THE CUTTING EDGE

JUNE 2026

INTERNAL CIRCULATION ONLY

ROBOTIC SURGERY

Precision • Innovation • Future

College of Surgeons
Academy of Medicine of Malaysia

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JUNE 2026

PRESIDENT'S MESSAGE

ROBOTIC SURGERY

Traditionally, when a complex surgery is performed successfully, the surgeon is praised for his knowledge, skill, and dexterity. Families often express their gratitude with the metaphor, "We knew we were in good hands".

But what do we say when a complicated robotic surgery is successful?

- *"We are in good robotic hands"?*
- *"The robots are like humans"? or perhaps,*
- *"We are in good hands, assisted by safe arms"?*

When robotic surgery was first introduced, it was largely confined to procedures in narrow spaces where open surgery required large incisions for exposure. It found its earliest applications in prostate surgeries, deep within the pelvis, where dissection and suturing are notoriously challenging.

Over time, with increasing availability, robots have been applied to surgeries where access is less demanding - raising questions about whether the benefits justify their use.

In this issue of Cutting Edge, we explore robotic-assisted surgery and its evolving applications. As a surgeon trained in open and laparoscopic techniques, I remain amazed at how technology has enabled us to maneuver in previously inaccessible spaces with remarkable clarity.

Robotic systems create the necessary 'space' for precise dissection and suturing, often equal to the standards of open surgery.

The advantages are clear: smaller incisions, reduced pain, less bleeding, and faster recovery. Robotic surgery has already transformed outcomes in procedures such as prostatectomy and partial nephrectomy.

> "...like it or not, robotic surgery is becoming an integral part of modern surgical practice..."

Yet, controversy remains over whether it offers superior results compared to advanced laparoscopic techniques in surgeries like hysterectomy, gastrectomy, or liver resections. Cost-effectiveness is another contentious issue, particularly in middle-income countries such as Malaysia.

Like it or not, robotic surgery is becoming an integral part of modern surgical practice.

As adoption grows, manufacturing costs may eventually decrease, making it more accessible. In time, we will likely see Clinical Practice Guidelines outlining appropriate and ethical use of robotic systems across different surgical scenarios.

Until then, let us appreciate both the science and the art of robotic surgery, and support and honour the colleagues who has mastered the art and continue to push its boundaries.

PROFESSOR DR LIEW NGOH CHIN
President
College of Surgeons
Academy of Medicine Malaysia

> “...Robotic systems create the necessary ‘space’ for precise dissection and suturing, often equal to the standards of open surgery...”

EDITOR'S NOTE

ROBOTIC SURGERY

ADVANCING PRACTICE WITH EVIDENCE, PRECISION, AND RESPONSIBILITY

Robotic surgery represents one of the most significant advancements in modern surgical practice, redefining how complex procedures are performed across specialties.

With enhanced precision, three-dimensional visualisation, and improved ergonomics, robotic platforms have expanded the boundaries of minimally invasive surgery - offering patients the promise of smaller scars, less pain, and faster recovery.

> ***...progress in surgery is not defined by technology alone, but by the collective commitment of surgeons, institutions, and healthcare systems...***

However, innovation must be accompanied by critical evaluation. As highlighted by guidance from the National Institute for Health and Care Excellence, robotic-assisted surgery continues to evolve, with ongoing emphasis on evidence generation, training, and governance to ensure safe and equitable implementation.

This Cutting Edge series seeks to thoughtfully explore the evolving landscape of robotic surgery - its potential benefits, current limitations, cost considerations, and future directions.

While technological advancements have opened new possibilities in surgical care, it is important to approach these developments with careful evaluation and humility.

Progress in surgery is not defined by technology alone, but by the collective commitment of surgeons, institutions, and healthcare systems to adopt innovation responsibly.

Above all, the focus must remain on delivering safe, effective, and equitable care, ensuring that patient outcomes and access continue to guide every step forward.

PROFESSOR DR SEE MEE HOONG
Honorary Secretary
College of Surgeons
Academy of Medicine Malaysia

OVERVIEW OF ROBOTIC SURGERY

DATO' DR LOH CHIT SIN
Chair, Chapter for Minimally Invasive Surgery

Robotic assistance in laparoscopic surgery was first developed by the American military as a means of reducing the attrition rate of trained surgeons on the battlefield. It was later adapted for civilian use and saw its first clinical application approximately 26 years ago.

Initially, it gained traction in urology - particularly in prostatectomy - due to the high prevalence of prostate disease and the anatomical challenges of operating in a confined pelvic space, where precision is essential to optimise functional outcomes.

The added stability and enhanced dexterity of robotic systems have enabled procedures that were previously difficult or even impossible. In terms of clinical outcomes, robotic-assisted surgery has been shown to achieve oncological results comparable to conventional surgery across many cancer types.

In urology, improved functional outcomes have been reported, particularly in prostatectomy (with better urinary continence and sexual function) and in partial nephrectomy, where reduced ischaemic time contributes to improved postoperative renal function. Enhanced surgical safety has also been observed, including reductions in blood loss, infection rates, and conversion rates.

However, these benefits come with increased costs, which are particularly significant within our relatively low-cost healthcare system.

In an effort to regulate its use in private healthcare, regulatory bodies have permitted co-payment for robotic surgery. However, in the absence of clear guidelines, some insurance providers have introduced reimbursement structures that may disadvantage patients.

In certain cases, the approved reimbursement is insufficient even to cover the cost of traditional open surgery, potentially limiting access to robotic-assisted procedures. The MIS Chapter therefore appeals to Bank Negara, the Ministry of Health (MoH), and all stakeholders to establish a fair and transparent remuneration framework that safeguards patients' access to optimal treatment without undue financial burden.

As a key stakeholder, the MIS Chapter stands ready to contribute to these discussions.

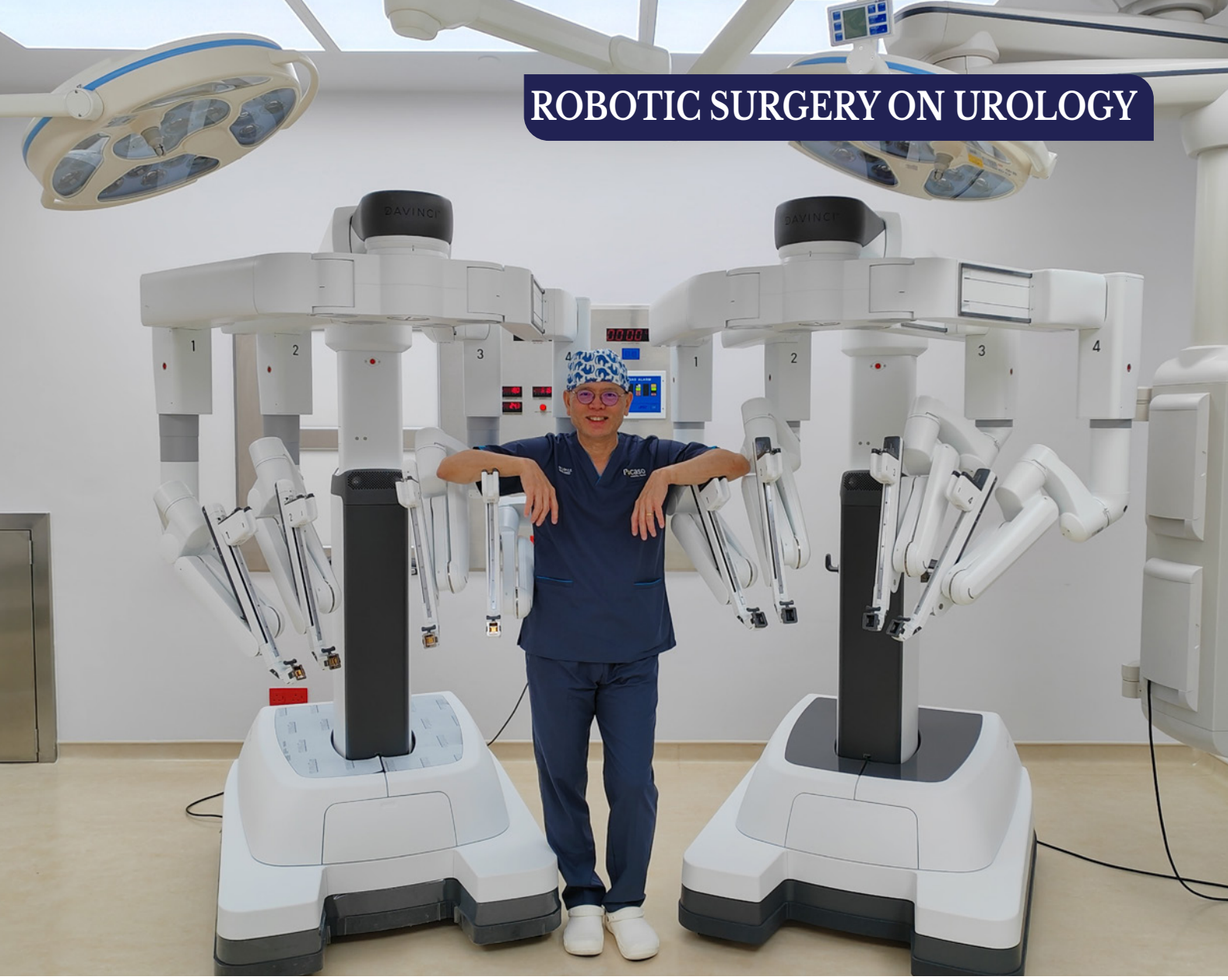
Until recently, the development of robotic-assisted surgery has been limited by accessibility. However, the number of robotic system installations in Malaysia has increased significantly in recent years, largely driven by market competition. While installations in public hospitals are typically guided by clear service and training needs, some installations in the private sector may be influenced by market pressures, occasionally occurring in settings without adequately trained surgeons - raising concerns about patient safety.

