



Obstetrical & Gynaecological  
Society of Malaysia

# The OGSM newsletter

Volume 2002 / 2003 Issue 2

January 2003

## The President's Message

Dear Colleagues

Another year comes to an end, ending with concerns on security, feeling unsafe even if you are in Bangsar and a new year starting with the prospects of a Gulf war. Nevertheless I am hopeful good sense will prevail as the momentum for world peace gains strength. Let the year continue with little global challenges.

I was recently invited for the Annual Oration cum Dinner of the Obstetrical & Gynaecological Society of Singapore and the oration was presented by their honorable Minister of State for Health, Dr Balaji Sadasivan. I was indeed surprised to learn that he was a highly qualified neurosurgeon and also delivered an excellent oration. The dinner was very well attended and the feeling there was that after a long time there is a sense of unity among the fraternity.

The Annual Congress of the OGSS was recently held and in conjunction with that they also had for the first time the joint Malaysian Singapore Symposium. The meeting was tremendous and there was a genuine feeling amongst the OGSS council members to want to make this relationship between the two societies a real success. We have committed to share our experiences and create opportunities for the members to get together and maintain a professional and neighbourly relationship.

On the subject of unity there is a need for OGSM members to stay united. As the society grows in size and age, more issues will surface and there will be differences in opinion. There should be a healthy debate at the various forums. The society has allocated RM 3000 to the various regions to have social get-togethers and these are excellent forums to share views and ideas. The council is always open to any queries and you can personally write to any of the council members or myself if you have any issues.

Our annual congress is scheduled from 24 - 27 May 2003 at the Sutera Harbour Resort & Spa, Kota Kinabalu and the programme will follow the same time tested formula of scientific and social content. It is time to make your early flight bookings. It is the first time we are going east and please do give your support. The industry has been very supportive in the past and have pledged their support to go east. There are also several other meetings that are related to our field in the early parts of the year and making choices can be difficult but I do hope you will support the society.

I wish all members Selamat Hari Raya and Gong Xi Fa Chai. May the year of the Ram bring prosperity and happiness to all members.

Warmest wishes

**Dr Gunasegaran P T Rajan**  
President

### THE OGSM COUNCIL, SUBCOMMITTEES & REGIONAL COORDINATORS

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##### IMMEDIATE PAST PRESIDENT

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Datuk Dr N Subramaniam

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Dr Mohd Zulkifli B Mohd  
Kasim

Kelantan

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Sabah

Dr Helen Benedict

Sarawak

Lasimbang

Prof Siva Achanna

# Secretary's Message



A very Happy New Year to all of you and a belated Selamat Hari Raya and Merry Christmas. The Year 2002 has been nothing but an eventful one. It had been in many aspects been a very controversial one.

In the international front, there were controversies regarding terrorists and how to deal with them. Whether to find the root cause of terrorism and solve this, or use the military might. Year 2002 saw the tail end of the war in Afghanistan and a looming war in Iraq. It also saw bomb blasts in Bali with several hundred dead. In the economic front, there was World Com, Enron and the father of accounting, Arthur Anderson and controversies regarding the accounting practices.

Domestic wise, the sudden dramatic immediate resignation of our Prime Minister, witnessed live and later a delay by 18 months had been nothing but controversial. We had accounting practices of TRI to deal with economy wise. Perhaps the Americans learnt it from us.

Obstetricians too had to deal with controversies. Soon after the Congress in Genting, themed "Controversies", there were the controversies in the use of misoprostol, controversies in the role of hormone replacement therapy and issues regarding abortion and the Abortion Act. Some of these were front-page news and the OGSM had to deal with many of these and the President was compelled to make several press releases.

Indeed, the Year 2002 had been a Year of Controversies. Hopefully, Year 2003 would be a less controversial one.

