Obstetrics & Gynaecology

2016/2017 COUNCIL ISSUE 1

OGSM NEWSLETTER

FROM THE PRESIDENT'S DESK

Obstetrical & Gynaecological Society of Malaysia

Membership Matters
President's Report 1
Introducing the Council 2
OGSM Activities
OGSM Part 1 Course 3
Trainees Update 3
iCOE Updates 4
ICOE's impact Around the Region 4
OGSM Congress 6
OGSM Book Launch 9
Updates in O&G
Zika Facts for Obstetricians 11
Risk: Perceptions vs Reality 14
Accolades
Daring to be different 16
AOCOG 2015 wins Anak Sarawak Award 19
Honorary ACOG Fellowship 19
Advertisement 20

The new council has taken office as of June 6th 2016. The council is the same as the previous one albeit with one change. The drive and momentum of the previous council will continue with no signs of faltering or slowing down.

The challenges that OGSM will have to face, has not changed much from the yesteryears. Medical indemnity, CME programmes, post graduate training.

It's very heartening to note that our homegrown ICOE (Intensive Course in Obstetric Emergencies) has grown in stature. The local reception of this course has been overwhelming. On top of the local success it has now gone Asian. The ICOE team, led by Dr Guna and Dr Tang, have made their presence felt within Asia. ICOE has reached the shores of Myanmar, Bangladesh, Mongolia, India and Cambodia to name a few. The participation of members as trainers has been very encouraging. I am sure it is just a matter of time before ICOE becomes global.

It is with a very heavy heart that we have accept, the reality that our Mr. Chong has retired. He has been the face of OGSM and fondly known as Mr. OGSM. He has contributed tremendously to the growth of OGSM both professionally and financially. We wish him all the very best and happy retirement.

OGSM's commitment to CME and training is being continued with increased fervor. The "master class" sessions will continue and will be tweaked as necessary as it will be for the preparatory courses for the post graduate exams. To this end we will try to engage the Ministry of Health to help defray some of the cost for our MOH trainees.

The increasing presence of OGSM in MOH committees' augurs well for the society. We sit on the CEMD/MDSR, Under 5 Mortality, Code of Ethics for Milk Products etc. OGSM is now included in almost all activities involving women's health within MOH. We intend to engage with MOH esp.

(cont. pg 2)

Newsletter_Nov_FA.indd 1 11/16/2016 4:40:10 PM

INTRODUCING THE COUNCIL

From left: Prof Dato' Dr Zainul Rashid Mohd Razi, Dr Thaneemalai Jeganathan, Dr J. Ravichandran R. Jeganathan, Dr Goh Huay-yee, Dr Hoo Mei Lin, Dr Eeson Sinthamoney, Dr Muralitharan Ganesalingam, Dr Muniswaran Ganeshan, Prof Nazimah Idris, Dr Sharmina Kamal Shamsul Kamal

COUNCIL	NAME
President	Dr J. Ravichandran R. Jeganathan
President-Elect	Dr Thaneemalai Jeganathan
Immediate Past President	Prof Dato' Dr Zainul Rashid Mohd Razi
Hon. Secretary	Dr Goh Huay-yee
Assistant Hon. Secretary	Dr Hoo Mei Lin
Hon. Treasurer	Dr Eeson Sinthamoney
Committee Members	Dr Muralitharan Ganesalingam
	Dr Muniswaran Ganeshan
	Prof Nazimah Idris
	Dr Sharmina Kamal Shamsul Kamal

FROM THE PRESIDENT'S DESK

the Practice division in a bigger way to solve the perennial issues of litigation, indemnity insurance and licensing. MOH guidelines may soon be accessible from the OGSM website when the prevailing red tape is sorted.

Preparations have started in earnest for the Silver Jubilee OGSM Congress. It has been planned for the end of July 2017. The organizing chair and the scientific chair have promised an academic feast well peppered with social interludes. It is going to be a congress that is NOT to be missed.

Dr J. Ravichandran R. Jeganathan

Newsletter_Nov_FA.indd 2 11/16/2016 4:40:11 PM

THE OGSM PART 1 MOG/MRCOG PREP COURSE 2016

After two very successful courses in 2014 and 2015, the 3rd OGSM Part 1 MOG/MRCOG Prep Course was held at the Straits Hotel and Suites, Melaka on the 6-7th August 2016. As in the previous years, the course was well attended by over 90 participants from around Malaysia including Sabah and Sarawak. Majority of the participants are medical officers in postgraduate training from both the Master in O&G and MRCOG pathways. A small number of house-officers planning to specialize in Obstetrics & Gynaecology were also present.

This preparation course was especially designed for doctors who are planning to pursue postgraduate education in Obstetrics and Gynaecology. The course content was designed to cover topics that will be assessed both in the Part 1 MRCOG as well as the Entrance /Part 1 MOG examinations. The speakers are experienced academicians and clinicians who are familiar with the exam structure and the clinical application of the basic sciences. Exam practice sessions consisting of single best answer (SBA) questions were incorporated into the course structure and feedback on performance will be given to participants.

The course received very favorable feedback from the participants. The next course will probably be held in October 2017, somewhere in the east coast states.

Prof Nazimah Idris

TRAINEES UPDATE

The Trainees' activities started in late July with an MRCOG Part 2 Written Mock Exam. This was attended by 21 participants. All the trainees were enthusiastic despite the programme starting early on a Saturday morning and ending well beyond 5pm. The trainees were especially happy with the discussion portion and would welcome many more similar sessions.

Due to the overwhelming response of the previous Trainees' Masterclasses that were held last term, OGSM has planned more Masterclass sessions with a long list of invited speakers from the government, private and academic sectors. Below the planned Trainees' Masterclasses for this year. All Trainees are encouraged to register with the OGSM Trainees' Register so that we can update you on future OGSM trainee sessions and activities. Registration is free for all OGSM members.

November 2016: Outpatient Gynaecology
December 2016: Adolescent Gynaecology
January 2017: Maternal Fetal Medicine
February 2017: MRCOG Part 2 Written Mock Exam
March 2017: Maternal Medicine - Endocrine Disorders
April 2017: Gynae-Oncology - Approach to Ovarian Tumours

Newsletter_Nov_FA.indd 3 11/16/2016 4:40:12 PM

ICOE UPDATES

ICOE : 2 YEARS ON

OGSM's own Intensive Course in Obstetric Emergencies was launched in 2014. It has been a fruitful 2 years. In 2 years, we have achieved:

16 iCOE courses
3 iCOE for midwives
6 Train the Trainers Courses
59 Trainers trained
9 International courses
540 medical personnel trained

AOCOG RECOGNITION

All this would not have been possible without our dedicated team. You have placed OGSM on the map like never before.

