of HPV DNA testing in cervical cancer screening, driving home the message: together, we can stop cervical cancer and turn illness into wellness!”



“Dr. Lee Say Fatt makes hysteroscopy both fun and engaging! Participants dive into this exciting workshop, learning the intricacies of the procedure with enthusiasm and precision.”



“Wrapping up with smiles, thumbs up, and an unforgettable experience! This group photo with all delegates and committee members marks the grand finale of an incredible Trainee Conference. Here’s to new knowledge, friendships, and memories!”



“And here’s the crew that made it all happen! From virtual planning to real-life magic—some of us met for the first time at the conference, but you’d never know it. Together, we made this Trainee Conference one for the books!”



lauded for its detailed step-by-step approach, while the workshop on Premalignant Diseases of the Cervix with Associate Professor Dr. Kavitha Nagandla and Dr Chew Ghee Kheng left a lasting impression, using cow tongue as a teaching tool to simulate diathermy excision of cervical lesions—a workshop both smoky and exhilarating.

The organizational challenges posed by competing O&G events and overlapping school holidays did little to dampen the enthusiasm and execution of the conference. Despite these hurdles, the committee managed to fill the delegate slots just one day before the event, underscoring the commitment and resourcefulness of the organizing team. The smaller, intimate setting ultimately worked to the conference's advantage, allowing for more personalized interaction during workshops, ensuring every participant had the opportunity to engage closely with the facilitators and gain practical insights.

The feedback from participants was overwhelmingly positive. Delegates commended the well-structured workshops, the quality of the lectures, and the opportunity for hands-on learning. Many suggested that future events allocate more time for specific workshops, particularly laparoscopic suturing, and requested an extension of the event duration to accommodate even more symposiums. Comments such as “This was an incredibly useful course; it should be held every year,” and “The hands-on workshops were fantastic but needed more time” reflected the overall sentiment of the participants. Additionally, logistical feedback highlighted minor areas for improvement, such as lift and parking facilities, yet these were overshadowed by praise for the venue's comfort and the conference's superb content.

The organizers would like to extend their heartfelt gratitude to OGSM, the College of Obstetricians & Gynaecologists, and PROGEN for their invaluable support and sponsorship. Their contributions were instrumental in the success of the conference, enabling the organizers to deliver a high-caliber experience for all participants and helping to foster an atmosphere of collaboration and excellence in O&G training.

The success of the O&G Trainees Scientific Conference 2024 was undeniable, with 100% of respondents advocating for its continuation in future years. The overwhelming consensus was that this event should be an annual fixture on the O&G training calendar. The organizing committee is already looking ahead, with plans to incorporate more advanced clinical topics, expand practical workshops, and ensure that this conference remains a beacon of excellence in O&G training, shaping the future of women's health in Malaysia and beyond.



“Our esteemed MFM consultant Dr Vairavan Ramesh dives deep into one of the most critical and commonly encountered challenges: Fetal Growth Restriction. With expertise and insight, he turns complex cases into practical solutions!”



“The room was filled with a smoky, barbecue-like aroma as participants got hands-on in the colposcopy workshop, guided by Dr. Kavitha Nagandla. Despite the ‘grill-like’ atmosphere, the fun and learning were absolutely sizzling!”

# SIMPLIFYING YOUR BIRTH CONTROL REGIMEN

- The implant is over 99% effective<sup>1\*</sup>
- It is just as effective as the pill, without the daily hassle.<sup>1</sup>

## What 3 years of pregnancy prevention looks like:



**OR**  
(Products shown are not actual size or numbers)

**1,095 Pills**  
Up to 1,095 pills<sup>#</sup>  
**3 years protection,**  
Each of which should be taken at the same time daily

**1 IMPLANT**  
**1 contraceptive**  
**up to 3 years protection**  
One time administration by a trained healthcare professional<sup>1</sup>

If pregnancy is not desired after the implant is removed, unless a new implant is inserted, another birth control method should be used right away.

