

4TH
EDITION



JOHOR

SURGICAL CONFERENCE 2026

— EVIDENCE TO EXCELLENCE —

PROGRAMME BOOKLET

JOHOR BAHRU
MALAYSIA

4th Johor Surgical Conference 2026

— EVIDENCE TO EXCELLENCE —

BOOKLET TITLE

TRANSCEND

Foreword

Our 4th Johor Surgical Conference 2026 booklet is titled '**Transcend**', which epitomises the aim of the conference.

To transcend means to go beyond, and surpass barriers and standards to achieve further excellence.

This booklet not only contains the programmes and events of 4th JSC 2026 this week but also reflects upon the small wins and successes in recent times by Johor Bahru Surgical Society (JoBSS) & the surgical fraternity in Johor Bahru.

A lot of effort, creativity and patience was put into designing this pearl.

We hope everyone enjoys it as much as we do.

Saw Shier Khee



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Chairman's Message

It gives me immense pleasure to welcome everyone to our 4th Johor Surgical Conference, which is held biennially.

This year, our theme, "Evidence to Excellence," reflects the ever-changing and evolving landscape of the surgical field and our continuous pursuit of excellence.

Modern medicine must be supported by evidence, and more importantly, this evidence must be translated into excellence in clinical practice—an expectation shared by both patients and surgeons alike.

This conference aims to provide a platform for the various surgical subspecialties to exchange views, experiences, and knowledge, particularly in addressing the common challenges faced in surgical practice.

The conference also recognises the important role of Allied Health Professionals. Through a combination of lectures and workshops, participants will have opportunities for active involvement, live demonstrations, and hands-on learning.

I sincerely hope that everyone will engage fully in the programmes we have prepared and find the conference enriching in terms of knowledge, experience, and networking.

Once again, I warmly welcome each and every one of you to our conference and to Johor Bahru.



◆
**Dr.
Rishiharan
A/L Anandaraj**

Conference Chairman



Hospital Sultan Aminah,
Johor Bharu



JoBSS Vice President's Message

It is with great pleasure and pride that we welcome you to the 4th Johor Surgical Conference 2026, held under the inspiring theme "Evidence to Excellence."

This theme reflects our commitment to translating the best available evidence into knowledge, practice and, ultimately, excellence in patient care. As surgery continues to evolve, we remain committed through lifelong learning, innovation, collaboration and the highest standards of clinical practice. Under the leadership of Dr. Rishiharan, Chairman of the 4th Johor Surgical Conference, we are delighted to bring together surgeons, surgical trainees, allied health professionals and colleagues from Malaysia and beyond.

Our scientific programme features 16 dynamic symposia, 7 Allied Health Professional workshops and 4 plenary sessions, with more than 50 lectures, covering contemporary surgical challenges, emerging technologies and evidence-based approaches across a wide range of disciplines. Our pre- and post-congress workshops will further provide opportunities for practical learning and skills development.

Beyond knowledge sharing, we hope this conference will be a platform for ideas to flourish, friendships to grow and meaningful collaborations to begin. Most importantly, may the knowledge and inspiration gained here translate into better surgical practice and improved outcomes for our patients.

We extend our sincere appreciation to our distinguished faculty, delegates, sponsors and organising committee for their invaluable contributions and support.

Welcome to Johor Bahru.

Welcome to the 4th Johor Surgical Conference 2026.

We wish you a rewarding, inspiring and memorable congress experience.



Dr Yuzaidi Bin Mohamad

Head of Department



Hospital Sultan Aminah,
Johor Bahru



Conference Overview

4th Johor Surgical Conference 2026

The **Johor Surgical Conference** is a **biennial scientific** gathering that brings together the **surgical fraternity of Johor and beyond** in the pursuit of knowledge and professional excellence. Since its inaugural meeting in **2019**, the conference has grown steadily in stature and significance. Today, it stands proudly as **the jewel of the Johor Bahru Surgical Society (JoBSS)** – the **Society's flagship scientific event** and its largest gathering of healthcare professionals. The **4th Johor Surgical Conference 2026** continues this journey under the theme **"Evidence to Excellence."**

Surgery is ever evolving, shaped by new knowledge, technology and ideas. Yet true progress begins by building on the foundations before us, guided by the evidence of today and a shared commitment to better care tomorrow. This is the spirit of **Evidence to Excellence** and is thoughtfully reflected in the design of our conference lanyard. The **Sultan Ibrahim Building and Sultan Abu Bakar Mosque** represent Johor's rich heritage, while the evolving Johor Bahru skyline represents progress and the promise of the future – a fitting reflection of our journey, honouring our foundations while continuously striving towards excellence.

One of the defining strengths of the Johor Surgical Conference is the way it brings **doctors and allied health professionals together** – reflecting the reality that excellent surgical care is never achieved by one individual alone. It is built through teamwork and a shared commitment to our patients.

This year's programme brings together plenary sessions, specialty discussions, practical workshops and scientific presentations across a broad spectrum of surgical care, while continuing to keep **General Surgery at the heart of the conference**.

May these two days be filled with meaningful learning, generous sharing and lasting connections, while offering a glimpse into the heritage, culture and charm of Johor Bahru.

Welcome to the 4th Johor Surgical Conference 2026 – where evidence inspires progress, and progress leads us towards excellence.



Organising Committee

ADVISORS

Dr. Yuzaidi bin Mohamad

Consultant General & Trauma Surgeon, Hospital Sultanah Aminah

Dr. Sekkapan Thannimalai Sambanthan

Consultant General & Upper GI Surgeon, Hospital Sultanah Aminah

Dr. Rizal Imran bin Alwi

Consultant General & Trauma Surgeon, Hospital Sultanah Aminah

CHAIRMAN

Dr. Rishiharan A/L Anandaraj

General Surgeon, Hospital Sultanah Aminah

VICE CHAIRMAN

Dr. Tang Xue Jing

General Surgeon, Hospital Sultanah Aminah

SECRETARIES

Dr. Teh Jin Zhe

*General Surgeon,
Hospital Sultanah Aminah*

Mr. Norzamzuri Zakaria

*Administrative Officer,
Hospital Sultanah Aminah*

Dr. Tey Yi Ling

*Medical Officer General Surgery,
Hospital Sultanah Aminah*

Mrs. Norzaimah binti Mohd Zam

*Operational Administrative Assistant,
Hospital Sultanah Aminah*

TREASURERS

Dr. Ghaithiry A/P Selvarajoo

*General Surgeon,
Hospital Sultanah Aminah*

Dr. Mohamad Azril Rizal bin Ghazali

*Medical Officer General Surgery,
Hospital Sultanah Aminah*

Dr. Siti Nur Hidayah binti Azhar

*Medical Officer General Surgery,
Hospital Sultanah Aminah*



Organising Committee

AJK- Surgeons

Dr. Farah binti Marzuki

General Surgeon,
Hospital Sultanah Aminah

Dr. Sim Chien Chuen

General Surgeon,
Hospital Sultanah Aminah

Dr. Fadya Nabiha binti A.S Ahmad Shariffuddin

General Surgeon,
Hospital Sultan Ismail

Dr. Yap Wen Qi

General Surgeon,
Hospital Sultan Ismail

Dr. Adrian Yong Kok Jen

General Surgeon,
Hospital Sultanah Aminah

Dr. Faisal bin Arshad

General Surgeon,
Hospital Sultanah Aminah

Dr. Thanaaehiswari A/P Perumal

General Surgeon,
Hospital Sultan Ismail

Dr. Saw Shier Khee

General Surgeon,
Hospital Sultan Ismail

Dr. Henry Tan Chor Lip

General Surgeon,
KPJ Bandar Dato' Onn Specialist
Hospital

AJK- Medical Officers

Dr. Raymond Lim Zhun Ming
Dr. Natasia Nicole Deser
Dr. Veronica Lau Shu Lih
Dr. Muhammad Amirul 'Aizat bin Esa
Dr. Choong Kai Hao
Dr. Nanthinhi A/P Jagathesan
Dr. Carla Cai Zi
Dr. Joel Rufus Augustus
Dr. Ahmad Syafiq Akmal bin Ishak
Dr. Cheah Zi Fang
Dr. Ch'ng Layyee
Dr. Nabil Syafiq Tan
Dr. Azizul bin Halid
Dr. Muhamad Fathi bin Marzuki
Dr. Shaun Richmond
Dr. Thameswaran A/L R Moorthy
Dr. Anbarasi A/P Anbualagan
Dr. Khugan Raj A/L Aravandy

Dr. Michelle Chia Pei Ling
Dr. Nur Afiqah binti Abdul Latiff
Dr. Evon Belinda Davidsonlawrence
Dr. Nur Alyaa Syahida binti Salleh
Dr. Lee Yi Hwan
Dr. Soh Jia Min
Dr. Amirul Afiq bin Zairulakmar
Dr. Timmy Lee Chern Kern
Dr. Amanda Chan Meihui
Dr. Syafiqah binti Abu Bakar
Dr. Tay Jia Chyi
Dr. J Lalitha Jadagopan
Dr. Rachel Fernandez
Dr. Loh Qiang Ling
Dr. Shaarlenaa A/P Vispanathan
Dr. Ty Shee Yng
Dr. Salini A/P Vasuden
Dr. Foo Jia Jun



Organising Committee

AJK- Assistant Medical Officers

PPP Azmi bin Mohamad @Mustapha
PPP Muhammad Lee bin Rosli Lee
PPP Haziqah binti Haron
PPP Nurul Syafiqah binti Saion
PPP Muhammad Syafiq bin Md Yusoff
PPP Norashikin binti Mohd Shah
PPP Quzaimah binti Ismail
PPP Mohd Asyraf bin Mohamed Rashid
PPP Nur Zurya Atiera binti Zurita

AJK- Staff Nurses

PJ Zahemah Ibrahim
PJ Norita Jamil
KJ J Zarinah Ishak
KJ Siti Adibah Ramli
KJ Nor Ain Abdul Rahman
KJ Siti Nurain Zulkornaini
KJ Norazlin Md Noh
KUP Hidaryati Md Bamuchi
KUP Nor Hafizah Basar
KUP Noridayu binti Mohamed

AJK- Ward Attendants

PPK Yazmawati binti Md Yusup
PPK Zulkifli bin Ahmad

AJK- Administrative Assistant

Nurdini Alysha binti Rashid
Norhazlena binti Musa



Meet Our Speakers

Bringing together leading surgeons and experts to share knowledge, inspire innovation, and shape the future of surgical care.

International Speakers



**Prof. (Dr.)
Emile John Tan
Kwong Wei**

Consultant General &
Colorectal Surgeon
Singapore General Hospital



Dr. Raj Menon

Consultant General &
Trauma Surgeon
National University
Hospital, Singapore

Local Speakers - Private Sector



**Assoc. Prof. (Dr.)
Mohd Mazri bin
Yahya**

Consultant General &
Vascular Surgeon
Johor Specialist Hospital



**Dr. Syed Alwi
bin Syed Abd
Kadir**

Consultant General &
Vascular Surgeon
Gleneagles Hospital,
Johor Bahru



**Dr.
Kirubakaran
Malapan**

Consultant General &
Bariatric Surgeon
Gleneagles Hospital, Penang



**Dr. Affirul Chairil
bin Ariffin**

Consultant General &
Hepatopancreaticobiliary
Surgeon
KPJ Tawakkal KL Specialist
Hospital



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Local Speakers - MOHE



**Prof. Dato. (Dr.)
April Camilla
Roslani**

Consultant General &
Colorectal Surgeon
University Malaya



**Assoc. Prof. (Dr.)
Suniza binti
Jamaris**

Consultant General &
Breast Surgeon
University Malaya



Dr. Wong Wei Jin

Consultant General &
Upper GI Surgeon
University Malaya



**Assoc. Prof. (Dr.)
Azlanudin bin
Azman**

Consultant General &
Hepatopancreaticobiliary
Surgeon
University Kebangsaan
Malaysia



**Assoc. Prof. (Dr.)
Shahrin Niza bin
Abdullah Suhaimi**

Consultant General & Breast
and Endocrine Surgeon
University Kebangsaan
Malaysia



**Dr. Mohamad
Azim bin Md Idris**

Consultant General &
Vascular Surgeon
University Kebangsaan
Malaysia



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Local Speakers - MOH



Dr. Yuzaidi bin Mohamad

Consultant General & Trauma Surgeon
Hospital Sultanah Aminah,
Johor Bahru



Dr. Tuan Nur'Azmah binti Tuan Mat

Consultant General Surgeon
Hospital Sultanah Aminah,
Johor Bharu



Dr. Hans Alexander Mahendran

Consultant General & Upper GI Surgeon
Hospital Sultanah Aminah,
Johor Bahru



Dr. Sekkapan Thannimalai Sambanthan

Consultant General & Upper GI Surgeon
Hospital Sultanah Aminah,
Johor Bahru



Dr. Jonathan Tan Khee Ghee

Consultant General & Hepatopancreaticobiliary Surgeon
Hospital Sultanah Aminah,
Johor Bahru



Dr. Mohd Fauzi bin Sharudin

Consultant Paediatric Surgeon
Hospital Sultanah Aminah,
Johor Bahru



Dr. Kong Wai Keong

Consultant General & Colorectal Surgeon
Hospital Sultanah Aminah,
Johor Bharu



Dr. Tan Jih Huei

Consultant General & Colorectal Surgeon
Hospital Sultanah Aminah,
Johor Bahru



Meet Our Speakers

Bringing together leading surgeons and experts to share knowledge, inspire innovation, and shape the future of surgical care.

