

BERITA CSM



Newsletter of the College of Surgeons, Academy of Medicine of Malaysia



MESSAGE FROM THE PRESIDENT

Professor Dr Lim Kean Ghee

Dear Members and Fellows of the College and the Academy.

2021 continues to be a challenging year. The COVID-19 pandemic is not quite over although much is returning to a new normal. In fact, in mid 2021 when the delta variant spread across the country, as it did throughout the world, it was difficult. Our doctors and hospitals were badly stretched and, I think, like every Malaysian, we all know of some close friend or relative who was infected and died. The daily reported death rates rose to over 300 in August 2021 and many patients were brought in dead. However we now have over 80% of our population fully vaccinated and I think we can begin to see the light at the end of the tunnel.

I took office as your president at our virtual AGM on 24th May this year and am honoured by the trust the Council and members have placed on me. However, instead of writing a more general address in this issue of the Berita, I want just to focus on one matter.

On 30th August 2021, I received a letter jointly addressed to me and to the Master of the Academy of Medicine from the President of the Malaysian Society of Otorhinolaryngologists - Head and Neck Surgeons (MSO-HNS) concerning their desire to form a College of Otorhinolaryngologists - Head & Neck Surgeons. I am aware that it has been a long cherished dream of our ENT members to have their own College and dissolve the MSO-HNS. To that end they have encouraged many of their fraternity to join the Academy and thereby our College and are now over a hundred strong. I want to congratulate all of you for this interest in your professional development. I am aware that this process of forming your own College begun several years ago

with meetings then with both our College President, Professor Dato' Dr Hanafiah Harunarashid, and the Academy Master, Professor Dato' Dr Kandasami. It was agreed that the number of ENT members needed to be about 100 and they needed to show evidence of activities. I believe they all now feel they have now fulfilled the criteria and are now ready to leave. As a democratic society, I believe our ENT members have a right to self-determine the criteria, and if some may say are not yet fully met, these will be achieved soon.

The process of leaving the College of Surgeons to become an independent College will involve two steps. The first is for the College for Surgeons to endorse that decision to leave. The second is for the Academy of Medicine to admit a new College. Hence the letter was jointly written to both the Master of the Academy and to me as President of the College. I will not stand in the way if this is what all or the majority of our ENT members desire.

However, I want to present here a different vision. As President now, I believe it is my duty to articulate this. I sincerely believe we are STRONGER TOGETHER and want to present the reasons and hopefully convince not only our ENT members but our Orthopaedic, Neurosurgery, Plastic, Breast and Endocrine, Upper Gastrointestinal, Cardiothoracic, Hepatobiliary, Vascular, Colorectal and Urological colleagues that this is really true.

International Links

Our foundation was together. In fact, our founding President, Tan Sri Dato' Dr Abdul Majid Ismail, was an orthopaedic surgeon and there have been many other illustrious non-general surgeons who were presidents. It is not an accident of history we started together. If we survey the Colleges from which we modelled ourselves,

e.g. the Colleges of the United Kingdom, do not have a separate College for each discipline. There is no College of Otorhinolaryngologists in the UK. I hope we do not see this as just some colonial curiosity to ignore. Why? Because **international co-operation is still important** as we move forward in history, especially in the fields of **higher specialist training, professionalism and even research**. I want to argue that our opportunities for international co-operation will be stronger if surgeons all over the world can see one body in Malaysia which they can approach whatever the field of surgery they are interested in.

Governance

Our challenge is to network and work well within our College and I want us all to jointly do that. We share what we are developing in terms of **standards, education, professionalism and training** among all our chapters. It makes it easier for the government or any other agency to connect and be directed to the specialty concerned, knowing also that if it involves co-operation or networking across surgical specialties, it can be done. One example of this will be the **professional fees** for surgical services.