The OGSM has been lining up its activity for the New Year. Of the many, one of the most important would be the 13th Malaysian Congress of Obstetrics and Gynaecology. It will be held in Kota Kinabalu on the 24th to the 27th of May 2003. Put it in your diary and keep yourself free for the congress. This will be the first time the event will make its way across the South China Sea

to be held in the Land Below the Wind, and it promises to sweep or rather blow us off our feet. I would encourage everyone to take a few extra days off for sightseeing. Make sure you travel to the islands nearby or perhaps climb Mount. Kinabalu. In contrary, to the travel advisory of some countries, Kota Kinabalu and the islands nearby are safe. You will not be Blown Off.

In this newsletter, besides the messages and the calendar of events, and to add to this year of controversies, Dr. Kalavathy has brought to our attention some drugs commonly used in the obstetric practice but there are no labels to do so. Dr. Tang has written about the loan scheme for postgraduate students intending to go overseas funded by the OGSM through the IS Puvan OBGYN Foundation. There is also the position paper by the Ministry of Health on hormone replacement therapy.

A reminder to all members, please update your mailing addresses via the secretariat.

Last but not least, a very Happy Chinese New Year.

With best regards

**Dr A Baskaran**  
Hon Secretary

# Treasurer's Report



The Society has always pride itself in strongly supporting any organization/individual who wish to organize any O&G related course. In the past, the allocation of funds is according to regions and a certain allotment is given to each region each year. We find there are deficiencies in that system and we hope to propose a new way of allocating funds for CME activities for the next financial year.

There have been a lot of requests asking for funds to aid

organization of courses by institutions, particularly courses run by government hospitals. The Society always give due consideration to every request and just this year alone, we have received numerous requests from various regions. However due to the constraints of the budget that was designed in the previous financial year, there were requests for larger sums which we could not concur to. However, all courses which fulfill the criteria were given some financial support, most in the sum of RM300.00 to RM500.00. Next financial year, we hope to increase the allocation for CME activities by allocating lump sums for large meetings/courses whilst the allocation for regions remain. In that way, we hope that institutions and members will take more initiative in organizing worthwhile courses for our members for the purpose of CME.

Unfortunately, some regions had not utilized the



money allocated to them. These money if unutilized by the end of the financial year will be allocated to other regions which had been active.

The Society will be starting a loan scheme for postgraduate students who wish to pursue further training overseas. We realize that some postgraduate students, even though they may have salaried jobs may still find it difficult to raise enough money to pay for airfare and the initial expenses when they are new in another country. It is in that light that the Society has decided to offer a RM10,000 loan to any member who may be in that situation. Pre set criteria exist, of course, but we welcome anyone who may find themselves in that situation to contact the society for help.

Region / Subcommittee	CME Activity		Subsidy
Penang	"Gynaecological Cancer Care in 2002"	Golden Sands Hotel, Penang 30 June 2002	
Penang	"Ultrasound Conference"	Hospital Pulau Pinang 6 - 7 July 2002	500.00
Selangor	"Update in Endometriosis"	Hospital Selayang 22 July 2002	
Kuala Lumpur	"Breast Cancer"	University Malaya Medical Centre 22 August 2002	500.00
Kuala Lumpur	"1st National Seminar on Medical Disorders in Pregnancy"	Institut Pengurusan Kesihatan, Bangsar, KL 24 - 25 August 2002	500.00
Gynaecological Endoscopy Subcommittee	"Laparoscopic Workshop"	Muar Hospital 27 August 2002	
Sabah	"Sabah Fellowship Night"	Sutera Harbour Resort & Spa, Kota Kinabalu 21 September 2002	3000.00
Melaka	"Current Trends of Practice in O&G in General Hospital" & "Unmet need in Preventing Perinatal Hypoxia"	Melaka-Manipal College 27 September 2002	
Johor	"The New Horizon in Cervical Cancer Prevention"	Mutiara Hotel, Johor Bahru 29 September 2002	
Gynaecological Endoscopy Subcommittee	"Second Laparoscopic Course"	Hospital Seberang Jaya 9 - 11 October 2002	
Office Gynaecology Subcommittee	"Seminar on a Practical Approach to Contraception and Family Planning"	Sutera Harbour Resort & Spa, Kota Kinabalu 19 October 2002	1,000.00
Johor	"Stem Cells The Next Wave"	Hyatt Regency, Johor Bahru 21 October 2002	
Seremban	"Primary Care Management on Common O&G Problems"	Hilton Hotel, Seremban 24 October 2002	500.00
Kuala Lumpur	"Update in O & G"	University Malaya Medical Centre 10 November 2002	300.00
Penang	"Litigation in O&G"	Penang Medical College 1 December 2002	1,512.00
Sarawak	"Sarawak Fellowship Night"	Kuching, Sarawak 14 December 2002	3,000.00
Kuala Lumpur	"Recent Trend in Gynaecological Oncology Seminar"	Hospital Kuala Lumpur 20 - 21 December 2002	500.00
	"MRCOG Part 2 Course"	Armada Hotel, Petaling Jaya 6 - 10 January 2003	500.00