Local Speakers - MOH



**Dr. Seniyah
binti Md Sikin**

Consultant General &
Breast and Endocrine
Surgeon
Hospital Sultan Ismail,
Johor Bahru



**Datuk Dr.
Benjamin Leong
Dak Keung**

Consultant General &
Vascular Surgeon
Queen Elizabeth Hospital,
Kota Kinabalu



**Dr. Norfarizan
binti Azmi**

Consultant General &
Colorectal Surgeon
Hospital Tuanku Ja'afar,
Seremban



**Dr. Khairul
Hazim bin
Hamdan**

Consultant General &
Colorectal Surgeon
Hospital Selayang, Selangor



**Dr.
Sentilnathan
Subramaniam**

Consultant General &
Colorectal Surgeon
Queen Elizabeth Hospital,
Kota Kinabalu



**Dr.
Narasimman
Sathiamurthy**

Consultant General &
Thoracic Surgeon
Hospital Kuala Lumpur



**Dr. Azuddin bin
Mohd Khairy**

Consultant General &
Trauma Surgeon
Hospital Tengku Ampuan
Rahimah, Klang



Dr. Tiong Vun-E

Consultant General &
Trauma Surgeon
Hospital Tengku Ampuan
Rahimah, Klang



Meet Our Speakers

Bringing together leading surgeons and experts to share knowledge, inspire innovation, and shape the future of surgical care.

Local Speakers - MOH



Dr. Omar bin Sulaiman

Consultant
Anaesthesiology & Critical
Care
Hospital Sultanah Aminah,
Johor Bahru



Dr. Norhafizah binti Ehsan

Consultant Interventional
Radiologist
Hospital Sultanah Aminah,
Johor Bahru



Dr. Mohd Rizal bin Roslan

Consultant Interventional
Radiologist
Hospital Selayang, Selangor





Meet Our Speakers

Bringing together leading surgeons and experts to share knowledge, inspire innovation, and shape the future of surgical care.

AHP Conference Speakers



**Dr. Adrian Yong
Kok Jen**

General Surgeon
Hospital Sultanah Aminah,
Johor Bahru



**Dr. Muhammad
Haziq Aiman bin
Hanim Razak**

Medical Officer UD12
Wound Care Unit
Hospital Sultanah Aminah,
Johor Bahru



**Mr. Eirzani bin
Othman**

Instructor U10
ILKKM, Johor Bahru



**PPP Mohamad
Nor Azmi bin
Jamaah**

Instructor U10
ILKKM, Johor Bahru



**PPP
Norzamzuri bin
Hj. Zakaria**

Assistant Medical Officer U7,
Department of General
Surgery
Hospital Sultanah Aminah,
Johor Bahru



**PPP Azmi Bin
Mohamad @
Mustapha**

Assistant Medical Officer U6,
Department of General
Surgery
Hospital Sultanah Aminah,
Johor Bahru



**PPP
Muhammad Lee
bin Rosli Lee**

Assistant Medical Officer U6,
Department of General
Surgery
Hospital Sultanah Aminah,
Johor Bahru



**PJ Norsiah binti
Mustafa**

Nursing Supervisor U10,
Department of General
Surgery
Hospital Sultanah Aminah,
Johor Bahru



Meet Our Speakers

Bringing together leading surgeons and experts to share knowledge, inspire innovation, and shape the future of surgical care.

AHP Conference Speakers



JTK Kok Lee Min

Clinical Registered Nurse U10,
General Surgery Department
Hospital Sultanah Aminah,
Johor Bahru



**PJ Rohaidah
binti Abdullah**

Nursing Supervisor U7,
Infection Control Unit
Hospital Sultanah Aminah,
Johor Bahru



**KUP Hidaryati
binti
Md Bamuchi**

Registered Nurse U7,
Colorectal Surgery Unit
Hospital Sultanah Aminah,
Johor Bahru



**KJ Siti Adibah
binti Ramli**

Head of Nurse U6,
Department of General
Surgery
Hospital Sultanah Aminah,
Johor Bahru



**JT Jayaletchimi
A/P Rajagopal**

Registered Nurse U5 ,
Daycare Unit
Hospital Sultanah Aminah,
Johor Bahru



**KUP Siti Suzana
binti
Md Benu**

Registered Nurse U6 ,
Daycare Unit
Hospital Sultanah Aminah,
Johor Bahru



Meet Our Speakers

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AHP Conference Speakers



**Ms. Eliza Wong
Yen Sim**

Dietician
Hospital Sultan Ismail,
Johor Bahru



**Mrs. Christina
Chan Yuin Theng**

Pharmacist
Hospital Sultanah Aminah,
Johor Bahru



**Ms. Nur Quratul
Aini binti Zulfa**

Dietician
Health Advisor Executive
Quantum Upstream Sdn Bhd





CONFERENCE PROGRAMME

4th Johor Surgical Conference 2026



Evidence to Excellence



Itinerary

Day 1

2nd October 2026 (Friday)

Time	Programme
0730H-0800H	Registration
POST OPERATIVE MORTALITY REVIEW PLENARY "Beyond Blame: Building Safer Surgical Systems" <i>Moderated by Dr. Hans Alexander Mahendran</i>	
0800H-0820H	Reflections on 20 Years of Experience as the POMR Assessor <i>Dr. Tuan Nur'Azmah binti Tuan Mat</i> <i>Consultant General Surgery</i> <i>Hospital Sultanah Aminah, Johor Bahru</i>
0820H-0840H	Trauma POMR: What the Data Has Taught Us <i>Dr. Yuzaidi bin Mohamad</i> <i>Consultant General and Trauma Surgery</i> <i>Hospital Sultanah Aminah, Johor Bahru</i>
0840H-0900H	What a Decade of Malaysian POMR Data Reveals about Anaesthesia and ICU Care <i>Dr. Omar bin Sulaiman</i> <i>Consultant Anaesthesiology and Critical Care</i> <i>Hospital Sultanah Aminah, Johor Bahru</i>
0900H-0915H	Q&A Session





Itinerary

Day 1

2nd October 2026 (Friday)

Time	Programme
OPENING CEREMONY	
0915H-0920H	Welcoming Speech <i>Dr. Rishiharan A/L Anandaraj</i> <i>Chairman of the 4th Johor Surgical Conference 2026</i> <i>General Surgeon</i> <i>Hospital Sultanah Aminah, Johor Bahru</i>
0920H-0935H	Opening Address by the Guest of Honour <i>YB Tuan Ling Tian Soon</i> <i>Chairman of the Johor State Health and Environment Executive Committee</i>
0935H - 0940H	INAUGURATION AND OFFICIATION OF The 4th Johor Surgical Conference 2026
0940H - 1000H	Keynote Speech: Beyond the Journey: Shaping the Future of Bariatric Surgery <i>Dr. Sekkapan Thannimalai Sambanthan</i> <i>Consultant General and Upper GI Surgery</i> <i>Hospital Sultanah Aminah, Johor Bahru</i>
1000H-1030H	Exhibition Site Visit & Tea Break





Itinerary

Day 1

2nd October 2026 (Friday)

1030H-1145H Symposium 1: Colorectal Surgery <i>Moderated by:</i> <i>Dr. Tan Jih Huei, Dr. Thanaaeshiswari</i>	1030H-1145H Symposium 2: Thoracic Surgery <i>Moderated by:</i> <i>Dr. Yap Wen Qi, Dr. Teh Jin Zhe</i>	1030H-1145H AHP Workshop <i>Moderated by:</i> <i>Matron Zahemah, KJ Nor Ain</i>
Pelvic Floor Disorders: Assessment and Management <i>Prof. Dr. Emile John</i> <i>Tan Kwong Wei</i> <i>Singapore General Hospital</i>	Tracheo-esophageal Fistula in Paediatrics <i>Dr. Mohd Fauzi bin Sharudin</i> <i>Hospital Sultanah Aminah,</i> <i>Johor Bahru</i>	Wound care: - Modern Dressing- <i>KUP Maizura Kamarrudin,</i> <i>KUP Zarinah binti Puna'aib,</i> <i>KUP Sasirekha A/P</i> <i>Neelamagam</i>
Rectal Cancer: From Evidence to Precision Strategy <i>Dr. Khairul Hazim bin Hamdan</i> <i>Hospital Selayang, Selangor</i>	My Experience as a Thoracic Surgeon in Colorectal Lung Metastases <i>Dr. Narasimman A/L Sathiamurthy</i> <i>Hospital Kuala Lumpur</i>	
Inflammatory Bowel Disease Unmasked: What Every Surgeon Should Know <i>Prof. Dato' Dr. April Camilla Roslani</i> <i>Universiti Malaya</i>	Tracheo-bronchial Injury <i>Dr. Azuddin bin Mohd Khairy,</i> <i>Hospital Tengku Ampuan Rahimah, Klang</i>	Chemotherapy - Chemoport - <i>JT Sharifah Nadia binti</i> <i>Syed Ali</i>
Q&A Session	Q&A Session	
1145H - 1230H Lunch Talk Plenary Lecture 1: Sponsored by <i>Menarini Malaysia</i> Topic: Optimising Operative Efficiency : The Synergy of Starsil Hemostat and Cyanoacrylate Adhesives <i>Dr. Tan Jih Huei</i> <i>Consultant General & Colorectal Surgeon</i> <i>Hospital Sultanah Aminah, Johor Bahru</i>		1145H-1230H Poster Competition
1230H - 1400H Lunch Break & Prayers		



Itinerary

Day 1

2nd October 2026 (Friday)

1400H - 1515H Symposium 3: Hepatopancreatico-biliary Surgery <i>Moderated by:</i> <i>Dr. Kharlina Khairudin, Dr. Saw Shier Khee</i>	1400H-1515H Symposium 4: Surgical Oncology <i>Moderated by:</i> <i>Dr. Randeep Singh, Dr. Adrian Yong</i>	1400H-1515H AHP Workshop
Operate Now or Pay Later: The Real Cost of Delayed Cholecystectomy <i>A/Prof. Dr. Azlanudin bin Azman</i> <i>Universiti Kebangsaan Malaysia</i>	Colorectal Peritoneal Metastases: HIPEC and CRS Evidence <i>Dr. Norfarizan binti Azmi,</i> <i>Hospital Tuanku Ja'afar, Seremban</i>	Stoma Care <i>KUP Fadhilah binti Noor</i> <i>Rashid,</i> <i>KUP Hidaryati binti Md</i> <i>Bamuchi,</i> <i>KUP Zakiah Ezzah binti</i> <i>Omar,</i> <i>KUP Mohd Syahiran bin</i> <i>Abdul Manan</i>
Loco-regional Treatment in Liver Cancer <i>Dr. Mohd Rizal bin Roslan,</i> <i>Interventional Radiologist</i> <i>Hospital Selayang</i>	Beyond The Knife: How Targeted Therapy is Reshaping Breast Cancer Surgery? <i>A/Prof Dr. Suniza binti Jamaris,</i> <i>Universiti Malaya</i>	
Should Neoadjuvant Chemotherapy be for All Pancreatic Cancer? <i>Dr. Jonathan Tan Khee Ghee,</i> <i>Hospital Sultanah Aminah, Johor Bahru</i>	Advances in Gastric Cancer with The Advent of Targeted Therapy <i>Dr. Wong Wei Jin,</i> <i>Universiti Malaya</i>	
Q&A Session	Q&A Session	Cathether Care <i>KUP Rosalida binti Saud,</i> <i>KUP Rozana binti Zuman,</i> <i>SN Nur Faezah Izzati binti</i> <i>Osman</i>
1515H - 1545H Tea Break Topic: Beyond the Hospital Walls: Real Stories from Community Palliative Care. <i>Premala Ponnusamy</i> <i>Senior Nurse Manager</i> <i>Palliative Care Association of Johor Bahru.(PCAJB)</i>		



Itinerary

Day 1

2nd October 2026 (Friday)