Another matter I would like to highlight is that **non-medical practitioners are increasingly encroaching on healthcare**. Today beauticians are doing cosmetic surgical procedures and will try to argue they are not encroaching into surgery. One day it may be hearing implants or devices, or prosthetics for limbs. If we are fragmented as numerous Colleges it may seem as though one small segment of specialists is just defending their turf, but if we are together as one broad profession safeguarding surgery for the good of all, our voice will be stronger.

But there is so much more, and I want to focus now on things that already are in existence. Some may be new which members may not all be familiar with.

Training

The first I want to mention is **Basic Surgical Training**, which our Immediate Past President, Professor Dr April Roslani, has developed with the Academy. For years, the pathways for those interested in surgery (and I say this in the broadest sense, including all specialties) was blur. Now this platform allows a medical officer to sign up so that he or she is given a supervisor. The platform also shows the candidate the competencies, training and exams he or she should aim for to be in a good position to apply for training in the Masters programme. This pathway is relevant not only for future ENT surgeons but future orthopaedic and general surgeons too and we do not all need to invent the same wheel. There are competencies in practice that, all the world over, are increasingly recognized and as professionals we should have and often need certification for. One example is **NOTSS** which arose out of the recognition that **adverse events occur in the operating theatre** and that training in **behavioral skills** can and does reduce these bad outcomes. This is relevant across our surgical disciplines. In training specialists in the different fields that we say now are not the same, we can argue we might as well be separate Colleges, there are yet common needs. For example, we need to train the trainers, and the skills of how to train a surgeon whatever the discipline is similar. We can do that together and be **STRONGER TOGETHER**.

Student Engagement

Another area of common ground is student engagement. When medical students are interested in surgery they are often uncertain which special field they may fit in. What they need from us is a broad range of specialties coming to them to inform them what each field is like. It would be hard for them to look to a vast array of individual surgical organisations and also **hard for us as separate organisations to reach out to students**.

Inter-Professional Learning

Professional interaction sometimes crosses disciplines. One great example is trauma. A road traffic accident victim often has an ENT injury together with neurological

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trauma, limb fractures and abdominal injury. A request has been recently received to form a **Chapter of Trauma Surgeons** within our College. We also just received a request to form a **Chapter for Minimally Invasive Surgery**. These are examples of where a subject crosses specialties and where fragmentation can be detrimental. The ability for surgeons from different chapters to come into one chapter is another example of where we are STRONGER TOGETHER. In our College, a member is allowed to join a maximum of three chapters. I will fail in my duty if I forget to mention that women surgeons face challenges and opportunities which they are better off if they can network together and we are proud to have a **Chapter of Women Surgeons**. Our individual professional development is enhanced when we can access help across chapters. One member cannot be a member of more than one College within the Academy. With stand-alone societies, one doctor can join several societies, but within the College we can make it easier and better.

Skills Courses and Awards

I fear my message may be too lengthy but bear with me. There are other skills courses that cut across surgical disciplines, such as the **Science of Tissue Management, Basic Surgical Skills, and ATLS and CCRiSP**. There can be more in the future if we work together, perhaps, in ethics, communication or stress management, administration or other areas. In terms of awards and recognition of excellence, the College has the **Balasegaram Trainer Award** open to all. The **AM Ismail Oration** is also open to all. Any member from any specialty can become the President or a Council Member. The best prize for research for a junior surgeon, **Ethicon Prize**, is open to all. There are potentially other things we can do when we are STRONGER TOGETHER.

Advocacy

The field of patient advocacy for those with special diseases, such as the deaf or those with brittle bones is another area that as professionals we could be involved

in. This I believe could equally be done as separate Colleges, but there may be better opportunities if we are together. There are probably areas that specialty members feel they are better independent. I have, of course, not discussed that but I know we would need to. However, whatever the obstacles, I believe there is a possibility of finding new solutions. We can modify our structures with the agreement of members. What we want is a College good for all. We are willing to make changes for this.