It is important to recognise that technology alone does not replace surgical skill. Robotic systems cannot transform poor surgical practice into good outcomes, nor substitute for experience and sound clinical judgment. For younger surgeons, it is worth remembering that technology does not build a practice; rather, a well-established practice allows for its appropriate and effective use.

At present, there are no comprehensive national guidelines on training requirements or credentialing for robotic surgery, nor a pro-active system to ensure its safe implementation.

This gap raises concerns that adverse outcomes could undermine public confidence, particularly in a highly connected society.

The MIS Chapter is committed to addressing this by spearheading the development of structured guidelines to support the safe, ethical, and effective adoption of robotic surgery in Malaysia.



UPDATE OF ROBOTIC SURGERY ON UROLOGY

The Intuitive Surgical da Vinci® Surgical System is the most widely adopted robotic platform in modern surgery. It was first introduced in 2000 for radical prostatectomy, and today, robot-assisted laparoscopic radical prostatectomy has become virtually the gold standard for the treatment of organ-confined prostate cancer.

In urology, robotic assistance is now widely used in most procedures, with the exception of surgeries for urinary stones and benign prostatic hyperplasia.

Major reconstructive operations, which were previously considered extremely challenging or nearly impossible to perform laparoscopically, are now feasible and safe with robotic assistance. These include ureteric reimplantation, urinary diversion, and neobladder reconstruction. Beyond enabling surgeons to perform complex minimally invasive procedures, robotic assistance has also been shown to improve clinical outcomes. Better preservation of erectile function and urinary continence has been reported in prostatectomy, while improved renal function preservation has been demonstrated in partial nephrectomy.

However, the additional cost of robotic assistance makes it more difficult to justify its routine use in simpler excisional procedures without reconstruction, such as nephrectomy, adrenalectomy, and intra-abdominal orchidectomy.

Despite this, the advantages offered by modern robotic systems—including intuitive instrument control, enhanced stability and dexterity, and superior visualisation of the operative field—have led many surgeons to prefer its use in a wide range of laparoscopic procedures.

ROBOTIC ASSISTED BREAST SURGERY IN MALAYSIA

PROFESSOR DR SEE MEE HOONG
Honorary Secretary CoS,
Consultant Breast Surgeon, Universiti Malaya.

Robotic breast surgery represents an evolving step towards more precise and less invasive breast cancer care. With growing global experience, it has shown comparable oncological safety while offering potential benefits such as improved cosmetic outcomes, reduced blood loss, and a gentler recovery - factors that matter deeply to patients' quality of life.

Against this background, a small but meaningful milestone was reached in Malaysia on 8th May 2025, with the first robotic breast surgery performed at Universiti Malaya Medical Centre (UMMC).

The case was led by Professor Dr See Mee Hoong, supported by a committed multidisciplinary team. It reflects not just a single procedure, but the collective effort, preparation, and shared purpose of many individuals working together.

The procedure was supported by the Robotic Surgery Taskforce led by Professor Dr Ong Teng Aik, alongside a dedicated surgical, anaesthetic, and nursing team. The role of nursing leadership - Mr KJ Muhammad 'Afif Bin Jaafar and Matron Salawati Binti Sidek - was central to ensuring safe and coordinated care. Institutional support from Professor Dr Nazirah bt Hasnan, Associate Professor Dr Azura Bt Mansor, and Professor Dr Shanggar a/l Kuppusamy provided the foundation for this step forward.

This milestone was further strengthened through collaboration with the International Endoscopic and Robotic Breast Surgery (IERBS) team led by Associate Professor Dr Lai Hung Wen from Taiwan and Associate Professor Dr Mok Chi Wei from Singapore, whose guidance has been invaluable.

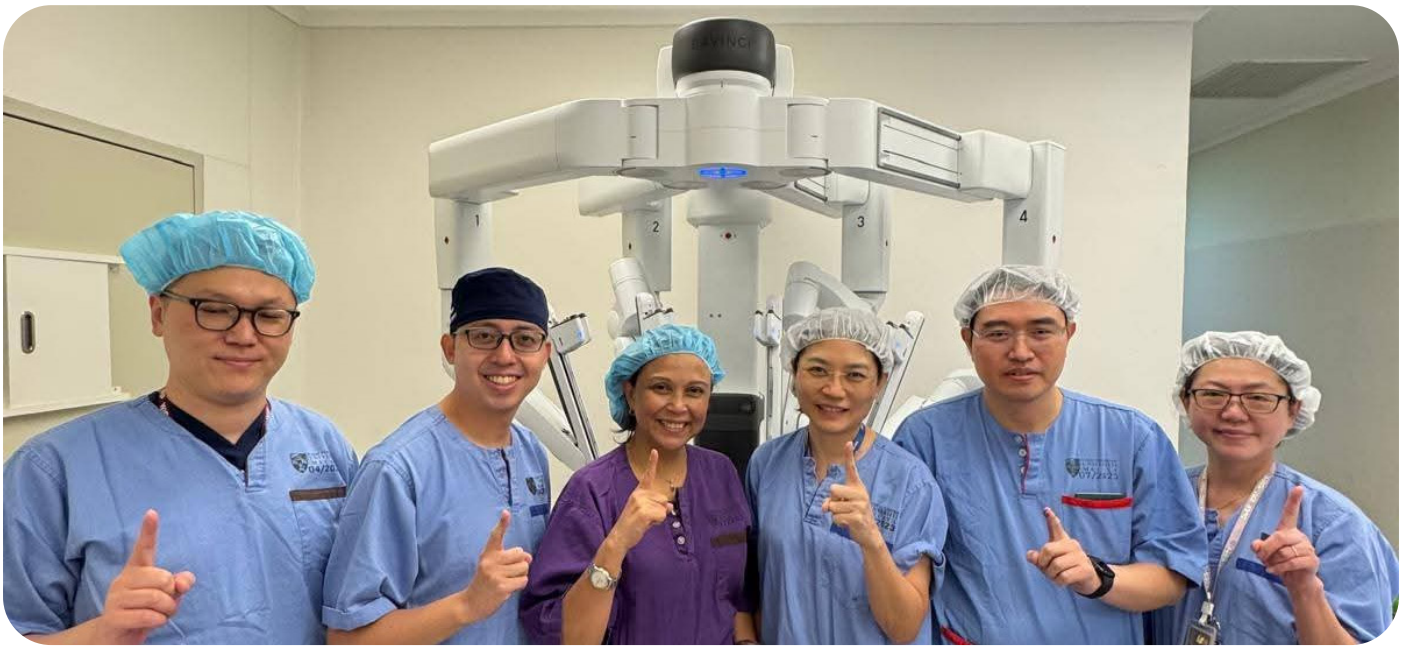
While robotic surgery involves higher upfront costs, current evidence suggests it may be cost-effective over time due to fewer complications, faster recovery, and improved quality of life. In addition, improved surgical ergonomics may support better surgeon wellbeing and longevity.

Looking ahead, efforts are ongoing to build capacity through structured training and credentialling, with the hope of gradually improving access and uptake of robotic breast surgery in Malaysia.