## FIGO 2006 Press Conference at Kuala Lumpur City Hall

(from left) Dr. Zainol Ariffin (City Hall Health Department Director), Datuk Dr Sambhi, Dr Abdul Aziz, Lord Patel, Prof Arulkumaran and Dato' Dr Alex Mathers.

Recently two officials from FIGO, namely Lord Naren Patel (Congress Bureau Chairman and FIGO Vice-President) and Prof Arulkumaran (Treasurer of FIGO) visited Kuala Lumpur. Their visit was from the 25th to the 28th of October 2002.

Their visit was mainly to reassess the infrastructures that are already in place and also to let us know more about our expected roles. They were also interested in assessing the Professional Congress Organiser that we will be appointing.

A meeting with the Lord Mayor of Kuala Lumpur took place on the 26th October 2002. The Lord Mayor reaffirmed DBKL's commitment to us and will ensure KL City be suitably dressed and decorated during FIGO 2006.

I asked for DBKL's assistance for our promotion in Santiago in November 2003 which may include a short cultural show. The Lord Mayor agreed to help and said he would not mind joining our team in Santiago. A press conference was held at the end of our meeting with the Lord Mayor and this help to create awareness about FIGO 2006.

Many more meetings followed which involved staff of Convention Centres, hoteliers, exhibition booth contractor, Tourism Malaysia and a local PCO. All these meetings went well and were well attended.

Our two visitors relented to my request and delivered two interesting lectures to OGSM members on the evening of 26th October 2002 at the Equatorial Hotel, Kuala Lumpur. A small group of NGOs and the press were also invited. The topics were not bread-and-butter obstetrics and gynaecology but more on the socio-economic and cultural aspects of women's health.

Our two visitors also had an opportunity to be briefed by the project manager of the new KL Convention Centre which will be built in the grounds of KLCC. This will be an ideal and excellent venue but cost will be the deciding factor.

Members of the local organising committee held many informal discussions with our two visitors and the

reality of FIGO 2006 slowly sank in. The amount of work involved will require undivided commitment from all and I am sure they will deliver as proven before when we prepared our bid in Washington 2000.

As the amount of work increases, I will be inviting more members into the Organising Committee. I will also include representatives from the Ministry of Health, Ministry of Women & Family Development, Ministry of Home Affairs, DBKL and Tourism Malaysia into the committee. The various representatives are necessary as FIGO 2006 requires their support and if all can work cohesively, I am certain FIGO 2006 will be a great success.

The world is changing, politically speaking, rather fast and on many occasions rather unpredictably. Wars, strifes and riots are some of the calamities not within our control. We have to learn from the previous shortcoming of previous congresses and try to improve on them. In the event of war, participants from the west may decrease. We need therefore to try to get maximum participation from the Asia-Oceania countries. With that in mind, I suggested to our two visitors to include a Mandarin session in FIGO 2006 scientific programme. This will entice participants from Mainland China and Taiwan. The suggestion was accepted and will be presented at the FIGO Board meeting.