If members feel general surgery has dominated the scene, it need not be so. In our current Council I am happy to say we have a neurosurgeon, a cardiothoracic surgeon, a paediatric surgeon, a plastic surgeon, two breast and endocrine surgeons, an urologist, an upper GI surgeon, three general surgeons and of course one ENT surgeon. We can and should be a mixed bag.

The Future

As an observer of history I see that the biggest driving force in medical development the last century has been specialization driven by science and technology. There is so much to know in each of our disciplines that we think we need not bother about things outside our discipline. **Each discipline can have its own scientific meetings** and can continue to do so. But this specialisation has led to fragmentation in our profession. Because of this strong force we tend to forget that there are common ground and forces that should bind us together. I have tried to highlight them above. We do not know what the future holds. How health is delivered may face changes from **outside the profession**. Patients may just access health care through the **internet bypassing doctors**. In different areas, service providers who are not doctors may challenge why a surgeon should have special rights to treat or do a certain procedure. Any targeted specialty, especially a small one, will find it harder to justify and argue the case that the professional standards of a surgeon are important to that disease or form of treatment. Together we will be stronger.



Update on Medical Academies Building in Putrajaya

by Tan Sri Datuk Dr Ridzwan Bakar

The compulsory acquisition of the land and building in Jalan Pahang, Kuala Lumpur by the Government in 2016 was very unfortunate and distressing. The Medical Academies (Academy of Medicine of Malaysia and Academy of Family Physicians of Malaysia) had no choice but to source for a new home. There were many deliberations, evaluations and numerous site visits (*including areas and buildings around Titiwangsa, Bangsar South, Kuala Lumpur Golf & Country Club, Technology Park Malaysia, Cyberjaya and Putrajaya*) initially by the Joint Academies Development Committee (JADC) led by Dr Chan Kheng Khim and subsequently from 2020 onwards by the Building Task Force (BTF) headed by Tan Sri Datuk Dr Ridzwan Bakar.

The Medical Academies finally opted for a piece of 2.5 acres of freehold land at Putrajaya, Plot 8C8, Precinct 8.

This was secured at a concessionary rate of RM215.00 per square feet (total cost of land amounted to RM23,413,500.00). The Sales and Purchase Agreement with Putrajaya Holdings was then executed on 20th July 2020.

The BTF has since worked diligently and has had many meetings (since its formation in February 2020) to ensure that the project will materialise despite the COVID-19 pandemic and associated challenges.

Today (12th November 2021), I am glad to report that land-clearing had finally begun and earthworks have already commenced. With the imminent official approval of the building plans, the construction of the building will commence in December 2021 and the projected date of completion is April 2023.



Don't Despair; Finding the Silver Lining Amidst the Pandemic

by Dr Yeap Chee Loong

The Coronavirus has sparked a rapid change in regards to healthcare training and education. The Non-Technical Skill for Surgeons (NOTSS) course was not spared. While we do not have the magic wand to wave off the threats of COVID-19, we must endlessly persevere to reimagine medical courses in the COVID era.

Traditionally, NOTSS courses were conducted face to face, interactively with massive enthusiasm. As the pandemic rewired major work trends, NOTSS was reshaped to adapt to the new normal. Could we find the silver lining in conducting NOTSS with members involvement remotely?

In these difficult times, we have had three virtual rollouts: two sessions in September and one session in October 2021. We have run NOTSS courses with the capacity of 20 attendees per session, using ZOOM. The reality of virtual courses will be part of our future and may likely become a normal component of courses even when the pandemic is long over nor is that all bad news. Therefore, virtual NOTSS is a convenience breakthrough that will continue to persist post-pandemic to benefit our trainees from miles away.



Despite some favouritism shown to cling to the traditional concept, the online NOTSS Malaysia courses have collected almost 100% positive feedback and comments from fellow participants; most stated that they have learned as much as in-person if not more. With all that constructive view, NOTSS Malaysia will continue to review and refine for enhancement purposes. Much support has been received from the Royal College of Surgeons of Edinburgh.

