2012/2013 ISSUE 3

OGSM NEWSLETTER

FROM THE PRESIDENT'S DESK

OBSTETRICAL & GYNAECOLOGICAL SOCIETY OF MALAYSIA

Dear Colleagues,

We are almost at the end of this council's term and as I look back, I feel that much that has been planned has been achieved.

The society's website has been revamped to make it more user friendly. Online subscriptions and other payments can now be made with ease. The newsletter was also given a more contemporary look.

I was very keen for the OGSM office to be used for our members. I am glad that over the year we have had four fellowship evenings at the OGSM office. We were fortunate to be able to host speakers of international repute such as Professor Roger Pepperell, Dr Tim Draycott, Professor Philip Steer, Dr Paul Fogarty and Professor Jane Norman. Due to the concerns of many members, discussions included medico-legal issues. I realise that many members practice outside the federal capital and to accommodate these members, arrangements were made, where possible for visiting lecturers to travel to other localities to speak. Professor Philip Steer gave a lecture in Melaka and Professor Jane Norman, the RCOG-OGSM travelling fellow spoke and taught in Kuala Lumpur/Selangor, Penang, Kuching and Kota Kinabalu. I firmly believe we should also make use of our local experts for this purpose in the future.

I realise that the one year term of the President and Council is short. Each President comes into office with his/her vision of what can be achieved and sometimes there is a lack of continuity in these programs and plans. OGSM also has considerable assets. I decided that the society needs to have a "Roadmap" to plan for the next 5 years and beyond. At my request, Dr Gunasegaran PT Rajan created and chaired a committee of senior members to deliberate and come up with a document that would guide future councils. The members of the committee are Datuk Dr Abdul Aziz Yahya, Dr Milton Lum, Dato' Dr Alex Mathews, Dr Mohd Hafetz, Dr Johari Bux, Dr Ravi Chandran, Dr KB Ng, Dr Tang Boon Nee, Dr Thaneemalai Jeganathan and Dr Eeson Sinthamoney. I made the decision to remain outside the committee as I did not want my personal opinions and views to affect the final document. The Roadmap was subsequently placed on the OGSM website for member's information and feedback. I hope it will be a useful guide for the society's future. I would like to express my appreciation to Dr Gunasegaran and his committee for their work on this document.

(cont) I believe that international collaboration is very important. Recently, I was in Australia, for a meeting with the President of RANZCOG to explore future collaboration including a possible joint scientific meeting between RANZCOG and OGSM. Whilst I was there, the International Society of Ultrasound in Obstetrics & Gynaecology (ISUOG) also offered free membership for Malaysian trainees. I am in the process of finalising the paperwork required to make this offer available to our trainees. I was a guest at a dinner by the Senior Vice-President of RANZCOG and some Obstetricians and Gynaecologists who were formerly from Malaysia. Our relationship with the Obstetrical & Gynaecological Society of Singapore (OGSS) continues to develop. At each of our conferences, we will have plenary lectures named after our respective countries. The council of each society has also agreed to meet on a regular basis and collaborate in other ways including issuing joint statements and recommendations where appropriate. OGSS has extended great support to our congress and has arranged transport for Singaporean delegates to our conference at the end of this month.

OGSM has played a role in assisting the Myanmar Obstetrics & Gynaecology Society by running a Life Saving Skills Course (LSSC) over the past three years. Myanmar needs a lot of assistance as the country opens up and tries to catch up with the rest the world after years of isolation and sanctions. This year, in addition to running a life saving skills course, an ultrasound course was also run and speakers representing OGSM participated in their main congress. OSCE guidance was also provided for Myanmar trainees preparing for the MRCOG Part 2. I also obtained external funding for OGSM to run a LSSC course in Indonesia for the first time. OGSM also held a symposium at the FIGO 2012 meeting in Rome.

Our International Congress this year, for the first time, sees participation by a number of International Obstetrical & Gynaecological Societies. These relationships that have been built up over time can only be of benefit to our society and its members.

Preparations are well underway for the 22nd Malaysian International Congress of Obstetrics & Gynaecology. OGSM has successfully hosted many international conferences including the FIGO world congress in 2006 and the RCOG International congress last year. We however have never hosted a major international meeting of our own. I believe that we have the capability to raise the bar and have our own international scientific meeting. This has now come to fruition with the 22nd Malaysian International Congress of Obstetrics & Gynaecology which will be held from 30/5/13 to 2/6/13. The international faculty comprises of 24 speakers, almost three times the number in our usual OGSM congresses. I am also very pleased that a number of major international Obstetrics & Gynaecology societies and colleges are participating in the conference by having symposia. In spite of this large faculty, speakers' travel expenditure is a fraction of the normal cost for previous OGSM congresses as most of the overseas speakers are funding their own travel. The organising committee chaired by Dr Tang Boon Nee has been working very hard and I am sure that you will have an unparalleled experience both educationally and socially. Response has been excellent with large numbers of overseas and local delegates.

Continuing professional development is one of the main roles of our society. I firmly believe that we should progress to more online learning. This will also assist members who work outside the main cities. I am in discussions with the RCOG hopefully to have an arrangement where OGSM pays for members to have access to webcasts of certain RCOG conferences.

I believe that trainees are our future and it is important to focus more attention on their needs. Prof Philip Steer as well as Professor Jane Norman spent time teaching trainees during their recent visits to Malaysia. Free membership with the International Society for Ultrasound in Obstetrics & Gynaecology has been arranged for trainees in Malaysia and a Trainees social night is being arranged together with the Congress Faculty as a pre-congress event on the evening of Thursday 30/5/13. We also plan to start a trainees' register to better coordinate Trainee activities.

Rising litigation and medico-legal challenge are a problem that is not confined to Malaysia alone. Unfortunately there are no easy solutions. We must continue to engage the various stake holders as well upgrade our skills and practice with care.

I would like to take this opportunity to record my appreciation to members of OGSM's council of 2012/2013 for their hard work and support for the various activities and initiatives throughout the past year. Thanks are also due to the members of OGSM for their services rendered to the society. I look forward to meeting many of you in person at our congress which is only a few weeks away. I would also wish the very best to the President Elect Dr Tang Boon Nee and the council of 2013/2014 which will take over at our AGM on 1/6/13 and I am sure she will lead OGSM to greater heights.

DR SURESH KUMARASAMY
PRESIDENT

As this report reaches you, council would be in the final few days of its term. The numbers have been tabulated and we know where we stand financially. Yes, we are certainly on very firm ground! During this term, we have done two important things. Firstly, we strove hard to maintain a balance between prudence and expenditure while ensuring that the members' interest remained paramount. Secondly, we have continued to build on the concept of transparency and accountability by preparing even more guidelines on how the society manages its finances. The impetus to design these guidelines comes with experience and the knowledge that without such guidance, a financial catastrophe is easily conceivable. While not set in stone, it is our fervent hope that it will at least form the basis of more robust mechanisms of managing the society's funds.

This is also a time to reflect on how well we have done, what else could and should have been done and obviously, future directions. While the council has made a sincere attempt in ensuring that as many members from all geographical locations were able to partake in society activities, there will certainly be a segment of the membership that feels marginalized from this 'benefit loop'. We hope to hear your views on how we can better perform this role. With regards to future directions, council hosted a meeting of 'society elders' to deliberate on what directions the society should take in the intermediate term. Their recommendations have been made available to all members and it's aptly called a 'road map'. Hopefully no GPS will be required to get there!

Possibly as a consequence of the' road map' meeting, you can expect some resolutions to be tabled during the June AGM which may have financial implications. This would be in line with the aspirations of the society to play a more prominent regional role. I personally believe that this is a worthwhile venture as we strive to position ourselves as a prominent regional player. Furthermore, as the ASEAN market continues to unravel and liberalise, such a regional role may prove immensely beneficial to our fraternity. Certainly, the obvious question which needs to be answered first will be: have we done enough locally before venturing abroad? While I suspect there is no real answer to this question, one reasonable scheme of assessing the merits and demerits of this equation would be to see it as 'striking a balance' between 'local needs' and the 'greater picture'. Innovative and reasonable ideas are always welcome. This is certainly an interesting issue worth pondering upon.