1545H - 1700H Symposium 5: Trauma and Emergency Surgery Moderated by: Dr. Dharmendra	1545H - 1700H Symposium 6: Research Showdown Moderated by: Dr. Joel Rufus Augustus, Dr. Michelle Chia	1545H - 1700H AHP Workshop
From Evidence to Excellence: Why Trauma Outcomes Depend More on Systems than Surgeons Dr. Raj Menon, National University Hospital, Singapore	Oral / Free Paper / Video / Novel Technique Presentation & Competition	Endoscopy: KJ J Zarinah Mohd Ishak & Endoscopy Unit
Preventing and Managing Abdominal Compartment Syndrome in Trauma Dr. Tiong Vun-E, Hospital Tengku Ampuan Rahimah, Klang		Breast Prostheses CAN CARE
Traumatic Liver & Pancreatic Injuries: A General Surgeon's Nightmare Dr. Affirul Chairil bin Ariffin, KPJ Tawakkal KL Specialist Hospital, Kuala Lumpur		Chronic Venous Ulcer: 4 Layer Bandage PPP Muhammad Lee bin Rusli Lee PPP Haziqah binti Harun
Q&A Session		
END OF DAY 1		



Itinerary

Day 2

3rd October 2026 (Saturday)

0730H-0800H
Registration

0800H-0915H
Symposium 7:
Upper Gastrointestinal Surgery
Moderated by:
Dr. B. Karthik Krishnan, Dr. Mohamed Arif

0800H-0915H
Symposium 8:
Wound Care
Moderated by:
PJ Zahemah Ibrahim

Gastric GIST:
Precision Surgery in the Era of Targeted Therapy
Dr. Hans Alexander Mahendran
Hospital Sultanah Aminah, Johor Bahru

Essential Principles in Wound Management
Dr. Adrian Yong Kok Jen
Hospital Sultanah Aminah, Johor Bahru

Wait, Watch, or Intervene?
Are We Getting the First 24 Hours after Caustic Injury Wrong?
Dr. Sekkapan Thannimalai A/L Sambanthan
Hospital Sultanah Aminah, Johor Bahru

The Missing Piece in Modern Wound Care:
Integrating Correct Aseptic Technique from Debridement to Smart Dressings
Dr. Muhammad Haziq Aiman bin Hanim Razak
Wound Care Unit
Hospital Sultanah Aminah, Johor Bahru

The Price to Pay:
The Complications of Metabolic Surgery that General Surgeons Should Know
Dr. Kirubakaran A/L Malapan
Gleneagles Hospital Penang

Extravasation in Chemotherapy
- Prevention and Management
JT Jayaletchimi A/P Rajagopal
Hospital Sultanah Aminah, Johor Bahru

Q&A Session

Q&A Session



Itinerary

Day 2

3rd October 2026 (Saturday)

0915H - 1030H Symposium 9: General Surgery Conundrum <i>Moderated by:</i> <i>Dr. Teh Jin Zhe, Dr. Khairul Anwar</i>	0915H - 1030H Symposium 10: Nutrition and Prehab in Surgery <i>Moderated by:</i> <i>KJ Amriza Yantte binti Talib</i>
It Just Doesn't Go In: Achalasia and Esophageal Motility Disorder <i>Dr. Wong Wei Jin</i> <i>Universiti Malaya</i>	Management of Enterocutaneous Fistula <i>KUP Hidaryati binti Md Bamuchi</i> <i>Hospital Sultanah Aminah, Johor Bahru</i>
It Just Doesn't Come Out: Surgeon's Role in Constipation <i>Dr. Kong Wai Keong</i> <i>Hospital Sultanah Aminah, Johor Bahru</i>	Nutrition in Surgical Patients <i>Ms. Eliza Wong Yen Sim</i> <i>Dietician,</i> <i>Hospital Sultan Ismail, Johor Bahru</i>
A Bloody Mess: Options for Recurrent Variceal Bleed <i>Dr. Jonathan Tan Khee Ghee</i> <i>Hospital Sultanah Aminah, Johor Bahru</i>	Home Parenteral Nutrition and Its Challenges <i>Mdm. Christina Chan Yui Theng</i> <i>Pharmacist,</i> <i>Hospital Sultanah Aminah, Johor Bahru</i>
Q&A Session	Q&A Session
1030H - 1100H Tea Break <i>Sponsored by Menarini Malaysia</i> Topic: The Preoperative Race Against Time: Why Early Anaemia Optimization Matters for Surgical Recovery <i>Dr Kong Wai Keong</i> <i>Consultant General & Colorectal Surgeon</i> <i>Hospital Sultanah Aminah, Johor Bahru</i>	



Itinerary

Day 2

3rd October 2026 (Saturday)

1100H - 1215H Symposium 11: Consultants Debate	1100H - 1215H Symposium 12: Training and Services <i>Moderated by:</i> <i>KJ J Zarinah</i>
1100H-1120H Immediate Reconstruction in Gastrectomy <i>Proponent – Dr. Hans Alexander Mahendran</i> <i>Opponent - Dr. Sekkapan Thannimalai Sambanthan</i> <i>Moderator - Dr. Mohamed Arif Bin Hameed Sultan</i>	Transforming Circumcision Services in Johor and Moving Forward <i>PPP Zamzuri bin Zakaria</i> <i>Hospital Sultanah Aminah, Johor Bahru</i>
1125H-1145H Good Riddance Hartmann's vs Hartmann's Here to Stay! <i>Proponent – Dr. Sentilnathan Subramaniam</i> <i>Opponent - Dr. Khairul Hazim Bin Hamdan</i> <i>Moderator - Dr. Tan Jih Huei</i>	Optimising Surgical Nursing Care for Patients Undergoing Therapeutic Endoscopy <i>En. Eirzani bin Othman</i> <i>Institut Latihan</i> <i>Kementerian Kesihatan Malaysia (ILKMM), Johor Bahru</i>
1150H-1210H Mycotic Aneurysm Should be Managed with Endovascular Approach <i>Proponent - Datuk Dr. Benjamin Leong Dak Keung</i> <i>Opponent - Dr. Mohd Mazri Bin Yahya</i> <i>Moderator - Dr. Faisal Bin Arshad</i>	Building a Culture of Infection Prevention in the Endoscopy Unit <i>PPP Mohamad Nor Azmi bin Jamaah</i> <i>Institut Latihan</i> <i>Kementerian Kesihatan Malaysia (ILKMM), Johor Bahru</i>
	"Advancing Excellence in Endoscopy: Insights from the Endoscopy Unit of Hospital Sultanah Aminah and the Critical Role of Paramedics" <i>PPP Azmi bin Mohamad @ Mustapha</i> <i>Hospital Sultanah Aminah, Johor Bahru</i>
1215H - 1300H Lunch Talk Plenary Lecture 2- Sponsored <i>Big Pharmacy</i> Topic 1: Living Well with Stoma <i>KUP Hidaryati binti Md Bamuchi</i> Topic 2: Enhancing Care with Resurge <i>Dietician Nur Quratul Aini Binti Zulfa</i> <i>Health Advisor Executive</i> <i>Quantum Upstream Sdn. Bhd.</i>	



Itinerary

Day 2

3rd October 2026 (Saturday)

1300H - 1415H Symposium 13: Breast & Endocrine Surgery <i>Moderated by:</i> <i>Dr. Surita Said, Dr. Anandkumar</i>	1300H - 1415H Symposium 14: Surgical Ward Nursing <i>Moderated by:</i> <i>PJ Norita Jamil</i>
Ablative Therapy for Parathyroid Lesions <i>Dr. Norhafizah binti Ehsan,</i> <i>Interventional Radiology,</i> <i>Hospital Sultanah Aminah Johor Bahru</i>	Chronic Venous Ulcers Enhancing Patient Outcomes: The Role of Compression Bandaging <i>PPP Muhammad Lee bin Rusli Lee</i> <i>Hospital Sultanah Aminah, Johor Bahru</i>
Preoperative Preparation for Toxic Goiter <i>A/Prof. Dr. Shahrun Niza bin Abdullah Suhaimi,</i> <i>Universiti Kebangsaan Malaysia</i>	Action Saves Lives <i>PJ Rohaidah binti Abdullah</i> <i>Hospital Sultanah Aminah, Johor Bahru</i>
Downstaging Axillary Surgery <i>Dr. Seniyah binti Md Sikin,</i> <i>Hospital Sultan Ismail, Johor Bahru</i>	Holistic Nursing Care: Integrating Evidence with Compassion for Better Patient Outcomes <i>JTK Kok Lee Min</i> <i>Hospital Sultanah Aminah, Johor Bahru</i>
Q&A Session	Q&A Session
1415H - 1430H Tea Break	





Itinerary

Day 2

3rd October 2026 (Saturday)

1430H - 1545H Symposium 15: Vascular Surgery <i>Moderated by: Dr. Faisal Arshad</i>	1430H - 1545H Symposium 16: Patient Safety <i>Moderated by: KJ Siti Nurain Zulkonaini</i>
Management of Femoral Pseudoaneurysms <i>Dr. Mohamad Azim bin Md Idris,</i> <i>Universiti Kebangsaan Malaysia</i>	Interhospital Transport of a Critically Ill Patient <i>KJ Siti Adibah binti Ramli</i> <i>Hospital Sultanah Aminah, Johor Bahru</i>
Management of Vascular Injury for General Surgeons: Ligate or Repair? <i>Dr. Syed Alwi bin Syed Abd Kadir,</i> <i>Gleneagles Hospital Johor Bahru</i>	Safe Surgery Saves Lives (SSSL) <i>PJ Norsiah binti Mustafa</i> <i>Hospital Sultanah Aminah, Johor Bahru</i>
Chronic Venous Insufficiency: What's My Take on Approach and Management? <i>Datuk Dr. Benjamin Leong Dak Keung,</i> <i>Hospital Queen Elizabeth II, Kota Kinabalu</i>	Handling and Care of Tracheostomy <i>KUP Siti Suzana binti Md Benu</i> <i>Hospital Sultanah Aminah, Johor Bahru</i>
Q&A Session	Q&A Session
1545H - 1610H Tea Break	
1615H - 1630H Closing Plenary Lecture Future of Malaysia Surgical Training: Are We Achieving the Standards? <i>Prof. Dato' Dr. April Camilla Roslani</i> <i>Universiti Malaya</i>	
1630H - 1700H Prize Giving & Lucky Draw CLOSING CEREMONY	

Workshops Programme

For Doctors and AHP
4th Johor Surgical Conference 2026



Workshops for Doctors

Enhance your clinical skills and knowledge through hands-on training, expert guidance and real world applications.

PRE-CONFERENCE WORKSHOPS

01

Endoscopy Workshop

Enhance diagnostic and therapeutic endoscopy skills through didactic sessions and hands-on practice.



DATE

30th Sept 2026



VENUE

Endoscopy Suite,
HSAJB

02

Laparoscopic Cholecystectomy Workshop

Develop technical skills, confidence and safe decision-making in laparoscopic cholecystectomy.



DATE

30th Sept 2026



VENUE

Operating Theatre,
HSAJB

03

Hemorrhoid Workshop

Learn modern hemorrhoid treatment techniques including laser and stapler procedures.



DATE

1st Oct 2026



VENUE

Operating Theatre,
HSAJB



PRE-CONFERENCE WORKSHOPS

04

Non-Technical Skill for Surgeons (NOTSS) Workshop

Develop essential non-technical skills to improve teamwork, communication and decision-making in surgery.



DATE

1st Oct 2026



VENUE

Renaissance Hotel,
Johor Bharu

05

Damage Control Workshop

Practical workshop on the principles and application of damage control surgery in critical situations.



DATE

1st Oct 2026



VENUE

Auditorium,
HPGJB

POST-CONFERENCE WORKSHOPS

01

Masterclass Teaching and Mock Exam

Focused revision, case discussions and mock assessments to boost exam readiness.



