Ancient Egyptian depiction of urological conditions and surgical equipment

MUA Bulletin

June 2020 ✧ Issue 1

To Inform and to Engage

I am delighted to bring you the maiden issue of the MUA Bulletin. Many thanks to the contributors who responded positively, promptly, and to the executive committee for their encouragement.

The purpose of this newsletter is to keep you *updated with the activities of the association*, as well as to *engage young urologists, and urologists practicing outside of Klang Valley*.

As our membership increases, it is increasingly important that we remain cohesive and dynamic. We appreciate your readership, and hope to hear from many more of you in the subsequent issues.

Poongkodi Nagappan
Editor MUA Bulletin

Inside This Issue

President's Message

Dato' Dr Selvalingam Sothilingam
Consultant Urologist
Sunway Medical Center Velocity

This inaugural edition of the MUA Bulletin marks a new milestone for the association. It again **signifies the enthusiasm and support of our members**, as piecing together a bulletin such as this requires the collective effort of many. To this effect I would like to register our appreciation to Dr Poongkodi Nagappan in taking the leadership role in this novel endeavour.

When I first took office in 2016, I had little knowledge of the responsibilities ahead. All I remembered were the wise words of our senior urologist, Dr Clarence Lei, "The Presidency would require sacrifice", and soon into my first year in office, I realized what he meant. As 2016 was also the year that I moved from public to private practice, balancing the new challenges of private practice with the responsibilities towards the association proved to be an enlightening experience.

I am often asked often why I took up the presidency, as there will be no rewards. Well, the **best experiences in life come without rewards**, and this aptly sums up my four years with the executive committee of MUA, it has been an enjoyable ride. This is perhaps the most important message that I would like to share, especially with the younger urologists who will be future leaders of the association.

As clinicians and academics, we devote our attention to our clinical practice and in addition, our training, research and administrative duties within the hospital, that we often feel overwhelmed when additional tasks are put upon us. And with all the existing workload, why should we burden ourselves further with additional work for the association? The simple answer to this is, that **we need to look beyond our own individual practice**, and contribute to the **important task of improving standards of urology practice in our country to meet the expectations of our public at par with global standards**. This is not an easy task and will require the collective effort of every member of the association.

We are fortunate that being a young and small association with just over 120 members, our unity has always been our strength. As our membership grows in numbers, we have two choices - to **stay united and become stronger**, or experience fracture in the existing unity. The **MUA believes strongly in engaging as many members and being inclusive in all our activities**. We are one of the rare national associations in this region to have our own Youth Subcommittee, aiming to engage the younger generation of urologists to have a voice and role in steering the association in its future direction. It is with such engagement between senior and junior members that we can progress.

Within the past four years, many of the association's activities have undergone digitalization. Our annual scientific conference is paperless. The trainee assessment is now online, and even our teaching activities are going virtual. The association continues to reach out through many of the available social media tools, and we look forward to **better utilization of the digital world** in all our future activities.

The MUA, through the Board of Urology, and in partnership with the Royal College of Physician and Surgeons of Glasgow, has since its inception been the **sole training body for Urology** in Malaysia. This is a core activity of our society. Therefore, every member of the association, whether in the public, academic or private sector, should take ownership of this training programme, and contribute towards sustainability of the programme.

Research is a culture that MUA is striving to inculcate among its members and trainees. In working towards this objective, the Research Consortium (MyURC) has been established by the association. With guidance from our university colleagues, it is our hope that future generations of urologist will **engage in more quality research including more collaborative research activities across institutions**. It is through publication that our work will be recognized by our peers.

Apart from training and research, the association has always strived to **engage with the community** via patient- and public-directed programmes. We have worked hard to re-establish the role of the Malaysian Urology Foundation, and the foundation needs all of your support to lead the community-directed and fund-raising activities.