Finally, council remains acutely aware that while all financial decisions are made with the best interest of the members at heart, the 'right' answer remains largely unknown. Hence we would value your thoughts and views and look forward to hearing from you in June.

Best wishes to all.

DR EESON SINTHAMONEY
TREASURER

TRAINEE'S CORNER

Trainee's Night at Serai Life Center
30th May 2013

An opportunity not to be missed for trainees attending MICOG 2013. Dinner at Serai Restaurant. Meet the speakers. Air your grouses. 30 May 2013. Please email ogsm@myjaring.net or call Mr Chong or Jenny on 03 62014009 to reserve your seat.

The 3rd MRCOG Final Preparation: Part 2
Written and OSCE @ Hospital Ampang
5th to 7th July 2013

An intense 3 day workshop covering all aspects of the Part 2 examination. Benefit from detailed and individualized feedback from an experienced examiner from the RCOG. Email drshilpa.nambiar@gmail .com or sallehakhalid@gmail.com to secure your place.

Refresher Course in O&G
24th to 25th August 2013

Please email ogsm@myjaring.net or call Mr Chong or Jenny on 03 62014009 for further information

PRIVATE FEE SCHEDULE

I have been involved with the writing of the Fee schedule, as a representative from OGSM, with Dato' Dr Siva Mohan from College of O&G, Academy of Medicine from 2011 and would like to take this opportunity to update our members regarding the Private Fee Schedule.

After the initial excitement about the fee schedule, there has been no news from the Ministry of Health regarding its implementation. However in December 2012, there was a call from the MOH to renegotiate the Fee Schedule.

MOH met with each specialty separately; each specialty being represented mainly by the Academy of Medicine Chapters plus the respective societies if available.

The O&G representatives met twice with MOH. OGSM was represented by myself during the first meeting; and by Dato' Dr Alex Mathews and I during the second meeting. The College of O&G was represented by Datuk Dr Johan Thambu, Dato' Dr Siva Mohan and Dr Michael Samy.

MOH was represented by Dr Hashinderjeet Singh, Senior Principal Assistant Director of the Medical Practise Division. Dr Namazee, Chairman of the MMA Fee Schedule Committee was also invited as an advisor to MOH.

It became apparent during the meeting that MOH would like to follow the footsteps of the American Medical Fee Guideline. In other words, there will be 3 dimensions to the system: Medical Procedures and Services Nomenclature (MPSN), Activity & Resource Based Relative Value System and Conversion Factor. It is also apparent that MOH is firm on its decision not to deviate too much from that format.

The objective of the entire exercise: is to discourage multicoding by coding procedures together, rather than separately. The sum derived thereafter should be reasonable and hopefully acceptable to the specialty.

We had to work through every procedure, change the nomenclature and to try to convert it into a reasonable fee. However, procedures which are already on the present schedule are not to be changed. The MOH took into account O&G's unique situation whereby our medical protection insurance is at the top of the table. The final draft is in the Members' Section of the OGSM website.

OGSM would like to thank the College of O&G of the Academy of Medicine in its collaborative efforts in drafting the fee schedule for O&G.

This draft of Proposed Private Fee Schedule for O&G as of today remains a Draft. There has been no official news from the MOH regarding its implementation.

DR TANG BOON NEE
PRESIDENT ELECT

TRAINING IN O&G

TRAINING IN O&G, THE MRCOG ROUTE

As our society commemorates 50 years since its inception, we should not only reflect on our glorious past but look at ways to guarantee a brighter future. In an effort to make the society more relevant to the trainees, OGSM has started a chapter this year to encourage more participation from them and in turn provide support by identifying their needs and grouses.

TRAINEES AND THE CURRENT SYSTEM

What do our trainees want? Their biggest priority is to pass their final exam and become specialists. However, the low pass rates in the last few years reflect how they are struggling to achieve this goal. Currently, there are two paths to become an obstetrician and gynecologist. The first is to enter the local Masters(MMed) programme offered by the universities and the second is by obtaining membership with the Royal College of Obstetricians and Gynaecologists (MRCOG). Both paths have their own unique challenges.

The Masters programme is a structured 4-year course where the candidate may be working within the university or an accredited training hospital. There is usually exposure to most of the subspecialty areas and a requirement to complete a research paper before the exit exam. The Masters exam will be covered in a future article.

MRCOG AND ITS CHALLENGES

MRCOG candidates who have passed Part 1 are required to undergo 48 months of supervised training before being assessed to sit the Part 2. In the UK, the RCOG is the guiding authority. They provide the framework for practice and training which is followed by hospitals with little deviation. In Malaysia, the apprentice-type training model is variable depending on the centre and the supervisor. Most public hospitals have the volume of work but protocols and practices vary and the trainees find it difficult to incorporate what they have read with what they practice. To make matters worse, a significant component of the exam is geared towards understanding how the NHS works, its referral systems, concepts like clinical governance, audit and learning how to teach which our local candidates may not have had exposure to.

EXPERIENCE IN THE UK

Most trainees felt it is essential to take time off work and undergo a clinical attachment in the UK before sitting the exam. This will not only help them gain the exposure to the system but afforded time off to attend MRCOG preparation courses there. However, this often comes with a huge financial burden of having no income and having to pay for living expenses in the UK. The other option is to apply for the International Medical Graduate Sponsorship Scheme where the trainee is chosen for a paid position in the UK for a maximum of 2 years and in that time, he/she is expected to pass the Part 2 exam (for more information please refer http://www.rcog.org.uk/international/working-britain-non-uk-doctors/international-doctors-training-programme). Successful candidates are restricted to a maximum of 2 years and although it is a tremendous opportunity, may not be a viable option for a majority of trainees who have their own commitments.

THE TRAINEE IN UK

Gaining the necessary knowledge is only part of the formula to success. The UK trainee has continuous and repeated assessments before they are allowed to progress. Every deanery conducts teaching sessions to tutor candidates on how to approach the exam. If a "trainee in difficulty" is identified, their educational supervisors intervene to see how best to resolve the problem. The whole structure of training is geared towards attaining the competence necessary to obtaining the membership and the CCT (Certificate of Completion of Training)

POSSIBLE SOLUTIONS

This is a model that can very easily be reproduced here. There is already in-training supervision either directly or indirectly in all hospitals. It is a matter of making it uniform by providing logbooks for completing modules and procedures that are part of the syllabus. Regional teaching sessions have started on a small and informal scale for the last 2 years. The next step is to identify more interested parties to expand this teaching and to work with the Ministry of Health to make it an official and required part of training. The country can be divided into 6-8 regions or deaneries with an appointed supervisor. These regional teaching sessions can be designed to address difficult topics, enable trainees to attempt practice exams and learn exam technique. OGSM can aid this process by arranging a meeting with the relevant stakeholders like the RCOG Malaysian Representative Committee, Academy of Medicine and the Conjoint Board of Examiners. There may be a valid role in the Representative Committee liaising with the International Education section of the College to help structure a program to address the specific needs of our trainees. OGSM's bid to provide support could not come at a better time as all these initiatives will invariably require funding and in time, we hope there can be a separate allocation for it.

COURSES AVAILABLE LOCALLY

There are already exam preparation courses from the UK that have become regular events to help the candidates familiarise themselves with the exam. The RCOG has extended its reach to Malaysia by running its in-house Part 2 Revision Course in Hospital Ampang annually. The Whipps Cross course team also runs a yearly programme here. These courses help to acquaint the trainee with the differences in practice in the UK. Although it may cost more than locally organized courses, it still represents a big saving in terms of cost of accommodation and flights to the UK.

Trainees who are registered with the RCOG now have free access to the Strat OG, which is an online resource with tutorials and self-assessment guides, which cover the entire syllabus and can be used as a tool for supervisors to monitor progress.

THE OPTIMISTIC FUTURE

We have a largely untapped potential in our members who have the ability to teach and impart their knowledge and experience but no platform to do so. If we utilize our resources and organize the training structure, there is a very real possibility of creating a conducive teaching environment locally and be at par with centers like Singapore and Hong Kong who have the highest pass rates in the region. We hope that with OGSM's new initiative, there can be more two-way interaction and as a result, perhaps a better support system can be put in place for our specialists of tomorrow.