DATE

4th Oct 2026



VENUE

Day Care Unit,
HSIJB



Endoscopy Workshop

Advisor
Chairman
Vice Chairman

Dr. Hans Alexander Mahendran
Dr. Sekkapan Thannimalai Sambanthan
Dr. Mohamed Arif Bin Hameed Sultan

Wednesday, 30th September 2026

Time	Programme	Facilitator
07:30-08:00	Registration	Secretariat
08:00-08:05	Intrduction & Keynote	Dr. Hans Alexander Mahendran
08:05-08:25	Strategy for UGIB	Dr. Hans Alexander Mahendran
08:25-08:40	Hiatal Hernia Types and Grade	Dr. Sekkapan Thannimalai Sambanthan
08:40-09:00	Mucosal Pattern and Recognition	Dr. Mohamed Arif Bin Hameed Sultan
10:00-10:30	Tea Break	
Medical Officers/ Master Students		
10:30-11:00	GI Endoscopy Accessories	Olympus Team
11:00-13:00	Endoscopy and System Handling Structure Care and Maintenance -Do's & Don'ts	Olympus Team
Surgeons		
10:00-13:00	Advanced Hands-on Session -Dilatation / Stenting -NJ insertion / PEG tube insertion -Radiofrequency Ablation	Dr. Hans Alexander Mahendran Dr. Sekkapan Thannimalai Sambanthan
13:00-14:00	Lunch and Prayer	
14:00-14:30	Identification of Anatomical Landmarks and Upper GI Patholgy	Dr. Hans Alexander Mahendran
Medical Officers/ Master Students		
14:30-17:00	Basic Endoscopy Hands-On Session -OGDS and Colonoscopy with Mannequin -OGDS Hands-On on Patients	



Laparoscopic Cholecystectomy Workshop

[Main Menu](#)

Advisors

Dr. Kharlina Khairuddin

Chairman

Dr. Jonathan Tan Khee Ghee

Dr. Chong Tze Huat

Day 1 Tuesday, 29th September 2026

Time	Programme	Speaker
14:00-14:05	Welcome Address	Dr. Kharlina Khairudin
14:05-14:30	Surgical Anatomy of Biliary System	Dr. Chong Tze Huat
14:30-14:55	Introduction to Laparoscopic Surgery	Dr. Kharlina Khairudin
14:55-15:20	How to Perform Safe Laparoscopic Cholecystectomy & Intraoperative Cholangiogram	Dr. Jonathan Tan Khee Ghee
15:20-15:50	Tea Break	
15:50-16:25	Management of Bile Duct Injury	Dr. Jonathan Tan Khee Ghee
16:25-16:50	Errors in Laparoscopic & Open Cholecystectomy	Dr. Kharlina Khairudin
16:50-17:00	Group Photo & Appreciation	Dr. Jonathan Tan Khee Ghee

Day 2 Wednesday, 30th September 2026

Time	Programme	Speaker
07:30-08:00	Registration & Briefing	
08:00-16:00	Hands On- OT A & OT B	Dr. Kharlina Khairudin Dr. Jonathan Tan Khee Ghee Dr. Chong Tze Huat
16:00-17:00	Debriefing & Discussion	



Haemorrhoid Workshop

Chairman Dr. Kong Wai Keong
Vice Chairman Dr. Tan Jih Huei

Thursday, 1st October 2026

Time	Programme	Speaker
07:30-08:00	Registration	Secretariat
08:00-08:15	Welcome Address	Dr. Yuzaidi Bin Mohamad
08:15-09:15	Treatment for Hemorrhoids in A Nutshell	Dr. Kong Wai Keong
09:15-09:30	Breakfast	
09:30-12:00	Live Surgery Demonstration and Hands-on	Prof. Dato. Dr. April Camilla Roslani Dr. Kong Wai Keong Dr. Tan Jih Huei
12:00-13:00	Lunch	
13:00-15:00	Live Surgery Demonstration and Hands-on	Prof. Dato. Dr. April Camilla Roslani Dr. Kong Wai Keong Dr. Tan Jih Huei
15:00-16:00	Q&A / Feedback / Certificates	



NOTSS Workshop

Chairman

Dr. Yap Wen Qi

Vice Chairman

Dr. Fadya Nabiha binti A.S Ahmad
Shariffuddin

Thursday, 1st October 2026

Time	Programme	Speaker
08:00-08:30	Registration and Refreshment	Secretariat
08:30-09:30	Introduction -Aim of NOTSS Masterclass -Introduction to Non-Technical Skills -Video Scenario -Introduction to NOTSS system	Dr. Yeap Chee Leong
09:30-10:30	Situation Awareness -Concepts and Discussion -Video Exercise -Strategies to Improve Situation Awareness	Dr. Elaine Ng Hui Been
10:30-11:00	Coffee Break	
11:00-12:00	Decision Making -Concepts and discussion -Video exercise -Strategies to improve Decision Making	Assoc Prof Dato' Dr. Ainul Syahrilfazli Jaafar
12:00-12:30	Managing Your Cognitive Load -Concepts and discussion	Dr. Yeap Chee Leong
12:30-13:15	Lunch	



NOTSS Workshop

Chairman

Dr. Yap Wen Qi

Vice Chairman

Dr. Fadya Nabihah binti A.S Ahmad
Shariffuddin

Thursday, 1st October 2026

Time	Programme	Speaker
13:15-14:00	Communication and Teamwork -Concepts and discussion -Video exercise -Strategies to improve Communication and Teamwork	Assoc Prof Dato' Dr. Ainul Syahrilfazli Jaafar
14:00-14:45	Leadership -Concepts and discussion -Video exercise -Leadership tools	Dr. Elaine Ng Hui Been
14:45-15:00	Tea Break	
15:00-16:00	Implementing NOTSS -Full scenario assessment -NOTSS toolkit -NOTSS applications and closing discussion	Dr. Yeap Chee Leong
16:00	Closing	



Damage Control Surgery Workshop

Advisor

Dr. Rizal Imran Bin Alwi
Dr. Yuzaidi Bin Mohamad

Chairman

Dr. Fadya Nabiha binti A.S Ahmad Shariffuddin

Vice Chairman

Dr. Farah Binti Marzuki

Thursday, 1st October 2026

Time	Programme	Speaker
08:00-08:30	Registration and Pre-test	
08:30-08:45	Opening Address	Dr. Fadya Nabiha binti A.S Ahmad Shariffuddin
08:45-10:15	High-Impact Core (Interactive) “DCS in 60 Minutes- What Actually Matters”	
08:45-09:05	When to Pull the Trigger for DCR	Dr. Mohd Amin Bin Mohidin
09:05-09:25	MTP: Activating Early vs Too Late	Dr. Mohd Hilmi Senin@ Nordin
09:25-09:45	When NOT to Proceed with Definitive Surgery	Dr. Azuddin Bin Mohd Khairy
09:45-10:05	TAC & ACS: Avoiding Preventable Disasters	Dr. Izwan Bin Ismail
10:05-10:30	Breakfast	
10:30-12:30	Immersive Trauma Simulation “The Bleeding Patient”- Live Case Evolution	
10:30-10:55	The Unstable Patient in ED	Dr. Dharmendra A/L Ganasagaran
10:55-11:20	Operating Room Crisis	Dr. Tiong Vun-E
11:20-11:45	ICU Battlefield	Dr. Mahazir Bin Kassim
11:45-12:10	The Hard Decision	Dr. Yuzaidi Bin Mohamad



Damage Control Surgery Workshop

Thursday, 1st October 2026

Time	Programme	Speaker
12:10-12:30	Damage Control Surgery Beyond Trauma	
12:10-12:30	Operate or Abort? Damage Control Decision in Non-Trauma Crisis	Dr. Azuddin bin Mohd Khairy
12:30-12:40	Q&A	
12:40-13:00	Industry Integration “Tools That Save Time in DCS”	Avro, Qaramedic
13:00-14:00	Lunch & Prayer	
14:00-15:30	Hands-On Mastery	
14:00-14:40	Skill Stations 1. Abdominal Packing Mastery 2. Temporary Abdominal Closure (TAC)	Dr. Yuzaidi bin Mohamad Dr. Azuddin bin Mohd Khairy Dr. Rizal Imran bin Alwi Dr. Izwan bin Ismail
14:40-15:10	1. Monitoring & ICU Transition	Dr. Mahazir bin Kassim Dr. Khadijah binti Abdul Malick
15:10-16:30	Expert Zone (What Experts Don't Tell You)	
15:10-15:40	Case Discussion Case 1: “5 Mistakes That Kill DCS Patient”	Dr. Azuddin bin Mohd Khairy
15:40-16:10	Case 2: Nightmare Case Breakdown	Dr. Rizal Imran bin Alwi
16:10-16:30	Closing Feedback, Take-Home Toolkit	
16:30	Tea	



Masterclass Teaching and Mock Exam

Chairman
Vice Chairman

Dr. Thanaaehiswari A/P Perumal
Dr. Mathew Thomas

Sunday , 4th October 2026

Time	Programme
07:30-08:30	Registration & Grouping
08:30-09:00	Breakfast
09:00-10:30	Long Case Session
10:30-13:00	Short Case Session
13:00-14:00	Lunch Break
14:00-15:30	Viva Session
15:30-16:30	Feedback Session
16:30-17:00	Tea Break & Closing Ceremony

EXAMINERS

Prof. Dato. (Dr.) April Camilla Roslani
Assoc. Prof. (Dr.) Shahrin Niza
Abdullah Suhaimi
Prof. (Dr.) Azlanudin Azman
Assoc. Prof. (Dr.) Ballan Kannan
Assoc. Prof. (Dr.) Mohamad Ismail bin Ali

Dr. Rizal Imran Bin Alwi
Dr. Tuan Nur' Azmah binti Tuan Mat
Assoc. Prof. (Dr.) Suniza binti Jamaris
Dr Wong Wei Jin
Dr. Mohamad Azim Md Idris
Dr. Azuddin Mohd Khairy



Workshops for Allied Health Professionals

2nd OCTOBER 2026 (FRIDAY)

01

Endoscopy Workshop

Practical training in endoscopy care, procedure support, equipment handling and infection prevention.

02

Wound Care Workshop

Hands-on training on advanced wound assessment, dressing techniques and patient-centered care.

03

Stoma & Catheter Care Workshops

Practical skills in stoma care, catheter management and complication prevention.

04

Breast Prosthesis Workshop

Guidance on breast prosthesis fitting, patient counselling and supportive post-mastectomy care.





CASES
EVIDENCE
INSIGHTS
IMPACT

SCIENTIFIC PRESENTATIONS

4TH JOHOR SURGICAL CONFERENCE 2026

*Presenting
Science,
Improving
Practice*





Clinical Outcomes of Biofeedback Therapy in Patients with Colorectal Functional Disorders: A Single-Centre Experience

Ida Arinah¹, Hirdayati¹, Kong WK¹

¹ Hospital Sultanah Aminah, Johor Bahru Malaysia

Background

Biofeedback therapy is an established non-invasive treatment modality for functional colorectal disorders, particularly dyssynergic defecation and faecal incontinence. It aims to retrain pelvic floor coordination and improve bowel function. Despite its recognized benefits, local outcome data remain limited.

Aim

To evaluate the clinical characteristics and early outcomes of patients undergoing biofeedback therapy for colorectal functional disorders at a tertiary colorectal unit.

Methods

This was a retrospective observational study of patients referred for colorectal biofeedback therapy between October 2024 and December 2024. Data collected included demographic characteristics, presenting symptoms, previous surgical history, diagnostic investigations (manometry and defecating proctogram), indication for biofeedback, and symptom improvement at follow-up intervals. Descriptive statistical analysis was performed.

Results

Fourteen patients were included, with a mean age of 47.9 years (range 17–75 years). There was a slight female predominance (57.1%, n = 8). The most common presenting symptom was constipation (64.3%, n = 9), followed by faecal incontinence (28.6%, n = 4). The primary indications for biofeedback therapy were constipation associated with pelvic floor dysfunction (57.1%, n = 8) and faecal incontinence (28.6%, n = 4). Several patients had significant colorectal surgical histories, including Hirschsprung's disease surgery and haemorrhoidectomy. Diagnostic investigations demonstrated features consistent with dyssynergic defecation and sphincter dysfunction in selected patients. Preliminary follow-up data showed early symptomatic improvement in patients undergoing therapy, although complete follow-up outcomes were limited at the time of analysis.

Conclusion

Biofeedback therapy is a promising non-invasive treatment modality for functional colorectal disorders, particularly constipation related to pelvic floor dysfunction and faecal incontinence. Early results suggest symptomatic improvement, supporting its role as a first-line conservative therapy. Further studies with larger sample size and longer follow-up are required to evaluate long-term efficacy.

**Oral Presentation****OP-02**

Managing High-Volume Pseudomyxoma Peritonei: A Tertiary Referral Centre Experience

Mohamad Hazeem bin Mohamad Rizal¹ Norfarizan Azmi¹

¹ Colorectal Surgery Unit, Department of Surgery, Hospital Tuanku Ja'afar Seremban

Background

Pseudomyxoma Peritonei (PMP) is a rare disease characterized by generalized accumulation of mucin in the peritoneal cavity typically from mucinous neoplasm of the appendix. Cytoreductive surgery combined with hyperthermic intraperitoneal chemotherapy (CRS-HIPEC) is regarded as the standard treatment for PMP with good survival outcomes reported by established CRS-HIPEC centers.

Objective

This study aims to evaluate the outcomes of patients with PMP subjected to CRS-HIPEC at our institution focusing on operative safety and early survival outcome.

Methods

We conducted a retrospective analysis of patients diagnosed with PMP subjected to CRS-HIPEC since November 2022. Data on demography, clinical characteristics, intraoperative parameters, postoperative outcomes and data on survival were analyzed.