Finally, our association cannot progress in isolation, and **networking and partnership with international associations** are vital. We are fortunate to have MUA members with important roles within regional associations such as the Urological Association of Asia, Société Internationale d'Urologie and the Federation ASEAN Urological Associations. We continue to have joint conference sessions with European, American, Australian and Indian urological societies. We have also signed MoU on educational exchange programmes with institutions in China and with the Nepal Association of Urological Surgeons.

Being involved with MUA has been a rewarding experience in itself, and I strongly encourage our young members to look beyond their individual practice, and explore the many opportunities available to work with the association and the foundation. There is a measure of sacrifice required, and the rewards are not monetary, but it is guaranteed to provide not only invaluable opportunities for networking with peers around the world, but even more importantly, an opportunity for self-development. It will be well worth your time!✧

Exclusive Subscriptions for MUA Members

COVID-19 AND UROLOGISTS
First Person Account of Frontline Experience

The end of March saw an increase in the number of Covid-19 patients. Two urologists were called up for frontline duty in the medical wards of Kuala Lumpur Hospital. They share their experience below.

Dr Fong Voon Yen
Urologist
Kuala Lumpur Hospital

Owing to the surge of Covid-19 cases in Klang Valley, Kuala Lumpur Hospital and Sungai Buloh Hospital were declared Covid-19 centres. Vividly I still recall the day I received the notice to report to for duty in Covid-19 ward - it sent chills down my spine.

On the first day of duty, I was sent to look after two wards with a total of 30 patients. It was mandatory to wear the full personal protection equipment (PPE) before entering the wards. The process of donning and doffing was extremely important to prevent spread of disease. My daily routine was to begin morning rounds to identify unstable patients and review their investigation results. Most of my patients were fairly stable, I was required to check their oxygen saturation at rest and after exertion. After rounds I would discuss the at-risk patients with the Infectious Disease Physician. Normally those unstable patients would be transferred to the acute ward or referred to anaesthetic team for intensive care.

Due to the contributions from companies via Corporate Social Responsibility (CSR), we were all provided with lunch and dinner every day. As I didn't want to put my family at risk, I stayed in Tune Hotel for the entire month. It was a really bad experience to stay away from my family for such a long duration. During the on-call period, I would stay in wards until midnight making sure all the patients were stable before heading back to the hotel.

I still remember a lady admitted to my ward, whose husband was intubated in the intensive care unit. The couple were infected with Covid-19 after attending a wedding, and they had three children who were cared for by her brother-in-law. The patient burst into tears right in front of me during ward round. She looked so distressed and helpless, that I had to call the psychologist in-charge of my ward, who was able to calm the patient. This made me realise the full impact of the pandemic towards all the aspects of our society, not just health and economy, but also family relationships and social connections.

Dr Fong with two urology medical officers seconded to the Covid-19 wards, Dr Syazana and Dr Deenish

Towards the end of my month on Covid-19 duty, I was so glad that the number of new cases were decreasing. Though everything seems to be slowly getting back on track, the battle is not over yet. The coming weeks are more critical as there may be a new surge of cases. I really wish all Malaysians will abide by the standard recommendations to prevent the spread of the virus, including frequent hand washing, wearing face mask when outdoors, avoiding close physical contact, avoiding crowded places and to always stay at home.✧

Dr Tam Wei Lun
3rd Year Urology Trainee
Kuala Lumpur Hospital

The Covid-19 pandemic has changed everyone's life, and the urology service in Kuala Lumpur Hospital was not exempted. I felt this the most when the call-to-duty circular arrived in our department shortly after implementation of Movement Control Order.

At first, I was shocked. As a surgeon who has left internal medicine for long time, I was concerned about my competency to manage these patients. After that came fear - for the safety of my parents and my children who may be exposed because of me. Our mind is tricky, the what-ifs occupied me more and more, until the worrying become over-exaggerated. Luckily, my supportive family helped ease the initial phase of over-thinking.

