



# MSGH BULLETIN

Issue No. 3 (December 2025)

## MESSAGE FROM THE PRESIDENT



As we come to the end of 2025, I would like to say that our society, Malaysian Society of Gastroenterology & Hepatology, has come a long way since its inception in 1994.

We have a larger, stronger fraternity than ever. I am particularly proud of our expanding role in providing high quality training for the young fellows; be it through supporting the National Training Programme or providing opportunities for training and meetings abroad.

As the current President, I first want to say congratulations to Datuk Dr Raman Muthukaruppan, my predecessor, for all his achievements during his tenure. My own hope is that I will be able to carry the torch with emphasis focusing on the community (e.g. population-based screening) as well as green endoscopy. We will, of course, strive to provide high quality meetings for the gastroenterology and hepatology fraternity, which will translate into better care for our patients.

Happy New Year!

Professor Dr Ida Normiha Hilmi



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# FROM THE EDITOR'S DESK



Welcome to the third and final issue of our MSGH Bulletin for the year 2025.

As we bring 2025 to a close, this final issue highlights the passion, dedication, and collaborative spirit that continue to define our gastroenterology and hepatology fraternity. Across the articles featured here - whether from overseas fellowships, national training workshops, or pioneering clinical achievements - we see a shared commitment to advancing our skills and supporting one another in the process.

Dr Ngeoh Siang Yee's fellowship experience in Taipei, Taiwan showcases the transformative value of international training, grounded by strong foundations built at home. Dr Chuah Seong York's visit to Austin Hospital, Australia offers important insights into multidisciplinary IBD care and the expanding role of intestinal ultrasound. Finally, Dr Chiam Keng Hoong's candid recount of doubt,

preparation, teamwork, and ultimate triumph speaks of the courage required to expand services responsibly.

On the training front, the gastroenterology team at Hospital Kuala Lumpur continues to nurture the next generation of interventional endoscopists, successfully holding its 2<sup>nd</sup> Annual Advanced Endoscopy and Spy Cholangioscopy Workshop. Equally significant was the inaugural National Endoscopy Training Workshop 2025 at UiTM, which marked a major step forward in structured, competency-based training for basic GI endoscopy.

Together, these accounts reflect a field that is continuously evolving. I hope you enjoy reading this issue and I would like to thank all the contributors for another great edition. Wishing everyone a meaningful year-end and a productive year ahead. Merry Christmas and Happy New Year!

If you would like to share your experience, insights and hosted events, feel free to reach out to us at [secretariat@msgh.org.my](mailto:secretariat@msgh.org.my)

## Dr Lau Su Yin

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# A Fellow's Journey

Dr Ngeoh Siang Yee

Gastroenterology Fellow, Service General Hospital, Taipei, Taiwan

My overseas training took me to Tri-Service General Hospital in Taipei, Taiwan, where I spent nine months under the guidance of my mentor, Dr Jung-Chun Lin. It was an immersion into the highly technical and intricate world of Endoscopic Ultrasound (EUS) and Endoscopic Retrograde Cholangiopancreatography (ERCP), with exposure to a wide range of complex cases essential for developing true procedural proficiency.

The hands-on training allowed me to perform and assist in an extensive array of procedures under expert supervision. These ranged from diagnostic interventions such as EUS-guided biopsies to advanced therapeutic procedures including endoscopic biliary and pancreatic drainage, Walled-Off Necrosis (WON) drainage, celiac plexus neurolysis, and EUS-guided coil embolisation. Besides Dr Lin, consultants like Dr Hsuan-Wei Chen and many others were enthusiastic teachers, always generous in sharing their knowledge and pearls of wisdom.

The academic environment proved equally enriching. I regularly attended conferences, teaching sessions, and workshops led by both local and international faculty. These sessions offered invaluable insights into technical techniques, scope manoeuvrability, accessory selection, and the recognition and management of complications.

I was also exposed to cutting-edge procedures such as Endoscopic Submucosal Dissection (ESD), Endoscopic Sleeve Gastroplasty, and Anti-Reflux Mucosal Intervention (ARMI), giving me a glimpse into the future frontiers of endoscopy.



My time abroad was anchored by the solid clinical foundations I built in Malaysia. My first year at Hospital Raja Perempuan Zainab II (HRPZ II) in Kelantan was fundamental in mastering OGDS and managing acute GI bleeding. The second year at Hospital Sultanah Aminah (HSA) in Johor Bahru strengthened my skills in diagnostic and therapeutic colonoscopy as well as Inflammatory Bowel Disease (IBD) management. The third year provided deeper exposure to ERCP and liver diseases. Each centre offered unique learning opportunities, and this stepwise training prepared me well for the unexpected challenges of my overseas posting.

The fellowship was not only a period of professional growth but also a deeply personal one. Thanks to my wife who took unpaid leave, I had the rare opportunity to spend two uninterrupted months living and travelling with her and our daughter in Taiwan - something we had never been able to enjoy in Malaysia due to the distances between my training centres. This precious family time reminded me of the importance of a balance for a long, meaningful, and sustainable career.

I also had the privilege of meeting doctors from diverse specialties and countries, including The Philippines,



Japan, Nigeria, and fellow Malaysians - ranging from ENT surgeons to obstetricians. I was fortunate to reconnect frequently with my batchmate, Dr Tang, who was training at National Taiwan University. Together, we explored Taiwan, enjoyed its vibrant coffee and food culture, and shared insights from our respective training experiences.