Results

A total 53 CRS-HIPEC surgery were performed for various pathology at our institution since November 2022. 23 patients were diagnosed with PMP. The mean age of this cohort was 49.96 years old (SD 11.77) with majority of patients (69.6%) had Peritoneal Carcinoma Index (PCI) score of 25 and above. The predominant histology was low grade mucinous neoplasm with majority of patients achieved oncological CCR-0/1 cytoreduction (73.91%). The mean operative time was 644.42 minutes (SD 164.77), mean blood loss was 2447.83 mL (SD 1282), mean length of hospital stay was 17.75 days (SD 14.95) and severe post-operative complication (CTCAE grade III-IV) rate at 13.04%. At median follow up of 19 months, the overall and disease-free survival rate was 82.6% and 65.2% respectively.

Conclusion

Our data showed majority patient with high volume PMP achieved oncological cytoreduction with minimal severe post-operative complications and demonstrated good survival. This intervention is resource intensive and should be limited to specialized center to ensure good operative and survival outcomes

**Oral Presentation****OP-03**

A Prospective Study of Faecal Volatile Organic Compounds as a Potential Non-Invasive Screening Tool

WT Sia¹, B Vijayam², AE Abdul Keyon³, JH Tan¹

¹ Hospital Sultanah Aminah, Johor Bahru, Johor, Malaysia

² Newcastle University Medicine Malaysia, Johor Bahru, Johor, Malaysia

³ University of Technology Malaysia, Skudai, Johor, Malaysia

Background

Colorectal cancer (CRC) remains a major cause of cancer-related morbidity and mortality, with early detection being crucial for improving treatment outcomes. Although immunochemical faecal occult blood testing (iFOBT) is an established screening modality, uptake in Malaysia remains suboptimal. Stigma surrounding stool handling, inconvenience of sample collection and limited awareness may contribute to poor participation. Volatile organic compounds (VOCs), generated through tumour-associated metabolic processes and alterations in gut microbial metabolism, may provide a novel and non-invasive approach to CRC detection.

Objective

To determine whether faecal VOC profiles differ between patients with CRC and non-CRC controls, and to identify potential VOC signatures associated with CRC in the Malaysian population.

Methods

This prospective exploratory biomarker study will recruit 132 participants, comprising 66 patients with histologically confirmed CRC and 66 non-CRC controls. Faecal gas samples will be collected using a standardized passive sampling system incorporating broad-spectrum adsorbent materials. VOCs will be characterized using gas chromatography-mass spectrometry (GC-MS). Comparative analysis will be performed to identify differences in VOC profiles and candidate discriminatory compounds between the two groups.

Results

The study is expected to identify distinct faecal VOC profiles between CRC patients and non-CRC controls, including potential discriminatory volatile compounds associated with tumour-related metabolic activity and alterations in the gut microbiome. The resulting VOC profile will provide preliminary effect-size and discriminatory-performance data for development of a future diagnostic model.

Conclusion

Faecal VOC profiling represents a promising non-invasive approach for CRC detection. Identification of a characteristic VOC signature may provide the foundation for development of an alternative or complementary screening strategy, with the potential to improve screening acceptability and uptake in the Malaysian population.



Breaking New Ground in Thoracic Surgery: A Three-Year Surgical Experience

S Vasudevan¹, NC Diong¹

¹ Hospital Sultan Ismail, Johor Bahru, Malaysia

Introduction

Thoracic Surgery was established at Hospital Sultan Ismail, Johor Bahru in March 2023, providing thoracic surgical services for the state of Johor.

Objective

To describe the volume, diversity and outcomes of thoracic surgery performed over three years at Hospital Sultan Ismail, Johor Bahru.

Methods

A retrospective review of the thoracic surgery operative database was conducted for all operations from 1 March 2023 to 28 February 2026. Cases were analysed by urgency, surgical approach, diagnosis, principal procedure and in-hospital outcome.

Results

A total of 256 operations were performed, including 140 (54.7%) elective and 116 (45.3%) emergency procedures. Video-assisted thoracoscopic surgery (VATS) accounted for 177 (69.1%) cases, comprising 165 (64.5%) conventional VATS and 12 (4.7%) non-intubated VATS (NiVATS). There were 105 (41.0%) malignant and 151 (59.0%) non-malignant cases. Leading diagnoses were infection (64, 25.0%), bullae/pneumothorax (49, 19.1%), primary lung cancer (36, 14.1%), secondary metastases (35, 13.7%), mediastinal tumours (20, 7.8%) and thoracic trauma (18, 7.0%). Principal procedures included decortication (44, 17.2%), wedge resection/segmentectomy (38, 14.8%), bullectomy (36, 14.1%), lobectomy (32, 12.5%), mediastinal tumour resection (16, 6.3%), chest wall resection/reconstruction (8, 3.1%), diaphragmatic procedures (5, 2.0%) and tracheobronchial surgery (2, 0.8%). Eleven deaths occurred among 255 documented outcomes, giving a 4.3% mortality. Nine deaths (81.8%) were associated with major thoracic trauma and complications, while two (18.2%) were related to advanced malignancy.

Discussion and Conclusion

Our three-year experience shows that a dedicated thoracic surgery unit can provide a broad range of emergency, oncological and minimally invasive procedures. Despite a high emergency workload, VATS was used in 69.1% of cases. Continued investment in expertise, infrastructure and training is important to improve thoracic surgical care and access to definitive treatment in Johor



Undertriage of Geriatric Trauma: A Critical Evaluation of Trauma Team Activation Criteria

Tamendaran Selvam¹, Japsimranjit Kaur¹, Norfarizan Azmi¹, Muhamad Izwan Ismail¹

¹ Department of Surgery, Hospital Tuanku Ja'afar, Seremban, Negeri Sembilan

Background

Geriatric trauma patients are vulnerable to severe injury and poor outcomes yet at risk of undertriaged due to age-related physiological changes and reduced physiological reserve. This study assessed the effectiveness of institutional Trauma Team Activation (TTA) criteria in identifying severely injured geriatric trauma patients within a developing trauma system.

Methods

A retrospective observational study was conducted on consecutive trauma patients aged ≥ 65 years admitted to the Trauma Surgery Unit of a tertiary referral hospital in Malaysia from July 2024 to December 2025. Patients were stratified by TTA status. Severe injury was defined as Injury Severity Score (ISS) >15 . Primary outcomes were TTA sensitivity, specificity, and undertriage rate, with secondary outcomes including mortality, ICU admission, and operative intervention.

Results

Among 114 geriatric trauma patients, 59 (51.8%) sustained severe injury, while TTA was activated in 17 (14.9%). The TTA criteria demonstrated 28.8% sensitivity and 100% specificity, with an undertriage rate of 43.3% and no overtriage. In-hospital mortality was 14.0% (16/114) and was significantly higher in TTA patients than non-TTA patients (64.7% vs 5.2%, $p<0.001$), reflecting greater injury severity. Severe traumatic brain injury accounted for 68.8% of deaths, while five of 16 deaths (31.3%) occurred in patients who did not meet TTA criteria. ICU admission was also higher among TTA patients (82.4% vs 12.4%, $p<0.001$).

Conclusion

Current TTA criteria demonstrated excellent specificity but low sensitivity, resulting in substantial undertriage of severely injured geriatric patients. Severe traumatic brain injury was the predominant cause of mortality and was not consistently identified by existing criteria. These findings highlight limitations of conventional physiology-based trauma triage in older adults and support prospective evaluation of geriatric-specific activation strategies incorporating age-adjusted physiological thresholds, neurological status, and mechanism of injury. Such locally derived modifications may improve early recognition of high-risk geriatric trauma patients while maintaining appropriate resource utilisation in developing trauma systems.

**Poster Presentation****PP-01**

Association of Dedicated Trauma Surgical Leadership With Trauma System Development and Outcomes in a Malaysian Tertiary Hospital

Muhamad Izwan Ismail¹, Mohamad Hazeem Mohamad Rizal¹

¹ Hospital Tuanku Ja'afar Seremban

Background

Dedicated trauma surgeons may influence outcomes not only through direct clinical care but also by providing leadership for trauma-system development. Evidence from middle-income settings remains limited. This study evaluated whether appointment of a dedicated trauma surgeon was associated with development of organized trauma processes and improved in-hospital outcomes at a Malaysian tertiary referral hospital.

Methods

A single-centre before-and-after observational cohort study included 1,038 trauma admissions: 128 before and 910 after appointment of a dedicated trauma surgeon and establishment of a Trauma Surgery Unit in July 2024. Progressive system interventions included a trauma registry, structured trauma team activation, institutional trauma protocols, standardized resuscitation pathways, audit and morbidity review, and a massive transfusion protocol. The primary outcome was in-hospital mortality. Secondary outcomes included mortality among patients with severe injury, defined in this analysis as New Injury Severity Score (NISS) >15, and temporal changes in trauma-system activity. Multivariable logistic regression adjusted for age, sex, NISS, admission Glasgow Coma Scale, systolic blood pressure, heart rate, and penetrating mechanism.

Results

Overall mortality decreased from 17.2% before appointment to 7.6% afterward (risk ratio 0.44, 95% confidence interval [CI] 0.28-0.69; $p < 0.001$), representing an absolute reduction of 9.6 percentage points. Mortality among patients with ISS >15 decreased from 33.8% to 13.8%. After adjustment for demographic characteristics, injury severity, and admission physiology, the post-appointment period remained associated with lower odds of death (adjusted odds ratio [aOR] 0.22, 95% CI 0.11-0.45; $p < 0.001$). Among patients with ISS >15, the association was similar (aOR 0.21, 95% CI 0.10-0.42; $p < 0.001$). Post-appointment quarterly mortality ranged from 4.5% to 11.2%, compared with 17.2% in the pre-appointment cohort.

Conclusion

Appointment of a dedicated trauma surgeon, accompanied by progressive implementation of organized trauma-system components, was associated with substantially lower adjusted in-hospital mortality. The findings support trauma surgical leadership as a potential catalyst for system development in resource constrained settings, although the observational design does not establish causality.

**Poster Presentation****PP-02**

Laparoscopic Deloyers Procedure for A Locally Advanced Synchronous Distal Transverse and Rectal Colon Cancer: A Step-by-Step Video Demonstration

ZF Cheah¹, JH Tan¹, KK Chan¹, Nur Alyaa Syahida¹

¹ Hospital Sultanah Aminah, Johor Bahru, Malaysia

Objectives

Achieving complete oncological clearance for synchronous or extensive left-sided colonic lesions while preserving intestinal function remains a surgical challenge. Total colectomy often results in severe, permanent fluid and electrolyte imbalances. This video demonstrates our institutional technique in performing a laparoscopic Deloyers procedure as a viable alternative that maintains intestinal absorptive capacity.

Case Presentation

We present the case of a 68-year-old woman diagnosed with synchronous distal transverse colon adenocarcinoma (cT3N1M0) and locally advanced mid-rectal adenocarcinoma (cT3cN1M0). Due to prior brachytherapy and external beam radiotherapy in early 2000s for Stage I cervical cancer following a total abdominal hysterectomy and bilateral salpingo-oophorectomy (TAHBSO), a collaborative decision was made for upfront tumour resection to avoid exceeding bladder and rectal tissue tolerance and to prevent further pelvic fibrosis that could complicate surgery.

Technique

This video highlights an efficient, sequenced laparoscopic dissection. Left-sided mobilization, vascular ligation, and total mesorectal excision (TME) are performed first. This is followed by right-sided colonic mobilization, division of the middle colic vessels, and careful preservation of the ileocolic arcade. After resection of the tumours, the right colon is rotated 180 degrees counter-clockwise down into the pelvis to perform a tension-free, ultra-low colorectal anastomosis with covering ileostomy.

Results

Operative time was 5 hours with minimal blood loss (50mL). There were no intraoperative complications. The patient was discharged on postoperative day 4 with stable electrolyte levels, tolerance of solid food diet, and normal stoma output.

Conclusion

The laparoscopic Deloyers procedure with extended left hemicolectomy and ultra-low anterior resection (ULAR) serves as an effective operative strategy for oncological clearance. It prevents permanent fluid and electrolyte imbalances by maintaining adequate intestinal absorptive capacity of the right colon. Strategically sequencing the laparoscopic dissection by performing left-sided dissection and total mesorectal excision (TME) prior to right-sided dissection yields superior efficiency and technical simplicity.

**Poster Presentation****PP-03**

Laser Ablation for Fistula-in-Ano – A Single-Centre Retrospective Study on a Modified Staged Technique

EW Eu¹, A Almutawea¹, MJH Sim¹, JH Tan^{1, 2, 3}, EJKW Tan^{1, 4}

¹Singapore General Hospital, Singapore

²Hospital Sultanah Aminah, Johor Bahru, Malaysia

³Monash Clinical School, Johor Bahru, Malaysia

⁴Duke-NUS Graduate Medical School, Singapore

Background

The management of fistula-in-ano (FIA) remains particularly challenging for recurrent and complex disease, where sphincter-preserving treatment is desired. In our study, we evaluated the early outcomes of laser ablation for FIA, using a modified staged technique.