I have asked a close friend in Hong Kong (Prof P C Ho) to help us in promoting FIGO 2006 to doctors in Mainland China. With his close linkage with the O&G association of Mainland China, he is certain he can help out. Despite losing the bid to us (Prof P C Ho was the Chairman of the Bidding Committee of Hong Kong) and being a perfect gentleman, his sincere wish to help is a reflection of a united AFOG.

I end my report and will update you all later of any new development.

Thank you.

**Dr Abdul Aziz Yahya**  
Organising Chairman, FIGO 2006

# Drugs in Obstetrics

Dear Colleagues,

The issue over the use of Cytotec for induction of labour a few months ago stimulated me to do some literature search on commonly used drugs in obstetrics and what the drug companies had to say about these drugs in their leaflet.

To my surprise it was like opening a Pandora's box! I am also guilty of using some of these common drugs in pregnancy and maybe have learnt along the way while doing this literature search.

This literature is based on the 2002/2003 releases of the drug leaflets.

Please feel free to write to the OGSM either by email or letter if you have any comments after reading the literature below. You may know something that we can share with our other colleagues!

## ADALAT LA (Nifedipine)

**Use in pregnancy & lactation:** Nifedipine is contraindicated throughout pregnancy, as administration in animals was associated with embryotoxic, fetotoxic and teratogenic effects. All of the doses associated with the teratogenic, embryotoxic or fetotoxic effects in animals were maternally toxic and several times the recommended maximum dose for humans.

There are no adequate and well-controlled studies in pregnant women.

Nifedipine passes into the breast milk. As there is no experience of possible effects on infants, breastfeeding should first be stopped if nifedipine treatment becomes necessary during the breastfeeding period.

## FENAMON (Nifedipine)

**CONTRAINDICATION: Use in pregnancy:** Fenamon is contraindicated during pregnancy.

**Use in lactation:** No findings are available on the use of nifedipine during lactation.

## CLEXANE (Enoxaparin sodium)

**Use in pregnancy & lactation:** As a precautionary measure, enoxaparin should not be used during pregnancy, whereas lactation is not contraindicated.

## DECADRON (Dexamethasone salts)

**Use in pregnancy & lactation:** Since human reproduction studies have not been done with corticosteroids, use of these drugs in pregnancy or in women or childbearing potential requires that the anticipated benefits be weighed against the possible hazards to the mother and embryo or fetus. Infants born of mothers who have received substantial doses of corticosteroids during pregnancy should be carefully observed for signs of hypoadrenalism.

Corticosteroids appear in breast milk and could suppress growth, interfere with endogenous corticosteroid production, or cause other unwanted effects. Mothers taking pharmacological doses of corticosteroids should be advised not to nurse.

I am sure you are as surprised as I was when I first started this search. Nifedipine is a common antihypertensive that we use during pregnancy and Clethane is also being used quite commonly in obstetrics nowadays as we are diagnosing more cases of mothers with antiphospholipid syndrome.

In next issue find out about other commonly used drugs in obstetrics.

Regards

**Kalavathy Subramaniam**

Asst Secretary  
OGSM

# Hormone Replacement Therapy (HRT) and Women's Health Initiative (WHI)

## Report - The Position of The Ministry of Health Malaysia

The report of the Women's Health Initiative (WHI) trial on hormone replacement therapy (HRT) in postmenopausal women published in the Journal of the American Medical Association (JAMA) on the 17th July 2002 has raised concerns regarding its use. The Ministry of Health, related professional bodies and non-government organizations met on 20th August 2002 to discuss their stand on the findings of WHI.

This paper briefly describes the salient features of the WHI's study, its key findings with risks towards specific diseases and its limitations. Based on these, the paper makes specific recommendations which are to be noted and acted upon by health care providers.