DR SHILPA NAMBIAR

CLASSIFIEDS ADVERTISING WITH OGSM GUIDELINES

As a service to our members, the OGSM has introduced a "Classifieds" section in the Members' Area of the OGSM website with the intention of providing a forum for members to advertise various services or products or matters of interest to other members at no cost.

The guidelines for advertisement are as follows :

1. Only members will be allowed to advertise here.
2. Advertisements in this section can be accessed by members only. Please log in with your user name (IC number) and password.
3. OGSM reserves the right to edit the content of the ads.
4. OGSM reserves the right to decline ads that may be deemed to be controversial or of questionable benefit to our members.
5. The ads will be available for viewing for a fixed period of 4 months following which they will be removed from the website automatically.

Kindly note the following:
The society will never knowingly accept any advertisement that is illegal or considered fraudulent.

All advertisers must ensure that the information that is uploaded onto the website does not contravene any regulations that may result in legal action either civil or medico-legal.

The society cannot be held liable for any legal action that may result from an advertisement placed under the 'classifieds section'.

No 'third-party' advertisements will be allowed unless evidence of authorisation is provided prior to the advertisement being uploaded on the website.

We hope our members will find this service useful. Kindly provide feedback to our administrators at ogsm@myjaring.net or via the website.

CSR ACTIVITIES

OGSM participated in four medical camps in the first 4 months of 2013, the first of which was held on the 3rd of March at the Apartment Pantai Indah, KL. 50 patients were seen and 31 pap smears performed. Two camps were held on Sunday the 17th of March. One was organised by the Medical Outreach group which our society has often collaborated with, and was held at the Tiratana Welfare Homes in Desa Petaling. Tiratana runs several homes in that location, including orphanages, homes for the elderly and homes for underprivileged women and their infants. Five patients were seen there. The second medical camp that day was held at Bukit Kerinchi, where fifty patients were seen and the same number of pap smears performed. The fourth camp our society participated in so far this year was held on the 14th of April at Sri Sentosa. Fifty patients were seen and a total of forty pap smears done.

DR GOH HUAY-YEE
CSR Chairman

JOINT OGSM & COGAMM MEETING

Joint Obstetrical and Gynaecological Society of Malaysia (OGSM) and College of Obstetricians and Gynaecologists Academy of Medicine Malaysia (COGAMM) Meeting Representatives present were

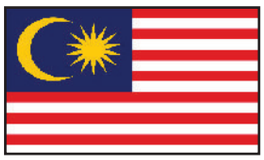
OGSM	COGAMM
Dr Suresh Kumarasamy	Datuk Dr Johan Thambu Malek
Dr Eeson Sinthamoney	Dato' Dr Ravindran Jegasothy
Dr Thaneemalai Jeganathan	Dr Michael Samy
	Dr Abdul Onny Yahya

A meeting was held between OGSM and COGAMM on 13th January 2013 to discuss avenues for closer co-operation between the two organisations. A number of issues were discussed including the College of O & G Lecture at the OGSM annual congress and the National Specialists Register.

It was proposed that representatives of the O&G fraternity in Malaysia (OGSM, COGAMM and the Head of O&G services of the Ministry of Health) meet twice a year to discuss areas of mutual interest and solve any problems that may involve members of the O&G fraternity in Malaysia.

DR SURESH KUMARASAMY
President, OGSM

LSSC – MALAYSIA AND BEYOND



The 23rd LSSC was held in Hospital Selayang, Kuala Lumpur from the 22 – 24 March 2013. This is the 1st in the series of three LSSC to be conducted in Selayang for the year 2013. The OGSM would like to record its appreciation to Selayang Hospital for making the venue available. The feedback was most encouraging and it served as a platform for both MOH and private Drs and midwifes to exchange their views.

OGSM at the invitation of Rumah Sakit Budi Kemuliaan (RSBK), Batam, Indonesia and in collaboration with Penang Medical College (PMC) organised a 2 day LSSC–EOC-NC Demonstration Course from 30th November to 2nd December 2012.

Five OGSM faculty members and Prof Knox Ritchie as guest faculty member from PMC conducted the course. The participants included specialists, doctors and midwifes. The biggest obstacle was the language barrier which was resolved by using Bahasa Malaysia as the instruction medium where possible.

The feedback from the participants was overwhelmingly positive and they expressed that the course was very beneficial in terms of application of skills and knowledge.

OGSM organised a Demonstration Course on Life Saving Skills - Essential Obstetric Care & Newborn Care Course consecutively for the 3rd time in Myanmar which was held from 21 - 22 February 2013. The 2 day course was conducted at the 500 bedded No (2) Military Hospital, Yangon as a pre congress in conjunction with the 10th Myanmar OG Congress.

The response was overwhelming. Paul Fogarty of the RCOG was also on site to grace the event as he was also attending the Myanmar Congress.

As an extended service, an OSCE session was also held for 12 Doctors who were sitting for their MRCOG part 2 exams, which was conducted by Dr. Tang, Dr. Marcus and Dr Shilpa.

Compiled Report from
DR GUNASEGARAN PT RAJAN

VISIT BY PROFESSOR PHILIP J STEER

Professor Steer was invited to visit Malaysiain Feb 2013 inaccordance to OGSM's mission of 'promoting the development of science and to assist in scientific research relating to all the fields pertaining to O&G'. This invitation was very much a pioneering effort on OGSM's part; the aim being to improve the quality of scientific papers written in Malaysia as well as to encourage our trainees and specialists to write papers.

His credentials are impressive being the editor of 'High Risk Pregnancy – Management Options' as well as the immediate past editor-in-chief of British Journal of Obstetrics and Gynaecology (2005-2012). To date, Prof. Steer has published more than 110 research papers in peer reviewed journals.

His visit spawned several lectures in 3 different states to maximize his time in Malaysia.

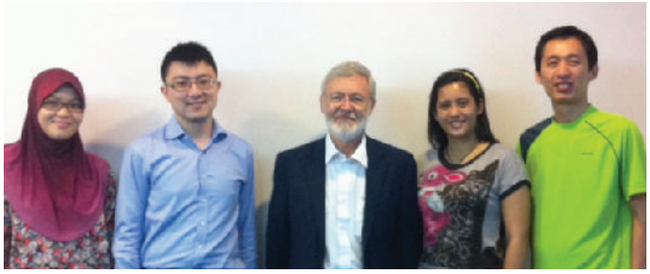
28-02-2013

Professor Steer was scheduled to meet with trainees and members who had scientific papers which were ready for publication for appraisal. He met with a total of 6 doctors that morning. It was a beneficial session for everyone who attended.

Dr Hanif, has since written to OGSM: 'Thanks to OGSM for organising this very beneficial session. I think this should be turned into a longer formal session. We benefitted from learning issues that even senior people don't know about. Even though the attendance was small, the session was thoroughy enjoyable and heart warming."

01-03-2013

Professor Steer was invited to speak at University Malaya Medical Centre (UMMC), as the guest of the Department of Obstetrics and Gynaecology. His lecture "How to get Published in High Impact Journals" was very well received by the audience comprising of academic staff and trainees from various medical specialities. This was followed by research presentations by eight of our O & G trainees with subsequent invaluable feedback from Professor Steer. He then ended this very educational morning with a lecture on "Hot topics for O&G research". Both academic staff and trainees felt that the sessions with Professor Steer were both thought provoking and useful.



That evening, Professor Steer attended the Melaka Fellowship Night where he presented a lecture titled 'Fetal Monitoring and its Medico-legal Implications'. He spoke about the rise in medical negligence suits in UK as a result of medical mishaps as well as the common pitfalls in fetal monitoring in labour wards and its medical implications. He ended his lecture by highlighting a current multicenter, randomised controlled trial on automatic alert fetal monitors in UK. This lecture many questions and issues on fetal monitoring and a healthy discussion ensued. It was an enjoyable evening for those who attended

02-03-2013

Prof Steer spent the day at Hospital Kuala Lumpur for the 'Medical Disorders in Pregnancy' workshop. It was an eye opening session where the different practice approaches between the UK and Malaysia sparked an interesting debate during case discussion sessions. The participants, which made up from practitioners from both government and private sector benefited greatly from the discussion.