Two proctors came to Universiti Malaya Medical Centre, Malaysia for the first case of Robotic assisted breast surgery on 8.5.2026. From the left : Professor Dr Shanggar a/l Kuppusamy (Former Head of Department of Surgery UMMC), Associate Professor Dr Lai Hung Wen (Taiwan), Dr Mok Chi Wei (Singapore) and Professor Dr See Mee Hoong

Dr Mok Chi Wei (left) and Associate Professor Dr Lai Hung Wen (right)

First case of robotic breast surgery in Malaysia's team in UMMC. From left (back): Dr Lui Ken Yi (Anaesthetist), Dr Mok Chi Wei (Proctor), Professor Dr Nazirah bt Hasnan (Former Director of UMMC), Professor Dr See Mee Hoong (UMMC), Associate Professor Dr Lai Hung Wen (Proctor), Dr Lim Yi Ping (UMMC), Dr Lai Lee Lee (Nursing Dept, UM). From left (front): Dr Kenneth Chun Kok Sheng (UMMC), Dr Doon Yoke Kiet (UMMC), Dr Yap Wey Lim (UMMC)



from left: Dr Lui Ken Yi (Anaesthetist), Dr Mok Chi Wei (Proctor), Professor Dr Nazirah bt Hasnan (Former Director of UMMC), Professor Dr See Mee Hoong (UMMC), Associate Professor Dr Lai Hung Wen (Proctor), Dr Lai Lee Lee (Nursing Dept, UM).

ROBOTIC-ASSISTED COLORECTAL SURGERY

DR RUBEN XAVIER
General and Colorectal Surgeon,
Universiti Malaya Medical Centre.

Robotic colorectal surgery is an advanced form of minimally invasive surgery that uses robotic technology to assist surgeons in performing complex procedures. In Malaysia, this technology is increasingly being adopted in major hospitals as part of ongoing efforts to improve surgical outcomes and enhance patient care. It is a tool that, in the right hands, can enable safer and more precise surgery.

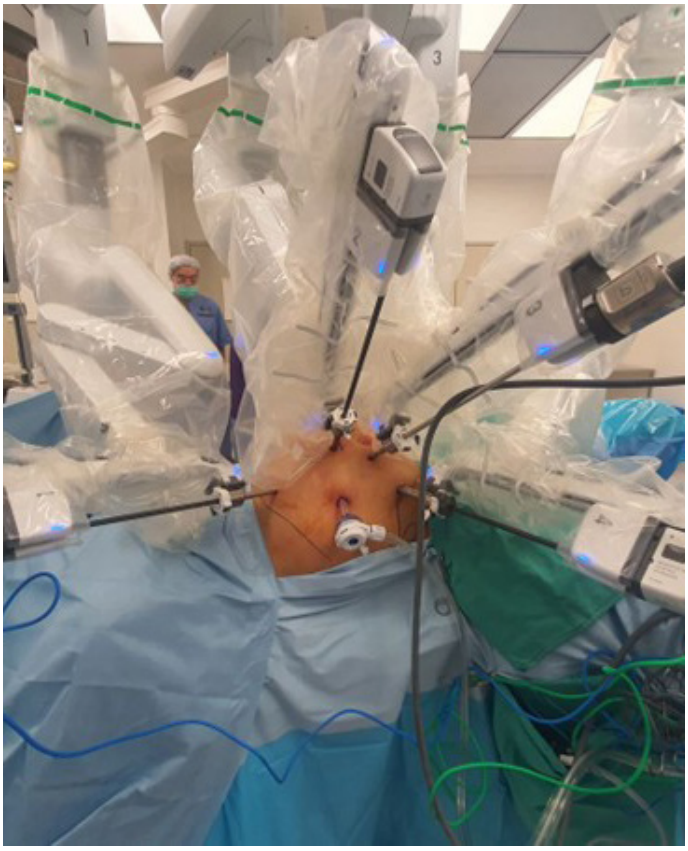
A common misconception among patients is that they are "operated on by a robot" that performs the surgery independently while the surgeon is disengaged. In reality, the robot is fully controlled by the surgeon, who must be trained not only in its technical use but also undergo a structured learning curve under supervision and proctorship.

Robotic systems allow surgeons to control articulated instruments and a high-definition three-dimensional camera from a console. This provides enhanced accuracy, flexibility, and superior visualisation compared to conventional approaches. In selected situations - such as rectal cancer surgery following neoadjuvant therapy in a narrow pelvis - robotic surgery offers clear advantages.

These include improved dexterity, more precise dissection, better preservation of critical structures such as pelvic nerves, and greater ease in performing technically demanding steps like stapling and restoring bowel continuity. In addition, improved ergonomics help reduce physical strain on the surgeon.

The colorectal team of UMMC

Bedside adjustment of robotic arms to avoid collisions and provide best ergonomics for surgery



Robotic instruments docked on patient's abdomen

Real-time, on-site proctoring by a certified proctor

The robotic platform enables surgery to be performed through small incisions, minimising trauma to surrounding tissues.

As a result, patients may experience less blood loss, reduced postoperative pain, smaller scars, and faster recovery compared with traditional open surgery.

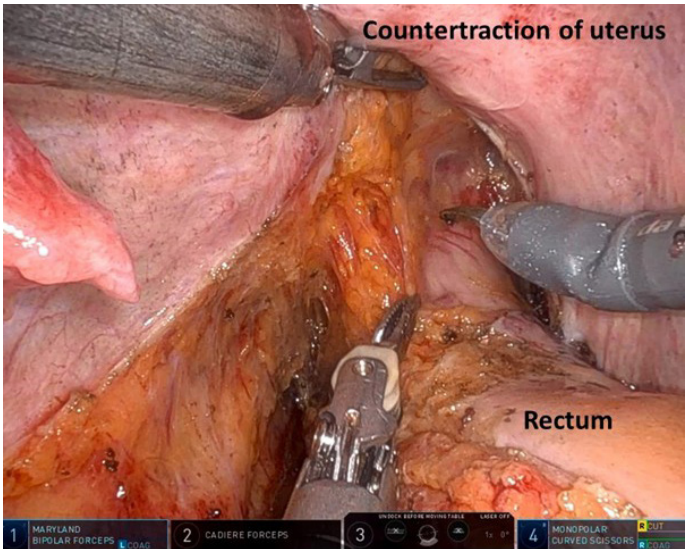


Figure 5: Multiple arms allowing traction, counter-traction and precise dissection in a narrow pelvis

> *...in reality, the robot is fully controlled by the surgeon, who must be trained...*

Malaysia has emerged as one of the leading countries in Southeast Asia in adopting robotic-assisted surgery. Several centres now offer robotic colorectal procedures using advanced platforms such as the da Vinci system and Japan's Hinotori robotic system, reflecting the country's commitment to advancing surgical care.

Overall, robotic colorectal surgery represents a meaningful advancement in surgical practice, offering improved precision and potential benefits for patient outcomes.

As experience grows and technology evolves, its role in colorectal surgery is expected to expand further in Malaysia.

Figure 6: Silent mentor robotic cadaveric colorectal resection workshop

ROBOTIC SURGERY IN UPPER GI SURGERY:

REDEFINING PATIENT-CENTRED PRECISION

DR KELVIN VOON
Consultant General, Upper Gastrointestinal & Robotic Surgeon, Sunway Medical Centre Penang.

Robotic surgery has rapidly evolved from an experimental innovation into a transformative pillar of modern minimally invasive surgery. What began as a novel advancement is now integral to precision surgery.

The transition from conventional laparoscopy to robotic platforms has enhanced dexterity, magnified three-dimensional visualisation, and improved ergonomics - particularly valuable in complex dissections within the rigid mediastinum, narrow hiatus, and in patients with obesity or those undergoing revisional surgery. In oesophagogastric cancer surgery, robotic systems enable meticulous lymphadenectomy along critical structures and facilitate precise reconstruction.

In anti-reflux and bariatric surgery, they support refined intracorporeal suturing and deliver consistent outcomes, even in technically demanding cases.