OGSM sincerely thanks our ICOE Course director, Dr Gunasegaran PT Rajan, his team and of course all our dedicated trainers. Around the region, we have made a difference!

ICOE'S IMPACT AROUND THE REGION

MONGOLIA RUNS OWN ICOE

In 2015, a group of dedicated iCOE trainers embarked on a journey to Mongolia to introduce the course. There were doubts whether a difference would be made or if the course would even take off. This year, the Mongolians are conducting their own ICOE. Congratulations to Dr. Tang BN for accepting the invitation to go to Mongolia and seeing come to fruition along with Drs. Guna and Thanee. Thanks should be also made to the team who donated their time and made all this possible.

2ND MONGOLIAN ICOE

This second ICOE course in Mongolia was held at Women and Children's Hospital, a subsidized-private hospital in Ulaanbaatar. There was a TOT session followed by a ICOE course. 12 trainers were trained. All materials were translated into the local language.

The course was a success. They were very impressed with the course programme and expressed interest in future training sessions for doctors and midwives. The local authorities were clearly enthusiastic to start their own training and had bought some mannequins and equipment to start for a local iCOE programme. We were proud to be able to be part of the beginnings of a local training program and it was an honour to share our knowledge with them.

Dato' Dr Zaridah Shaffie
Head of Obstetrics and Gynaecology Department
Hospital Tuanku Fauziah, Kangar, and ICOE Trainer

Ed: OGSM would like to congratulate and thank Dr Gunasegaran for accepting the nomination to be the ICOE course director from 2016-2023.

Newsletter_Nov_FA.indd 4 11/16/2016 4:40:13 PM

PAKISTAN

Just a note to say thank you for the great two day workshop in Kuala Lumpur, Malaysia. It was very informative, very well presented, plus enjoyable. I have had feedback from nearly everyone in the group and the consensus is the same … Excellent! The participants gained practical knowledge which they all wish to implement in their practice and they all committed to transfer this knowledge to their peers and fellow colleagues. At the same time we want your analysis about the participants so that we can share some insights with the group as well.

It has been so good working with your professional team. I apologize for the inconvenience caused by some of the participants leaving the sessions earlier resulting in loosing valuable knowledge and training.

Taking this opportunity I would like to explore the possibility of having future collaboration with your esteemed organization in arranging similar workshops in Pakistan with your trainers. Keep us updated for any other such workshop or any advance version of this workshop.

Thanks to the entire team of iCOE, especially all the facilitators and trainers. Thanks to Miss Jenny for your great coordination and prompt responses.

CAMBODIA

Greetings from SCGO Cambodia. We have had a board committee meeting yesterday and we discussed about TOT training and new ICOE training in November 2016.

Newsletter_Nov_FA.indd 5 11/16/2016 4:40:15 PM

OGSM CONGRESS

The 24th Congress of Obstetrical & Gynaecological Society of Malaysia was held from 2nd to 5th June 2016. We held it at a new venue this year, Connexion @ Nexus, Bangsar South City. OGSM hosted 750 delegates from both locally and internationally this year.

Forty five speakers delivered their scientific updates including thirteen international speakers. A highlight was the session named IT in O&G Blessing or Curse? The three speakers invited highlighted issues which ranged from IT applications, misuse of social media and its implications and how to handle a trial by social media.The Debate on Medical Litigation highlighted the important issues but made entertaining by our teams of lawyers and doctors. Hard Talk - Ending Preventable Maternal Deaths delicate statistics and issues were raised in this grilling session. Medical Indemnity Forum was held on Sunday, where all the indemnity providers were invited to meet the participants and explain various Indemnity Insurance details and issues.

The Congress Gala Dinner coincided with Official Launch of OGSM 50th Anniversary Commemorative Book on 4th June. The theme this year was ' Honouring Our Past, A Tribute to our Pioneers". We manged to invite quite a number of our past presidents and the highlight of the evening was the marching in of the Past Presidents present at the commencement of the dinner. This was grand occasion to meet every one from old to young.

Our Kids were not forgotten, Kids Party and Visit to Kidzania was organized by OGSM.

Please save a date for our next congress where we will be celebrating our 25th OGSM Congress. Due to Ramadhan falling in June in 2017, our congress will be held in July 2017. See you there!

Dr Thaneemalai Jeganathan

Newsletter_Nov_FA.indd 6 11/16/2016 4:40:21 PM

Newsletter_Nov_FA.indd 7 11/16/2016 4:40:30 PM

OGSM CONGRESS

OGSM's 50th Anniversary Commemorative Book was successfully launched in conjunction with the 24th OGSM Congress Gala Dinner. It was a night that celebrated our Pioneers and their contributions to our fraternity. The celebrations started with a Procession of Pioneers. The book was officially launched by Dato' Dr Alex Mathews and was well received by all those present at dinner. OGSM has pledged that every member is entitled to a complimentary copy. Please contact our office to get your very own piece of history now. The council would like to document their heartiest congratulations to the book committee for a job well done.

"It was a privilege to witness the launching of a great book for OGSM. Reading the chapter on milestones and developments in O&G, there were indeed great challenges for our nation. Thank you for giving me the opportunity to be in the book." **- Sister Susan HS Lee**

"Thanks Dr Tang. It was an enjoyable evening. I applaud your team for getting so many of the Past Presidents to attend. The book is excellent and both Kie Kie and I are enjoying reading it. I marvel at your team for the extensive research and effort put in to make it interesting to read. It will serve as a good reference book. Suggest presenting a copy to each of the Medical Faculties in Malaysia. Congratulations."
- Siva (Prof Dr Siva Achanna)

" Dr Tang, I was going to sms you to extend my personal congratulations to you and whole editorial staff for the superb, exceptional, fantastic (and all the superlative descriptions) publication on the history of O&G and of our OGSM. I had a chance to flick through it. Those old photos are priceless and added to the presentations and old stories gave the book a timeless atmosphere. It was definitely a labour of love for your team. I do not have Prof Zainul's contact but please extend my congrats to him too. I shall treasure this book. And the dinner has enabled me to rekindle old n lost friendships. I had stayed away from OGSM functions due to other commitments and interests, but shall try to now attend more often, to support only. But I am most happy to see OGSM thriving and growing in ability and sophistication under all you younger generations. I know OGSM's future is assured. Once again thank you and your team for the invitation to dinner n book launch." **- Dr SK Ong, Seremban**

Newsletter_Nov_FA.indd 9 11/16/2016 4:40:40 PM

OGSM BOOK LAUNCH

The O&G Book was hand delivered to Dr Thomas Liew by Ms Sarah Chew (daughter of Dr Tang Boon Nee)

Dear Boon Nee

I wish to record my thanks to you on the receipt of your book regarding the history of Obstetrics & Gynaecology in Malaysia. It is beautifully presented, excellently organized and illustrated with an excellent collection of historical photos.