On Saturday evening, Professor Steer once again presented his lecture on 'Fetal Monitoring and its Medico-Legal Implications' at the Fellowship Night in the OGSM office.

03-03-2013

On the last day of Prof. Steer's visit, he provided an interactive session with the local trainees, highlighting techniques and study methods to maximize success in the MRCOG examinations.

Professor Steer's visit was highly successful. He managed in a few short days to reach many trainees and OGSM members, all of whom benefitted greatly from his expertise. OGSM thanks Professor Steer for being so generous with his time while he was here and also to everyone who hosted him for without them, this program would have been such a success.

Complied Report from

PROFESSOR PHILLIP STEER
DR TANG BOON NEE
DR THANEEMALAI JEGANATHAN
ASSOC PROFESSOR KHONG SU YEN
DR TAN CHENG

OGSM FELLOWSHIP NIGHT: PROFESSOR PHILLIP STEER AND DR PAUL FOGARTY

We were fortunate to have 2 outstanding speakers from the UK. Professor Phillip J Steer presented on Foetal Monitoring and its Medico-legal Implications. This lecture gave us valuable insight into the current and worrying trend of litigation especially in obstetric practice. It sparked good discussion amongst members present. Dr Paul Fogarty spoke to OGSM members about the direction that the RCOG is taking and more importantly, how RCOG plans to develop in the future. He also commented on the medico-legal issues faced by our UK collegues and how they were trying to reduce this trend.

The evening ended with the signing of 'The RCOG/OGSM Travelling Fellowship' Agreement between RCOG and OGSM which will fund an annual award for a speaker to travel to speak in Malaysia. In view that this was made possible by the success of the 10th RCOG International Scientific Congress in Kuching Sarawak, the speaker must visit East Malaysia as part of their itinerary. At publication of this newsletter, we have already had Professor Jane Norman visit Malaysia as part of this agreement.

10TH MYANMAR O&G CONFERENCE

In conjunction with the Myanmar O&G Conference, OGSM organised 2 pre-congress events as well as participated in the main congress itself.

For the 3rd time, OGSM organised a Life Saving Skills Course (LSSC). It was held at No (2) Military Hospital, Yangon. Full details are included in the LSSC report.

OGSM was also invited to help organize a Basic Obstetric Ultrasound Course. Around 40 doctors, mostly O&G specialists from all over Myanmar attended the course. The OGSM facilitators for this course were Drs Japaraj, Subramaniam Nachimuthu and Professor Knox Ritchie. There were lectures in the morning and a "hands-on" session in the afternoon. Although the course was called a basic obstetric ultrasound course, some aspects of advanced level scanning were also introduced to the participants. The course was very well received by the participants.

We couldn't help but notice the status of the obstetric ultrasound services in Myanmar as some of the ultrasound machines that were being used in the Central Women Hospital were really old and low end machines. The local organizers of the course hoped that the OGSM will help them organize more ultrasound courses in the future.

In addition to the pre-congress events, OGSM supported the Myanmar O & G society by providing 3 faculty members at the 10th Myanmar O & G conference, Drs Suresh Kumarasamy, Subramaniam Nachimuthu and Professor Knox Ritchie.

There were about 300 delegates at the meeting from various parts of Myanmar. The opening ceremony was graced by the Minister of Health of Myanmar who is a neonatologist. The faculty comprised of invited speakers from Malaysia, Singapore, Australia, UK, USA, Nepal, the Phillipines as well as Myanmar. A unique feature of the conference was a ceremony called "Paying Homage to Senior Obstetricians & Gynaecologists" held in a private room immediately after the opening ceremony. At this ceremony, members of the organising committee sat on the floor while the senior obstetricians and gynaecologists were seated.

There was only one stream for the conference. Various topics were covered including HPV vaccination, ovarian cancer, ultrasound, urogynaecology, mifeprostrol, recurrent miscarrage, etc.

At the congress banquet, the President of OGSM presented a plaque to the President of the Myanmar O & G Society to mark OGSM's participation at their congress.

Compiled Report from
DR GUNASEGARAN PT RAJAN
DR JAPARAJ ROBERT PETER
DR SURESH KUMARASAMY

THE 3RD MALAYSIAN REPRODUCTIVE MEDICINE CONGRESS, 17TH – 19TH APRIL 2013

The much anticipated 3rd Malaysian Reproductive Medicine Congress (MRMC) has proven to be the most successful by far. There was an astounding 60% increase in the number of delegates who participated this year; well surpassing the 300 mark which had initially been catered for. Fifty-eight of the 354 international delegates, namely Brunei, China, India, Indonesia, Japan, Singapore, Taiwan, Vietnam, Australia and New Zealand; a first for the MRMC.

The MRMC has indeed gained a reputation for being one of the foremost reproductive medicine gatherings within this region. The main attraction is the scientific program, which have traditionally featured a high caliber faculty of world renowned international and regional experts from highly reputable centers. The 3rd MRMC itself had a total number of 32 speakers; 5 of whom were our very own Malaysian professionals. Lectures were delivered eloquently and covered large areas pertaining to reproductive medicine.

The scientific committee had strived to ensure that the topics highlighted cutting-edge advances as well as the most recent innovations in the field of reproductive medicine; in accordance with the theme chosen this year; 'ART as a continuum- Looking to the future'. The organizing committee, on their part, worked long and hard to ensure the event materialized and achieved what it had set out to do, which was, to bring together a varied group of learned speakers on to a single platform and to impart some of their expertise to the participants of the congress.

All of us bear witness to the exponential expansion in reproductive medicine, which is one of the fastest evolving fields in medicine today. Therefore, it is of paramount importance that we keep abreast with the latest progress and continuously augment our understanding of the processes involved in assisted reproductive technology (ART); with a keen focus on evidence based practice.

In line with this, 4 simultaneous and successful pre-congress workshops, targeting gynaecologists, embryologists as well as fertility nurses were held on the 16th of April 2013. The response to these pre-congresses was overwhelming, with more than 200 participants in total. Regrettably, some had to be turned away due to the limited number of seats available. The 3rd MRMC saw participants and speakers alike come together in earnest discourse especially pertaining novel developments in stimulation protocols in ART and strategies to minimize complications. Other areas that also garnered equal interest were embryology, andrology, the sciences of implantation; advances in cryopreservation, ultrasonography in reproductive medicine, reproductive surgery and, the much debated, societal aspects of fertility preservation.

The congress dinner was themed 'Latino Night', and many stars were born, albeit only for a night. There was singing, dancing and general revelry; the cuisine exquisite. All present had a tremendously enjoyable and memorable evening.

Trade exhibitors had been very supportive in the running of the congress and their booths had an endless flow of visitors. Feedback obtained from delegates was overall very encouraging, with most participants commending the organizing committee for an informative, well organized congress, in short, a job well done.

On a separate note, the Obstetrical and Gynaecological Society of Malaysia (OGSM); which has the greatest representation of gynaecologists in the country, has committed to becoming a member of the International Federation of Fertility Societies (IFFS). IFFS and OGSM signed a memorandum during the opening ceremony of the 3rd MRMC. This will no doubt translate into opportunities for the Malaysian Reproductive Medicine Specialist.

I am pleased to inform you, that the subsequent MRMC organizing committee will be led by our colleagues from the north, and would be a collaboration between the MOH and the local ASPIRE representative. After a hugely successful 3rd MRMC in Kuala Lumpur, we now look forward to the 4th MRMC in one of our northern states of Malaysia.

DR P. KANNAPPAN
Organizing Chairman 3rd MRMC

CONFERENCE AWARDS

The RCOG 2012 Congress has been shortlisted for TWO categories for the Annual Global Conference Awards 2013. The categories are :

1. Best Development of an Existing Conference outside the UK
2. Best Delegate Experience

The winners will be announced at the event to be held in London on June 7th. 2013 . The Organising Team is to be congratulated for this fantastic team effort. The OGSM has requested the RCOG to attend on our behalf.

About the Conference Awards :
It is a UK based organisation that honours conferences globally and about 550 participants from various industries take part in this event. The Conference Awards first started in 2010. We have been informed that the entries were of exceptionally high standards and being shortlisted alone is a proud achievement for OGSM. There are about 13 award categories with about 5 - 6 entries in each category.