Methodology

We performed a retrospective analysis of prospectively collected data from 18 patients who underwent laser ablation for FIA at the Singapore General Hospital, between December 2024 and December 2025. Patient demographics, fistula anatomy, prior treatment, postoperative pain, healing rates, continence, and secondary procedures were reviewed.

Results

Mean age was 39.9 ± 10.1 years. 17 patients (94.4%) were male. 12 fistulas (66.7%) were complex, and 12 (66.7%) were transsphincteric. 15 patients (83.3%) had a seton placed before laser treatment. At 6 weeks, 12 patients (66.7%) showed healing. Among 16 patients assessed at 3-month follow up, 11 (68.6%) were healed, 4 (25.0%) had persistent disease, and 1 (6.3%) had a possible sinus. 2 patients (11.1%) reported postoperative pain. There were no reports of postoperative incontinence, and 5 patients (27.8%) required a secondary procedure.

Conclusion

Laser ablation with a modified staged technique was feasible, and associated with low morbidity and early healing. Failure and reintervention were required mainly in complex fistulas. Larger prospective studies with longer follow-up periods are required.



Staged Management of an Open Abdomen Following Severe Blunt Abdominal Trauma: From Damage-Control Laparotomy to Split-Thickness Skin Grafting – A Case Report

YL Tey¹, Y Mohamad¹, RI Alwi¹, Dharmendra G¹,
¹ Hospital Sultanah Aminah, Johor Bahru, Malaysia

Background

Open abdomen management remains challenging following severe abdominal trauma, particularly when visceral edema, contamination and intra-abdominal sepsis preclude primary fascial closure. A staged approach with temporary abdominal closure, repeated surgical assessment and delayed definitive wound coverage may be required.

Case Presentation

A 29-year-old previously healthy man presented following a motorcycle skid with blunt abdominal trauma. Initial computed tomography demonstrated a Grade II splenic injury, Grade III pancreatic injury and right adrenal haematoma, without intracranial or cervical spine injury. He was initially managed conservatively. On post-trauma day three, he developed generalized abdominal guarding and increasing oxygen requirements, prompting exploratory laparotomy. Approximately 1 L of haemoperitoneum was encountered with a Grade III pancreatic injury comprising complete transection of the pancreatic body distal to the superior mesenteric artery and superior mesenteric vein associated splenic injury and multiple traumatic serosal injuries of the transverse colon. Distal pancreatectomy, splenectomy and colonic serosal repairs were performed. Due to marked bowel dilatation and edema, primary abdominal closure was not feasible and temporary abdominal closure was performed.

Re-laparotomy with peritoneal resuscitation and AbThera open abdomen negative-pressure therapy was subsequently performed. Persistent visceral edema and intra-abdominal inflammatory changes continued to preclude primary fascial closure. A further washout was performed, followed by Vicryl mesh closure with negative-pressure wound therapy. Peritoneal cultures subsequently grew multidrug-resistant *Klebsiella pneumoniae* and *Enterobacter hormaechei*, and the patient completed intravenous meropenem. With multidisciplinary physiotherapy, rehabilitation and serial wound care, healthy granulation tissue was achieved. Hydrocyn dressing was subsequently used, followed by split-thickness skin grafting.

Conclusion

This case demonstrates the importance of a staged, multidisciplinary approach in managing the open abdomen following severe blunt abdominal trauma. When primary fascial closure is not achievable, controlled temporary abdominal closure, repeated reassessment, negative-pressure therapy and mesh-mediated secondary healing can provide a viable pathway toward definitive wound coverage and recovery.



Diagnostic Hemithyroidectomy By General Surgeon-What Is The Implications On The Outcome

Kirosha K¹, M Azman A.¹

¹ Hospital Sultan Idris Shah, Serdang, Selangor, Malaysia

Introduction and Objectives

Fine needle aspiration cytology (FNAC) is a crucial screening tool for the diagnosis of a thyroid nodule. FNAC is interpreted according to the Bethesda System for Reporting Thyroid Cytology (BSRTC). However, discordance of symptoms, imaging and FNAC results in indeterminate lesions (Thy III/IV) or false-negative cytology in large symptomatic nodules which necessitates diagnostic hemithyroidectomy. In this study, we evaluate the diagnostic outcomes, cytological correlation, final histopathological (HPE) results and completion surgery rates among patients underwent diagnostic hemithyroidectomy by general surgeon.

Methodology

This is a retrospective study of all diagnostic hemithyroidectomy performed from January 2025 till July 2026 at a single tertiary institution, Hospital Sultan Idris Shah, Serdang. Total of 21 patients identified, who underwent pre-operative FNAC with BSRTC classification. These patients underwent diagnostic hemithyroidectomy performed by general surgeons. Patient demographics, preoperative FNAC categories, clinical indications, postoperative HPE and completion thyroidectomy rates were systematically analysed.

Results

21 patients that underwent diagnostic hemithyroidectomy were all female. About 10 patients (47.6%) had symptomatic thyroid nodules. The BSRTC diagnostic categories were as follows: Thy I in 2 patients, Thy II in 6 patients, Thy III in 11 patients and Thy IV in 2 patients. About 9 patients (42.9%) had final HPE which were malignant, either papillary thyroid carcinoma or follicular thyroid carcinoma. Completion surgery was performed for 6 patients (28.6%). There were no post-surgery complications for these patients such as neck hematoma, hoarseness of voice or surgical site infection.

Conclusion

Our study reveals that diagnostic hemithyroidectomy in symptomatic, large nodules (more than 3cm) Thy II and Thy III nodules yield high malignancy rate. This improves early and prompt recognition of malignancy for good oncological outcome. Diagnostic hemithyroidectomy is a reliable primary surgical choice in general surgical units, balancing diagnostic accuracy with patient safety.



Management of Choledocholithiasis and Cholelithiasis in Pediatric Patients with Chronic Hemolytic Anemias: A Case Series

AB Rawiah¹, MF Fareesya Hanum¹, T Shung Ken¹, MS Faizah¹, VM Leow², G Bazli¹

¹ Hospital Seberang Jaya, Pulau Pinang, Malaysia

² Institut Perubatan dan Pergigian Termaju, USM

Background/Objective

Pediatric patients with chronic hemolytic anemias (e.g., hereditary spherocytosis, thalassemia) face an increased risk of pigment gallstones and choledocholithiasis. This case series describes the clinical presentation, radiological findings, and combined surgical-endoscopic management of symptomatic gallstone disease in two pediatric patients with chronic hemolytic anemias.

Methodology

A retrospective review of clinical records for two pediatric patients treated for symptomatic gallstone disease was performed. Extracted data included demographics, medical history, laboratory investigations, radiological findings, surgical/endoscopic interventions, histopathology, and outcomes.

Results

Case 1, a 14-year-old male with hereditary spherocytosis, presented with hypochondriac/epigastric pain and obstructive jaundice (Total Bilirubin 465 $\mu\text{mol/L}$). Imaging demonstrated cholelithiasis, gallbladder wall thickening, and a dilated common bile duct (CBD) containing a 0.8 cm calculus. Initial ERCP with pancreatic duct stenting relieved the obstruction, followed four months later by laparoscopic cholecystectomy (LC), intraoperative cholangiogram (IOC), and repeat ERCP. Histopathology confirmed chronic cholecystitis. Case 2, a 12-year-old female with HbH Constant Spring Thalassemia, presented with epigastric pain, fever, and loose stools. Imaging showed cholelithiasis without initial biliary dilation. She underwent LC with IOC, followed by post-operative ERCP with stenting; the stent was successfully removed six weeks later. Both patients achieved complete recovery without complications.

Conclusion

Multimodality management combining LC, IOC, and pre- or post-operative ERCP provides a safe, effective, and definitive treatment strategy for complex pediatric biliary tract disease secondary to chronic hemolytic anemias.



Poster Presentation

PP-07

Beyond Refashioning: A Stepwise Approach to the Management of a Complicated Retracted Stoma Following Emergency Surgery

Hidaryati Md Bamuchi¹, Sia Woon Teen¹, Fadhilah Noor Rashid¹, Tan Jih Huei¹, Kong Wai Keong¹

¹Hospital Sultanah Aminah Johor Bahru, Johor, Malaysia.

Abstract

Stoma retraction is a recognized complication following stoma formation, occurring in 1–6% of cases. It is frequently associated with poor appliance fit, persistent leakage, and peristomal skin breakdown, which can significantly impair patient quality of life. While elective stoma creation allows for careful planning, emergency stoma formation is often complicated by intra-abdominal contamination, tissue oedema, inflammation, and restricted bowel mobility. These factors may compromise optimal stoma maturation despite appropriate surgical judgment. Effective management therefore requires not only surgical correction but also multidisciplinary strategies to control leakage and protect peristomal skin.

We report a 39-year-old patient who underwent emergency laparotomy for perforated sigmoid diverticulitis with gross faecal contamination, followed by relaparotomy and formation of a left transverse colostomy. Due to intra-abdominal inflammation and shortened mesentery, the stoma was fashioned flush to the skin. The patient subsequently developed a retracted stoma approximately 1 cm below skin level, complicated by persistent leakage and friable peristomal skin. The surrounding wound measured 8 × 6 cm, with granulation tissue and infected skin along the stoma edges.

Management involved surgical refashioning of the stoma, followed by a structured, stepwise multidisciplinary approach led by stoma nurses. A convex barrier ring and stoma paste were applied to improve peristomal contour and appliance adherence, complemented by a one-piece stoma appliance. Alginate and foam dressings were used to control exudate and support granulation. This strategy achieved a secure, leak-free seal, progressive wound healing, and appropriate stoma maturation. The patient was discharged clinically well.

This case highlights that management of complicated retracted stomas extends beyond surgical revision. A stepwise, multidisciplinary approach combining surgical correction, appliance optimization, wound dressings, and expert stoma care can achieve leak-free outcomes and satisfactory wound healing. Individualised stoma care is essential in complex postoperative scenarios.



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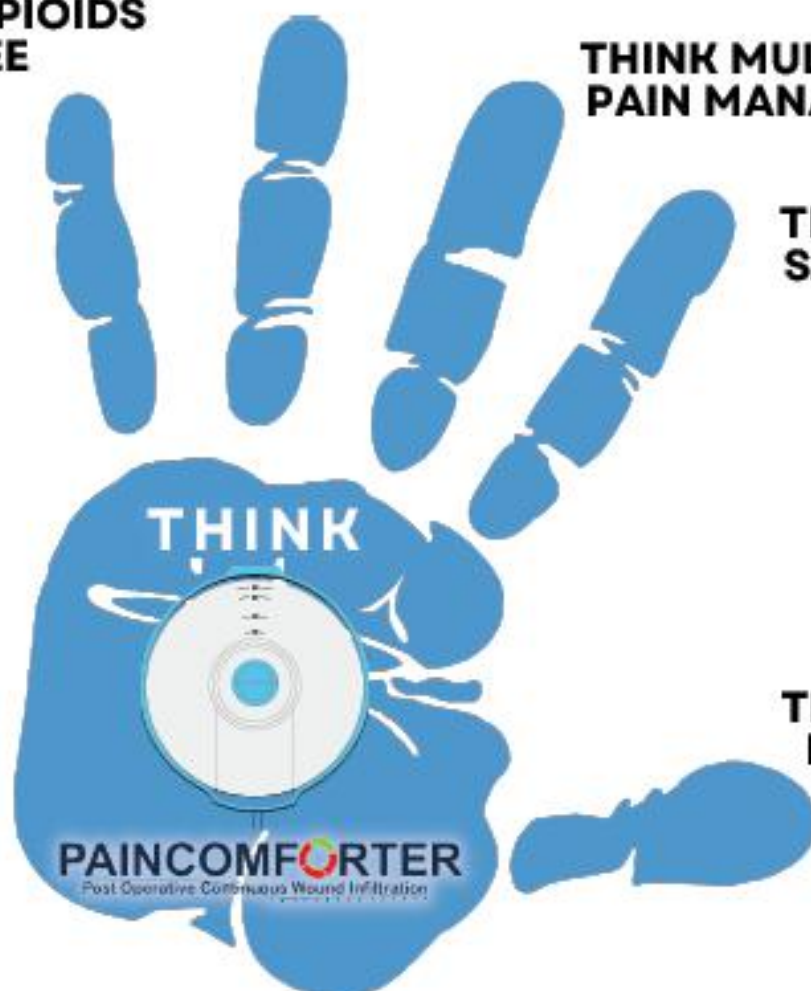
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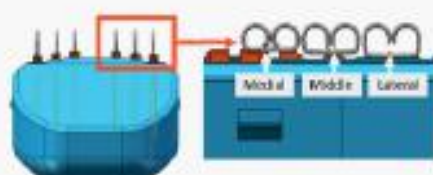