There is a Yin to Yang of transformative courses during the COVID-19 pandemic. Digital adoption has taken a quantum leap in technology advancement. This has preceded technological revelation in virtual platform courses as it operates very much like regular face-to-face conferences. From here, adaptation to shift and pivot all of the speakers and panel sessions into the online format has renewed optimism is seen as



a positive force for a more creative approach. The networking, text chat during the event, or even a pause during the Q & A sessions have contributed to the replication of the improvisational feel of a live in-person event.

However, remote sessions need to compete for attention and engagement from the fellow attendees. The replication of physical conferences to virtual platforms is not without challenges. One of the missing pieces would be the amount of control furnished on virtual platforms during discussions. Whether we can attribute the misinterpretations or miscommunications to a lack of emotional contact, nonverbal clues or physical cues, we all have no reason to give up.

Ultimately, in-person and virtual conferences are not interchangeable. However, both traditional and virtual NOTSS courses serve the same purpose in addressing the non-technical skills that fundamentally improve surgical outcomes in patients. Perhaps the next advancement would be the cautious approach in Virtual Reality (VR) tools hands-on lessons or seeing things close up that they would have travelled far for. There is so much room for creativity and interaction. To this end, with a series of opportunities for consideration, virtual courses for remote participants is the silver lining.



Minimally Invasive Surgery: No Longer the Dawn of an Era

by Dr Loh Chit Sin

When George Kelling inserted the first telescope into the inflated abdomen of a dog in 1901, few surgeons in those days could see the relevance of such an elaborate adventure. Jacobaeus, who was credited with the first laparoscopy and thoracoscopy in human in 1911, initially saw more potential of performing surgery through endoscopes in the thorax than the abdomen. This was of course, in part, due to the rampant numbers of tuberculosis during which time there was no effective medical treatment and the procedure of thoracoscopic pneumolysis effectively became the first widely accepted minimally invasive procedure at least in his part of the world then. The discovery of effective chemotherapy for tuberculosis in 1945 effectively ended this procedure's popularity. Kurt Semm, a gynaecologist of Kiel University in the 1960s had arguably contributed more to modern laparoscopic surgery during his time than others. He was credited with the first laparoscopic appendectomy in 1981 but his enthusiasm was met with suspicion and doubt to the extent that there was demand for his suspension for "putting lives at risk". Such an accusation can still be heard around hospital corridors, albeit less these days, against pioneers in minimally invasive surgery. Worse, it is even sometimes used to justify continuing old practice which has been shown to be inferior.

In my chosen specialty of urology, endoscopic surgery had been firmly established for almost a century but this was largely confined to transurethral surgery until about 40 years ago when percutaneous nephroscopic stone surgery became established. Although the first kidney was removed laparoscopically in 1991, many were unconvinced by its safety or deterred by the steep learning curve. Personally, I received some training in laparoscopic cholecystectomy during my formative years overseas in the early 1990s and like the early doubters, I just could not see how laparoscopic surgery will become adopted in urological practice beyond transurethral and percutaneous renal stone surgery and I only confined my indulgence then in surgery for intraabdominal testes and varicocele as urological organs are all retro- or extra-peritoneal and do not take to automated stapling devices. Undoubtedly, the improvement in optics, the development of barbed sutures and the advent of robotic operative systems have all played a crucial enabling role and vastly contributed to the increasing adoption of minimally invasive surgery in my chosen specialty. Today not only open stone surgery of the kidney and ureter is virtually a thing of the past, in leading centres, at least 80% of extirpative urological cancer surgeries and reconstructive surgeries are all done through the minimally invasive technique.