Thanks again and best wishes.
Thomas

The Procession of Past Presidents

Dato' Dr Alex Mathews officially launched our book

"Thanks again, the group have done a wonderful job."
- The Family of Datuk Dr Ariffin Marzuki

Newsletter_Nov_FA.indd 10 11/16/2016 4:40:41 PM

TEN ESSENTIAL FACTS ABOUT ZIKA VIRUS

1) FROM OBSCURITY TO "INTERNATIONAL CONCERN"

Despite having its existence confirmed almost seven decades ago, with multiple sporadic infections in Asia and Africa; and two major epidemics in 2007 & 2013; Zika remained a relatively unknown virus until May 2015.

The impact of the disease was such that in February 2016, WHO declared Zika infection a health emergency of international concern and it became one of the first major infectious disease related to birth defects to be discovered in more than half a century.

Based on the most recent WHO report, as of July this year, 65 countries have reported evidence of vector borne Zika infection; with endemic transmission in four countries; and these numbers are expected rise with time; especially in countries where Aedes mosquitoes are highly prevalent.

2) ZIKA THE VIRUS

Having been accidentally found in the Zika Forest in Uganda in 1947, the first human infection was confirmed 5 years later. It was also found in Borneo in 1963 and eventually various sporadic infections were documented in Asia and Africa albeit only contributing to mild infections.

It is a mosquito borne flavivirus, a single stranded RNA virus. Aedes Aegypti, a mosquito which is a household name among us, which also spreads Dengue and Chikugunya is the vector for Zika virus. A. Albopictus is the more common vector in the western world. It is a daytime active mosquito that breeds indoors.

There is molecular evidence based on genotyping that the current endemic throughout South and Central America originated from Asia. The impact of globalization, rapid urbanization and the contributions of the tyre industry in harbouring and transmitting these mosquitos across the globe remains to be proven.

Hence, Zika is here to stay and is expected to continue to spread across the globe as far as the mosquitoes are found, as the affected population are relatively naïve to this new virus apart from the hypothesis of a new genetically adapt and virulent strain.

3) MOSQUITO & NON MOSQUITO TRANSMISSION

A. Aegypti is a unique mosquito with high vectorial capacity. It feeds primarily on humans and often bites multiple times in a single blood meal. It breeds indoors, lives with close association with human habitation and has an imperceptible bite.
Four possible mechanism of transmissions has been advocated. Mosquito bites from infected persons are the most common mechanism of transmission with the mosquito as a vector.

A sylvatic transmission cycle between non human primates via forest dwelling species of Aedes are postulated as a mechanism which is unique to Africa. In most other countries, especially in urban and suburban environments, a human-mosquito-human transmission cycle is the common mode of transmission.

Transmission from mother to child has also been reported as ZIka virus has been cultured in amniotic fluid and this has further been substantiated by various case reports. Zika virus has also been isolated in brain tissues and placentas of pregnancies that unfortunately ended in miscarriages and stillbirths perceived to be associated with Zika infection. There also have been cases reports of peri-partum transmissions, although small in numbers.

Despite no documented evidence of infection via blood, it remains a theoretical risk.

Zika has also been detected in semen of infected man and it has been detected up till 62 days from the onset of symptoms. There is now concrete evidence that it can be sexually transmitted, especially in men who were symptomatic.

Zika has recently also been detected in urine and saliva of infected man and women. The risk of transmission via these bodily fluids remains unknown. There have been 4 documented cases of transmission via laboratory exposure although the exact nature of transmission remains unknown. Thus, universal measures are recommended when in contact or during handling of such samples.

As of date, there has not been any documented transmission via breast feeding and thus it is not contraindicated even among infected mothers.

Newsletter_Nov_FA.indd 11 11/16/2016 4:40:41 PM

4) SIGNS & SYMPTOMS

The exact incubation period for Zika infection is unknown, but it generally expected to be less than a week. The major challenge in diagnosis is that almost 80% of patients are asymptomatic.

Symptoms suggestive of Zika infection include headache, red eyes, joint pain, fever, itching, rash and muscle aches. Rash, conjunctivitis and arthralgia are the most significant symptoms although most of these symptoms are self limiting; lasting between 2-7 days.

5) CHALLENGES WITH DIAGNOSIS

The mainstay of diagnoses is the detection of Zika viral nucleic acid (NAT) via reverse transcription polymerase chain reaction (RT-PCR). Although Zika has been detected in blood, amniotic fluid, semen, urine and saliva, the mainstay of confirmation for Zika is limited to whole blood (serum and plasma) and urine and these test are readily available at the Institute for Medical Research (IMR) in Malaysia, apart from a few private laboratories.