As gastroenterologists, lifelong learning is essential, as medical management, treatment strategies, and technology continue to evolve rapidly. My nine months

in Taiwan significantly advanced my skills in EUS and ERCP, and I look forward to applying these in my practice. From the foundational lessons in Kelantan to the advanced procedures in Taipei, this journey has reinforced that positivity, perseverance, and passion are the keys to continuous growth. I remain committed to learning throughout my future career so that I may better serve my patients, knowing that gastroenterology is truly a lifelong journey of improvement and discovery.



# A Stint at Austin Hospital, Melbourne, Australia

Dr Chuah Seong York

Consultant Gastroenterologist, Pantai Hospital Melaka, Melaka

Meeting up with Dr Peter-Philip De Cruz on Day 2 of GUT 2025 in August 2025 prompted me to ask him permission to visit his unit at Austin Hospital, Melbourne, Australia primarily to see Intestinal Ultrasound (IUS). Dr Peter was very welcoming and based on my time in Melbourne from 7<sup>th</sup> to 17<sup>th</sup> September, he said I could join their IUS sessions on the afternoon of 10<sup>th</sup> September and morning of 12<sup>th</sup> September. He even invited me to join his Inflammatory Bowel Disease (IBD) clinic on the morning of 10<sup>th</sup> September.

After much email correspondence and bureaucratic "ding-dong", I was finally appointed Honorary Gastroenterology Medical Officer (Observership) with Austin Health the day I was due to start. I even received an email from Dr Peter inviting me to join their Multi-Disciplinary Team (MDT) meeting at 7.45 am on 10<sup>th</sup> September either online or physically in the IBD clinic. So, who says only Malaysian doctors start work early!

## Austin Hospital - Centaur Wing:

The IBD clinic is situated in Centaur Wing of Austin Hospital, away from the main hospital. The Centaur Wing was refurbished from an old army hospital called Heidelberg Repatriation Hospital.



Arriving at 7.30 am at Austin Hospital - excited!

## Multi-Disciplinary Team (MDT) Meeting:

The MDT meeting was conducted online and was attended by seven gastroenterologists, one surgeon, one pathologist, radiologists and an IBD nurse. Patients discussed included:

1. Skin biopsy of a peri-anal lesion, suspected to be a basal cell carcinoma, in a patient on Infliximab & mercaptopurine.
2. Liver biopsy of a UC patient with relapsed PSC, inherited from the paediatricians.
3. Colonic biopsy of a young lady with UC & Irritable Bowel Syndrome on Sertraline.

## Inflammatory Bowel Disease (IBD) Clinic

Clinics are conducted in a hybrid manner, incorporating both physical and telemedicine, a legacy of the Covid days. The Electronic Medical Record was configured by an in-house consultant. Blood tests, X-rays and endoscopy reports were available at the click of the mouse. Dr Peter holds a post-clinic meeting with his colleagues to discuss interesting and difficult cases. On the day I was there, this meeting was held online. Interesting cases encountered included:

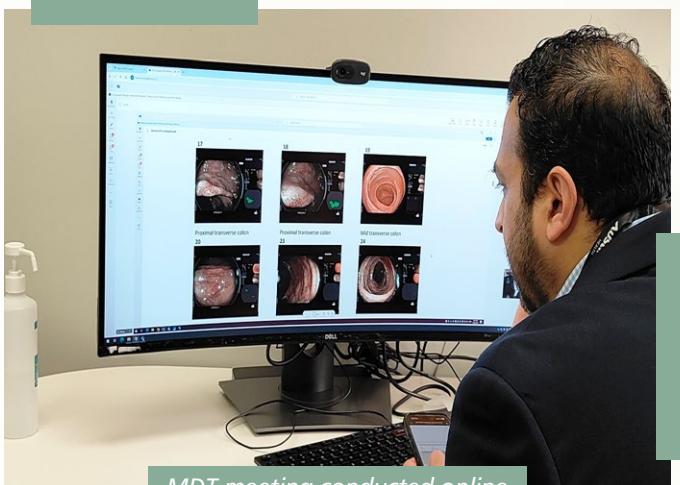
1. A lady who had a J-pouch fashioned following colectomy for UC (such patients are now fewer with increased usage of biologics). Dexa scan was arranged for her to screen for osteoporosis. Levels of iron, vitamins D, B12 and folate were also checked once every 6 months.
2. An 87-years old lady with terminal ileal Crohn's found during colonoscopy for iron-deficiency anaemia. In view of frailty and absence of obstructive symptoms, patient was treated with Budesonide and non-invasive monitoring was done using IUS & faecal calprotectin.
3. An elderly lady with lymphocytic colitis due to Valsartan. Chronic diarrhoea was not resolve despite



IBD clinic situated at the Centaur Wing

So it was with the excitement of a medical student and the enthusiasm of a young trainee that I arrived in Centaur Wing, Austin Hospital at 7.30 am on Wednesday 10<sup>th</sup> September. I met Dr Peter in the lift who showed me to his clinic.

removal of offending agent. Relapsed on termination after taking Entocort (Budesonide 3 mg) for four weeks. After changing over to Cortiment (Budesonide 9 mg) for another four weeks, she relapsed again on stopping. Told to take Cortiment daily for two weeks, then on alternate days for two weeks, then every 3<sup>rd</sup> day for two weeks, reducing every two weeks till review in December.



MDT meeting conducted online

#### Difference Between Entocort & Cortiment

Entocort capsules (available in Australia & United Kingdom but not Malaysia) are designed to release Budesonide 3 mg, in the terminal ileum and right colon where the pH reaches 5.5, an area commonly affected by Crohn's disease.