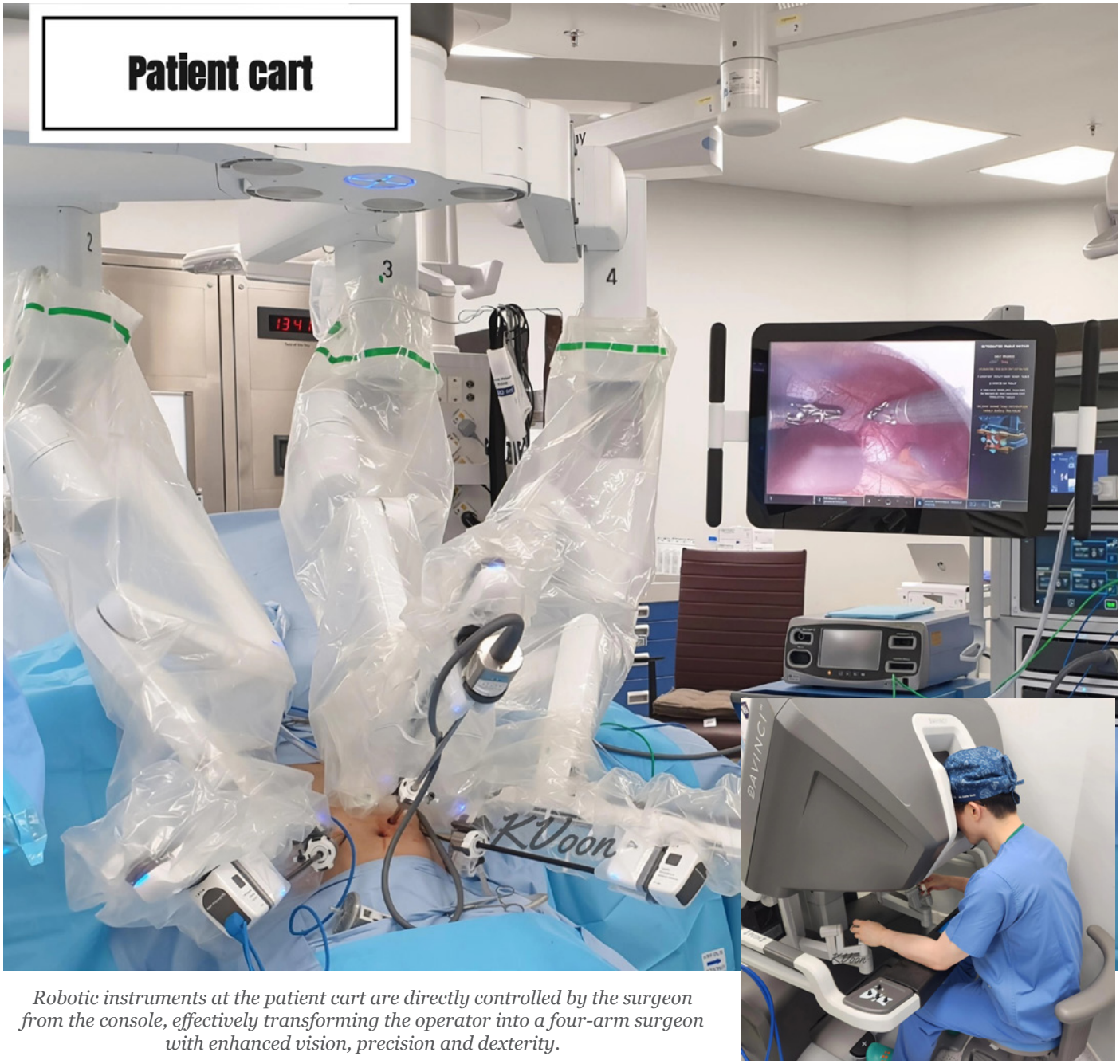
Collectively, these advantages translate into reduced blood loss, lower complication rates, and faster patient recovery, reinforcing the role of robotics in contemporary surgical care.

> **"...Malaysia has emerged as one of the more active adopters of robotic surgery in Southeast Asia, with increasing case volumes..."**

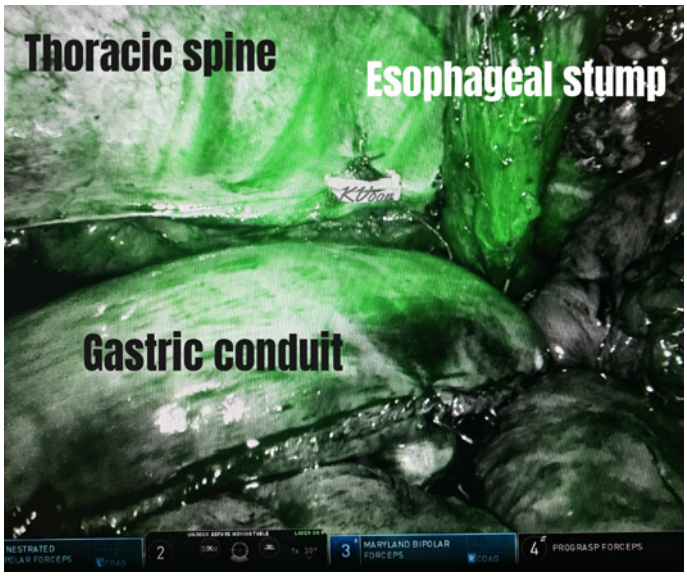
Malaysia has emerged as one of the more active adopters of robotic surgery in Southeast Asia, with increasing case volumes, expanding expertise, and a growing ecosystem of trained surgeons. This reflects not only technological progress but also a strong commitment to elevating surgical standards in the region.

Ongoing advancements in robotics, together with artificial intelligence and augmented reality, are expected to further enhance real-time decision-making, optimise surgical planning, and enable more personalised care.

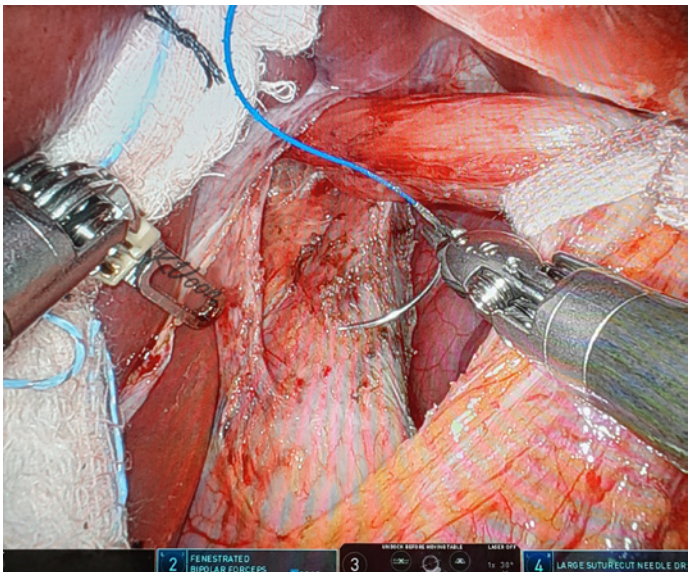
Robotic surgery is no longer the future - it is the present, shaping the next frontier of precision, patient-centred surgery.



Robotic instruments at the patient cart are directly controlled by the surgeon from the console, effectively transforming the operator into a four-arm surgeon with enhanced vision, precision and dexterity.



Perfusion of the gastric conduit and esophageal stump during esophagectomy is assessed with indocyanine green fluorescence with Firefly mode on the Da Vinci robotic system.



The wristed articulation of robotic instruments has transformed intracorporeal suturing into a distinct advantage in hiatal hernia closure during anti-reflux surgery.

TRANSITIONING FROM ADVANCED LAPAROSCOPY TO ROBOTIC SURGERY: EARLY EXPERIENCE FROM A STATE TERTIARY CENTRE IN SARAWAK

DR SIOW SZE LI
Immediate Past President, College of Surgeons, Academy of Medicine of Malaysia,
Senior Consultant Surgeon, Gastrointestinal, Bariatric, Robotic & Minimal Access Surgery,
Sarawak General Hospital, Kuching, Malaysia.

The journey into robotic surgery began on 28 November 2023, when the robotic surgery programme at Hospital Umum Sarawak - initially limited to urology - was expanded to include general surgery and obstetrics and gynaecology.

With nearly 20 years of experience in advanced laparoscopic gastrointestinal and bariatric surgery, the transition to robotic surgery represents a natural progression towards greater precision and improved patient outcomes.

Early experience in robotic bariatric surgery, hiatal hernia repair, and both straightforward and complex inguinal hernia repairs has demonstrated clear advantages. The platform offers superior three-dimensional (3D) visualisation, improved ergonomics, and enhanced control during dissection. The precision of robotic instrumentation allows for finer tissue handling and facilitates complex suturing with greater ease and confidence. These benefits are particularly evident in challenging cases, such as hiatal hernias in super-morbidly obese patients and giant inguinoscrotal hernias with loss of domain.

Looking ahead, there are plans to expand the application of robotic surgery in ventral hernia repair. As many patients with ventral hernias are obese, the improved ergonomics and intracorporeal suturing capabilities of robotic platforms may enhance abdominal wall reconstruction and potentially improve outcomes.