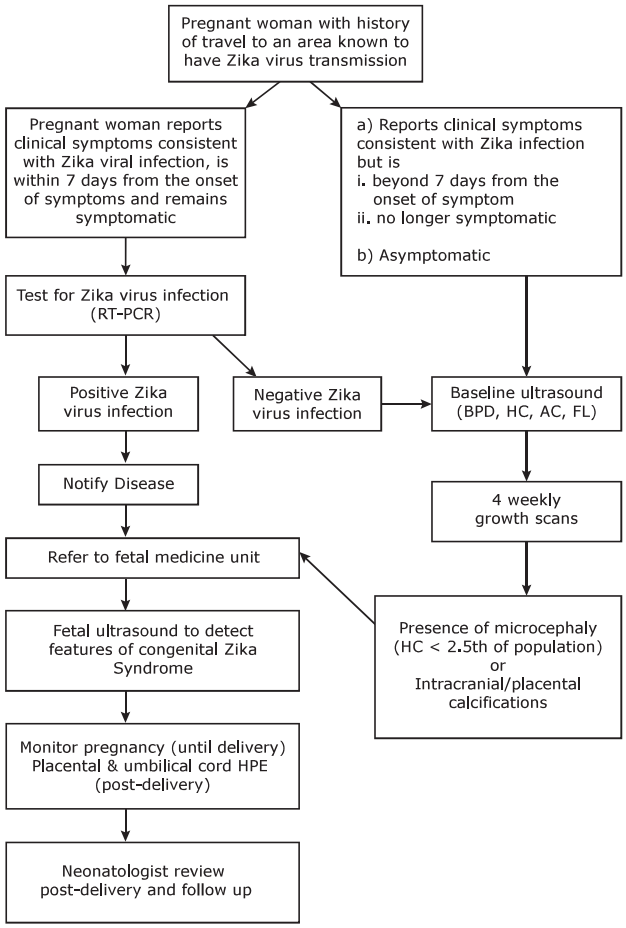
The Zika virus is found in the plasma for a very short window of time where the levels peak at day 3 and significantly drops from day 7 onwards. Hence the test is highly sensitive within the first 7 days from the onset of symptoms.

Although serological testing via plaque-reduction neutralization tests (PRNT) has been advocated to have higher sensitivities as compared to other serological methodologies, serological testing's are not recommended in view of cross reactivity with other similar viruses, especially dengue which is higher prevalent in Malaysia.

Testing for Zika virus in the amniotic fluid in pregnancy remains controversial as the presence of virus in the amniotic fluid does not correlate with the severity or the degree of infection.

The viral antigen and RNA can also be isolated from the placenta and umbilical cord and this is recommended in the event of a stillbirth or as part of post delivery confirmation in suspected cases.

6) INTERIM MANAGEMENT OF ZIKA INFECTION IN PREGNANCY



7) COMPLICATIONS
I) MISCARRIAGE & STILLBIRTHS

Although the absolute risk cannot be accurately measured, there is an association that Zika infection increases the risk of miscarriage and stillbirths. This is based on the presence of ZIKA RNA in products of conception following miscarriages and stillbirths.

II) CONGENITAL ZIKA SYNDROME

Microcephaly is defined as measurements which are below the 2.5th centile of the population or measurements which are 2 standard deviations below the mean for that specific gestation. Growth chart and serial measurements are usually required to confirm these diagnoses.

There is growing evidence that Zika has significant association with microcephaly as the current trends suggest more of a causal rather than an association, although the evidence is still evolving.

Newsletter_Nov_FA.indd 12 11/16/2016 4:40:41 PM

The prevalence of microcephaly among Zika infected patients are quoted as 2/10 000 and the risk is highest if the infection was acquired in the first trimester, being significant even until 28 weeks of pregnancy.

It is now perceived that microcephaly is the end stage measurable manifestation of the disease while other possible ultrasonographic features of congenital zika syndrome includes:

Intracerebral calcifications
Periventricular or intraventricular chogenicity
Irregularly shaped lateral ventricles
Callosal or vermian dysgenesis
Posterior fossa abnormalities

iii) Gullain Barre Syndrome

A temporal and geographic relationship has been observed between Guillain–Barré syndrome and Zika virus outbreaks in the Pacific and the Americas. 93% of patients with Guillain-Barre Syndrome in these populations had serological confirmation of Zika Virus. Other neurological manifestations include an increased risk of meningoencephalitis and acute myelitis.

8) PREVENTION & TREATMENT
i) Controlling of vector: mosquito

There is an urgent need for an integrated approach that involves elimination of A. Aegypti breeding sites, application of larvicides, and application of insecticides to kill adult mosquitoes. The current intervention of insecticide spraying during outbreaks in Malaysia had little evidence to support its efficacy as a single intervention and seem to have little bearings in controlling this mosquito

A systematic integrated national approach is only possible via political declaration with multi-level and multi-professional support and co-operation. This might also aid in controlling the dengue infection in Malaysia which is significantly on the rise, especially with the recent evidence of a more virulent new strain.

ii) Prevention of mosquito bite

Pregnant mothers should be advised against travel to Zika endemic areas. Staffs should be trained to identify Zika prone areas and these territories and countries are constantly updated in the WHO, CDC and PAHO websites on a regular basis.

The use of long and loosely fitted trousers and sleeves, apart from clothing treated with insecticides such as permethrin are recommended as an effective measure. Sleeping using nets impregnated with permethrin and using N, N-diethyl meta toluamide (DEET) based repellents are also the recommended measures of bite prevention.

iii) Prevention of sexual transmission

There is growing evidence that Zika can now be sexually transmitted. Women should be advised against traveling to endemic areas. If they have recently returned from Zika endemic areas, barrier contraception should be used for at least 28 days from the onset of symptoms.

Men should also use barrier methods of contraception for at least 28 days till 8 weeks since the onset of symptoms. The risk of transmission has been proven during vaginal, anal or oral sex without a condom even before the man is symptomatic.

Although there recently has been a news report about the possibility of a women transmitting the infection to her partner, there is inconclusive evidence to verify this, similarly with the risk of transmission via kissing and the mouth-vaginal route.

There is no antiviral treatment which is available at the moment. Management is purely based on symptomatic treatment and surveillance for potential complications.

9) THE FUTURE

Despite five months since the WHO global alert, there remains more questions than answers and more unknown than known with regards to Zika infection. Although there has been tremendous global efforts with significant influx of studies, networking, research and guidelines, it is still work in progress and it remains an alien disease as of now.

There is an urgent need for a fast and reliable serological testing which is more specific in order to provide accurate confirmation and better evidence with regards to the implications of Zika infection. The search for a vaccine is already in place and although it sounds like a logical solution, the scientific benefit of one remains largely unknown.

The primary aim lies in prevention of mosquito bites. Perhaps this should be the primary focus and the importance of national interest and political

(cont. pg 15)

Newsletter_Nov_FA.indd 13 11/16/2016 4:40:42 PM

RISK: PERCEPTIONS VS REALITY

What is Risk? The short answer is that it is one's perception of danger. As ObGyns, we will most often think of reducing risk for our patients. While we do think of reducing risk to ourselves on a daily basis, not very much is done about it. In fact, a number of myths seem to be pervasive amongst us.