Cortiment tablets has a multi-matrix system (MMX) designed for colon-specific release of Budesonide 9 mg to treat ulcerative colitis and, in this case, lymphocytic colitis.

#### Ad Hoc Pre- & Post-Conception Consultation

Although not formal, I noticed many pre- and post-pregnancy patients on biologics. Patients on JAK-inhibitors like Upadacitinib were changed to Ustekinumab if they want to get pregnant. Infliximab, Adalimumab and Tacrolimus are safe. For monitoring of IBD, IUS is very safe during the 1<sup>st</sup> trimester, whereas colonoscopy is only safe from the 2<sup>nd</sup> trimester onward.

#### Intestinal Ultrasound Sessions

These were separate lists apart from the IBD clinic.

Day 1 - 7 patients: Dr Sheng Lo, trainee gastroenterologist

Day 2 - 7 patients: Dr Sheng Lo & Dr Ashish Srinivasan, consultant gastroenterologist

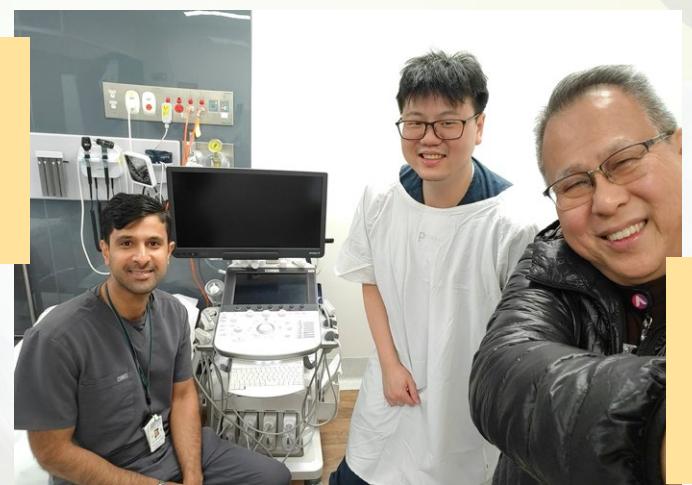
Dr Sheng Lo was recruiting patients to study if drinking 1 litre of water could distend the bowels to facilitate IUS. Patients were categorised under the Montreal Classification for IBD.

Sample of patients on the IUS list included:

1. A patient who had Rasmussen encephalitis who came in with his guide dog. He had a ventriculo-peritoneal shunt-in-situ. During laparoscopy for right iliac fossa pain, he was found to have terminal ileitis. But colonoscopy and faecal calprotectin were both normal.
2. Patient with iron-deficiency anaemia and a family history of Crohn's disease. Colonoscopy and gastroscopy were both normal.
3. A young lady who has had needle knife treatment of her Crohn's stricture. I wonder whether Dr Peter was referring to this patient in his talk during GUT 2025 on "Modern Management of IBD Related Strictures".
4. An 18-year-old schoolboy with Crohn's Disease from the age of 11. He was transitioned from paediatric care. At initial diagnosis, he was treated with Exclusive Enteral Nutrition (EEN), and has been on Infliximab, plus Azathioprine 150 mg once daily last two years. His height of 6 foot 3 inches is in stark contrast to many of our Malaysian paediatric Crohn's patients who tend to be stunted. This is what proper Crohn's treatment in a resource rich country can achieve.

#### Final Thoughts

Despite having done abdominal ultrasound for nearly 30 years, it took me quite a while before I could get used to looking at IUS. Although IUS is optional for gastroenterology training in Australia, those who opt for IUS must be trained for 6 months, 3 months before they can be independent. This is surely a procedure with a steep learning curve. International Bowel Ultrasound Group (IBUS) and Global Education in Intestinal Ultrasound (GENIUS) offers formal training programmes. IUS is non-invasive and has no radiation. It will no doubt contribute tremendously to the current armamentarium of CRP, faecal calprotectin, colonoscopy, abdominal CT & MRI in the diagnosis, treatment and monitoring of IBD, both before and after starting biologics.



IUS session with Dr Sheng Lo and Dr Ashish Srinivasan

# From Scope to Solution: Navigating the Future of GI Health; GUT 2025

Dr Lau Su Yin

Honorary Secretary, Malaysian Society of Gastroenterology & Hepatology

GUT 2025, our flagship annual scientific meeting, was held from 8<sup>th</sup> to 10<sup>th</sup> August 2025 at the Shangri-La Kuala Lumpur, Malaysia. For the first time, the Endoscopy Workshop, hosted by Universiti Malaya Medical Centre, was fully integrated into the main meeting, creating a unified platform under the theme "From Scope to Solution: Navigating the Future of GI Health". This new format was met with overwhelming enthusiasm, drawing strong participation not only from gastroenterologists but also colleagues from allied disciplines.

The meeting opened with hands-on pre-congress workshops hosted by the endoscopy team at Universiti Malaya, offering focused training in EUS as well as Basic Colonoscopy and Therapeutics. These well-received sessions provided delegates with valuable practical exposure ahead of the main scientific programme.