At work, I was glad to have concerned consultants and supportive colleagues to back me up. Some of them personally contributed to purchase direct-order personal protective equipment (PPE) for the front-liners. However, at times of shortage, we still used plastic garbage bags to wrap our feet, to avoid exposure.

Despite my initial reluctance, it was a rewarding experience to be able to identify the deteriorating patients, initiate treatment and see them improve.

The initial group of specialist surgeons asked to cover the Covid-19 wards were two urologists, two general surgeons and one paediatric surgeon. We were given a short briefing on the Covid-19 disease categories, how to work-up patients in each category, warning signs of impending deterioration, management of patients, side effects of treatment and discharge criteria. Two surgeons were assigned to three wards.

As all this happened during the month of April, when the outbreak was at its peak, the wards were crowded with Covid-19 patients. Fortunately, the majority of them were Category 1 and 2 patients, who were relatively well. But, the elderly patients with comorbidity such as diabetes and obesity could deteriorate very fast as a result of cytokines storm or acute respiratory distress syndrome.

Despite my initial reluctance, it was a rewarding experience to be able to identify the deteriorating patients, initiate treatment and see them improve. As each patient recovered and was discharged, the numbers would be reflected on the television screen every evening during the Director-General's daily press briefing. Spontaneous pneumothorax and bilateral conjunctivitis were some of the rare signs we encountered among our patients, and have not been reported elsewhere.

All suited up for duty

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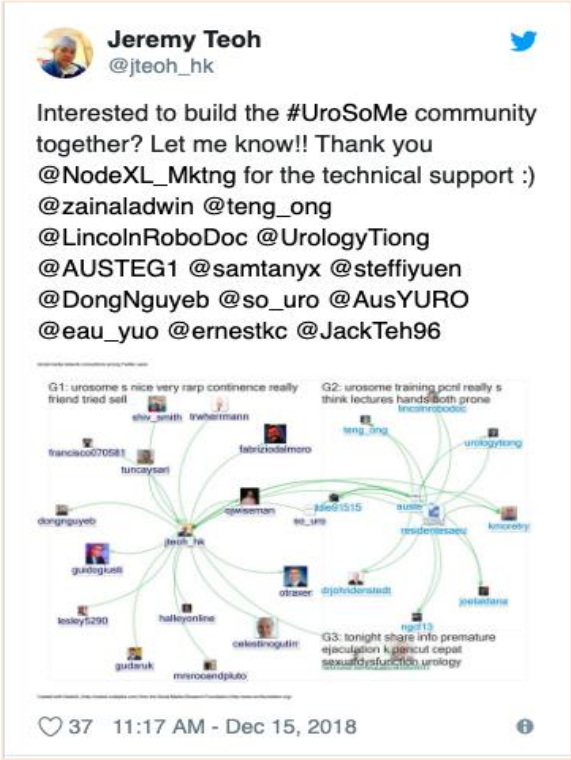
#UroSoMe: Connecting Urologists Globally

Dr Zainal Adwin Zainal Abidin
3rd Year Urology Trainee
Universiti Teknologi MARA (UiTM)

#UroSoMe stands for "Urology Social Media". The #UroSoMe team was set up in 2018, aiming to increase public awareness about urological conditions and bringing together urologists from all over the world to share experience and perform research.



I realized the power of social media when I was first involved in a local twitter project called #MedTweetMY. The movement was a success with over a million followers, multiple television and radio appearances and one best seller book. It was when I met Professor Jeremy Teoh, a urologist from Hong Kong, that we realized that we could garner the power of social media for the good of the international urology community, and decided to create a campaign similar to #SoMe4Surgery, which was gaining momentum during that time.

We started with random conversations about common urological situations to gain visibility and get more people to use the hashtag. We then moved on to live discussions. The #LiveCaseDiscussions was on the subject of urolithiasis, and became a success. The discussion was moderated by Professor Jeremy Teoh, while the other team members tweeted questions and engaged the responders. It took us nearly 2 hours to 'conclude' the discussion, but the conversation went on for a few more days.