\*Less than 1 pregnancy per 100 women who used the implant for 1 year  
<sup>#</sup>for those recommended daily

Reference : 1. Prescribing Information, Implanon NXT®

Selected Safety Information for Implanon NXT® (etonogestrel)

**COMPOSITION:** Each radiopaque implant contains 68 mg of etonogestrel. **THERAPEUTIC INDICATIONS:** Contraception. **DOSAGE AND ADMINISTRATION:** Pregnancy should be excluded before insertion of Implanon NXT®. Healthcare professionals (HCPs) are strongly recommended to participate in a training session to become familiar with the use of the Implanon NXT® applicator and the techniques for insertion and removal of the Implanon NXT® implant and where appropriate, request supervision prior to inserting or removing the implant Subdermal insertion. No preceding hormonal contraceptive use in the past mth: Insert on day 1 & 5 of the menstrual cycle. Changing from combined oral contraceptive (COG), vaginal ring or transdermal patch: Insert preferably on the day after last active COG tab, but at the latest on the day following the usual tab-free interval or last placebo COG tab. Changing from progestagen-only method [pill, injectable, implant or intrauterine system (IUS)] Injectable contraceptives: Insert when the next injection would be due. Pill: Insert within 24 hr any day after last pill. Implant or IUS: Insert on the same day of removal. Post 1<sup>st</sup>-trimester abortion Insert within 5 days following 1<sup>st</sup> trimester abortion or miscarriage. Post 2<sup>nd</sup>-trimester abortion Insert between day 21-28 following 2<sup>nd</sup> trimester abortion or miscarriage. Postpartum with breastfeeding: Insert after 4<sup>th</sup> postpartum week. Postpartum without breastfeeding: Insert between 21-28 days postpartum. **CONTRAINDICATIONS:** Progestagen-only contraceptives should not be used in the presence of any of the conditions listed below. Should any of the conditions appear for the first time during the use of Implanon NXT®, the product should be stopped immediately. • Known or suspected pregnancy. • Active venous thromboembolic disorder. • Known or suspected sex steroid sensitive malignancies • Presence or history of liver tumours (benign or malignant). • Presence or history of severe hepatic disease as long as liver function values have not returned to normal. • Undiagnosed vaginal bleeding. • Hypersensitivity to the active substance or to any of the excipients of Implanon NXT® **SPECIAL WARNINGS & PRECAUTIONS:** If any of the conditions/risk factors mentioned below is present, the benefits of progestagen use should be weighed against the possible risks for each individual woman and discussed with the woman before she decides to start with Implanon NXT®. • Carcinoma of the Breast • Liver Disease • Thrombotic and Other Vascular Events • Elevated Blood Pressure • Carbohydrate and Lipid Metabolic Effects • Chloasma • Body Weight • Complications of Insertion • Ovarian Cysts • Ectopic Pregnancies • Other Conditions The following conditions have been reported both during pregnancy and during sex steroid use, but an association with the use of progestagens has not been established: jaundice and/or pruritus related to cholestasis; gallstone formation; porphyria; systemic lupus erythematosus; hemolytic uraemic syndrome; Sydenham's chorea; herpes gestationis; otosclerosis-related hearing loss and (hereditary) angioedema. **ADVERSE REACTIONS:** During the use of Implanon NXT, women are likely to have changes in their menstrual bleeding pattern. These may include changes in bleeding frequency (absent, less, more frequent or continuous), intensity (reduced or increased) or duration. Possibly related undesirable effects reported in clinical trials: Vaginal infection; headache; acne; breast pain & tenderness, irregular menstruation; increased weight. Increased appetite; affect lability, depression, nervousness, decreased libido; dizziness; hot flush; abdominal pain, nausea, flatulence; alopecia; dysmenorrhea, ovarian cyst; implant site pain & reaction, fatigue, flu-like illness, pain; decreased weight. **Before initiating therapy, please consult the full Prescribing Information.**



**Implanon NXT®**  
68 mg etonogestrel

Full prescribing information is available upon request.  
For healthcare professionals only.