GUT 2025 featured several highly anticipated named lectures:

- The 3<sup>rd</sup> Goh Khean Lee Distinguished Lecture was delivered by Dr Thawee Ratanachu Ek (Thailand) on "The Role of EUS for Pancreato-Biliary diseases: Past, Present and Future".
- The 22<sup>nd</sup> Panir Chelvam Lecture, given by Dr Teerha Piratvisuth (Thailand), highlighted "Early Detection in HCC: Gaps, Innovations, and the Road Ahead" while honouring his extensive contributions to the field.
- The 25<sup>th</sup> MSGH Oration, presented by Dr Sanjiv Mahadeva, explored "The Influence of Culture on Disorders of Gut-Brain Interaction in Asians".

Additional programme highlights included live endoscopy sessions transmitted from Universiti



Live endoscopy broadcasted from Universiti Malaya endoscopy suite

Malaya's endoscopy suite, as well as a dedicated track for GI Assistants organised in partnership with MSGNMA.

GUT 2025 also served as a platform for important strategic collaborations. Two Memoranda of Understanding were formalised during the meeting:

1. A tri-partite partnership between MSGH, the National Cancer Society of Malaysia, and the Malaysian Society of Colorectal Surgeons to advance nationwide colorectal cancer awareness, screening and prevention; and

2. A bilateral MOU between MSGH and the Gastroenterological Association of Thailand (GAT) to strengthen cooperation in academic exchange, education, and research.

Overall, GUT 2025 was another landmark event - bringing together science, skills, training, and regional collaboration in a single, cohesive meeting. It reflects MSGH's continued commitment to elevating GI healthcare and education at both national and international levels.



# Shaping Future Endoscopists: Lessons from the National Endoscopy Training Workshop 2025

Dr Nabilah Izham & Dr Kularaja Krishnan

*Gastroenterology and Hepatology Fellow, Hospital Al-Sultan Abdullah, Universiti Teknologi MARA, Selangor*

On 9<sup>th</sup> and 10<sup>th</sup> October 2025, the Gastroenterology and Hepatology Unit, Universiti Teknologi MARA (GastroUiTM), under the auspices of the National Gastroenterology & Hepatology Training Board, the Malaysian Society of Gastroenterology and Hepatology (MSGH) and the Endoscopy Training Workgroup, successfully organised the inaugural National Endoscopy Training Workshop 2025: Basic OGDS at the Endoscopy Unit, Level 3, Hospital Al-Sultan Abdullah, Universiti Teknologi MARA (UiTM), Selangor.

With the strong support from the industry, namely Aohua, Fujifilm, Medic-Pro Healthcare, Olympus and Steris, the workshop brought together 17 first-year gastroenterology and hepatology fellows from the Ministry of Health and Ministry of Higher Education who were joined by Master of Surgery postgraduate students.

The two-day programme commenced with a pre-workshop evaluation using the Mikoto Upper GI Endoscopy Simulator to assess participants' baseline upper GI endoscopy skills. This was followed by a

welcome address delivered by Dr Rafiz Abdul Rani, Head of the Gastroenterology and Hepatology, UiTM. The opening session continued with a series of lectures by esteemed faculty members, covering essential topics related to gastrointestinal endoscopy.

Dr Zeti Rahayu Karim, Head of Department of Surgery, UiTM, gave a provoking lecture on Sedation in GI Endoscopy, emphasising safe sedation practices. This was followed by an Introduction to Ergonomics in Endoscopy by Dr Wong Zhiqin, Consultant Gastroenterologist and Hepatologist from Pantai Hospital Bangsar, emphasising the importance of ergonomics in procedural safety and efficiency. Dr Lydia Aiseah Ariffin from the Department of Medical Ethics and Law, UiTM, discussed Informed Consent: An Ethical and Legal Perspective, highlighting ethical considerations, patient communication and common misconception of the process. This was followed by a lecture on Quality Parameters of Upper GI Endoscopy, delivered by Dr Lau Su Yin, Consultant Gastroenterologist and Hepatologist from Universiti Putra Malaysia, focusing on quality benchmarks for



*Faculty members, participants and industry support of the National Endoscopic Training Workshop 2025: Basic OGDS*



*Faculty members from University, MOH and the private sector with a shared passion for advancing endoscopic training*

effective endoscopic practice. A lunch time lecture on updates in Endoscopic Reprocessing was provided by Mr Stephen Challinor, Clinical Education Fellow from Steris.

The second day of the workshop focused on the Direct Observation of Procedural Skills (DOPS) assessment conducted on patients. Participants were divided into three groups, and each trainee was evaluated by two senior trainers/faculty. The DOPS session provided an examination-like experience, enabling participants to perform endoscopic procedures under direct supervision while receiving constructive feedback. A post-workshop evaluation using the Mikoto Simulator was also carried out to assess improvement in participants' endoscopic performance.

The workshop concluded with a feedback session and closing remarks by Dr Thevaraajan Jayaraman, Course Director and Consultant Gastroenterologist UiTM. Overall, the workshop successfully met its objectives of enhancing OGDS competency amongst first-year gastroenterology and hepatology fellows, as well as surgical trainees. The overwhelmingly positive feedback underscored the effectiveness of the programme and affirmed its role in strengthening the structure of gastroenterology and hepatology training in Malaysia.