DR GUNASEGARAN PT RAJAN
RCOG 2012 Organising Chairman

FETOSCOPIC LASER PHOTOCOAGULATION FOR TWIN TO TWIN TRANSFUSION SYNDROME (TTTS)

UPDATE IN FETOMATERNAL MEDICINE

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INTRODUCTION

Obstetricians and surgeons in developed countries have been attempting fetal surgery since the early 1980s to treat and cure many fetal surgical conditions. Unfortunately this form of treatment never took off as a standard of care until the introduction of fetoscopic laser surgery for Twin to Twin Transfusion Syndrome (TTTS) in the early 90s. Fetoscopy is the procedure whereby a fetoscope is inserted into a pregnant uterus for diagnostic and therapeutic purposes. The most common use of fetoscopy in pregnancy is to treat problematic twins, mainly TTTS. This condition is a serious complication of monochorionic (MC) twin pregnancy in which there is only one placenta which is shared by both the twins. Fetoscopic laser surgery has also been used for the treatment of TRAP sequence (Twins with acardiac fetus).

WHAT IS TWIN TO TWIN TRANSFUSION SYNDROME (TTTS)

TTTS occurs in 10-15% of monochorionic twin pregnancies or 1 in 4,000 pregnancies. When TTTS occurs, there is an unequal sharing of blood between the two fetuses due to blood vessels that communicate between them in the single placenta (Fig 1). Due to these communicating vessels, one twin (known as the donor twin) transfuses its blood to the other twin (known as the recipient twin). In the most serious cases, one fetus is larger and surrounded by an excessive amount of amniotic fluid due to its increased production of urine through the increased renal perfusion, while the other fetus is smaller and appears to be stuck against the uterine wall due to the reduced amount of amniotic fluid due to reduced urine production secondary to reduced renal perfusion. If left untreated, there is up to a 95% chance of either one or both twins dying inside the womb. And even if these twins do not die, many of them will suffer heart problems or brain damage.

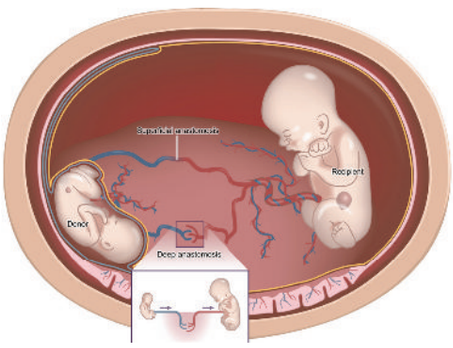


Fig 1: Twin to Twin Transfusion Syndrome (TTTS)

WHAT ARE THE OPTIONS OF TREATMENT FOR TTTS?

For many years, the only option of treatment for this dismal condition has been regular removal of the excessive amniotic fluid (serial amnioreduction). This rational for this treatment is the reduction of intra-amniotic pressure and hence lowering the risk of miscarriage and preterm labour. Unfortunately this treatment does not address the underlying pathology of TTTS, which is vascular connection on the surface of the placenta causing an imbalanced transfusion of blood between the fetuses.

Since the early 1990s, obstetricians have been attempting fetoscopic intervention to try to coagulate the connecting vessels on the surface of the placenta. After much trial and error and refinement on the technique of fetoscopic laser photocoagulation, this treatment has now been proven to be the best of treatment for TTTS (Cochrane library 2008).

HOW IS FETOSCOPIC LASER PHOTOCOAGULATION OF COMMUNICATING VESSELS PERFORMED?

The surgery is usually done under local anesthesia in the operating theatre. A fetoscope (Fig 2) is inserted into the pregnant uterus from 16 weeks to 26 weeks of pregnancy. A small incision (0.5cm) is made in the mother's belly to insert the fetoscope, under combined ultrasound and fetoscopic guidance. The vasculature on the surface of the placenta is examined. Vascular anastomotic areas between the vessels of the donor and recipient twins are identified. Laser which is passed on through laser fibres along channels in the fetoscope is used to coagulate the anastomotic vessels to completely seal off the vessels so that no communications exists between the two fetuses (Fig 3 & Fig 4). In essence, these babies are now like dichorionic twins. They are no longer sharing blood and each has its own portion of the placenta. The procedure usually lasts around 1 to 2 hours.

The main advantage of fetoscopic laser photocoagulation of communicating vessels is that the disease is corrected with a single treatment. The survival rates for babies who have undergone this treatment are as high as 75%. The rates of neonatal complications are also much less for babies who have undergone this treatment when compared to serial amnioreduction.

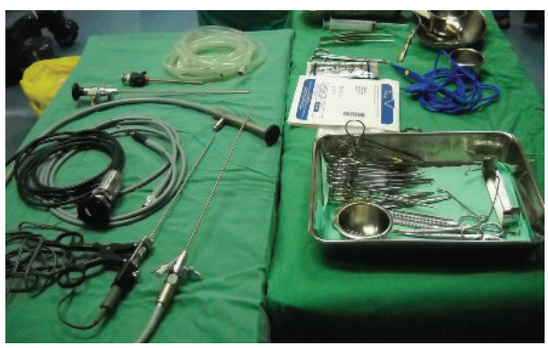


Fig 2: Fetoscopes that are used for the laser surgery. Note the small diameter of the scopes

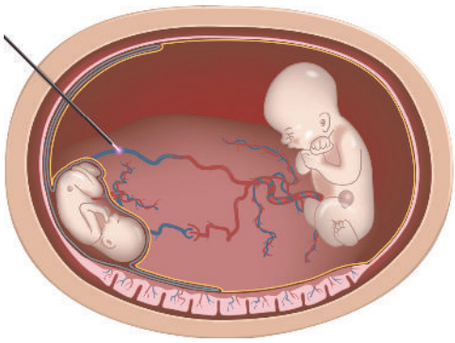


Fig 3: Diagrammatic representation of a Fetoscopic surgery

Fig 4: Fetoscopic laser photocoagulation surgery being done in Hospital Raja Permaisuri Bainun Ipoh

WHAT IS THE EXPERIENCE OF FETOSCOPIC LASER SURGERY IN HOSPITAL RAJA PERMAISURI BAINUN IPOH?

Fetoscopic laser photocoagulation surgery was first performed in Hospital Raja Permaisuri Bainun, Ipoh in December 2009. Since then, we have treated 62 mothers with TTTS. These patients have come from all over Malaysia, including Sabah and Sarawak and also from Singapore. The mean gestational age at treatment for these patients is 21.4 weeks (range: 17 to 25 weeks). The mean gestational age at delivery is 31 weeks (range: 27 to 34 weeks). The mean time taken for the procedure is 95 minutes (range: 60 to 145 minutes). The percentage of mothers having at least one live baby is 75%. The overall perinatal survival is 70%.

COMMON PROBLEMS SEEN IN THE MANAGEMENT OF TTTS PATIENTS IN HOSPITAL RAJA PERMAISURI BAINUN IPOH

1. Late referral – We receive referrals from all over the country. Some of the patients referred to us are referred late. Some of the causes of the late referral are:

a. Late or no identification of the type of chorionicity. Reliable identification of the chorionicity of multiple pregnancy must be done by the 16th week of pregnancy in order to detect complications of monochorionic twin pregnancies e.g., TTTS. Video clips on how to differentiate the chorionicity by early ultrasound scan can be found in www.japaraj.com

b. Referring doctors were not aware of the diagnostic criteria of TTTS. Some even thought that polyhydramnios is normal in twin pregnancy.

c. Patients present late despite the fact that they have a rapidly growing tummy. All monochorionic twin pregnancy patients must be told from early pregnancy to come to the clinic immediately if they feel that there is sudden increase in the size of the abdomen as this may be a manifestation of TTTS (RCOG Green-top Guideline No 51 – 2008)).