From the patients' perspectives, minimally invasive surgery is always preferred as long as the intended outcome is not compromised. In order not to have

compromised outcome, the surgeons must have adequate training and more importantly have a sound knowledge of the limitations in the technique as well as limitations in their skill. More and more minimally invasive surgeries are described every year and in this age of information technology, patients get to know about what is possible, what is available, what are the advantages associated and indeed more and more will demand it. Ultimately, the surgeons must act responsibly and only offer it when they are trained to do so and that it offers clear advantages in that scenario concerned. The dictum of "primum non nocere" must always be held true. Just because an operation is possible is not a valid reason for trying it. Just because single port is possible, it is not necessary in someone who does not care about cosmesis. Surgeons who may not be adept with the technique must also act responsibly and transparently and give appropriate advice and suggestions rather than brushing it off as inappropriate or risky and deny patients appropriate access to this technique. The very reason patients ask about it in the first place is also the very reason patients will find out whether they have been told the truth. However, the role of open surgery will always remain. After all, it is skill and confidence in open surgery that allow pioneers to develop minimally invasive surgery with the knowledge that there is safe and effective recourse should unexpected problems arise so that safety is never compromised. Thus, it is equally essential that surgeons should have solid open surgery grounding before venturing into minimally invasive surgery.

Ultimately, as a new operation with clear advantages over the old ones is practised safely and effectively by more and more surgeons, the old surgery will become outdated and ultimately be replaced. In the past, surgeries became outdated by natural attrition with the gradual retirement of the surgeons practicing them. Today, with information lying at the tip of our tapping fingers, this process is likely to happen faster. In urology for example, open prostatectomy, an operation I learnt 30 years ago is now virtually outdated.

Minimally invasive surgery will develop unabatedly. More and more patients will demand it. It is the role of us, the current surgical community, whether trained and adept or not, to facilitate the safe and responsible development of minimally invasive surgery in our respective specialties and keep our country at least at level par with our neighbours in this area of healthcare provision. In this context, it is timely that the college council has approved the formation of the Chapter in Minimally Invasive Surgery which can only facilitate exchange of ideas, cross-specialty learning and formulation for the further development in minimally invasive surgery in all specialties in Malaysia.



54th Malaysia-Singapore Congress of Medicine in conjunction with the 47th Annual Scientific Congress 2021 27th to 29th August 2021 (Virtual)

The 54th Malaysia Singapore Congress of Medicine in conjunction with the College of Surgeons Annual Scientific Congress was held virtually from 27th to 29th August 2021. The theme was “Disruptive Forces - Reimagining Our Future”. The event was well attended with 796 participants and 88 speakers from Malaysia and around the world.

Overseas speakers from Australia, Germany, Hong Kong, Ireland, New Zealand, Singapore, United Kingdom, United States of America spoke virtually. The scientific programme was well supported by a local faculty of 55 speakers.

There were three pre-congress Workshops and one Post-Congress Workshop. The details of the workshops are given below:

No.	Workshop	Date	Venue	No. of participants
1	Science of Tissue Management	21 st August 2021	Virtual	59
2	State of the Art in Breast Cancer Care During the Covid-19 Era	21 st August 2021	Virtual	35
3	Evolution In Managing Thyroid Tumour: A Paradigm Shift	26 th August 2021	Virtual	115
4	NOTSS Course	4 th September 2021	Virtual	20

OPENING CEREMONY



HRH Sultan Nazrin Muizzuddin Shah ibni Almarhum Sultan Azlan Muhibbuddin Shah Al-Maghfur-Lah



Professor Dr Rosmawati Mohamad, Master, Academy of Medicine of Malaysia



CSAMM President, Professor Dr Lim Kean Ghee



Dr Teo Eng Kiong, Master, Academy of Medicine of Singapore



23rd Tun Dr Ismail Orator / 47th AM Ismail Orator, Dr Chang Keng Wee



Professor Gilberto Ka-Kit Leung, Master, Hong Kong Academy of Medicine

The Opening Ceremony held on 27th August 2021 was officiated by HRH Sultan Nazrin Muizzuddin Shah ibni Almarhum Sultan Azlan Muhibbuddin Shah Al-Maghfur-Lah, the Sultan of Perak, the Royal Patron of the Academy.