*The faculty members addressing participants questions, providing clarifications and expert commentary*



*A post-workshop evaluation using the Mikoto Simulator*



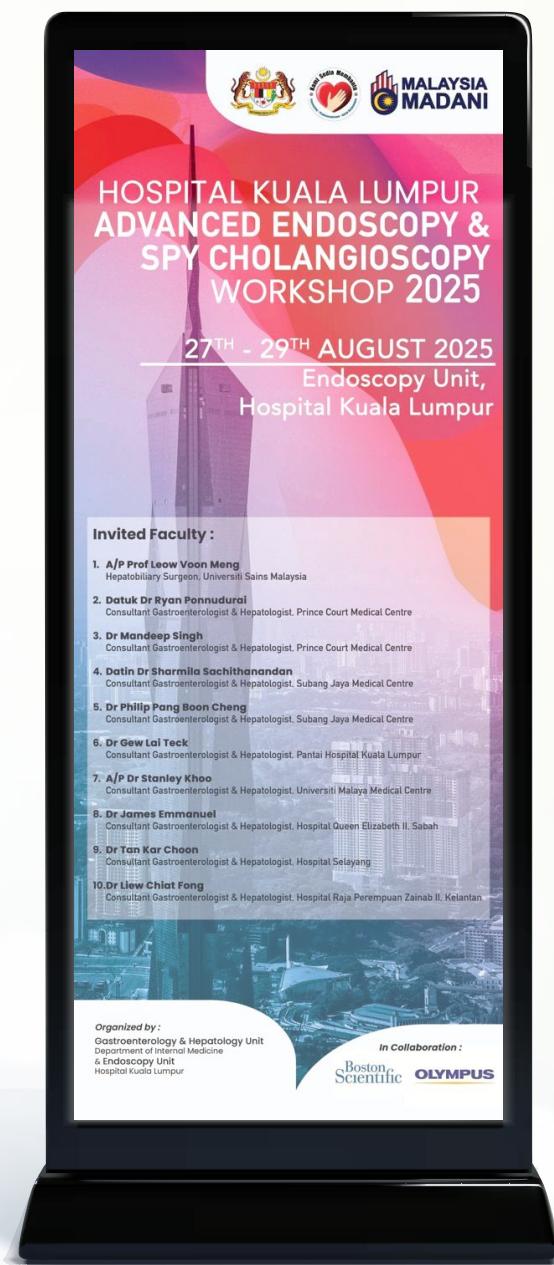
*Valuable insights from the invited speakers on the most up to date guidelines to sharing of experience with the participants*

# Elevating Endoscopic Excellence: Insights from the 2<sup>nd</sup> Annual Hospital Kuala Lumpur's Advanced Endoscopy and Spy Cholangioscopy Workshop 2025

Dr Michelle Goh Mei Xin

Gastroenterology and Hepatology Fellow, Hospital Kuala Lumpur, Kuala Lumpur

The Gastroenterology and Hepatology Unit of Hospital Kuala Lumpur (HKL) successfully hosted the 2<sup>nd</sup> Annual Advanced Endoscopy Workshop 2025, a much-anticipated highlight in Malaysia's endoscopy training calendar. Held from 27<sup>th</sup> to 29<sup>th</sup> August 2025, the workshop brought together an energetic cohort of emerging gastroenterology fellows and seasoned consultants - both local and international - for three days of immersive learning and high-impact hands-on training in state-of-the-art endoscopic techniques.



Organised in collaboration with Boston Scientific and Olympus, and spearheaded by Dr Praveenna Nagaratnam, Consultant Gastroenterologist, this year's programme placed a strong emphasis on Pancreatico-biliary endoscopy and Spy cholangioscopy, complemented by comprehensive foundational sessions in Endoscopic Ultrasound (EUS) and Endoscopic Retrograde Cholangiopancreatography (ERCP). The event reaffirmed HKL's ongoing commitment to advance the standards of therapeutic endoscopy in Malaysia through innovation, mentorship, and collaborative learning.

This year's workshop featured an esteemed panel of local experts; including Associate Professor Dr Leow Voon Meng, Datuk Dr Ryan Ponnudurai, Dr Mandeep Singh, Datin Dr Sharmila Sachithanandan, Dr Philip Pang Boon Cheng, Dr Gew Lai Teck, Dr Stanley Khoo, Dr



Datuk Dr Ryan showcasing his legendary skills in demonstrating the correct techniques in EUS



*Case presentation and discussion with Datin Dr Sharmila prior to the EUS-guided RFA demonstration*

James Emmanuel, Dr Tan Kar Choon, and Dr Liew Chiat Fong. Their combined experiences and mentorship ensured a high-calibre learning experience for all the attendees.

The opening day was dedicated to foundational training in EUS and ERCP, structured into multiple small-group hands-on sessions under the supervision of experienced faculty members. Participants were exposed to a spectrum of stimulating cases including:

- Diagnostic EUS for pancreatic lesions,
- Fine-Needle Aspiration (FNA) and Fine-Needle Biopsy (FNB) procedures,
- EUS-guided Radiofrequency Ablation (RFA) for pancreatic neuroendocrine tumours (PNET),
- ERCP-assisted common bile duct stone clearance,
- Metallic stenting for malignant biliary obstruction, and
- Endoscopic Retrograde Pancreatography (ERP) in cases of disconnected pancreatic duct and chronic pancreatitis with pancreatic ductal calculi.

This practical immersion allowed trainees to refine their technical dexterity, spatial awareness, and understanding of complex biliary and pancreatic interventions.

The second day commenced with a series of insightful lectures that delved into the intricacies of ERCP and cholangioscopic techniques, offering participants valuable clinical pearls and procedural nuances. Topics spanned from practical tips and manoeuvres for basic ERCP to the techniques of cholangioscope insertion and the management of challenging bile duct stones. The

morning session culminated in an engaging case-based discussion on the recognition and management of EUS/ERCP-related complications, fostering critical thinking and real-world application.