### THE STUDY

The WHI study was designed to assess the major benefits and risks of the most commonly prescribed continuous combined HRT (conjugated equine estrogen 0.625 mg/day and medroxyprogesterone acetate 2.5 mg/day) among postmenopausal women in the United States. The women selected were between ages 50 and 79 years with a mean age of 63 years. In this study, 16,608 women with intact uterus at baseline, were recruited in 1993 - 1998 and they were assigned to receive the continuous combined HRT or placebo (sugar pills).



The trial was planned to last 8.5 years, that is, to be completed in the year 2005. However, it was halted after 5.2 years because of an observed increased risk of cardiac disease, namely heart attacks, stroke, deep vein thrombosis and pulmonary embolism and invasive breast cancer. The study also reported benefits in the reduction of hip fractures and colon cancer.

### FINDINGS

In summary, the results of the study indicated that for every 10,000 women taking the continuous combined HRT, there would be:

- 7 more women with heart attacks
- 8 more women with strokes
- 8 more women with breast cancer
- 18 more women with blood clots
- 6 fewer colorectal cancers
- 5 fewer hip fractures
- fewer fractures in other bones

Table 1 summarises the findings in a simplified statistical manner.

**Table 1.** The relative risks of getting diseases among 10,000 women who are on continuous combined HRT as compared with 10,000 women who are on placebo.

Diseases	Combined HRT *(CEE and MDA) (number of cases)	Placebo (number of cases)	Relative Risk
Heart attacks	37	30	1.29 [29%]
Strokes	29	21	1.41 [41%]
Breast cancers	38	30	1.26 [26%]
Blood clots	34	16	2.13 [213%]
Colorectal cancer	10	16	0.63 [- 37%]
Hip fractures	10	15	0.66 [- 34%]
Endometrial cancer	5	6	0.83 [- 17%]
Deaths	52	53	0.92 [- 8%]

\*CEE - conjugated equine estrogen  
MDA - medroxyprogesterone acetate

## LIMITATIONS OF THE STUDY

### 1. Profile of study subjects

It should be noted that the report was among American women whose average age was older (63 years) and the majority were overweight. The mean age is far above the age that HRT should be started for prevention purposes. About 30% already had pre-existing cardiovascular risk factors. Other recent studies showed that older women with established cardiac disease should not be started on combined continuous HRT. About 40% of the study patients were ex-smokers and 10% of the patients were still smoking during the study period.

### 2. Drop-out from the study

It should be pointed out that there were 40% drop-out rate of women receiving HRT mostly due to the problem of vaginal bleeding, and another 3% of this group had to undergo hysterectomy.

### 3. Hormone preparation and regimen

The trial tested only one regimen of continuous combined HRT, which is conjugated equine estrogen 0.625 mg/day, and medroxyprogesterone acetate 2.5 mg/day. The results do not necessarily apply to other dosages of the drugs or drugs taken cyclically. The results also do not apply to other formulations of oral estrogens and progestins or other routes of administration e.g, transdermal. The effects of progestin may be important for breast cancer and atherosclerotic disease.

## RECOMMENDATIONS OF THE MINISTRY OF HEALTH

Based on the above, the Ministry of Health together with relevant parties make the following recommendations to be noted by health care providers,

### I. General

- 1.1 Health care providers are to recognise that what have been highlighted by the media are the relative risks to the above diseases, and that the absolute risks although significant are small.
- 1.2 Women currently taking HRT are advised not to panic and have undue fear. They should be counseled by their doctors to weigh the benefits and the risks of continuing therapy. They are also to be informed of the many preparations and regimens of HRT available in Malaysia.

All women prescribed with HRT should consult their doctors and undergo regular follow-up and health screening. Prescribing HRT is an individualized and personal decision made after consultation between a woman and her doctor and taking into account a woman's individual benefits and risks from such use.

### 2. HRT FOR TREATING MENOPAUSAL SYMPTOMS

The use of HRT whether cyclical or continuous for the purpose of relieving menopausal symptoms is justified since the benefits outweigh the risks.