While the learning curve is real, persistence and structured training remain key. With the anticipated integration of artificial intelligence, robotic surgery is set to play an increasingly important role in the continued evolution of minimally invasive surgery.

Port positions for robotic one-anastomosis gastric bypass

Surgeon at the console

Advancement of instrument

Photo of the proctor with the team

THE SURGEON IS IN — *Just Not in the Room*

DR JULIUS GOH LIANG CHYE
Consultant Otorhinolaryngologist / ENT Surgeon,
Department of Otorhinolaryngology,
Faculty of Medicine, Universiti Malaya, Kuala Lumpur, Malaysia.

Last December, Universiti Malaya Medical Centre quietly made history by streaming a live surgical procedure in real time to medical students and specialists across continents.

Through immersive holographic technology, participants were able to observe the operation as if they were present in the operating theatre - no matter where they were in the world.

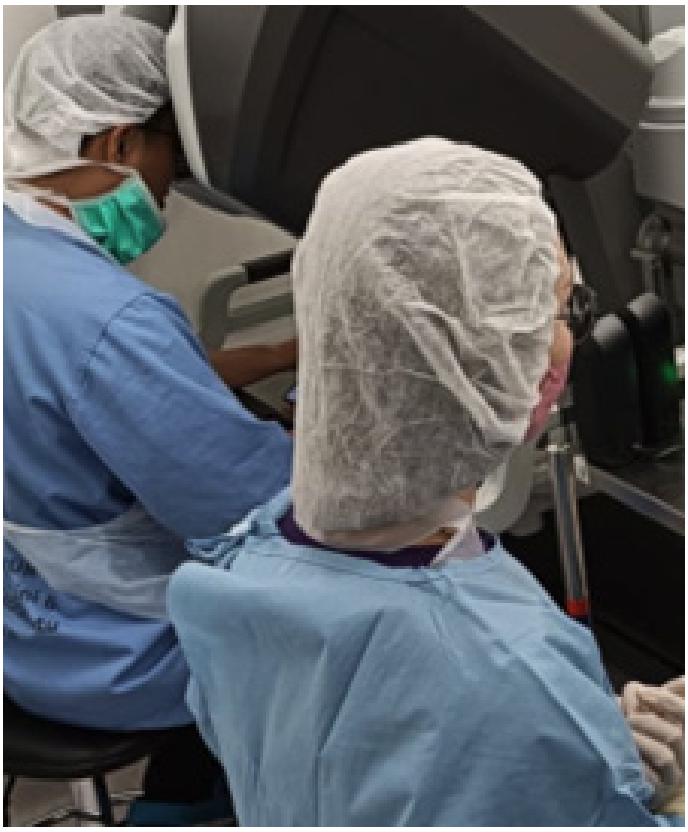
Robotic surgery represents the cutting edge of modern medicine. It demands precision, years of training, and hands-on experience with systems that are, by nature, limited in availability and costly.

For many trainees, access has long been the greatest barrier - after all, one cannot learn what one cannot experience firsthand.

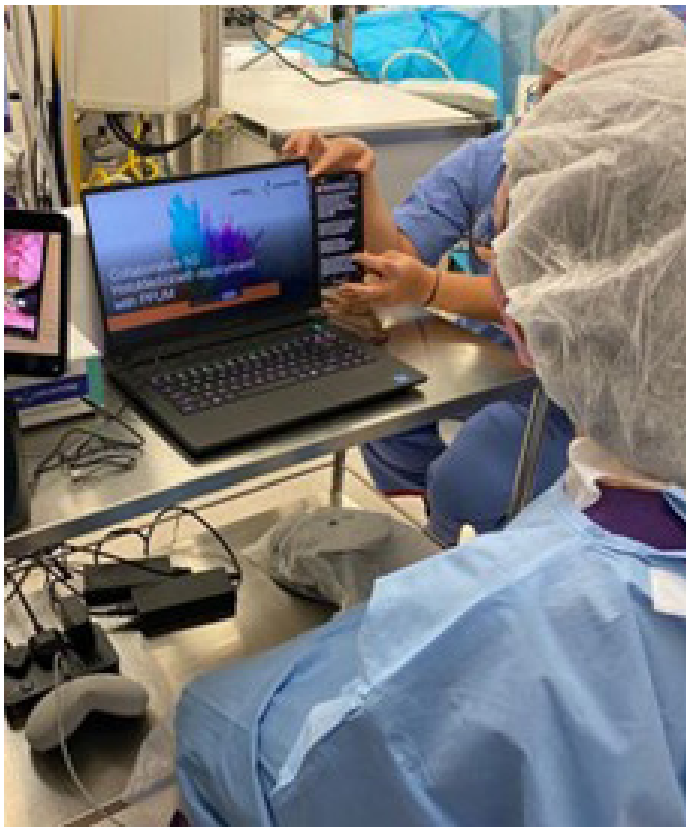
This is where holomedicine offers a compelling shift. Enabled by 5G connectivity, it allows learners to step into the surgeon's perspective, observing every instrument movement and critical decision in immersive detail - without the need for physical presence. What was once accessible only to a select few can now be shared more widely.

What is particularly striking is that this is no longer a distant vision. The technology is functional, early pilot programmes are underway, and the necessary infrastructure is steadily taking shape.

We now find ourselves at the threshold of a meaningful transformation - one where the limited availability of robotic surgical systems may no longer restrict opportunities for learning and training.



Surgeon is seated next to the console surgeon



Broadcasting team presenting detailed case history and examination to listeners as surgery is being performed live

Pre-operative stream test prior to live surgery

An efficient broadcasting team requires close collaboration between the surgeons, anesthesiologists and biotechnologists

THE EVOLVING ROLE OF NURSING IN ROBOTIC SURGERY

MR KJ MUHAMMAD 'AFIF BIN JAAFAR
Nurse, Operating Theatre Service,
Universiti Malaya Medical Centre,
Kuala Lumpur, Malaysia.

> *...Nurses are no longer merely assistants in the operating room; they have become essential contributors...*

Robotic surgery is one of the most important innovations in modern medicine, significantly transforming the landscape of surgical treatment. From a nursing perspective, this technological advancement not only improves the quality of patient care but also expands the roles and responsibilities of nurses in clinical settings. Nurses are no longer merely assistants in the operating room; they have become essential contributors in ensuring the smooth execution of high-technology procedures.

Fundamentally, robotic surgery involves the use of robotic systems controlled by surgeons to perform procedures with high precision. One of its main advantages is that it is minimally invasive, meaning smaller incisions, reduced blood loss, and faster recovery times. In this context, nurses play a crucial role in preparing patients before surgery, including providing clear explanations to reduce anxiety and ensuring that patients understand the procedure they are about to undergo.

In the operating room, nurses are responsible for ensuring that all robotic equipment is functioning properly and remains sterile. They must possess sufficient technical knowledge to handle the system and be prepared to manage any technical issues that may arise. In addition, nurses act as a communication bridge between the surgeon and other members of the healthcare team. Effective communication is vital to ensure that every step of the procedure is carried out safely and efficiently.

From a patient monitoring perspective, nurses play a critical role throughout the surgery. They continuously observe vital signs such as heart rate, blood pressure, and oxygen levels. Any abnormal changes must be reported immediately to the surgical team to prevent complications. This highlights that even with advanced robotic technology, human expertise remains a key element in ensuring patient safety.

After surgery, nurses continue to play an important role in postoperative care. Patients who undergo robotic surgery typically experience less pain and shorter recovery periods. However, close monitoring is still required to detect any signs of complications such as infection or bleeding.

Nurses are also responsible for providing health education to patients and their families, including wound care, medication management, and recovery guidelines at home.

Despite the many advantages of robotic surgery, there are also challenges faced by nurses. These include the need to master advanced technical skills and engage in continuous training to keep up with rapidly evolving technology. Additionally, the high cost of equipment and training can be a limitation for some healthcare institutions. Therefore, support from hospital management is essential to ensure that nurses can perform their roles effectively.

From an ethical perspective, nurses must ensure that the use of robotic technology does not compromise the human aspect of patient care. Although robots are used in procedures, elements such as empathy, communication, and emotional support must not be neglected. Nurses must maintain strong relationships with patients and ensure that they feel safe and valued throughout the treatment process.

In conclusion, robotic surgery represents a major advancement in modern healthcare that offers numerous benefits to patients. From a nursing point of view, it requires enhanced skills, knowledge, and competence in handling advanced technology. Despite the challenges, the role of nurses remains irreplaceable, as they serve as the vital link between technology and patient care. With adequate training and continuous support, nurses can play an even more significant role in ensuring the success of robotic surgery and improving the overall quality of healthcare.