The afternoon programme was dedicated to live Spy Cholangioscopy demonstrations, which vividly illustrated the diagnostic and therapeutic versatility of this system. Participants observed expert endoscopists perform high-quality live cases featuring intraductal visualisation of biliary pathology, targeted biopsy acquisition, and stone fragmentation using electrohydraulic lithotripsy (EHL). In parallel, a hands-on model station offered delegates the opportunity to refine their technical skills in EUS-FNB, pseudocyst drainage using plastic stents, and deployment of the Hot Axios system- further enhancing their tactile proficiency and familiarity with advanced endoscopic accessories.

The final day of the workshop was dedicated to a series of live Spy Cholangioscopy cases, broadcast directly from HKL's Endoscopy Suite. Participants had the opportunity to witness the real-world integration of



*Dr Stanley Khoo giving practical tips to trainees during the hands-on EUS session*

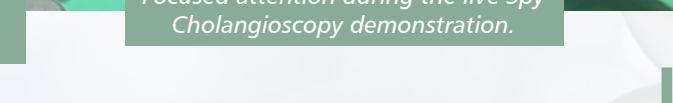
cholangioscopic technology in the diagnosis and management of complex biliary pathologies. Under the expert guidance of seasoned endoscopists, these live demonstrations showcased the precision, versatility, and clinical impact of modern cholangioscopy in therapeutic practice. Beyond procedural technique, the sessions highlighted the importance of multidisciplinary coordination, optimal sedation management, and comprehensive post-procedural care - all essential components in ensuring patient safety and achieving successful outcomes in advanced endoscopic interventions.



*Detailed demonstration of ERCP techniques by Dr Philip Pang*



*Focused attention during the live Spy Cholangioscopy demonstration.*



In conclusion, the HKL Advanced Endoscopy Workshop 2025 once again reaffirmed its pivotal role as a leading national centre for advanced endoscopic training. The seamless integration of didactic lectures, live demonstrations, and hands-on model sessions fostered a dynamic learning environment that encouraged both technical mastery and meaningful professional exchange.

With the continued collaboration and support of Boston Scientific and Olympus, HKL remains steadfast in its mission to cultivate the next generation of interventional endoscopists in Malaysia. Looking ahead, preparations are already underway for the 3<sup>rd</sup> Annual Advanced Endoscopy Workshop 2026, which aims to further broaden its educational scope with an even greater emphasis on emerging endoscopic technologies, simulation-based training, and innovative learning methodologies - continuing HKL's tradition of excellence in advancing the field of therapeutic endoscopy.



*Participants refining their technical skills during the hands-on model session*

# Coining a Flawless POEM in the Pearl of the Orient

Dr Chiam Keng Hoong  
Pantai Hospital Penang

On 2<sup>nd</sup> October 2025, Pantai Hospital Penang made history when a team of healthcare workers united to assist a patient suffering from Type I achalasia cardia for three years.

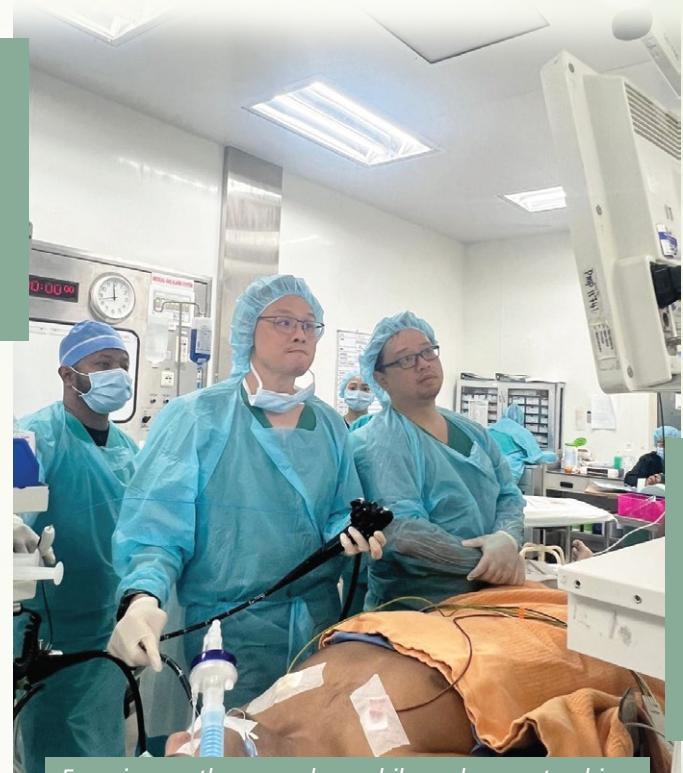


*A picture before the procedure - from left: Dr Gew Lai Teck (Pantai Hospital Kuala Lumpur), Dr Chiam Keng Hoong (Pantai Hospital Penang), Ms Cactus Chor, and Mr Wern (Medi-Life)*

Three months before, on a bleak Monday morning, I received a text from Dr Aslina Samat, up north at Aurelius Medical Centre in Alor Setar, Kedah, asking whether my centre at Pantai Hospital Penang offered per-oral endoscopic myotomy (POEM) services. It took me some time to reply, as I had previously considered extending third-space endoscopy to include POEM, following the introduction of endoscopic submucosal dissection (ESD) at the private hospital where I work. The fear of many things stopped me, time and again, and to be frank, I did not have a case to push me off my seat. Hence, the procrastination. Now that there was a real patient in need, that fear was genuinely amplified. The thought of telling Dr Aslina to send the patient down to KL(lah!) did cross my mind. But having successfully participated in both dry and wet labs on ex vivo and animal models in the past, and having performed on a human case under the guidance of a proctor at Hospital Kuala Lumpur a year earlier (thanks, Dr Gew Lai Teck and Associate Professor Dr Ho Shiaw Hooi, for your guidance), I was deeply encouraged and motivated to finally say 'let's get it done for the patient!'