2. The referring doctors are sometimes unable to differentiate the various complications of monochorionic twin pregnancy that may be confused with TTTS. The common complications of a monochorionic twin pregnancy include:

- TTTS – the key sign that one has to note on ultrasound is polyhydramnios (Maximal vertical pool of > 8cm) in the recipient's sac and oligohydramnios (Maximal vertical pool of < 2cm) in the donor's sac. Discordancy in the size of the fetus is NOT necessary for diagnosis of TTTS.
- Selective IUGR (sIUGR) – Discordancy of the size of the fetuses must be demonstrated, whereby the fetal parameters of the IUGR fetus is below the 10th centile. There will be presence of oligohydramnios in the IUGR fetus's sac but normal MVP in the other fetus's sac.
- MC twins with one abnormal fetus – This condition can present with either a combination of oligohydramnios in one sac and normal MVP in the other sac (e.g., a twin with bilateral renal agenesis with a normal co-twin) or with polyhydramnios and normal MVP (e.g., a twin with duodenal atresia with a normal co-twin). In either scenario there is no combination of polyhydramnios + oligohydramnios.

CONCLUSION

TTTS is a disease that affects monochorionic twin pregnancies. It is not a common condition, hence obstetrician sometimes struggle with the accurate diagnosis and management of this condition. Important points to note with regards to antenatal management of twin pregnancy is:

- Ultrasound confirmation of chorionicity must be done early (< 16 weeks)
- Two weekly follow up for monochorionic twin pregnancies
- Consider early referral to a Maternal Fetal Medicine specialist if there are difficulties with regards to the diagnosis of TTTS or other complications of a MC twin pregnancy

Fetoscopic laser photocoagulation surgery is the best treatment for TTTS in stages II to IV.

TRAINING IN ENDOSCOPIC SURGERY IN MALAYSIA

When looking into this topic, it was fitting that we asked Dr Selva to air his views being both a pioneer in laparoscopic surgery in Malaysia as well as our subcommittee chairman in endoscopy surgery.

MY JOURNEY IN ENDOSCOPY SURGERY

I was privileged to train under Dato' Dr. Alex Mathews from 1988 to 1990 who was not only a good teacher but a mentor who encouraged us, the registrars, to venture into new areas of clinical work. This was the time when endoscopic surgery was being introduced to doctors in Malaysia. I attended several workshops but this could not translate into any laparoscopic surgery, as there was no equipment available for advanced laparoscopic surgery. Furthermore, there was also a lack of teachers who could guide me and help me advance in this field. After attending several workshops, I concluded that the only way to obtain the necessary skills in endoscopic surgery is to be an apprentice to a more skillful endoscopic surgeon. One cannot pick up surgical skills through observation alone. Just like how we all learn conventional surgical skills, where a senior holds our hands when we performed surgery, the same is true in endoscopic surgery. The only difference is that, in endoscopic surgery, the operation can be transmitted onto a monitor or recorded so more than one person can learn from one surgery.

I was offered a job at Malacca Mahkota Medical Centre with a 2-month training stint in the Chang Gung Memorial Hospital in Taiwan under Professor Soong and Dr. Lee Chyi Long. During my stay in Taiwan, I assisted on average, 5 cases a day for 5 days a week.

On my return, I was transferred to Batu Pahat Hospital. I had the skills but no equipment to perform laparoscopic surgery. I borrowed endoscopic equipment from various companies and managed to do about 30 cases of laparoscopic surgery in 1994, mostly LAVH and cystectomies. When I started private practice at Malacca Mahkota Medical Centre, I was worried that my skills will diminish. I kept practicing using models and trainers. I was fortunate that Dr Soon Ruey, the head of Department of Obstetrics and Gynaecology at Hospital Melaka invited me to his department where together, we did many laparoscopic surgeries successfully.

In order to keep in touch with the advancing field of laparoscopic surgery, I attended numerous workshops and invited foreign laparoscopic surgeons to come down and operate with me. Some of my teachers include Dr. Suresh Nair, Dr. Kurian Joseph, Dr. Jiwan Singh, Dr, Rakesh Sinha, DR. Masaaki Ando, Prof Nam Joo-Hun, Dr. Prashant Mangeshikar, Dr. Anauld Wattiez, Dr. Harry Reich, Dr Tamir Sachin, Dr. Bettochi, and Dr. Herenderal. I also took time off to visit other centers and watched surgeons operating. I spend time with Dr. Masaaki Ando, Dr. Rakesh Sinha and Dr. Sailesh Puntambaker. I am also indebted to Dr. Vijaendreh, Head of Department of O&G in Kucing and later in Melaka for our collaboration in organizing numerous workshops and performing laparoscopic radical hysterectomy together, a skill that has helped me in bringing my laparoscopic skills to a higher level.

Surgery is learnt by apprenticeship. However, laparoscopic surgery is generally learnt by looking at a monitor. Most people attend a workshop for several days and watch an expert operating in the hope that they will be able to replicate the skills when they are back in their operating theaters. This has led to complications, which has given laparoscopic surgery a bad name. The only way of acquiring these skills is to assist and then operate with an expert.

Having been in this field for almost 20 years, it is disappointing to see that the uptake of minimally invasive surgery in Malaysia is very slow. There are many reasons for this:

1. Government hospitals and the Universities have high workload, so there is no dedicated time for endoscopic surgery. Providing service (which I totally agree) precedes everything else.
2. There is a fast turnover of specialists interested in endoscopic surgery. This leads to few teachers in endoscopic surgery in the public institutions.
3. Due to the worry of complaints and litigation, some of head of departments discourage endoscopic surgery.
4. When starting endoscopic surgery, the duration of operating times will be longer, causing wastage of precious OT time. This leaves less time for junior doctors to learn even traditional gynaecological surgery.
5. O&Gs in private practice are so busy with obstetric practice that they do not have time to learn endoscopic surgery.

Solving these problems may not be easy. Some the solutions to consider are:

1. Make minimally invasive surgery in gynaecology a subspecialty.
2. Allow anyone who has the skills in laparoscopic surgery (whether he is in the public or private sector) to be a trainer. The only way to learn endoscopic surgery is to be an apprentice.
3. Develop a structured program, which is incorporated into the Masters program where a trainee must work under an endoscopy surgeon and at the end, credentialed to perform basic endoscopic surgeries.

Having done almost all my endoscopic surgery in a private hospital, it is not impossible to acquire skills even when one's situation is not optimal. I see more and more doctors keen on learning skills in laparoscopic surgery but there are not many places offering hands on training. With this in mind, I have started a Fellowship in laparoscopic surgery. This will be one option in Malaysia for a gynaecologist to get hands on training in endoscopic surgery.

CONCLUSION

The only way to be good in anything is to practice, practice and practice. I quote Aristotle "We are what we repeatedly do. Excellence than is not an act, but a habit" If one is truly keen on becoming a good endoscopic surgeon, one must make sacrifices both in time and money to acquire the skills and have to constantly find ways of practicing those skills even if the odds are against them.

DR S. SEVELLARAJA
Endoscopic subcommittee Chairman
Obstetrical and Gynaecological Society of Malaysia

2ND LAPAROSCOPIC SUTURING WORKSHOP ON LIVE ANIMALS

This was a 3 day workshop and divided into 2 sessions. The first session was a live surgery demonstration on different types of advance laparoscopic procedures. 5 surgical procedures were demonstrated by Dr Selva.

1. Single Incision Total Laparoscopic Hysterectomy and Bilateral Salpingoophrectomy
2. Laparoscopic Subtotal hysterectomy and Sacrocolpoplexy,
3. Single Incision Laparoscopic Hysterectomy
4. Single Incision Laparoscopic Cystectomy
5. Laparoscopic Myomectomy on a virgo intacta patient.

The second session was a training session in laparoscopic suturing first in the dry lab then on anaesthetized animals (sheep and pig). The participants were also taught to dissect out pelvic organs, usage of energy saving devices (Enseal and Bicision) and the art of placing adhesion barriers during laparoscopy.

DR. S SEVELLARAJA
Endoscopic Subcommittee Chairman,
Obstetrical and Gynaecological Society of Malaysia

TZU CHI MEDICAL ASSOCIATION CONVENTION 2012

I had the opportunity to attend the Tzu Chi Medical Association Convention 2012 in Hualien Taiwan last year. This is an annual event held to promote goodwill among medical volunteers and to facilitate the exchange of principles and ideas of delivery of healthcare in the context of medical missions. There were over 500 participants from across the world including volunteers from America, Africa, China. The Malaysian volunteers made up the largest numbers at the convention for the year.