MYTH #1: IT HAS ALWAYS WORKED IN THE PAST, WHY SHOULDN'T IT WORK NOW?

This is a classic example of living on the edge. For instance, an Obstetrician may think that after starting an induction process early in the morning with Prostaglandins, by mid-day the patient can be "hurried along" by augmentation so that the delivery can take place by late afternoon. Sometimes, this occurs at the cost of not personally monitoring the contractions (busy running a clinic). A series of unfortunate events occur and the patient delivers as planned but with a ruptured uterus and massive PPH as a consequence. The error here is to believe that an unsafe practice that has always worked before will always continue to work.

z

MYTH #2: IT WILL NEVER HAPPEN TO ME.

We are Obstetricians. Work long enough, and everything will happen to you. It is unfortunate that we read about all the mishaps and misadventures our colleagues get into. Hoping to always stay "lucky" would be inappropriate.

MYTH #3: THE GRASS IS ALWAYS GREENER ON THE OTHER SIDE OF THE FENCE.

This myth, in essence, is probably true. Unfortunately, it comes with a whole set of issues. The average Consultant working as an independent contractor in a big private hospital has a huge cost of doing business. There is the suite rental, indemnity subscription, nurse and clinic assistant's salaries, financial charges paid to the hospital and the hire-purchase of that 4-D ultrasound machine all the taxi-drivers are talking about. For the newly minted Consultant in private practice, these operating costs will put a huge strain on his or her integrity. Especially when "catching flies" is the main activity in the early stages of grazing in the greener pastures. Hard to stay focussed on integrity when there are mouths to feed.

MYTH #4: INDEMNITY INSURANCE WILL SOLVE ALL THE MEDICO-LEGAL ISSUES WHEN THEY ARISE.

There are so many holes in this myth, it's difficult to find a point to begin with. Let's start with the fact that indemnity insurance only covers you as long as you are subscribing to it. Then, there is the question of whether the coverage is sufficient (despite paying an arm and a leg for it). Loading by the insurers or insufficient coverage can lead to personal bankruptcy should an action go south on you. Worse of all, getting a medico-legal action against you is like going through a bitter divorce. It's death by increments.

MYTH #5: AS LONG AS SOMETHING IS WRITTEN IN THE NOTES, IT'S GOOD ENOUGH.

It is only when a medico-legal action occurs, that one wishes one had written all that Dickens could have wrote. In most instances, the Court will take the position that if it wasn't written, it didn't happen.

Are there ways to protect ourselves adequately? Although it sounds all doom and gloom, there are actually concrete steps we can take to protect ourselves.

"DID ANYONE LOSE A DINOSAUR?"

Look around. We are the dinosaurs. Change is already here yet we fail to recognise it. We still go on working as we did back in the day. There can be no more business as usual. We either change or suffer the plight of the dinosaurs. In fact, I would argue that we need paradigm shifts in seismic proportions in order to protect ourselves. Below are a few of the changes I propose.

CHANGE #1: MAKE DOCUMENTATION PART OF OUR MANAGEMENT.

Too often, we leave documentation as "the thing I have to write" before running off to the clinic or to the OT. We have to designate the appropriate amount of time to document adequately and legibly. This means that we can no longer treat documentation as the poor cousin in the management of patients. Also, a good place to start is by separating the orders, observations/continuation notes and prescription plan into separate entities. This gives clarity to all those concerned. Of course, electronic medical records will automatically divide this for us.

Newsletter_Nov_FA.indd 14 11/16/2016 4:40:42 PM

CHANGE #2: TAKE COUNSELLING TO THE NEXT LEVEL.

It is no longer enough to counsel of the general risks. The Montgomery Ruling has made taking consents the old fashion way obsolete. Now, you have to tell the patient as much as possible. And then some. Next, all that was said has to be documented.

CHANGE #3 : DO THE RIGHT THING, AT THE RIGHT TIME AND IN THE RIGHT PLACE.

This means practising evidence based medicine for the correct indication all the time. Performed by those most suited for the task. Too often, in the civil service, work is left to the unsupervised novice. We have all been there. Morning Passovers in some hospitals still look and sound like torture chambers rather than actual handovers. Patients in dire need of attention may be left to the "on-call" to manage when the deeds could have been done much earlier. In private practice, indication-procedure mismatch occur with alarming frequency (the reason you are smiling is because you know what I am talking about).

The detractors will argue that there is not enough time in the day to make such adjustments. I would argue that the change is already here and we have to adapt accordingly.

Dr Alvince Dev

This is the modified excerpt of a talk of the same title given by Alvince Dev, ICOE Trainer, at the ICOE Appreciation Dinner held on the 13th of August 2016.

ZIKA FACTS FOR OBSTETRICIANS

(from. pg 13)

declaration cannot be emphasized further.

Herd immunity may somehow slow the rapid spread of the disease but Zika is definitely here to stay. The implications in the upcoming Olympics is not known but it already has set alarm bells ringing.

As we struggle to cope with the impact of dengue in Malaysia, it is only a matter of time before Zika comes knocking on our shores and so, it is only wise to ensure we are well equipped with the knowledge to combat this mysterious virus of "International health concern".

To quote Voltaire, the French writer who once said "the art of medicine consists of amusing the patient while nature cures the disease", it all holds true, especially with regards to Zika virus as of today.

10) USEFUL AND VALIDATED ZIKA RESOURCES

WHO	www.who.int
PAHO	www.paho.org
CDC	www.cdc.gov
ECDC	www.ecdc.europa.eu
UK GOV	www.gov.uk
US	www.sis.nlm.nih.gov
RANZCOG	www.ranzcog.edu.au
RCOG	www.rcog.org.uk
SOGC	www.sogc.org
ACOG	www.acog.org
SMFM	www.smfm.org
ISUOG	www.isuorg.org

Dr Muniswaran Ganeshan

Newsletter_Nov_FA.indd 15 11/16/2016 4:40:42 PM

PIONEERING A FELLOWSHIP COURSE IN LAPAROSCOPIC SURGERY AND INFERTILITY

In the last 22 years that I have been in private practice, I have dedicated my professional life to laparoscopic surgery and infertility. I started my own laparoscopic surgery training by spending 2 months with Prof Song and Dr. Lee Chyi Long at the Chang Gung Memorial Hospital in 1994. Thereafter, I honed my skills by visiting laparoscopic surgeons in different parts of the world, watching them operate and at times assisting them. I am grateful to these doctors who have unselfishly shared their knowledge and skills with me.