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# ICOE in Mongolia 2024

## Journey to the Land of Mongols

*- It's what you learn after you know it all that counts.: ~ John Wooden*

**Dr Nantharuban Rajoo**  
Head of Department and O&G  
Specialist, Hospital Kapit, Sarawak



Maternal care worldwide is a complex and evolving field that reflects a blend of progress and ongoing challenges. While advancements in healthcare technology, training, and international collaboration are driving improvements, addressing disparities and ensuring equitable access to quality care remain critical.

Continued efforts at the global, national, and community levels are essential to achieving better maternal health outcomes and advancing the well-being of mothers and their families worldwide. To support these goals, the Intensive Course on Obstetric Emergencies (ICOE) has focused on enhancing skills in managing obstetric emergencies.

As part of this, the ICOE team successfully organised a full ICOE TOT and ICOE workshop, in collaboration with the Mongolian Federation of Obstetrics and Gynaecology (MFOG) and Asia & Oceania Federation of Obstetrics & Gynaecology (AOFOG) from 10 to 12 August 2024.

My journey as an ICOE trainer began in the second quarter of 2023, following Dr Aznita's (a former colleague from Penang GH) introduction to ICOE and to Dr Tan Boon Nee (a member of the ICOE Steering Committee). The pleasant gesture and explanation given by Dr. Tang emboldened me to embark on this scholarly adventure.

While checking messages after work, one fine evening in Mid-June, I came across a message that made my heart skip a beat. The subject read, "Last Call for Volunteers to Mongolia". Assuming I would be available, I texted Dr Tang to express my interest in joining the ICOE event in Mongolia. To my surprise, Dr Tang replied, asking me to send the soft copy of my passport. This sparked excitement and anticipation as it is going to be my first-ever educational trip.

Most of the discussions and planning for the trip to the land of Mongols were done over Messenger due to our physical distance and separate workplaces. The team, which included Dr Hii Ling Yien, Dr Sim Wee Wee, Dr Chin Yeung Sing (Angela), Dr Prema Latha Supramaniam and I were managed by ICOE Secretariat member Mr Baskeran and Dr Tang. Although I was nervous and anxious as a new trainer, I was also excited about embarking on this new adventure, travelling alongside a seasoned coach.



After nearly two months of careful planning and preparation through Messenger, virtual meetings, email correspondence, and a mix of emotions, the day to embark on the journey finally arrived. On 8 August 2024, the squad gathered at KLIA at 8:30pm and received a final preparatory briefing from Mr. Baskeran. We then proceeded to check-in our mannequins without any hassle and proceeded through immigration clearance to board the flight after having a quick dinner at a nearby eatery. It was a 11-hour flight with a transit at Incheon Airport, South Korea.

At the dawn of 9 August, we finally arrived at Chinggis Khaan International Airport in Sergelen, Tuv Province, Mongolia. Upon our arrival, we were warmly welcomed by MFOG President Dr. Urjindelger and her team. The much-anticipated adventure officially began as we were ushered through the serene green landscapes, traveling along winding roads to the east of the airport, deep into Tuv Province. The fresh air carried an earthy scent of vegetation, making the journey both soothing and invigorating.

We were honoured to be welcomed to traditional Mongolian houses called “Gers”, where we were offered a Mongolian feast along with traditional entertainment.

We also managed to visit the newly operating Aimag District General Hospital in Tov during our journey. The AI colposcopy device banner caught my attention, reflecting the current local practice in Mongolia which utilises AI technology for screening of cervical cancer in outpatient clinics.

When I enquired further, Dr. Sara explained that AI demonstrated improved sensitivity with comparable specificity and positive predictive value when compared to the colposcopic impressions of each clinician. From there, we progressed to Ibis Styles Ulaanbaatar Polaris Hotel on Chinggis Khan Avenue – our “home” for the next 4 days.

On 10 August 2024, we made our way to Intermed Hospital to prepare for the TOT workshop on foot as the weather was pleasant. Upon reaching, we were welcomed by the Mongolia ICOE trainer, Dr Sansar. Setting up was a breeze as we were offered great assistance. The Training of Trainers (TOT) for the ICOE Workshop kickstarted at 2 pm.