And so begins the groundwork. The next step was to find a proctor, as I was still new to POEM. The first

person that came to mind was Dr Gew, a brilliant endoscopist, a jovial character, a caring friend, and a wonderful person overall. We spoke for a bit over the phone, and he was very positive about it. He was kind in his words and supportive of me in undertaking this complex procedure. The next step was to involve a sponsor, and we were extremely grateful to have Ms Cactus Chor and Mr Wern of Medi-Life (M) Sdn. Bhd., from whom we recently purchased the latest ERBE VIO 3 electrosurgical unit for Pantai Hospital Penang. Ms Cactus was gracious, supportive, upbeat, and encouraging, reassuring me that I had nothing to worry and that I did not need to say more.



*Focusing on the procedure while under proctorship - looking on, our GI nurse, Mr Nelson*

With the groundwork for POEM laid, my next step was to involve my medical affairs team. This required extensive paperwork, credentialing, and privileging for Dr Gew to visit us and supervise me during the POEM procedure. Once this was sorted, we then had to select a suitable time when everyone could set aside time, and ensure the patient received prompt attention before it was too late. A week prior to the POEM, we hit a snag and almost got derailed when our patient was admitted due to severe electrolyte imbalances caused by reduced

oral intake. Fortunately, there was no infection, and his condition quickly improved with fluid repletion and the insertion of a nasogastric tube. I must admit I was concerned that this incident might postpone the procedure further, but thankfully, Dr Aslina managed our patient superbly and restored him to full health.

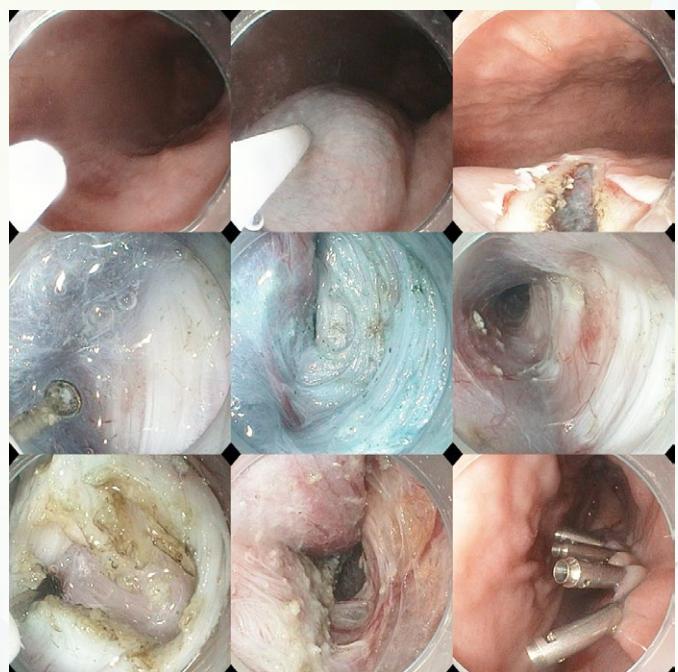
The day arrived for me to see our patient in the clinic. After a thorough explanation and full disclosure that this was a proctored procedure, along with the presentation of other endoscopic and surgical options, he signed the consent form without batting an eyelid. It was almost as if he knew this was the course he had to take to improve. To ensure he was aware of the option of laparoscopic Heller's myotomy and surgical backup if our POEM were to go south, I referred him to my senior consultant surgeon, Mr Yeoh Wooi Pin. Our surgeon was a stoic character, built like a solid tank, and steadfast in his decisions, and when it came to surgical skills, Mr Yeoh was the best person to have on your side.

After three days of observation and ensuring adequate nutritional support, the D-day arrived. Our supportive team, Dr Gew and Ms Cactus, landed in Penang, but not before chowing down a few plates of Penang char kuey teow and the famous OO White Coffee, where Dr Gew had four cups. We spent some time talking to the patient just before he was taken into the operating theatre, and I had the honour of introducing Dr Gew not only to the patient and his family but also to the OT and GI nurses, the anaesthesiology team, and Mr Yeoh.

Following intubation, the procedure began smoothly. The three hours we spent were executed with careful precision. From mucosal incision to submucosal entry and dissection, to partial thickness myotomy on the esophageal body and full thickness myotomy of the lower esophageal sphincter, and then closure with clips, the procedure was free of complications - no profuse bleeding, no perforation, no subcutaneous emphysema, and no post-operative issues. Despite the challenges faced - sigmoidal esophagus, and it being my second human case, I was grateful to everyone involved. The GI and OT nurses were brilliant, the anaesthesiologist calm, the surgeon coolly standing by, popping in and out of the room, and the ERBE VIO 3 paired with ERBEJet performed flawlessly. We had capable assistants Mr Wern and Ms Cactus who troubleshoot everything, ensuring the equipment operated optimally. I was so pleased when I saw our patient take his first



*Dr Gew sharing pointers while I dissect away - looking on (face not shown): our GI nurse, Mr Pragha*



*Step-by-step conventional POEM procedure for our patient*



*The smile of our patient brought me an indescribable feeling of happiness and reminded us why we do what we do, as endoscopists and doctors*

drink the next day. Concerned that things might not go well, he cautiously sipped several times, and when he realised that things were now different, he gulped the last few sips quickly and beamed at our team.