The 23rd Tun Dr Ismail Oration / 47th A M Ismail Oration on “Budget Healthcare and Training” was delivered by Dr Chang Keng Wee at the Opening Ceremony. Professor Dato’ Dr Yip Cheng Har read the citation on him.

The scientific programme over the two and a half days comprised four plenaries, twenty three symposium sessions, five meet-the-experts morning sessions, Ethicon Prize presentations, a free paper session, a video presentation session and an official poster round.

The RACS Travelling Fellow for 2021 was Dr Bruce Hall who was unfortunately unable to travel to Malaysia due to the travel restrictions in place during the Congress.



The TJ Danaraj Oration on "Reflections on Medicine and Life after Four Decades of Surgery" was delivered by Professor Dr Lum Siew Kheong with the citation read by Professor Dr Lim Kean Ghee.

The Ethicon Prize was won by Dr Mah Jin Jiun from the Queen Elizabeth Hospital, Kota Kinabalu, Sabah for his paper on "Does Narrow Band Imaging Increase the Diagnostic Yield of Colorectal Tumour Biopsy? A Multi-Centre, Double Blinded, Randomised Control Trial".

There was also keen competition for the poster awards and the winners were:

1st Prize

Dr Chok Wai Nam - Teleconsultation In General Surgery: One Year Experience At Htaa.

2nd Prize

Dr Tan Yee Wen - Clinical Characteristics Of Upper Gastrointestinal Tract Bleeding And Outcomes In Covid-19 Patients- A Retrospective Descriptive Study.

3rd Prize

Dr Dayang Azzyati Awang Dahlan - Predictors Of Successful Double J Stenting: Is It Feasible In Hospital Without Resident Urologist?

The Video Presentation Award Winners were:

1st Prize

Dr Benedict Dharmaraj a/l Retna Pandian - On-Intubated Video-Assisted Thoracoscopic Tracheal Resection and Reconstruction for Benign Distal Tracheal Stenosis.

2nd Prize

Dr Ernest Ong Cun Wang - Surgical Procedure: Transanal Minimally Invasive Surgery Using the Modified Transanal Glove Port.

3rd Prize

Dr Diong Nguk Chai - Subxiphoid Uniportal Vats Thymomectomy.

The Award Ceremony was held on 28th August 2021 at which the above prizes were presented as well as the M Balasegaram Trainers Awards awarded to Dato' Dr K Somasundaram (citation read by Professor Dato' Dr Yip Cheng Har) and Dato' Dr Ragupathy Naidu (citation read by Dato' Dr Mohan Nallusamy).

There was good support from the biomedical industry, with 10 trade booths, two lunch satellite symposia, and four tea satellite symposia.

M BALASEGARAM AWARD

R.R.NAIDU: A CITATION
THE DEPARTMENT OF SURGERY: ALOR STAR

M Balasegaram Award: Dato' Dr R Naidu

CSANMA Aug 2021

M. Balasegaram Trainer Award 2021
Dato' Dr K Somasundaram

Citation by
Professor Emeritus Dato' Dr Yip Cheng Har

M Balasegaram Award: Dato' Dr K Somasundaram

M BALASEGARAM TRAINER AWARD 2021

Associate Professor Shireen Anne Nah and Dr Andre Das, College Council members, took the opportunity to visit Dato' Dr M Somasundaram on 14th November 2021 at his residence to present him the medallion for the M Balaegaram Trainer Award 2021. Professor Dato' Dr Yip Cheng Har kindly joined and visited as well.