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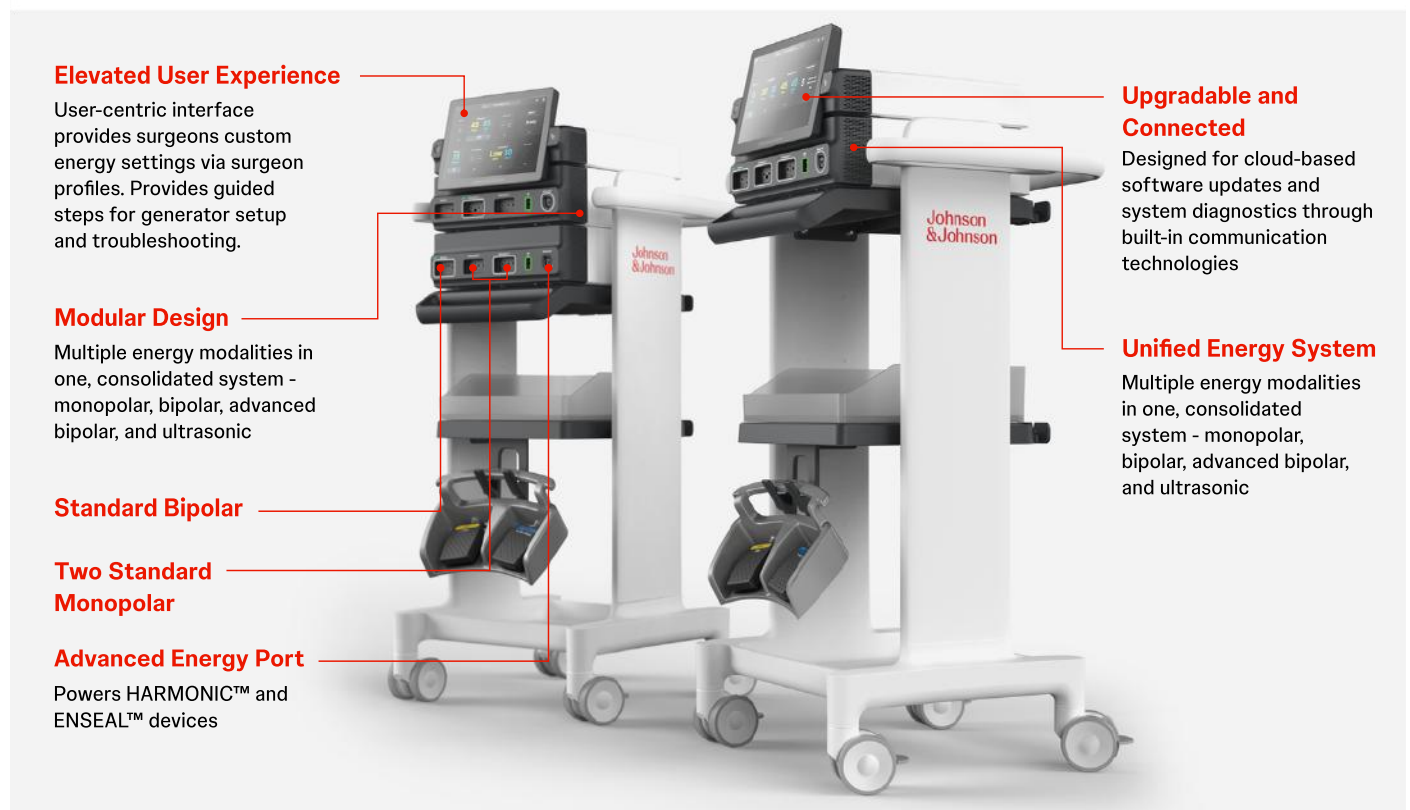
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A new level of operating room efficiency for enhanced patient care:

- ✓ **Space efficiency:** Configurable and customizable for different OR needs^{1A}
- ✓ **Setup efficiency:** Touchscreen setup with step-by-step guidance
- ✓ **Intra-operative efficiency:** Actionable feedback for faster troubleshooting^{1B} and designed for simultaneous energy delivery by multiple surgeons

18%

HARMONIC™ 700 when used on the DUALTO™ Energy System transects thick tissue up to 18% faster than on GEN11.^{2C}

25%

HARMONIC™ FOCUS+ demonstrates up to 25% faster transection speeds when used with the DUALTO™ Energy System.^{3C}

1. In a pre-clinical summative usability study, with surgeons (n=33) that went through an end-to-end procedure and afterward responded to a series of statements regarding the DUALTO Energy System.

2. In a R&D study evaluating performance improvements of the HARMONIC™ 700 instrument family on the DUALTO Energy System compared to the GEN11 Generator on thick porcine mesentery (p <0.05).

3. In a R&D study evaluating performance improvements of the Harmonic Focus+ instrument family on the DUALTO Energy System compared to the GEN11 Generator on a thick tissue model (p <0.05), with 30 comparison transections.

WHEY BETTER NUTRITION FOR SURGICAL PATIENTS

PEPTAMEN® 100% WHEY Peptide for BETTER Absorption and Tolerance

- **Hydrolyzed 100% WHEY Protein:** promotes rapid gastric emptying and better tolerance.
- **70% MCT content:** provides fast, efficient energy with minimal digestive load.
- **Small peptides:** facilitate absorption even in inflamed or compromised mucosa.



35+
YEARS
OF
CLINICAL
EXPERIENCE

100+
CLINICAL
PUBLICATIONS

Reference: 1. Raphaelli, D. et al. Clin Nutr ESPEN 2024;63:1037

PEPTAMEN®
in critically
ill patients

39%
↓
in GI intolerance
vs standard formula¹.

55%
↓
in hyperglycemia
events¹.

79%
↓
in need for
prokinetics¹.

COMPLETE NUTRITION POWERED WITH WHEY PROTEIN



**IMPROVES MUSCLE
STRENGTH***
IN AS EARLY AS
6 WEEKS¹

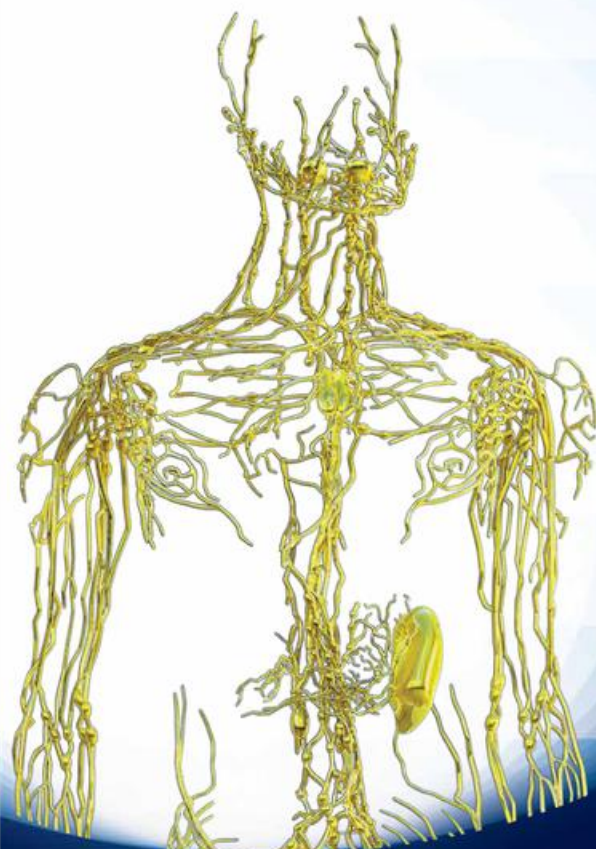


**HELPS CONTROL
GLUCOSE LEVELS
FROM DAY 1***



**FOR
GUT & DIGESTIVE
SUPPORT**

Reference: 1. Yen CH, et al. 20th IAGG World Congress of Gerontology and Geriatrics. 2013. *Study shows high whey protein breakfast helps manage glucose levels across meals throughout the day. [Jakubowicz D, et al. J Nutr Biochem, 2017; 49:1-7]. *Whey protein helps to improve muscle strength. Nestlé Products Sdn. Bhd. (19790100944) Petaling Jaya, Selangor.



PERIOLIMEL and OLIMEL

A system of ready-to-use, three-chamber parenteral nutrition (PN) bags containing lipids, amino acids, and carbohydrates.

Olimel Range of Parenteral Nutrition

PeriOlimel N4E⁵

PATIENT NEEDS:

Stable patients that need a conveniently delivered, short-term nutrition solution

BAG SIZE: 1500ml with electrolytes

COMPOSITION:

KCAL	1050 kcal
PROTEIN	38 g
GLUCOSE	112.5 g
LIPIDS	45 g



Olimel N9E⁶

PATIENT NEEDS:

Patients with high protein and moderate energy demands

BAG SIZE: 1500ml with electrolytes

COMPOSITION:

KCAL	1600 kcal
PROTEIN	85.4 g
GLUCOSE	165 g
LIPIDS	60 g



Olimel N12E⁷

PATIENT NEEDS:

Patients with highest protein demand, or are at risk of overfeeding or fluid overload

BAG SIZE: 1000ml with electrolytes

COMPOSITION:

KCAL	950 kcal
PROTEIN	75.9 g
GLUCOSE	73.3 g
LIPIDS	35g



Abbreviated Product Information:

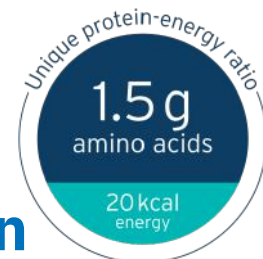
PERIOLIMEL N4E, emulsion for infusion; **OLIMEL N9E**, emulsion for infusion; **OLIMEL N12E**, emulsion for infusion. **COMPOSITION:** For **PERIOLIMEL N4E**, **OLIMEL N9E** and **OLIMEL N12E**. Active substances: Refined olive oil + refined soybean oil; Alanine; Arginine; Aspartic acid; Glutamic acid; Glycine; Histidine; Isoleucine; Leucine; Lysine; Methionine; Phenylalanine; Proline; Serine; Threonine; Tryptophan; Tyrosine; Valine; Sodium acetate, trihydrate; Sodium glycerophosphate, hydrated; Potassium chloride; Magnesium chloride, hexahydrate; Calcium chloride, dihydrate, Glucose anhydrous. Therapeutic indications: **PERIOLIMEL** / **OLIMEL** are indicated for parenteral nutrition for adults and children greater than 2 years of age when oral or enteral nutrition is impossible, insufficient or contraindicated. **PERIOLIMEL** / **OLIMEL** are not recommended for use in children less than 2 years of age due to inadequate composition and volume. Contraindications: The use of **PERIOLIMEL** / **OLIMEL** with electrolytes are contraindicated in the following situations: In premature neonates, infants and children less than 2 years of age | Hypersensitivity to egg, soybean, or peanut proteins, or corn/corn products or to any of the active substances or excipients | Congenital abnormalities of amino acid metabolism | Severe hyperlipidaemia or severe disorders of lipid metabolism characterized by hypertriglyceridaemia | Severe hyperglycaemia | Pathologically elevated plasma concentrations of sodium, potassium, magnesium, calcium, and/or phosphorus. Undesirable effects: Potential undesirable effects may occur as a result of inappropriate use (for example: overdose, excessively fast infusion rate). The following class-like adverse drug reactions (ADRs) have been described in other sources in relation to similar parenteral nutrition products; the frequency of these events is not known. Blood and lymphatic system disorders: Thrombocytopenia | Hepatobiliary disorders: Cholestasis, hepatomegaly, jaundice | Immune system disorders: Hypersensitivity | Injury, poisoning and procedural complications: Parenteral nutrition associated liver disease | Investigations: Blood alkaline phosphatase increased, Transaminases increased, blood bilirubin increased, elevated liver enzymes | Renal and urinary disorders: Azotemia | Vascular disorders: Pulmonary vascular precipitates (pulmonary vascular embolism and respiratory distress). For a detailed posology, special warnings and precautions, incompatibilities, interactions, pharmacological properties and pharmaceutical particulars, please refer to the full SPC. Medicinal products are subject to medical prescription. Full Prescribing Information is available upon request. Revision date: PeriOlimel N4E Sep 2023, OLIMEL N9E Sep 2023, Olimel N12E December 2021.

References: 1. Waitzberg DL, et al. JPEN J Parenter Enteral Nutr 2006;30: 351-67 2. Reimund JM, et al. Clin Nutr 2004;23: 1324-32 3. Granato D, et al. JPEN J Parenter Enteral Nutr 2000;24: 113-18 4. Calder PC, et al. Intensive Care Med 2010;36: 735-49 5. Product insert PeriOlimel N4E, Sep 2023. 6. Product insert Olimel N9E, Sep 2023. 7. Product insert Olimel N12E, December 2021.