The uptake of laparoscopic surgery in Malaysia has been disappointing. One of the reasons is due to the lack of teachers in this field.

Over the years, many Malaysian OBGYN specialists have requested to watch and assist me when I perform laparoscopic surgeries. Foreign gynaecologists have also spent weeks learning these skills under my guidance. However, I felt that these short training stints were insufficient and a longer training programme would be of greater benefit to these young gynaecologists keen to learn both laparoscopic surgery skills and infertility management. In 2013, I decided to be different. My years of acquiring advanced skills and knowledge as a laparoscopic surgeon, allowed me to try something that had never been done before,to start a Fellowship in Laparoscopic Surgery and Infertility, in a private hospital in Malaysia.

I had many doubts about starting this programme:

- Would a private hospital allow me to start this Fellowship?
- Would the Ministry of Health recognise my programme?
- Would any gynaecologist be interested in the training I intend to offer?
- Would I have enough cases in laparoscopic surgery and infertility to train gynaecologists?
- Would my private patients agree to be seen by other specialists?

The chairman of the board of directors of Mahkota Medical Centre, Dr Gan See Khem, was courageous enough to give me her blessing to start the programme. The Ministry of Health neither approved nor disallowed the programme. With this in hand, I advertised the Fellowship in the newsletter of Obstetrical and Gynaecological Society of Malaysia and the Malaysian Medical Association. My first fellow was Dr. Thinakaran Malappan, a gynaecologist from Ipoh who spent 3 months with me. I was as apprehensive as he was in starting this programme. My second fellow, Dr. Agilan Arjunan, trained with me for 1 year. My third fellow, Dr. Senthil Muthuraman has been with me since February 2016.

I have enjoyed this challenge of having Fellows in my practice. I think all doctors have something to teach and something to learn from other doctors. The teaching of young doctors should not be confined to just government and teaching hospitals. The Health Ministry should recognize and accept willing and qualified private practitioners to train these young doctors, as well. Teaching may not be every private practitioner's cup of tea but I am sure, if given the opportunity, many will want to do so.

Dr S. Sevellaraja

My Fellowship Experience

A typical day as a fellow with Dr Selva starts at 8am with ward rounds and case discussions. This is followed by either clinics or operating sessions. Dr Selva has a good mix of patients, not limited to infertility or laparoscopic related cases. I was given the opportunity to participate in patient management. Dr Selva usually has 2 operating days per week and we would have at least 4–5 cases per day, almost all laparoscopic cases. I not only had the opportunity to assist in these cases, I was also given the opportunity for some hands on as well. I learnt many important techniques just by assisting and observing how Dr Selva perform his surgeries and most importantly he wasn't reluctant to share his tips and tricks on laparoscopic techniques. He was very patient and took pains to ensure that I had gained the maximum benefit with each and every case that was posted on each operating day. He also provided me a laparoscopic endotrainer with suturing instruments and models for me to improve my skills in my spare time. I also had the opportunity to be involved in the organization of his first 3D Laparoscopic workshop in May 2014 that was held at Mahkota Medical Centre.

As it was a Reproductive Medicine fellowship as well, Dr Selva ensured that I was not neglected in this aspect as well. He provided me with the necessary reading materials and I was exposed to the many patients who presented with infertility. I was involved from the start of their treatment, planning their cycles, initiation of different stimulation protocols, follicular tracking scans, oocyte retrievals and embryo transfers for patients seeking IVF/ICSI. I visited the IVF lab in Mahkota Medical Centre and was given detail explanation regarding all the procedures done there (ICSI/ IVF, Seminal analysis,etc) by their experienced

Newsletter_Nov_FA.indd 16 11/16/2016 4:40:42 PM

Embryologist. I did oocyte retrievals for a few cases and also a case for embryo transfer. On certain clinic days, we also make it a point to go through previous infertility case notes and discuss relevant matters regarding that particular case.(Eg: why a particular stimulation protocol was chosen , their follow up plan and if their IVF treatment has failed, what measures would be taken differently at their next treatment cycle.)

The additional benefits that I was fortunate enough to experience was the opportunity to see how a private O&G practice was run. As he is a very meticulous person and with his vast experience in private practice, he gave me his views on how to set up a simple clinic in terms of staffing and basic equipments needed. He shared with me his insights on how he manages his patient's clinical records which are all stored systematically using a computer software which makes them easily traceable whenever needed. As all his surgical procedures are recorded, he also taught me on video editing techniques using computer software and how a DVD can be prepared and given to patients for their reference!

I have been to a few laparoscopic workshops and courses within and out of the country and I must say the training I had with Dr Selva was THE Best and MOST BENEFECIAL for me. I would strongly recommend this fellowship to others who have a strong interest in learning laparoscopy and infertility. I feel that KKM could perhaps incorporate Dr.Selva's fellowship as a part of the Reproductive Training subspeciality programme or make it as a recognised accredited training programme for Gynaecologists interested in Minimally Invasive Surgery(MIS).

In conclusion, my 3 months with Dr Selva was definitely worth the time and sacrifice. I had gained much more that I had ever intended. I'm more confident now in performing laparoscopic surgeries including laparoscopic hysterectomies and managing infertility patients. I'm also very fortunate, in that, at the end of the training, I did not only gain a mentor but also a very good friend. My only regret was that my fellowship was for only 3 months.

Dr Thinakaran Malapan

Fellowship in IVF & Laparoscopic Surgery: What I have lost...

As doctors, many of us realise that our 'true' learning of the art of medicine begin the day we graduated. The 5 years spent in medical school was just a preparation of core knowledge. Our career paths varies after graduation and for many, we seek to go to 'graduate school' or simply known as specialty or sub-specialty trainings. Then, the hard cold facts of reality hits upon us. What is offered in these 'graduate schools' may not be actually what we want to do. Are we at the end of a road? Do we just choose the path that is offered to us and go forward?