### 3. HRT FOR THE PREVENTING CARDIOVASCULAR DISEASES

- 3.1 The combined continuous therapy of conjugated equine estrogen and medroxyprogesterone acetate should not be initiated or continued for cardiovascular disease prevention only. However, a combined therapy of other estrogen and other progestin, a low dose HRT and transdermal therapy can be considered to be used.
- 3.2 HRT should not be used for the sole purpose of preventing a second attack or death among women with established heart diseases.
- 3.3 Women at risk of cardiovascular disease who wish to discontinue HRT should consider dietary and lifestyle changes (weight loss, regular exercise, stop smoking) as well as the use of drugs to lower cholesterol and blood pressure.

### 4. HRT FOR MANAGING OSTEOPOROSIS

Women at risk of osteoporosis who wish to discontinue HRT should be evaluated and consider the use of alternative therapies such as calcium, biphosponates and the selective estrogen receptor modulators (SERM).

## CONCLUSION

For many women, menopause brings many uncomfortable symptoms as the body produces less estrogen hormone, Hot flushes, sleeplessness and vaginal dryness prevent some women from carrying on the day-to-day functions. Thus women should not abandon HRT altogether. The benefits should be evaluated whether they outweigh the risks. We need to make decisions about HRT on an individual basis. For many, the decision will be straightforward with potentials for significant benefits for example for symptomatic relief and in many areas. For some others, the decision will be much more difficult requiring a careful balance of the known benefits and potential risks which can be achieved after a careful consultation between the woman and the attending doctor.

### List of Participating Organizations:

1. Ministry of Health Malaysia (MOH)
2. Private Medical Practitioners Association
3. National Population and Family Development Board (NPFDB)
4. Federation of Family Planning Associations Malaysia (FFPAM)
5. Obstetrical & Gynaecological Society of Malaysia
6. Malaysia Medical Association (MMA)
7. Malaysian Menopause Society (MMS)



- 1 10<sup>th</sup> Annual Congress of the Perinatal Society of Malaysia**  
27 February - 2 March 2003  
Renaissance Hotel, Kota Bharu, Kelantan  
Tel: 03-5569 3388 ext 240 (Attention: Ms Amanda)  
Fax: 03-9173 8946  
Email: japaraj@hotmail.com
- 2 3<sup>rd</sup> Consultants Conference**  
22 - 23 March 2003  
Nikko Hotel, Kuala Lumpur  
Tel: 03-2093 0200 Fax: 03-2093 0900  
Email: acadmed@po.jaring.my
- 3 12<sup>th</sup> Annual Congress of the ISGE (International Society of Gynaecological Endoscopy)**  
2 - 5 April 2003  
Cancun, Mexico  
Website: www.fm-endoscopiagineco.com.mx
- 4 55<sup>th</sup> Annual Congress of Japan Society of Obstetrics And Gynaecology**  
12 - 15 April 2003, Fukuoka, Japan  
Tel: +81-3-3260 2296 Fax: +81-3-3269 2834  
Website: www.jsog.or.jp
- 5 4<sup>th</sup> Malaysian Congress on Menopause "Reaching New Heights with Menopause"**  
25 - 27 April 2003  
Hotel Nikko, Kuala Lumpur  
Tel: 03-9170 2293 Fax: 03-9173 8946  
Email: mag@organon.com.my
- 6 Consensus Conference "Menopause: State of the Art toward Consensus"**  
1 - 4 May 2003  
Astir Palace Resort & Convention Centre, Athens, Greece  
Tel: +33 (1) 42 86 55 92 Fax: +33 (1) 42 60 45 35  
Email: eska@club-internet.fr
- 7 13<sup>th</sup> Malaysian Congress of Obstetrics & Gynaecology**  
24 - 27 May 2003  
Sutera Harbour Resort & Spa, Kota Kinabalu, Sabah  
Tel: +(603) 6201 3009 Fax: +(603) 6201 7009  
Email: ogsm@po.jaring.my  
Website: www.ogsm.org.my
- 8 FIGO 2003**  
2 - 7 November 2003, Riesco Centre, Santiago, Chile  
Website: www.figo2003.com