PAEDIATRIC EMERGENCY

ACHIEVEMENT

LIVING DONOR LIVER TRANSPLANTATION

A TEST OF TEAMWORK & RESOLVE

DR LEE YEONG SING
General and HPB Surgeon, Universiti Malaya Medical Centre.

A four-month-old infant, weighing 6.2 kg, presented with acute liver failure of initially unclear cause, rapidly complicated by bleeding manifestations, severe hepatic dysfunction, and clinical deterioration. Despite maximal supportive therapy - including advanced respiratory support and therapeutic plasma exchange - the child progressed to life-threatening liver failure, with infective and autoimmune causes excluded.

> *"...when faced with overwhelming risk, unwavering teamwork and determination turned a moment of crisis into a life saved..."*

Figure 1 - Our anaesthesiology team during a defining moment. In the face of sudden metabolic collapse, determined and skilful resuscitation restored stability - allowing the team to give the child a fighting chance.

With the window for survival rapidly closing, the patient was listed for urgent living donor liver transplantation, with the mother identified as the donor. At a critical moment during transfer to the operating theatre, the infant developed sudden haemodynamic collapse with severe metabolic derangement, attributed to an adverse drug reaction.

An immediate, high-stake multidisciplinary discussion was convened involving transplant surgeons, paediatric anaesthesiologists, gastroenterologists, and intensive care specialists. The deterioration was recognised as a reversible metabolic crisis with profound vasodilatation. Through determined resuscitation and collective resolve, the child stabilised - allowing the team to make the courageous

Figure 2 - Explanted native liver following emergency living donor liver transplantation for acute liver failure.

decision to proceed with transplantation as a last, life-saving option, fully aware of the extraordinary surgical risk.

An emergency living donor liver transplantation was successfully performed on 25 November 2025. Intra-operatively, the donor graft was found to be large for the infant, necessitating graft size reduction to allow safe implantation within the small abdominal cavity - an added technical challenge in an already high-risk procedure. In the early post-operative period, portal vein thrombosis was promptly detected, triggering swift re-exploration and vascular reconstruction to restore portal inflow and preserve graft function.

The recovery that followed was not without challenges. However, through persistent multidisciplinary effort, the child demonstrated steady improvement. Feeding, growth, and overall recovery progressed with dedicated allied health support. Approximately one month after transplantation, the infant was discharged well with good graft function. This case exemplifies the determination, courage, and unity of purpose required in complex paediatric transplantation, and reflects the strength of a system where decisive leadership, technical excellence, and teamwork can transform the most fragile moments into hope!

Figure 3 - After so many challenges, it's time to go home: A small boy, a big journey, and a future filled with hope!

Figure 4 - A moment of gratitude and unity — the transplant team and family after a successful journey through one of paediatric transplantation's most challenging moments.
(This photo was published in national newspaper media with parental permission)

LAUNCH OF THE ASIAN GENETIC RISK CALCULATOR (ARiCa) & MOU Exchange with Cancer Research Malaysia

21st May 2026

MS NUR TIARA HASSAN
Deputy Head of Genetic Counselling Unit
Cancer Research Malaysia

Personalised Genetic Risk, Powered by Asian Data.

The College of Surgeons of Malaysia (COS), in collaboration with Cancer Research Malaysia (CRMY), officially launched the Asian Genetic Risk Calculator (ARiCa) during the 9th Malaysian Breast and Endocrine Surgery Conference (MBESC) 2025, held at the Medical Academy Building, Putrajaya.

The event also marked the exchange of a Memorandum of Understanding (MOU) between CSAMM and CRMY, reinforcing a shared commitment to advancing precision medicine in the region.

ARiCa is an Asia-centric genetic risk calculator developed by CRMY to support clinicians in assessing the likelihood of BRCA mutations among breast cancer patients (Ang et al., 2022). By incorporating data from Asian populations, ARiCa enhances the identification of patients who may benefit from genetic counselling and testing, enabling more personalised risk assessment and management strategies.

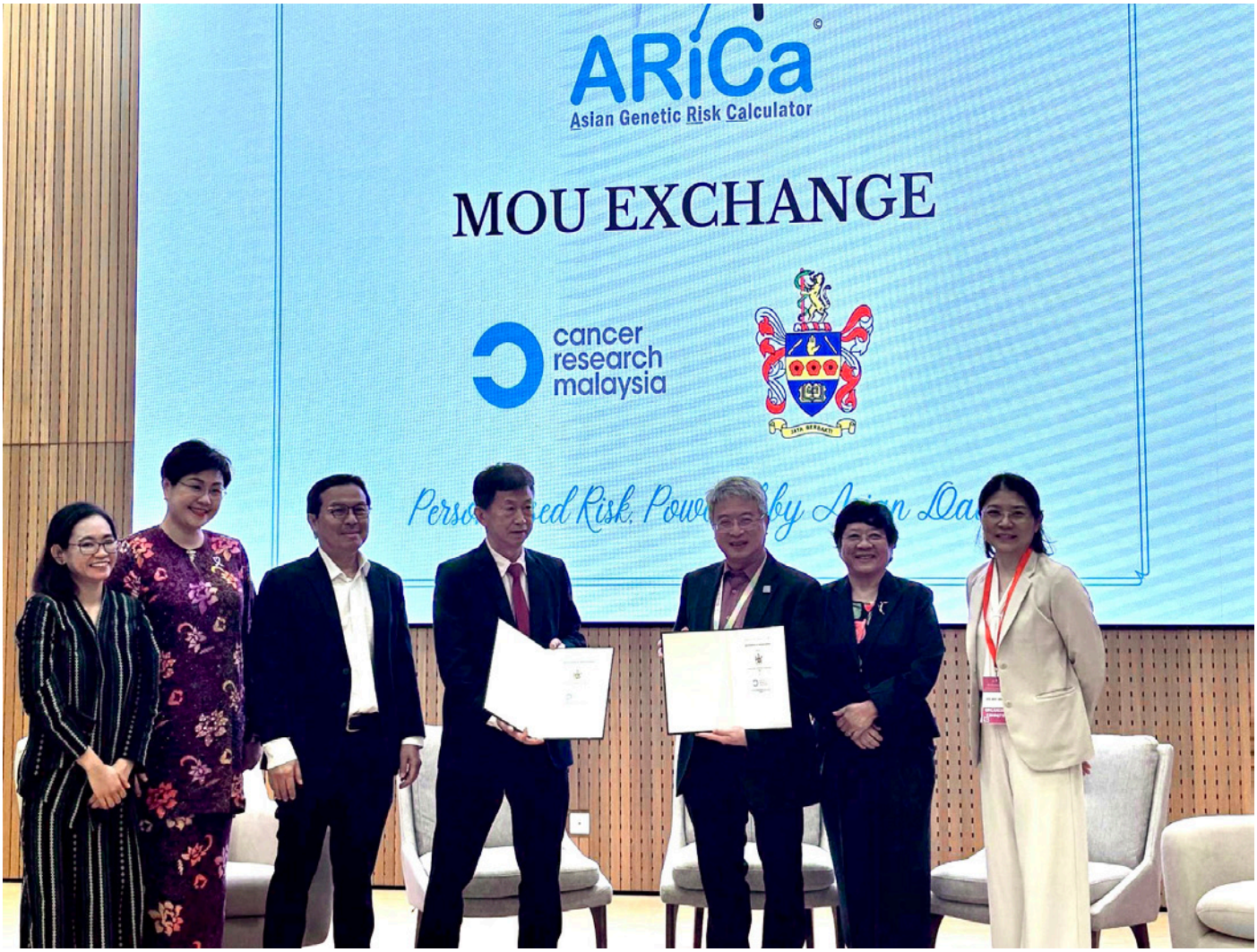
As part of the launch, a case-based panel discussion showcased the practical application of ARiCa in real-world clinical decision-making. Conference participants were also invited to register on-site and received introductory training on integrating ARiCa into their clinical workflows. To date, more than 26 clinicians have registered as users of the ARiCa platform.

Interested to learn more about ARiCa and how it can support your clinical practice? Scan the QR code or visit https://linktr.ee/aricacalculator to explore the platform and register your interest to start using ARiCa in your clinic.