Presentation of M Balasegaram Award to Dato' Dr K Somasundaram



Cardiothoracic Joint Symposium

by Dr John Chan Kok Meng

A Joint Symposium of the College of Surgeons, Academy of Medicine of Malaysia (CSAMM) and the Heart and Health Foundation of Turkey on Challenges in Cardiac Surgery was held virtually from Antalya, Turkey, on 5th November 2021, as part of the 17th Update in Cardiology and Cardiovascular Surgery Congress. Due to the time difference with Turkey, the Symposium started at 11.00 pm local time and ended shortly after midnight. The Symposium was moderated by Dr John Chan Kok Meng (CSAMM Council Member and Chair of the Chapter of Cardiovascular and Thoracic Surgery), Professor Dr Oztekin Oto (President of the Heart and Health Foundation of Turkey), and Professor Dr Kamran Musayev (President of the

Azerbaijan Society of Cardiovascular Surgery). Presentations were given by Dr John Chan Kok Meng, Dato' Seri Dr Jeswant Dillon, and Dr Hew Chee Chin (Cardiothoracic Surgeons from Malaysia), with an interactive discussion with a Cardiothoracic Surgeon from Turkey as a panelists. The three-day congress, which had 5 parallel sessions, featured 780 lectures from 35 different countries. 14 international societies and organizations participated in it. CSAMM members were able to register for the congress for free. The CSAMM looks forward to further collaboration with the Heart and Health Foundation of Turkey to improve the treatment and care of patients needing cardiac and vascular surgery.



7th Asian Society of Head and Neck Oncology 3rd - 5th June 2021

by Dr Rohaizam Japar @ Jaafar

The COVID-19 pandemic has totally changed the Asian Society of Head and Neck Oncology congress format this year. The 7th Congress of the Asian Society of Head and Neck Oncology was a challenge for the organising committee to execute the conference. Professor Dr Mohd Razif Mohamad Yunus, as the President-Elect, Asian Society of Head and Neck Oncology cum President, Malaysian Society of Otorhinolaryngologists - Head and Neck Surgeons / Chapter of Otorhinolaryngologists - Head and Neck Surgeons, College of Surgeons and the committee put in a lot of effort and devotion to make the conference a success. The congress was held virtually in conjunction with the 13th Malaysian International Otorhinolaryngology, Head and Neck Surgery (ORL-HNS) Congress and the 41st Annual General Meeting of the Malaysian ORL-HNS Society from 3rd to 5th June 2021.

The Committee was pleased to organise the Congress in collaboration with the Malaysian Oncological



Society and the Chapter of Otorhinolaryngologists - Head and Neck Surgeons, College of Surgeons Malaysia this time. We strongly believe in a holistic approach with multidisciplinary teamwork in managing patients with head and neck tumors.

With the theme "Bridging the Gap", we hope the gap between the developed, developing and the under-developed countries in managing head and neck tumors can be reduced and a wide array of topics ranging from the latest in technology and medications to the basic needs required in treating head and neck tumors were presented. There are also oral and electronic poster presentations during the conference.



There were lectures presented by 21 international and 30 local experts, involving head and neck surgeons, oncologists, radiologists, psychiatrists and many other specialties dealing with head and neck cancer attracting 467 participants in total worldwide.



50th Anniversary Golden Jubilee

The College of Surgeons of Sri Lanka

by Professor Dr Lim Kean Ghee

The College of Surgeons of Sri Lanka celebrated their Golden Jubilee this year during their Annual Scientific Congress from 25th till the 27th November 2021.

It was a hybrid meeting, not held in a hotel as they usually would, but in their elegant newly refurbished college building on Independence Avenue in Colombo. This was bequeathed to them by a senior surgeon and his wife, Noel and Nora Bartholomeusz, which has been equipped with good IT equipment and doubles as a museum for their colleges memorabilia.



I was privileged to be awarded an honorary fellowship, and on behalf of our college, sign a memorandum of understand for the future. For that, I must acknowledge the work of my predecessors Professor Dato' Dr Hanafiah Harunarashid and Professor Dr April Roslani, who laid the foundation of our links and memorandum of understanding.

I believe there are many ways we can mutually benefit each other; for example the idea of a museum which is



virtually linked to the museums of the Colleges of Edinburgh and Glasgow. We face similar challenges such as setting up a trauma registry and work on transplantation or screening for cancer.