Baxter Healthcare (Malaysia) Sdn Bhd(159204W)

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SmofKabiven[®]extra Nitrogen

Optimised to initiate parenteral nutrition for critically ill adult patients



Provides a unique protein-energy ratio of
1.5 g amino acids : 20 kcal energy

- High amounts of amino acids to counteract protein deficits¹⁻⁶
- Moderate amounts of energy to minimise the risk of exceeding energy requirements⁶⁻⁹

References:

1. Weijs PJ, Stapel SN, de Groot SD et al. Optimal protein and energy nutrition decreases mortality in mechanically ventilated, critically ill patients: a prospective observational cohort study. JPEN J Parenter Enteral Nutr 2012;36(1):60-68.
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9. Oshima T, Deutz NE, Doig G et al. Protein-energy nutrition in the ICU is the power couple: A hypothesis forming analysis. Clin Nutr 2016;35(4):968-974.

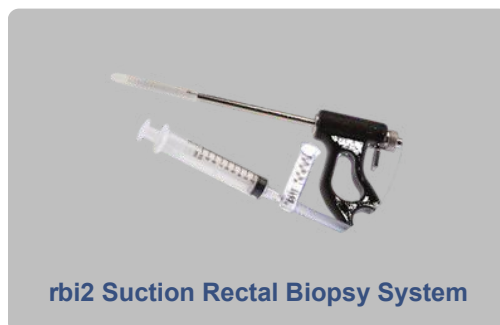
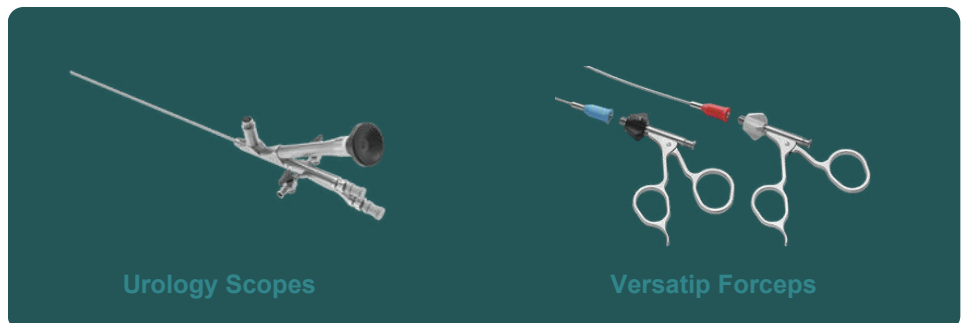
SmofKabiven[®] extra Nitrogen is indicated for parenteral nutrition for adults and children aged 2 years and above when oral or enteral nutrition is impossible, insufficient or contraindicated.

For Healthcare Professionals Only



SmofKabiven[®] Extra Nitrogen

Specialist solutions meeting your needs



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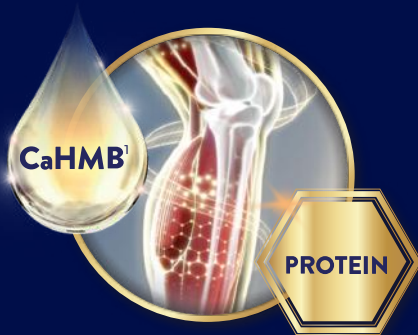
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**IMPROVES
STRENGTH**
IN 8 WEEKS¹



**SUPPORTS
IMMUNITY**
IN 4 WEEKS²⁻³



ANIAPAC-P-MY-202600088/APR 2028

Endoscopic sleeve gastropasty: Setting the bar for endobariatrics



41%

of adults in the
United States are living
with obesity²

99%

will never receive a
surgical treatment³

Introducing ESG

Endoscopic sleeve gastropasty, or ESG, is a weight loss procedure that reduces the volume of the stomach using an endoscopic suturing device. Under general anesthesia, a gastroenterologist or surgeon uses the OverStitch Endoscopic Suturing System to apply 6–8 plications along the greater curve of the stomach.



No incisions or scars



Typically a same-day procedure



Organ-sparing, reversible



Preserves future
treatment options

Procedure

A specially trained endoscopist uses the OverStitch Endoscopic Suturing System to create a series of plications in the stomach, forming a sleeve endoscopically. Over time, scarring and bridging tissue maintains the reduced gastric volume. In addition to reducing volume, studies suggest ESG delays gastric emptying, which may alter appetite-related regulatory pathways.^{1,4}



6–8 running sutures
are placed in a
U-shaped pattern
along the greater
curve of the stomach.



When tightened and
secured, the sutures
draw together the
anterior and posterior
walls of the greater
curve to shorten
gastric length and
reduce diameter.



The endoscopic
plications result
in similar shape to
laparoscopic sleeve
gastrectomy, but
with the fundus and
antrum spared.



endura
Weight Loss Solutions

Proven, effective¹ endobariatric options

References

1. Abu Dayyeh BK, Bazerbachi F, Vargas EJ, et al. Endoscopic sleeve gastropasty for treatment of class 1 and 2 obesity (MERIT): a prospective, multicentre, randomised trial. *Lancet*. 2022;400:441–451.
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3. Estimate of Bariatric Surgery Numbers, 2011–2023. American Society for Metabolic and Bariatric Surgery (ASMBS). <https://asmbs.org/resources/estimate-of-bariatric-surgery-numbers>. Accessed June 9, 2025.
4. Sharaiha RZ, Hajifathalian K, Kumar R, et al. Five-year outcomes of endoscopic sleeve gastropasty for the treatment of obesity. *Clin Gastroenterol Hepatol*. 2012;19:1051–1057.

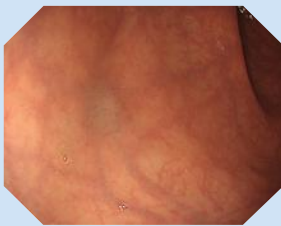
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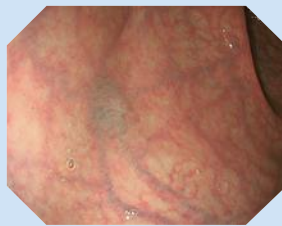


EVIS X1 – Elevating the Standard of Endoscopy

We want to support every endoscopist. In every procedure. Every day.
EVIS X1 introduces a range of new, easy-to-use technologies that aim to revolutionize the way gastrointestinal disorders can be detected, characterized, and treated.



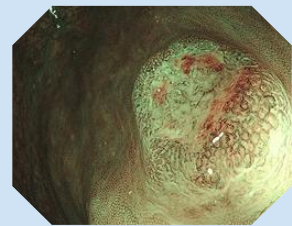
WLE



TXI



WLE



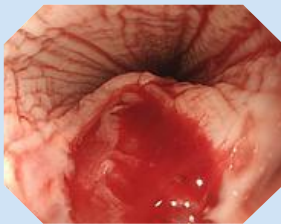
NBI

TXI Technology

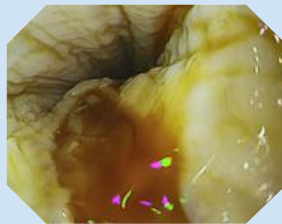
TXI (Texture and Color Enhancement Imaging) aims to enhance the visibility of suspicious tissue by improving the color, structure, and brightness of the endoscopic image. By supporting better visibility of potential lesions (e.g. inflammations, flat or depressed lesions), TXI aims to contribute to higher detection rates.

NBI Technology

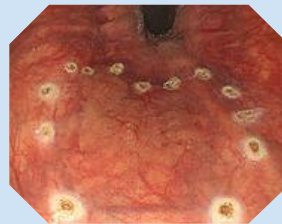
NBI (Narrow Band Imaging) is a proven optical technology that allows for a reliable optical diagnosis of all major indications in the gastrointestinal tract. Accurate optical diagnosis is important when assessing lesions to determine potential histology, confirm the lateral extent, and thereby guide therapy decisions and suitable patient surveillance intervals.



Bleeding source under WLE



Bleeding source in RDI Mode 1



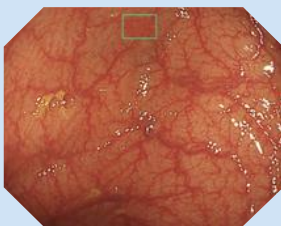
Deep Blood Vessels under WLE



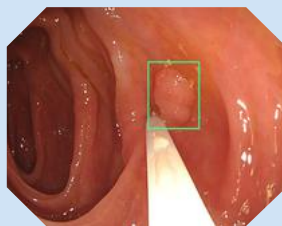
Deep Blood Vessels in RDI Mode 2

RDI Technology

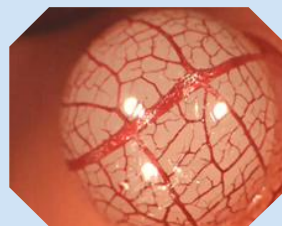
RDI (Red Dichromatic Imaging) is designed to enhance the visibility of bleeding sources (RDI Mode 1) and deep blood vessels (RDI Mode 2). Easier identification of bleeding points makes haemostasis quicker and easier. Visualization of deep blood vessels indicates areas of risk and helps a more efficient resection planning. This helps to reduce physician stress during endoscopic therapy.



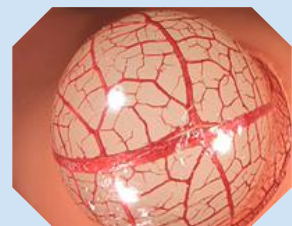
Flat Suspicious Lesion



Colonic Polyp



HQ Zoom Endoscope



EDOF Endoscope

Artificial Intelligence

ENDO-AID CADE is a computer-aided detection application that uses AI to suggest the potential presence of lesions such as colonic polyps, malignant neoplasms, and adenomas. By supporting the identification of lesions, ENDO-AID CADE contributes to the increase of the adenoma detection rate compared to WLI without CADE.

EDOF Technology

EDOF (Extended Depth of Field) allows precise endoscopic observations through continuous broad focus and seamless magnification. The continuously sharp image was developed to reduce the necessity for focal adjustments. This improved visibility helps to make endoscopy more convenient and may even contribute to easier identification and a more confident diagnosis of abnormalities. The established Dual Focus function provides additionally high magnification.

Our Purpose. Making people's lives healthier, safer, and more fulfilling.

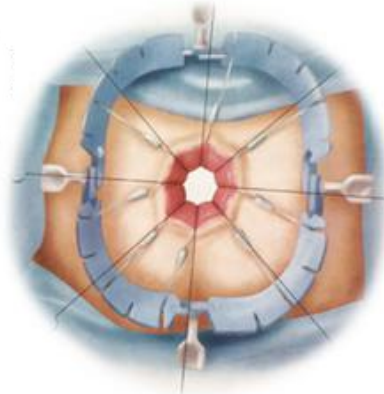


PRIME MEDICAL CONCEPTS

EUFOTON[®] medical lasers



microcure 微至



innolcon Share medical progress

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1/ Integrating multiple surgical modes including monopolar, bipolar and InowaSeal

2/ Over a hundred customized surgical configuration parameters, for easy and convenient operations

3/ Examining devices performance **468,750 times** per second in real time for precise and stable energy output

4/ Auditory/visual feedback, minimizing the risk of burns to greatest extent

5/ InowaSeal delivers advanced bipolar energy to seal vessels, lymphatics and tissue bundles up to **7mm**



WOUND CARE



3M

Avro Medical is also in the business of wound care technology and supplies **3M** products which is at the cutting edge of negative pressure wound care technology. Avro Medical has the in-house technical expertise to support hospitals and clinics in the use of such advanced wound care products.

For over 35 years, **3M** has led the way in the development of new technologies, medicines and therapies designed to make wound healing more manageable for caregivers and more comfortable for patient around the world.



ARO A

ARO A is a New Zealand based soft-tissue regeneration company that develops, manufactures and distributes medical and surgical products to improve healing in complex wounds and soft tissue reconstruction

ARO A ECM™ is a proprietary extracellular matrix (ECM) biomaterial containing a rich and complex mix of biological molecules that is the building block for our range of soft tissue repair products.



ADVANCIS MEDICAL

ADVANCIS MEDICAL is a UK based Advanced Wound Care Specialist. From the origins in textile production, it has continued to grow and thrive in medical sector – becoming the first medical company to launch 100% Medical Grade Manuka Honey products in the UK.



AVRO MEDICAL

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SCAN FOR CONFERENCE RESOURCES AND FEEDBACK.



CONFERENCE ITINERARY



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MOMENTS



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TELL US YOUR
THOUGHTS



ABSTRACT



EXPLORE THE
SCIENTIFIC WORKS



JOHOR SURGICAL CONFERENCE
2026

“Advancing Surgery through Knowledge, Collaboration and Care”

IN COLLABORATION WITH



Thank you for being part of
Johor Surgical Conference 2026.

EVIDENCE TO EXCELLENCE