The 3-day event was inaugurated with remarkable speeches by Dr Christia Padolina, the treasurer of AFOG, and Dr Urjin. In her speech, Dr Christia shared valuable opinions and strategies to reduce maternal mortality through training courses such as ICOE. She was engaged on the impact of obstetric emergency course in melioration of maternal mortality. Altogether, nine participants attended the TOT, and all of them delivered lectures as assigned, with translation provided by Dr Batna and Dr Khulan.







My presentation followed, focusing on IT use in ICOE training. I felt anxious presenting at the TOT programme to seasoned practitioners. My lecture focused on IT use in ICOE training, delivered in English and translated. Despite concerns about clarity, participants seemed to understand the message through affirmative nods. During breakout sessions, I co-facilitated the skills station on shoulder dystocia with Dr. Sim, while Dr. Angela and Dr. Prema handled the scenario station on eclampsia.

Participants were attentive during breakout sessions, sharing their own practices for managing shoulder dystocia. Positive feedback from participants confirmed effective delivery of the TOT objectives. Their unbiased enthusiasm demonstrated a commitment to continuous learning and skill improvement, highlighting that professional development is an ongoing process.

After the TOT workshop, we stayed back to prepare and assist in setting up the pretest and breakout station for the next day. At the end of the day, we enjoyed dinner hosted by the Mongolian team at Choijin Lounge and Restaurant, sharing a fantastic fusion western meal with Dr. Christia. The dinner provided an opportunity for valuable discussions with the Mongolian team regarding their experiences, practices, and work within their medical field.

The next day, which was Day 1 of ICOE, there were 22 participants and I was assigned the role of facilitator for a pre-test skills station on breech delivery, requiring the assistance of translators to enable all participants to complete the task within the two-minute time limit.

Following the opening ceremony and Dr. Hii's introduction, I presented on team management. I was pleased to deliver the lecture confidently and effectively addressed participants' questions. In total, we had 4 breakout sessions covering Maternal Resuscitation, Obstetric Hemorrhage, Medical Emergencies, and a first session on Obstetric Skills encompassing Manual Removal of Placenta (MRP), Uterine Inversion, Breech Delivery, and Shoulder Dystocia.

I grabbed the opportunity to guide participants on the ICOE protocol/guideline for breech delivery training, mindful of their existing practices. Despite the language barrier, their enthusiasm and engagement were evident. Their confidence in managing breech deliveries, a frequent occurrence in their settings, was particularly encouraging. Positive feedback from all breakout sessions affirmed the successful achievement of our training objectives as Malaysian trainers.

At the training session, we were entertained by a cultural show at the Mongolian Children's Palace Performing Arts Centre around 6pm and we ended the day with a sumptuous Korean feast.



On August 12, the last day of our ICOE training, the session began with lectures on drills, communication in adverse outcomes, and risk management, delivered by the Mongolian team. Meanwhile, we took the opportunity to set up our last two breakout sessions, which included skills and a complicated caesarean station.

The participants were proactive and engaged, actively seeking to clarify and better understand local practices. Some of them were also impressed with the surgical instruments we used during the caesarean section, such as the Armytage forceps, due to their limited access to surgical tools.

I was deeply impressed by their skills, dedication, and passion for the profession. A special mention goes to Professor Dr. Munkhtsetseg from the National University for demonstrating new OASIS repair techniques with overlapping and reinforcement. It was a pleasure to learn from such professionals and gain insights into their experiences in handling diverse cases and situations.

I also came to understand that two critical components of this journey are experiences and practice. While innate ability can set a foundation, it is through diverse experiences and dedicated practice that individuals truly develop their skills, adapt to challenges, and achieve meaningful progress. As such, regular practice is paramount.

Following lunch, a post-course skills assessment was conducted. The results were truly impressive and encouraging. Once again, a sense of satisfaction and accomplishment engulfed me as participants demonstrated their understanding and application of the skills learned during the training sessions.

With that, we concluded our ICOE training on a positive note. After the feedback session, we learned that there were 8 candidates from other provinces, with Zavkhan being the furthest – almost 1,000 km away from the capital, taking 18 hours by road to reach the venue.