That recovery was priceless, and perhaps the best feedback a patient could give without saying a word. Fast forward two weeks, and our patient returned with an Eckardt score of 0, down from 11. I am encouraged that such endoscopic services should continue and am grateful to have supportive and kind colleagues in the gastroenterology fraternity who are so willing to lend a helping hand when the Northern region needs it.



*The A-team from the recently conducted POEM case: post-procedural photo, no sweat*

# 2025 Reflections and Aspirations in 2026

by the MSGH Executive Committee 2025 - 2027



**Professor Dr Ida Normiha Hilmi**  
*President*

Reflecting on 2025, MSGH has matured into a larger and more dynamic Society, with an ever-growing commitment to excellence in training for our young fellows. Looking ahead to 2026, my aspiration is to carry the torch forward by prioritising community-centred programmes, promoting sustainable endoscopy, and maintaining the high standards of education that ultimately benefit our patients.



**Dr Abraham George**  
*President-Elect*

As part of MSGH's Executive Committee, we look forward to 2026 as a pivotal year in advancing our Society's mission. Our focus will be on strengthening the training pathways for our young and aspiring gastroenterologists, ensuring they gain the skills, mentorship, and support needed to thrive in an evolving clinical landscape. By fostering collaborative learning, embracing innovation, and nurturing professional growth, we will empower the next generation to deliver excellence in patient care. Together, we will continue to elevate standards and build a future-ready gastroenterology community.



**Datuk Dr Raman Muthukaruppan**  
*Immediate Past President*

Looking forward to seeing more good things, success and benefits for our members. Together we are committed and stronger in achieving all our goals. Wishing a great and successful 2026 for all in MSGH!



**Dr Sattian Kollanthavelu**  
*Honorary Treasurer*

As the curtain closes on 2025, we welcome a brighter, more inspiring 2026, as we continue to grow together, embrace new ideas, and advance our specialty.



**Dr Lau Su Yin**  
*Honorary Secretary*

As we step into 2026, may we continue to nurture excellence, strengthen training pathways, and remain united in delivering the best care for our patients.



**Professor Dr Lee Yeong Yeh**  
*Executive Committee Member*

Climate change is real, and I hope there will be more sustainability awareness and green GI initiatives in 2026.



**Dr Muhammad Firdaus Md Salleh**  
*Executive Committee Member*

In 2026, I aim to further strengthen national gastro-hepatology services by enhancing clinical quality, capacity building and equitable access across MOH facilities. As a new MSGH Executive Member, I hope to foster closer collaboration between the Society and the service to drive education, innovation, and improved patient outcomes.



**Associate Professor Dr Nazri Mustafa**  
*Executive Committee Member*

Looking forward to an eventful year ahead!



**Dr Nik Razima Wan Ibrahim**  
*Executive Committee Member*

Walked down memory lane, fell in love with a new coffee brew and learn how to grow food for the table. Life never ceases to amaze. Let's enter 2026 with hearts as full as a theatre finale and scopes as clear as our intentions. Happy New Year everyone!



**Dr Praveenna Nagaratnam**  
*Executive Committee Member*

My 2026 aspiration is to continue to grow and advance in the field of endoscopy and gastroenterology, not just as an individual but for us to leap forward as a fraternity.



**Dr Syuhada Dan Adnan**  
*Co-opted Executive Committee Member*

Here's to a 2026 filled with lower CAP scores and regressed fibrosis. May the MSGH community continue to grow stronger, smarter, and more united.



**Professor Dr Raja Affendi Raja Ali**  
*Co-opted Executive Committee Member*

Together for a better tomorrow!



**Dr Alex Leow Hwong Ruey**  
*Co-opted Executive Committee Member*

Disease does not discriminate, and neither should the way we deliver care. I look forward to seeing collaborative care realised across all stakeholders, for the benefit of the communities we serve.

# Photo Gallery of Events 2025

## GUT 2025



# APDW 2025





## EndoQE, Kota Kinabalu, Sabah



## Inspire U, Universiti Malaya, Kuala Lumpur



## MALAYSIAN SOCIETY OF GASTROENTEROLOGY AND HEPATOLOGY

### EDUCATION & TRAINING



- GI/liver masterclasses
- Endoscopy workshops
- Preceptorships

### RESEARCH



- International partnerships and regional leadership
- Multicenter studies

### GREEN ENDOSCOPY & SUSTAINABILITY



- Green guidelines
- Certification pilots
- Industry partnerships



### COMMUNITY OUTREACH & AWARENESS

- Health awareness campaigns
- Inter-society collaborations
- Cancer screening campaigns

### ADVOCACY & POLICY INFLUENCE



- Guidelines development
- Policy consultation
- Position statements

### DIGITAL TRANSFORMATION & INNOVATION



- Members portal
- Trainee e-portfolio



### INTERNATIONAL PARTNERSHIPS & REGIONAL LEADERSHIP

- Joint conferences
- Fellowship exchanges
- ASEAN research

## Condolences



### *Mohan Raj A/L Nagendram*

The Malaysian Society of Gastroenterology and Hepatology would like to express our sincere condolences to the family of Dr Mohan Raj A/L Nagendram on his passing on 13<sup>th</sup> December 2025. We mourn the loss of a valued member of our Society. May he rest in peace, and may his family find strength and comfort during this difficult time.