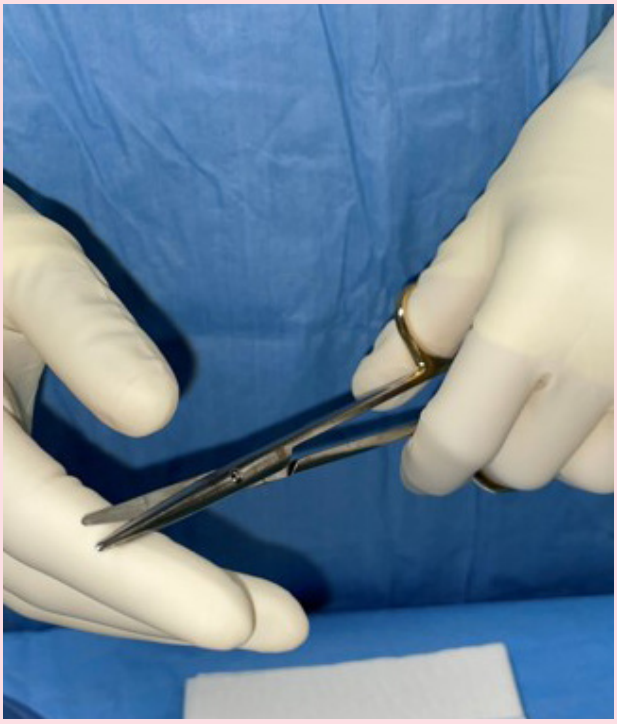
The launch of the ARiCa WebApp officiated by Dato' Dr Imi Sairi Ab Hadi, National Head of Service for Breast and Endocrine Surgery

Panel case discussion on the utility of ARiCa in clinic with Professor Dato Dr Yip Cheng Har, Professor Dr See Mee Hong and Dr Azlina Firzah, moderated by Dr Suniza Jamaris & Ms Tiara Hassan

The launch of the ARiCa with MBECS Attendees



The MOU exchange was conducted between Professor Dr Liew Ngoh Chin, President of COS, and Mr Andy Khoo Boo Teik, Chief Executive Officer of CRMY, and witnessed by Professor Dr See Mee-Hoong, representing the Breast and Endocrine Surgery CSAMM; Datuk Professor Dr Looi Lai-Meng, Board of Trustee of CRMY; Professor Dr Cheong Sok Ching, Chief Scientific Officer of CRMY; and Ms Tiara Hassan, Deputy Head of the Genetic Counselling Research Unit at CRMY



LETTERS TO THE EDITOR

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CONTACT: secretariat@csamm.asm.org.my

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ADVANCING TRAUMA CARE: INTRODUCING THE ATLS 11th EDITION

LAUNCH OF THE 11th EDITION ADVANCED TRAUMA LIFE SUPPORT (ATLS®) COURSE IN MALAYSIA

DR GOO ZHEN QIANG
Co-Director ATLS Malaysia, Colorectal Surgery,
Faculty of Medicine, Universiti Malaya

The College of Surgeons, Academy of Medicine of Malaysia, is proud to announce the launch of the 11th edition of the Advanced Trauma Life Support (ATLS®) Course in Malaysia in June 2026. This latest edition represents the most significant evolution of the programme to date.

Reimagined by more than 200 global experts, it refreshes the curriculum to meet the needs of modern trauma clinicians while preserving its trusted, systematic approach.

A key advancement in this edition is the transition from the traditional ABCDE mnemonic to xABCDE, which prioritises the immediate control of exsanguinating external haemorrhage. Supported by extensive military and civilian research, this shift ensures that the most life-threatening conditions are addressed first.

The 11th edition also introduces the 'Weave' and 'Flex' concepts. 'Weave' integrates essential holistic elements - such as team communication, trauma-informed care, and injury prevention - directly into clinical scenarios. 'Flex', on the other hand, allows for structured adaptability, enabling instructors to tailor training to a wide range of practice environments, from high-resource centres to more austere settings.

To further enhance learning, a fully redesigned MyATLS® mobile app has been introduced. Course participants will receive two months of complimentary access to the pro version, offering convenient access to chapter summaries, step-by-step procedural guides, and interactive case scenarios.

For more information, please visit https://csamm.org.my/education/atls.index.html.

The Content Weave Diagram
The new "Weave Concept" illustrates how clinical skills (xABCDE) are integrated with team dynamics, trauma systems, and patient-centered care.

Interactive Discussion

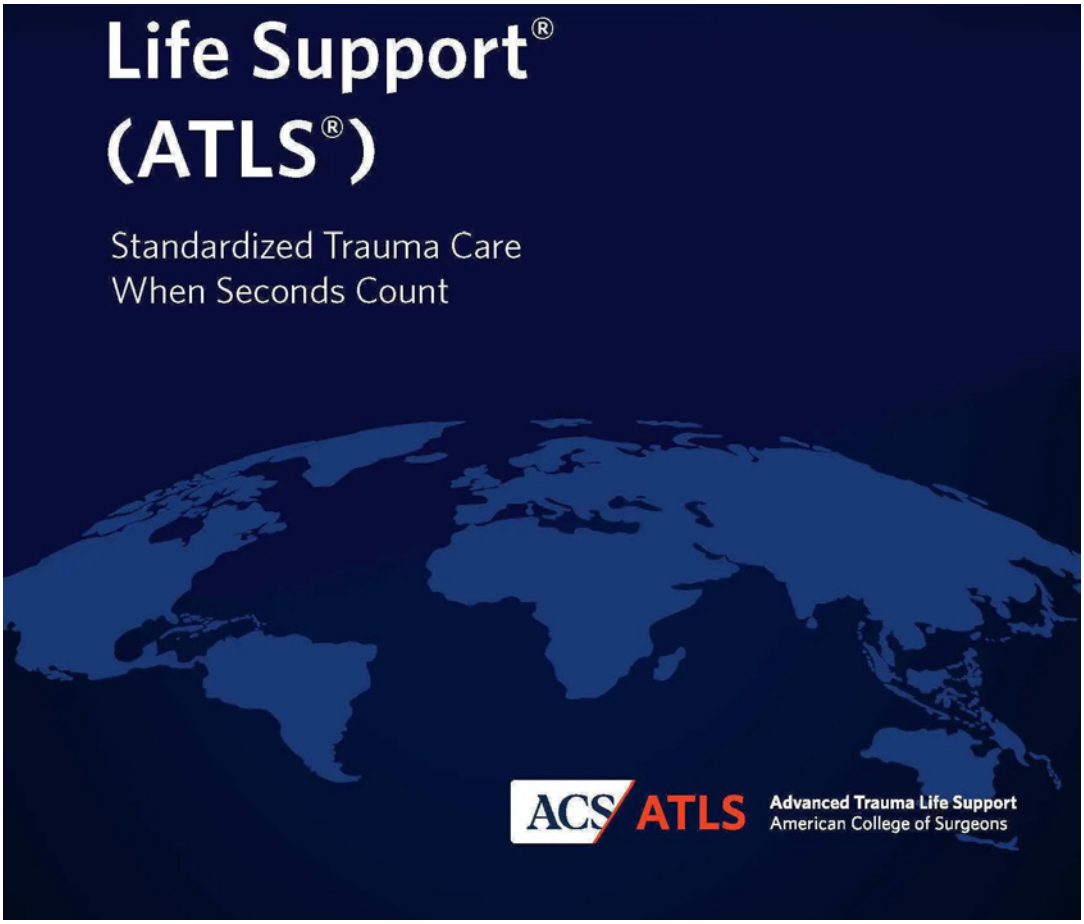
Skills Station Demonstration

Enhanced hands-on training:
The 11th edition emphasizes practical mastery of life-saving skills in trauma.

A Multi-professional Trauma Team in Training: Strengthening the 'House of Surgery': ATLS 11 fosters elite communication and teamwork through expanded chapters on resuscitation team function

The MyATLS® Mobile App Interface: State-of-the-art digital access: The redesigned MyATLS® app provides clinicians with real-time access to calculators, checklists, and skill guides.

> *"...A key advancement in this edition is the transition from the traditional ABCDE mnemonic to xABCDE, which prioritises the immediate control of exsanguinating external haemorrhage..."*



The ATLS 11th Edition Course Manual Cover - The official 11th Edition ATLS® Course Manual, featuring updated guidelines and a reorganized curriculum for trauma professionals.

The STARZL Odyssey: CRAFTING MIRACLES *through* SURGERY & ORGAN DONATION

SHEE LOKE YUAN
InciSioN Malaysia

Advancing transplant education requires not only technical proficiency but also a deep appreciation of its ethical and human dimensions. In this spirit, InciSioN Malaysia recently hosted ***The STARZL Odyssey: Pulse of Compassion, Art of Renewal*** *at the Medical Academies of Malaysia. Supported by the College of Surgeons, Academy of Medicine of Malaysia (CSAMM), and multiple national transplant societies, this transformative two-day event 27th - 28th September 2025, brought together more than 200 future clinicians and surgeons, bridging surgical education with organ and tissue donation advocacy.*

The odyssey began with intensive hands-on simulation sessions, where participants were introduced to complex liver, renal, and corneal transplant techniques using synthetic models. However, the programme's impact extended far beyond the operating theatre.