Prior to the actual trip, we had a pre departure briefing by local Tzu chi volunteer leaders. After the briefing, I had both feelings of curiosity and anticipation of the experience that was to come. Most volunteers who had been to previous conventions attested to the experience being akin to paradise on earth.

We arrived in Taipei, tired after what seemed like a long haul flight, at close to 11pm. We were pleasantly surprised to be greeted by the local Tzu Chi members at the arrival hall of the airport. Some of them were elderly enough to be my parents. All of them were bowing and sporting sincere smiles belying the fatigue that they themselves must had been feeling, and singing songs of welcome. The exact words of greeting were “welcome home”. At that time I figured that they must have mistaken us for a local group returning home from a foreign mission. However over the days that followed we were truly made to feel at home, and then I understood that no mistake had been made.

The next few days that followed comprised a strict regime and hectic daily programme of lectures that went on into the late evening. We were divided into groups and assigned to dormitories with a group leader who was a senior volunteer. It had been a long time since I had to wake up before 6am and this initially did take a toll me. We would assemble in an orderly manner before marching into the food hall for a vegetarian breakfast to start off the day. It was the selflessness and the kindness of the 1000-odd volunteers, who made complying with such a military like regime, a less arduous task for first time conference participants like me.

The lectures in the daytime were a mixture of sharing of expertise as well as experiences of several doctors who worked at Tzu Chi hospitals across Taiwan who were experts in their respective fields. There were also medical forums to exchange ideas on administration, education and medical policies from doctors from around the world. I began to gather that the main focus was not to pass on merely knowledge and expertise, but to share their principle of medical practice, which was to practice with compassion.

We all enter the field of medicine with noble intent. However, sometimes we lose sight of this due to the challenges that we are faced with on a day to day basis. During one of these sharing sessions, I was particularly touched by the actions of 2 doctors who work within the Tzu Chi hospital. One consultant had a patient whose medical condition remained poorly controlled because he could not attend the clinic, as he had young children to care for. The consultant actually

took in the 4 young children into his own home to be cared for by himself and his wife, until the gentleman was out of the woods. The CEO of the Tzu Chi Medical Mission, Dr Lin Chin-Lon, shared pictures of himself working in the paddy fields of one of his patient’s communities, literally planting paddy and getting his hands dirty. The fact that this great man who was a CEO, a consultant, and a man many years my senior could bring himself to do such menial tasks left me shocked and humbled. I realized then, the extent of help we could render our patients if we were willing to go the extra mile.

I even had the opportunity to visit the Tzu Chi hospital in Taipei. It is a beautiful facility, they even had live classical music playing at the lobby. The staff and volunteers were all humble, cheerful and respectful. If one had to be ill, this was indeed the place to be at. Similar to the other Tzu Chi hospitals, the feeling of compassion, kindness and respect in care was emanating throughout. The hospital also practised vegetarianism and promoted recycling as was the Tzu Chi philosophy which I found was interesting.

The evening lectures comprised of the sharing of experience by people who worked in the administrative part of the Tzu Chi foundation. Some of the speakers were very inspiring, dynamic and highly intelligent individuals who could bring the corporate or political world to its knees if they so choose. But they chose to lay down a life of luxury and fame in order to serve the Tzu Chi foundation which was admirable.

I was also fortunate to have the opportunity to participate in the ‘Silent Mentor programme’. This is a programme whereby people would donate their bodies for the purpose of the teaching of medicine. These body donors are called ‘silent mentors’. This programme began because, when the anatomy class at the newly completed Tzu Chi University in Hualien needed cadavers to train students in 1995, Tzu Chi began promoting body donation. By 2002, the program expanded to offer simulated surgeries. One Silent Mentor once said, "I would rather you make a thousand wrong cuts on my body than make even one wrong cut on your patients."

I recall a piece of advice I was given before I embarked on medicine, 'in order to be a good surgeon, you must treat the patient's body like a piece of flesh and remain emotionally detached'. The Silent Mentor programme follows a completely opposite philosophy. All the medical students and surgeons who participated in the programme were compelled to get to know the lives and the family members of Silent Mentors they would be operating on. During the simulated surgeries, a photograph depicting the Silent mentor and a short synopsis of their lives would be projected at the head of the operating table. Instead of instilling nervousness and guilt, it created a feeling of gratitude and respectfulness when we operated on our silent mentors.

On the night before the final day of the convention, the participants of the simulated surgery had to forgo the mid-autumn celebration to prepare the Silent Mentors' bodies for laying to rest the next day. This was a 'sacrifice' we all made willingly. It was an act of gratitude to the Silent mentors and their family members, a recognition of their selfless sacrifice to advance our learning, a final gesture of respect to them. On the morning of the last day, all the TIMA members gathered for the honorable funeral ceremony for the Silent Mentors as a conclusion of the conference.

Overall, the experience at the conference has shown me a different way to practice medicine, to practice with compassion and to respect human life. I have the utmost admiration for the principles and work of the Tzu Chi foundation in alleviating suffering and spreading love throughout the globe.

DR TAN GAIK IMM

TRIBUTE TO A DEAR FRIEND DR ST NATHAN

"The friend in my adversity I shall always cherish most. I can better trust those who helped to relieve the gloom of my dark hours than those who are so ready to enjoy with me the sunshine of my prosperity" Ulysses S. Grant

Captain (R) Dr S.Thillainathan a companion, mentor, teacher and close friend. It is an honour to write about this legend. He left his legacy wherever he worked and socialised. He is popularly known by his colleagues and friends as ST Nathan. He is also well known among his friends, junior and senior colleagues, hospital staff and in Malaysian Medical Association as a National SCHOMOS Chairman.

He was born the 3rd of 6 siblings to the family of Ir Selvadurai in Klang. His father worked in Water and Irrigation Department. His early education was in La Salle Primary and Secondary School in Klang. He excelled in sports in school, especially hockey and football but was an all-rounder. He was even a King's Scout. He completed his medical degree at Kasturba Medical College in Manipal, South India in 1991. It was during his housemanship in Hospital Sultanah Aminah, Johor Bahru where we first met. He helped and guided me during those tough times, long working hours without any on call allowance. Subsequently, he was posted to Hospital Muar as a medical officer.

However, destiny brought us together again. In September 1993, I was posted to Ministry of Defence as a resident medical officer. Before being posted to the battalion for duty, all medical officers have to undergo Medical Officer Dental Officer (MODO) Training at the Trendak Camp in Malacca. Dr ST Nathan enrolled for the same training; our batch was called 52/93 MODO Batch. The training was tough and took a toll on everyone's ego and confidence. Dr ST Nathan motivated our entire batch. He was a pillar of strength during physical endurance training, marching drills both which could last for long and exhaustive hours. During jungle training, he selflessly guarded our security post for long hours in the night. He became someone to look up to in desperate times. If one person did not complete a given task, the entire batch will be punished. He motivated all of us and drove us to all complete every mission assigned to. In our batch's passing out parade (i.e. we successfully completed the course) he was awarded the "Best Cadet Officer in Sports "

After completing our MODO training, we were posted to various units in the armed forces. Dr ST Nathan reported to work at 4th RAMD (Regiment Askar Melayu Di Raja Malaysia) and was stationed at Sri Amanan, Sarawak. He challenged himself, besides his routine regimental work, he enrolled himself for Paratrooper Training at 10thPara Brigade, Parachute Jumping which involved physical endurance training and air landing skills training. He joined the Malaysian Commandos to complete parachute jumping and get his official "Wings" Badge and prestigious maroon beret. He met his wife Capt(R)DrMathiavanniCoomarasamy during our training. Dr ST Nathan tied knot on 26th January 1994. Their wedding was graced with full military honours. After a short service in the armed forces he joined the Ministry of Health to pursue his dreams in civil service.

His ambition was to become an obstetrician & Gynaecologist; he joined University Malaya for his specialist training. During his training he imparted his skills and knowledge to me and others at the university enabling us to successfully obtain our membership with the Royal College of Obstetricians and Gyanecologists UK (MRCOG). As a senior registrar, he was an exemplary teacher, guiding and motivating junior trainees and house officers. He was fun to be 'on call' with him, we often covered for each other and learnt the importance of working and playing hard. In the year 2000, he successfully obtained his Masters in O& G from University Malaya.