As the saying goes, 'Ask and it will be given, seek and you will find, knock and it will be opened'. With this in mind, you will most likely find the path you are looking for. That's what happened to me.
In 2013, I came across an advertisement in the OGSM Newsletter about a Fellowship Programme In IVF & Laparoscopic Surgery by Dr S.Selva from Mahkota Medical Centre Melaka. Yes, you are right, it's a programme offered by a private practitioner. This program is first of its kind in Malaysia and I was a bit worried and skeptical. It's not from Ministry of Health. Am I going to learn anything? Will I be just wasting my time there as the program is not recognised by the Ministry?

In the midst of wrestling with my conscious and subconscious mind about what to do, I remembered a segment from the movie Polar Express. In this movie the train conductor will tell the child, " You know something about trains, it's not about where the train is going ,it's about deciding to get on."
I applied to join the programme and decided to get on the train. I started in August 2014 after another 'passenger' had completed his journey. My first day was very stressful, though I tried my best not to show it! Moving from a busy government hospital to a clinic set up, I tried to get acclimatised. Someone told me that Dr Selva runs a 'one-man general hospital', and I have to agree. We saw a myriad of patients, from adolescent girls, infertile couple, obstetrics patients, general gynaecology and menopausal women. I was able to observe and participate in the care of infertile couples. I learnt to manage male, female and unexplained infertility. I learnt to appreciate the usefulness of office hysteroscopy as a valuable tool to diagnose intra-uterine pathology that may adversely affect the outcome of ART treatment.

Dr Selva did not treat me as just an 'observer' in his clinic. I was involved in the decision-making and discussion about nearly every infertile couple that walked through his clinic. This directly involved me with the care of the couples. In fact, we worked as a team where one of us will see the couple throughout their treatment cycle, including oocyte

Newsletter_Nov_FA.indd 17 11/16/2016 4:40:43 PM

collection and embryo transfers.

Dr.Selva has a great passion for laparoscopic surgery. We see many patient seeking help for gynaecological problems such as ovarian cyst/ endometriosis, fibroid and pelvic pain every single day. If your aim is to become a endoscopic gynaecologist , this is where you will see it all.

I have to admit that i have learned common pathologies in gynaecology and clinical skills needed to manage them in greater details than i have ever learned before.

My learning was never confined to the clinic alone. Our operating list is on every Wednesday and Friday. This is where the real action is! This is where I saw 3D laparoscopy done. In fact, this is the birth place of 3D laparoscopy in Malaysia. Immediately I began to realise the advantages of 3D laparoscopy. The depth perception is fantastic. This makes my training in laparoscopy much more fun and a lot more easier. I have gone through the pain of learning to suture using my self-made endotrainer. For those beginners, they know what I'm talking about! 3D laparoscopy made it so much easier to suture. You got to do it, to believe it.

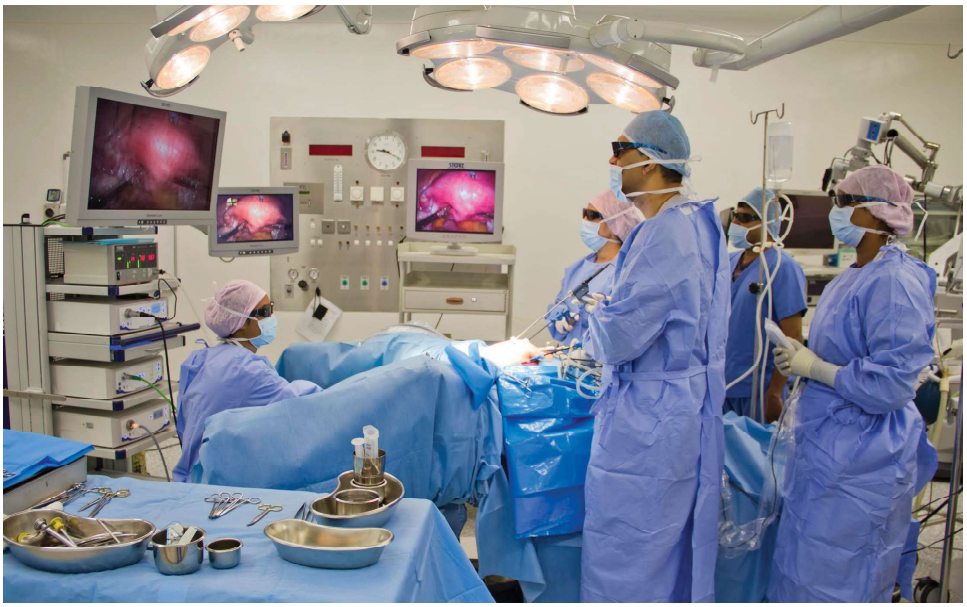
The operating room is the place where we have our regular dose of adrenalin surge. In the past 1 year I spent there, I have learnt to operate a case as simple as an ovarian cyst and as advanced as hysterectomy and endometriosis, laparoscopically. Am I going to loose my skills in performing an open surgery? It depends on how you look at it. If you are geared to improve your laparoscopic skills, then you will have nothing to complain about. We still do caesarean sections and laparotomies for very difficult cases or whenever the cases are deemed not suitable for laparoscopy.

As a human being, we always want to be surrounded by people with whom we are comfortable with. That is true for work place surroundings too. I had this same worry when I first stepped into Mahkota Medical Centre. The first day I was there, I realised my worries were uncalled for. Dr Selva and his staff were welcoming. I never felt the burden of a big career shift that I had made. I had my personal space and nurses to assist me, as if it was my own clinic! I am very much in gratitude to the staffs Soo Yin, Julai, Nora, Aida and Mag, and of course Dr Selva for making my past 1 year a pleasant journey.

Looking back at the past 1 year of my life, I cannot ignore the fact that I have 'changed'. The fellowship programme not only taught me about IVF and Laparoscopic Surgery but also about attitude and self development. We all know that education is life long, but how many of us actually understood this? Throughout my fellowship, I have learned how to maximise my time, how to use technology to support my learning (I have become an Apple-user for good!) and most importantly able to discover my passion for my life long learning. I have also learned to always aim to do a good job, everything else will follow.

So, what I have lost? Maybe a little of my ego and time away from my family. What I have gained is priceless and I know it's just the beginning…

Dr Agilan Arjunan



Newsletter_Nov_FA.indd 18 11/16/2016 4:40:44 PM

AOCOG 2015 WINS ANAK SARAWAK AWARD

AOCOG 2015 was selected as the recipient of the Anak Sarawak Award for the Convention of Excellence. (Nov 2013 - Nov 2015)

This award recognises the PCO or in-house meeting planner who organises international conferences or an employee within an association dedicated to the planning and management of the conference.