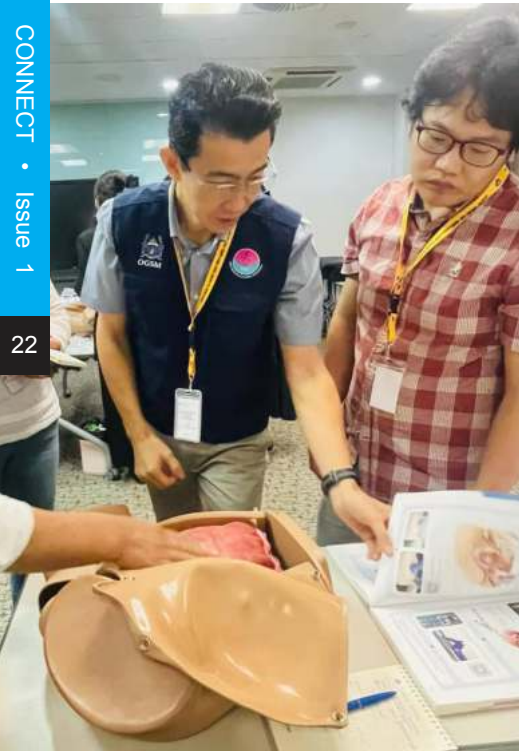
The closing ceremony concluded with a speech by Dr. Christia, who offered insightful feedback on the ICOE workshop and expressed her eagerness to introduce the course in her home country, the Philippines.

As a souvenir, we were each given a beautiful snow globe symbolising Mongolia's nomadic culture. This marked the end of our day at the venue. We then packed the equipment into luggage, and the Mongolian team kindly assisted in preparing and sending it to the airport the following day.

As we prepared to leave Mongolia, we felt a deep sense of gratitude for the experiences and friendships formed. The lessons learned from the vast landscapes, rich culture, and the people we met, sharing experiences and knowledge, will remain cherished memories.







On August 13, 2024, we departed from the hotel at 4:30 am for the airport. Dr. Batna and Dr. Ekh chauffeured us, and we arrived before sunrise. The check-in process was smooth, and we boarded our flight back to Malaysia.

Throughout the journey, I reflected on the past four days. Despite the short duration, the lessons learned were substantial. The training not only provided skills and knowledge but also deepened our understanding of how these elements can be applied in different cultural contexts. This experience underscored the importance of adaptability and cultural sensitivity in any professional endeavour.

Interacting with Mongolian colleagues and learning from their experiences reinforced the value of collaboration and open-mindedness. The insights gained from working in a different cultural setting broadened my perspective and enriched my approach to problem-solving and teamwork.

Reflecting on the intensive obstetrics emergency course conducted in Mongolia, I am deeply grateful for the opportunity to contribute to the professional development of healthcare practitioners in such a dynamic and unique setting. The course not only provided critical skills and knowledge but also fostered collaboration and empowerment among participants. The challenges faced and overcome during this experience have enriched my understanding and approach to global health education.

This experience also underscores the importance of tailoring training to local contexts - highlighting the profound impact a well-delivered education can have on improving healthcare outcomes.

As I move forward, the lessons learned will continue to shape my approach to training and education in obstetric emergencies, with a renewed commitment to addressing diverse needs and fostering meaningful change in healthcare worldwide.



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\* From randomization to week 56, weight decreased an additional mean 6.2% (s.d. 7.3) with liraglutide and 0.2% (s.d. 7.0) with placebo (estimated difference 6.1% (95% class intervals 7.5 to 4.6), P<0.0001).

\*\* 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).

**References:** 1. Elkind-Hirsch KE, Chappell N, Shaler D, Stormont J, Bellanger D. Liraglutide 3 mg on weight, body composition, and hormonal and metabolic parameters in women with obesity and polycystic ovary syndrome: a randomized placebo-controlled-phase 3 study. *Fertil Steril.* 2022;118(2):371-381. 2. Xavier PS., et al. *N Engl J Med* 2015;373:11-22. 3. TA Waden., et al. *International Journal of*



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