He served as an Obstetrician and Gyanecologist in many hospitals within the Ministry of Health. From Hospital Kuantan, Hospital Klang, Hospital Seremban and Hospital Kuala Pilah. During his pursuit in civil service, he touched many lives and hearts; amongst not only his patients but also his collegues and junior doctors. His civic mindedness and fighting spirit made him a natural choice for the position of the National Chairman SCHOMOS with the Malaysian Medical Association (MMA). He taught his colleagues to fight for their rights and stand up against all odds. One of his remarkable achievements was to help get the JUSA Grade C promotions for 450 government doctors. During his tenure as a Consultant Obstetrician and Gynaecologist at Hospital Kuala Lumpur he was promoted to Civil Service JUSA Grade C in January 2013. On 16th February he was promoted and posted to Hospital Slim River as the Head of Department in Obstetrics and Gynaecology.

On the 21st February 2013, a beautiful morning with clear blue skies, on his way to work to Hospital Slim River, Dr ST Nathan met with a fatal car crash. He leaves behind his wife and 4 children. His 3 daughters are Mahalakshmi, Kanageswari, Abirami and a son, Arjoon. "How far you go in life depends on your being tender with the young, compassionate with the aged, sympathetic with the striving and tolerant of the weak and strong. Because someday in your life you will have been all of these" George Washington Carver.

Dr ST Nathan was a very talented, kind man born to serve Mankind. He is a role model, a good son, son in law, brother, father to his beloved children and caring husband to his wife. He will be deeply missed by his friends and collegues. He will remain in our memories for his loyalty, kind heartedness, trust and joy of sharing his zest in life. His absence will be notable in all MMA Annual General Meetings and Government SCHOMOS meetings as will his courage, his motivational skills, his firm belief in people, his ability to uplift the people in need and most of all, his love of living life to the fullest. ST, you will be sorely missed.

DR THANEEMALAI JEGANATHAN

EAST COAST COLPOSCOPY WORKSHOP

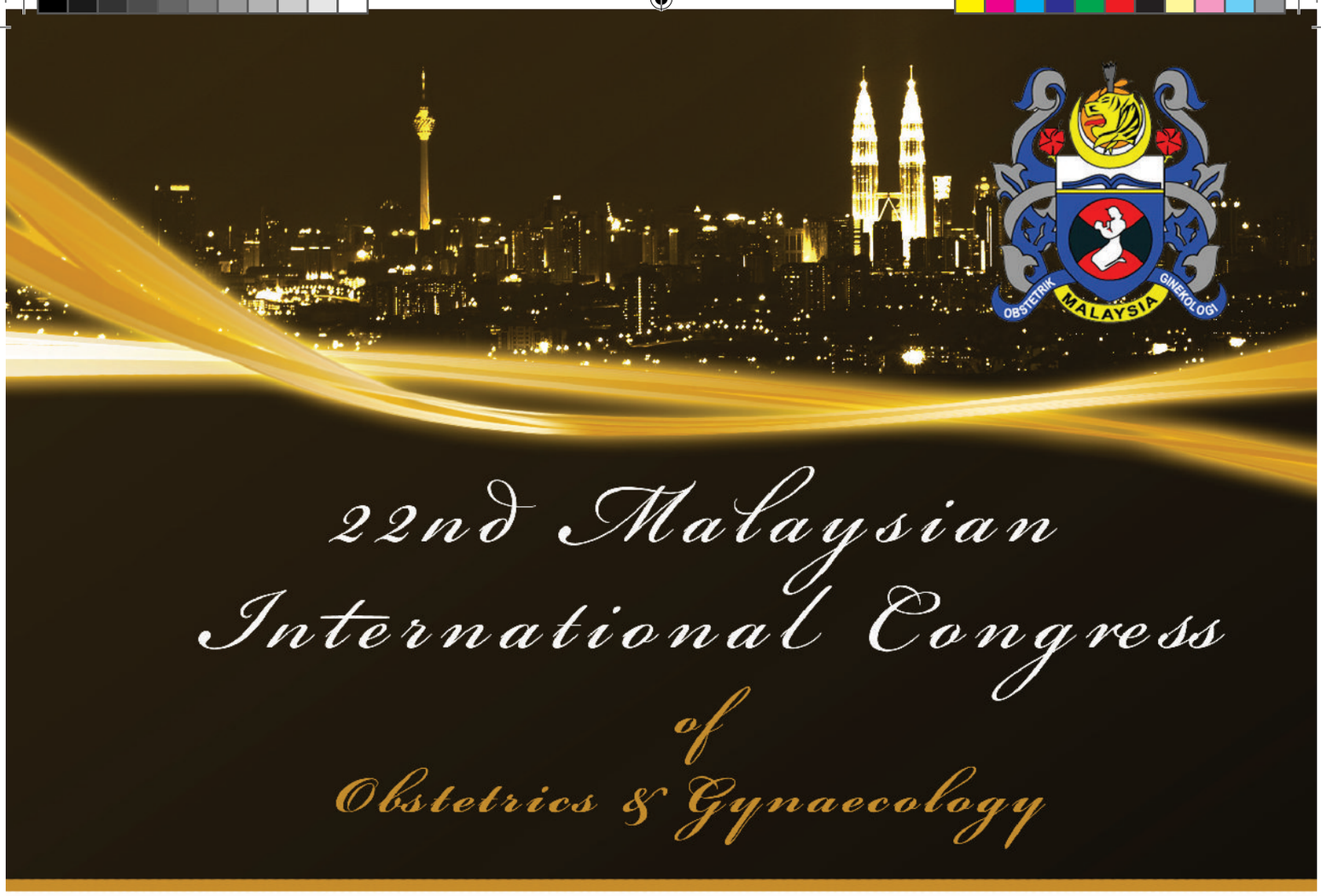
This workshop was jointly organised by the Obstetrics and Gynaecology Departments of Hospital Tengku Ampuan Afzan, Kulliyyah of Medicine, International Islamic University Malaysia and OGSM. It was a successfully workshop especially with the introduction of a keypad transponder system that enabled participants to respond instantaneously electronically during sessions.

DR ALIK RIASADESA ZAKARIA
DR RAJA ARIF RAJA ISMAIL
Organising Chairpersons for the East Coast Colposcopy Workshop

IFFS MEMBERSHIP

IFFS AND OGSM MEMORANDUM SIGNING CEREMONY

At the 3rd Malaysian Reproductive Medicine Congress (MRMC), the International Federation of Fertility Societies (IFFS) and OGSM signed a memorandum where OGSM was formally accepted into the IFFS as a member society. Dr Joel Leigh Simpson (President of IFFS) and Dr Suresh Kumarasamy (President of OGSM) signed the memorandum witnessed by Dr Kannappan Palaniappan (Organising Chairman of MRMC), Datuk Dr. Jeyaindran Tan Sri Sinnadurai (Deputy Director General, Ministry of Health, Malaysia) and Dato' Dr. Ravindran Jegasothy (Head of Obstetrics and Gynaecology, Hospital Kuala Lumpur)



30 MAY - 2 JUNE, SHANGRI-LA HOTEL

An exciting congress awaits you in Kuala Lumpur at the end of this month! The 22nd Malaysian International Congress of Obstetrics & Gynaecology promises to be a good mix of stimulating scientific content and an entertaining fun-filled social programme.

Hear the latest updates in O&G from a distinguished local and international faculty, meet old friends and make new ones as delegates travel from all over Malaysia and the world to atten

Highlights include :

- A keynote lecture on the Future of O&G and a CTG Masterclass by Sir S. Arulkumaran
- Symposia by various O&G societies from around the world
- "Saturday Night Fever"
- Gala Dinner celebrating 50 years of Excellence in Women's Health with entertainment by jazz artiste Michelle Nunis and comedian Andrew Netto
- Complimentary kids' programme will run concurrently so bring the whole family for a great night out
- Only RM50 per ticket : book your seat now at www.micog2013.com

We look forward to seeing you there!