This was my first visit to Sri Lanka and I was made very comfortable by their hospitality. I even got to meet the Sri Lankan President, whom the College of Surgeons of Sri Lanka has been engaging to support a charitable hospital the college is building, for urinary stone disease.

The President (Physicians) and Vice-President (Surgeons) of the Royal College of Physicians and Surgeons of Glasgow, along with the Vice President of the Royal College of Surgeons of Edinburgh were also present as were the Presidents of the College of Surgeons of Pakistan and Association of Surgeons of India. It was heartening to see that the international colleges fraternity beginning to travel to renew and strengthen the networks between the colleges for the first time since the pandemic began.

INTERNATIONAL SURGICAL WEEK 2022

The International Surgical Week 2022 will now been confirmed to be held on 15th to 18th August 2022 as a face-to-face meeting in the beautiful city of Vienna, Austria. Malaysia has now slotted to host the ISW in August 2024.



Science of Tissue Management Workshop

by Dr Zairul Azwan Mohd Azman



A Science of Tissue Management Hands-On Workshop was run on 4th December 2021 at the Surgical Simulation Lab at University of Malaya which was ably led by four faculty members, Professor Dr April Camilla

Roslani, Dr Zairul Azwan bin Mohd Azman, Dr Hans Alexander Mahendran, and Associate Professor Dr Koh Peng Soon.



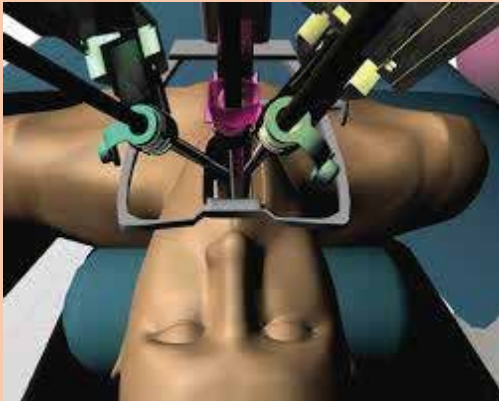
This was the first physical course to be run by the College in 2021. In total, there were 23 participants from 8 hospitals from 5 different states.

Johnson & Johnson, as a partner in the SOTM course, ensure the smooth running of the course by providing their team to assist the faculty.



MINIMALLY INVASIVE AND ROBOTIC SURGERY IN MALAYSIA

CURRENT AND FUTURE DEVELOPMENT



DATE: 18th & 19th December
2021

Venue: Online

Fee: RM50 for both days

Free Registration for
Medical Officers

Organized by



College of Surgeons
AMM





Malaysian Society of
Otorhinolaryngologists
- Head and Neck Surgeons
(MSO-HNS)



Chapter of
Otorhinolaryngologists -
Head and Neck Surgeons,
College of Surgeons Malaysia



HYBRID (PHYSICAL / VIRTUAL)

14th MALAYSIAN INTERNATIONAL ORL-HNS CONGRESS & 42nd ANNUAL GENERAL MEETING OF THE MSO-HNS

16th - 18th June 2022 **BLOCK THE DATE**

Sabah International Convention Centre
Kota Kinabalu, Sabah, Malaysia

SECRETARIAT
MSO-HNS 2022

Unit 1.6, Level 1, Enterprise 3B

Technology Park Malaysia, Jalan Inovasi 1

Bukit Jalil, 57000 Kuala Lumpur, Wilayah Persekutuan

Tel: +603 8996 0700, 8996 1700, 8996 2700 Fax: +603 8996 4700

Email: secretariat@msohns.com Website: www.msohns.com





COLLEGE OF SURGEONS
ACADEMY OF MEDICINE OF MALAYSIA

48th Annual Scientific Congress of the College of Surgeons

The Next Chapter in Surgery - Beginning of an Epic Journey

26th - 28th August 2022

Shangri-La Hotel
Kuala Lumpur, Malaysia



SECRETARIAT

COLLEGE OF SURGEONS, ACADEMY OF MEDICINE OF MALAYSIA

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