The 3 finalists were:

Planet Convention & Events S/B (Asia for Animals Borneo Conference 2015)

OGSM (AOCOG 2015)

Academy of Medicine Malaysia (Annual Scientific Meeting College of Surgeons 2014)

OGSM would like to extend her heartiest congratulations to Dr Ravi Chandran and his organising committee for this prestigious achievement.

HONORARY ACOG FELLOWSHIP

OGSM would like to extend our heartiest congratulations to Datuk Dr Abdul Aziz Yahya who has been unanimously elected by the Executive Board of the American College of Obstetricians and Gynecologists (ACOG) to be conferred an Honorary Fellowship in the College.

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Office of the Executive Vice President and Chief Executive Officer
Hal C. Lawrence III, MD
Telephone: 202/863-2500 Fax: 202/863-1643 Email: hlawrence@acog.org

SENT VIA EMAIL

August 11, 2016

Abd Aziz Yahya, MD
[redacted]

Dear Dr. Aziz Yahya:

I am pleased to inform you that the Executive Board of the American College of Obstetricians and Gynecologists has unanimously elected you to Honorary Fellowship in the College.

[redacted]

Please let Vicki [redacted] know if you can join us next May. Congratulations and best wishes.

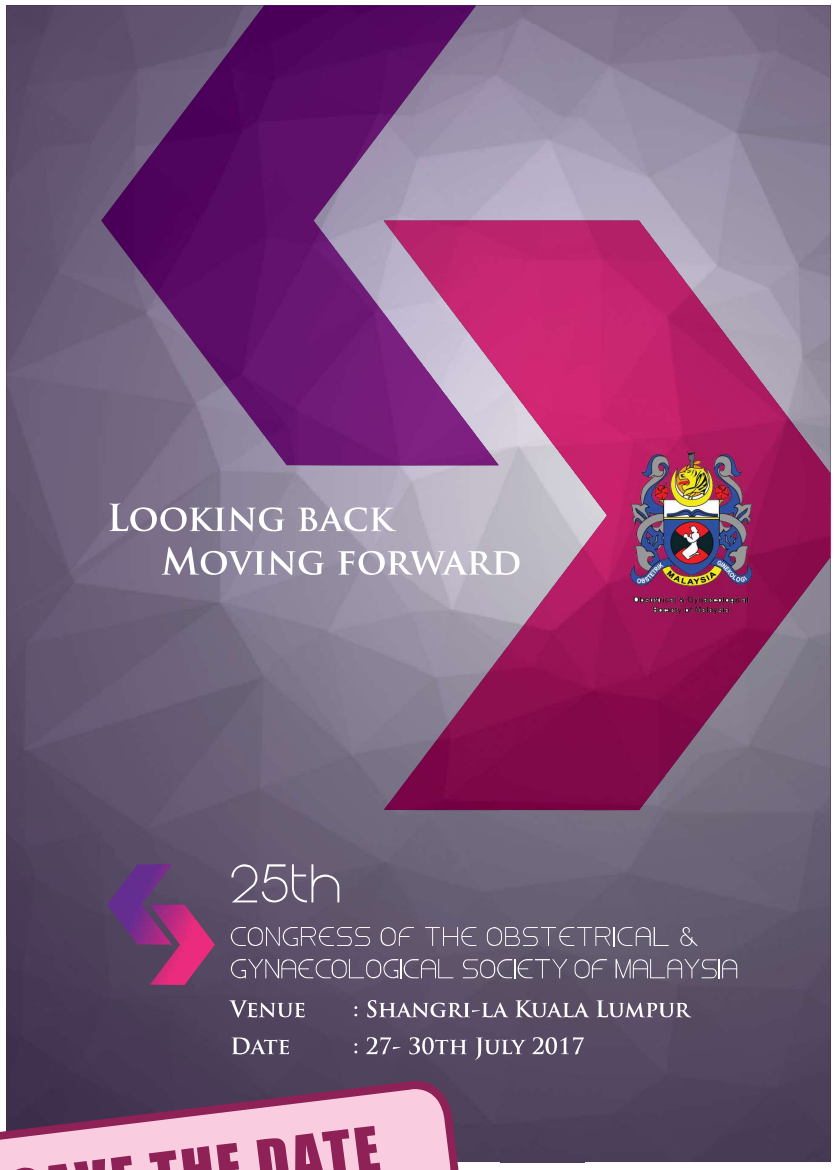
Sincerely,

Hal C. Lawrence III, MD, FACOG
Executive Vice President and CEO

cc: Thomas M. Gellhaus, MD, FACOG
Joanna Cain, MD, FACOG
Ralph W. Hale, MD, FACOG
Vicki Millard-Cobb

409 12th Street SW Washington, DC 20024-2188 Mailing Address: PO Box 96920 Washington, DC 20090-6920 Telephone 202-638-5577 www.acog.org

Newsletter_Nov_FA.indd 19 11/16/2016 4:40:46 PM



The 2017 OGSM congress will be unique in several ways. Firstly, instead of our usual first weekend of June date, it will be held on 27th to 30th of July 2017. This is because of Ramadan which may start in late May. This congress will also mark our 25th Congress in Obstetrics and Gynaecology. In keeping with this, we have chosen the theme "Looking Back Moving Forward". As we endeavour to shape a brighter future, we should not forget that it is built on past achievements and scientific breakthroughs. Our scientific program has been specially designed to achieve just that.

This annual congress is an ideal opportunity for research ideas, networking and to meet the experts with the best brains in this field of Obstetrics & Gynaecology.

Our congress will return to Shangri-La Hotel, Kuala Lumpur. As our OGSM congress have grown from strength to strength every year, the number of participants that we attract are increasing. The organising committee is finding it increasingly difficult to find venues that can accommodate our needs. Shangri-La has hosted us a few times now but we hope that you will find the new refurbishments that is scheduled to be completed early 2017 will make this seem like a new venue. Its location in the heart of the city makes access to KL's shopping and night life an unbeatable one.

We look forward to welcoming you to our 25th OGSM Congress 2017.

The Organising Committee
of 25th OGSM Congress

Newsletter_Nov_FA.indd 20 11/16/2016 4:40:46 PM