Insightful keynote lectures, together with a memorial segment honouring the legacy of Associate Professor Dr Yoong Boon Koon - one of Malaysia's pioneering liver transplant surgeons - anchored the event in its ethical and humanistic foundations.

From navigating organ retrieval logistics to role-playing complex ethical scenarios involving family consent, participants explored the full spectrum of the transplant journey. This holistic approach exposed students to the emotional, cultural, and procedural realities that define transplantation.

By blending rigorous scientific training with compassionate advocacy, The STARZL Odyssey has empowered a new generation of future surgeons to lead with both competence and compassion, shaping the future of transplant care in Malaysia.

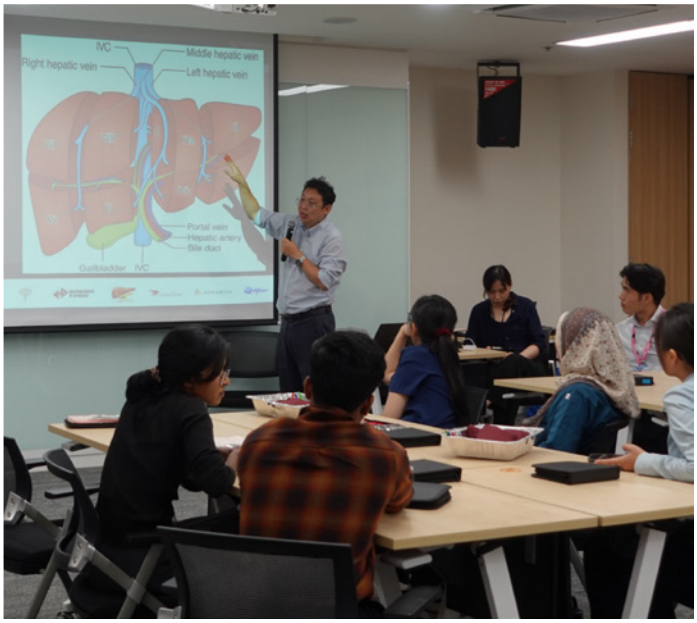
Signing of the MOU

A Historic Affiliation

A key highlight of the event was the official signing of a Memorandum of Understanding (MoU), formalising the affiliation between InciSioN Malaysia and CSAMM. The agreement was signed by Professor Dr Liew Ngoh Chin (President of CSAMM) and Shee Loke Yuan (President of InciSioN Malaysia), and witnessed by Professor Dr Shireen Nah (Vice President, CSAMM) and Professor Dato' Dr April Camilla Roslani (Advisor, InciSioN Malaysia).

This partnership strengthens the collaboration between medical students and surgical leaders, creating valuable opportunities for mentorship, structured training, and advocacy in global surgery. Together, these organisations are shaping the future of surgical education and practice in Malaysia and beyond.

Panel discussion



Workshops

6th MALAYSIAN STUDENTS' SURGICAL SYMPOSIUM (EVOLVE):

EMPOWERING THE NEXT GENERATION OF SURGEONS

Medical Academies of Malaysia, Putrajaya

24th - 25th January 2026

PRAVEENA VIJAYA DEVAN

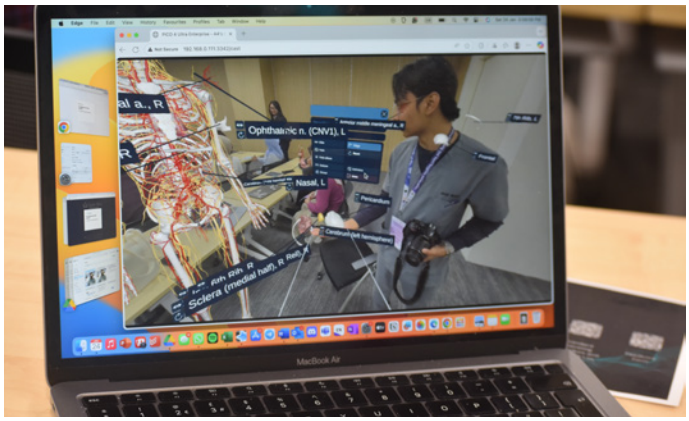
Malaysian Students' Surgical Society (MSSS)

The Malaysian Students' Surgical Society (MSSS) successfully organised its 6th Annual Symposium, EVOLVE, on 24th - 25th January 2026 in Putrajaya.

This two-day hybrid event brought together medical students, surgical trainees, and senior professionals from across Malaysia in a dynamic platform of knowledge exchange, innovation, and hands-on learning. Aligned with the rapidly evolving landscape of surgical training, this year's theme emphasised transformation through modern technologies and forward-thinking educational approaches.

A key highlight of EVOLVE 2026 was its international collaboration with VRIMS, introducing advanced virtual reality (VR)–based surgical training to Malaysia and marking a significant step in integrating global innovation into local medical education.

The symposium also received strong support and endorsements from the College of Surgeons, Academy of Medicine of Malaysia (CSAMM),



Virtual reality workshop

Malaysian Orthopaedic Association (MOA), SELSMA, Malaysian Hernia Society, and the Malaysian Society of Perioperative Medicine, reflecting a shared commitment to advancing surgical training.

The first day, conducted online, focused on career development and interactive learning. Highlights included the Surgical Launchpad, which provided a structured overview of the surgical training pathway in Malaysia, and a Going Abroad session exploring international training opportunities. Participants also engaged in breakout discussions with specialists across various fields, as well as a session on ***"Learning Smart and Adaptation for Gen Z Medical Students"****, addressing evolving learning strategies. The second day, held at the Medical Academies Building, Malaysia, featured immersive practical training.*

The VRIMS-led virtual reality cholecystectomy workshop offered realistic surgical simulation, complemented by forums on contemporary medical issues and MSSS hands-on skills workshops across multiple disciplines.

With the participation of over 200 students nationwide, EVOLVE 2026 reflects the growing enthusiasm for surgical education and innovation among future clinicians, marking a meaningful milestone in MSSS's educational journey.

Forum Sessions

'The MSSS committee with (from centre to right) Professor Dato' Dr April Camilla Roslani, Professor Lim Kean Ghee and Professor Dr Liew Ngoh Chin

The author on the top of Colle de Nivolet at the Italian Alps.

Pedalling Beyond the Theatre

DATO' DR LUQMAN MAZLAN
Honorary Treasurer, College of Surgeons, AMM
Consultant General and Colorectal Surgeon
Hospital PICASO

Amid the demanding rhythm of surgical life, the search for a hobby that is both restorative and efficient can be challenging. For me, it meant finding something healthier and less time-consuming than golf. Road cycling became that answer.

What began as a practical choice soon evolved into a genuine passion. As time and resources allowed, I became more invested in the sport, and it has since become an integral part of my routine. Even more meaningful is the opportunity to share this with my wife, who often joins me - turning long rides into moments of connection away from the hospital.

Over the years, I have participated in numerous rides, both short and long distance, with my longest reaching 140 km. Along the way, I have come to appreciate that the true reward lies not in winning, but in finishing - pushing through fatigue with quiet determination, much like in surgery itself.

Cycling has also changed how I experience places. From the streets of Washington, DC, and New York, to the climbs of the Italian Alps and the charm of the French countryside, as well as familiar local routes, each journey offers a fresh perspective.

The next goal is to take part in a relay Half Ironman, alongside friends from Hospital PICASO - Dr Badrulhisham Bahadzor, a urologist, and Dr Farhana Fadzli, a radiologist. It is, in many ways, our own version of a multidisciplinary team - just with more Lycra and fewer scrubs.

Cycling is both a sport and ironically, relaxing.

Cycling around Penang island ending up in Teluk Bahang.

Having a supportive wife who is willing to join in the hobby is the best gift one can ask for.

After completing 140km at le'tape Desaru in 2024 with Seow Lee Roy, a surgeon too!

ANNOUNCEMENT

52nd Annual Scientific Congress of the College of Surgeons

Science, Skills, Sustainability

incorporating the

Malaysian Breast & Endocrine Surgery Course

in collaboration with

Breast Surgery International

12th to 14th June 2026

Shangri-La Kuala Lumpur
Malaysia

www.csamm.asm.org.my