I have started a local hashtag, specific for Malaysia, called #UroSoMeMY. Use this hashtag when you are on Twitter

Medical conferences are another avenue to utilize hashtags and garner visibility. The Urological Association of Asia Congress in Kuala Lumpur last year is an excellent example of using social media to create visibility and increase the number of delegates attending the meeting.

What can we do in Malaysia to join in the fray and participate? Just use the hashtag. Twitter is an excellent platform for sharing, as a multitude of premier urological journals have twitter accounts, where new and cutting-edge information is being shared.

So, share your experience on Twitter and connect with other urologists around the world. I have started a local hashtag, specific for Malaysia, called #UroSoMeMY. Use this hashtag when you are on Twitter. The #UroSoMe team

has published many academic papers on social media use among urologists, based on data collected from curating the usage of hashtags, and I am positive that Malaysian urologists can also do the same.

It is of my hope that the Malaysian urological scene will be more social media conscious and start using Twitter for its immense potential. If you need help getting started, please feel free to email me, drzainaladwin@gmail.com and I will help you.✧

Four-Step Guide to Getting on Twitter

Register a username at www.twitter.com

Type your statement to share or discussion to initiate - only 280 words allowed per tweet, so keep it short and clear

End your statement with #UroSoMe #UroSomeMY

Tag the #UroSoMe core members to gain visibility

…Continued from page 5

The front-line team was truly multidisciplinary, with personnel from the many departments in Kuala Lumpur Hospital. Though management was led by the Infectious Disease Physicians, they were open to our suggestions to improve the safety of donning and doffing practice, as we were surgeons, and much better at this. Aswe spent more time in the Covid-19 wards, some people became complacent, and adherence to donning and doffing protocols became lax. But as specialists, we remained strict and firm to ensure that there was no compromise on safety. After all, the saying is, if the *upper beam not straight, the lower beam will be crooked*. Two healthcare workers in one of the wards were found to be infected, but this was later confirmed to be community-acquired infections. Covid-19 has separated families and changed the way we live. The war against this invisible enemy is much scarier, and the victory remains far from sight until a vaccine is available. I am proud to have had the opportunity to serve the country as a front-liner.✧

Informed Consent: Bolam to Montgomery

Mr Manmohan S Dhillon
Partner
Messrs P S Ranjan & Co

In 1954 John Hector Bolam who was suffering from mental illness was advised to undergo electro-convulsive therapy. He signed a consent form but was not advised of a one in 10,000 risk of fractures. No relaxant drugs were given and no manual control, save for support of his lower jaw was used. A male nurse had stood on each side of the treatment couch. In the course of his treatment Bolam suffered dislocation of both hips and fractures of the pelvis on both sides.

There were two bodies of opinion. One favoured the use of relaxants or manual control as a general practice. The second view was that the relaxant drugs were to be used where there were particular reasons for their use. There were also different views on the question whether an express warning of the risk of fractures should be given to the patient or whether it should be left to the patient to inquire about the risk(s). The jury was directed by McNair J that a doctor is not negligent if he is acting in accordance with a practice accepted as proper by a responsible body of medical opinion skilled in that particular art, even though there is a body of medical opinion which takes a contrary view. The jury found that the defendants were not negligent.

Mrs Nadine Montgomery studied molecular biology and graduated with a B Sc degree. She worked for a pharmaceutical company as a hospital specialist. Her mother and sister were both general practitioners. She was expecting her first baby. She was just over 5 feet in height and had insulin dependent diabetes mellitus and was told that she was having a larger than usual baby. The doctor did not advise her of the risk of shoulder dystocia and she was also not advised to undergo a Caesarean section. Mrs Montgomery was advised to undergo a vaginal delivery and that if difficulties were encountered then recourse would be had to a Caesarean section. During the delivery her baby suffered shoulder dystocia.

Following what was described as an obstetrician's nightmare…

Following what was described as an obstetrician's nightmare her baby suffered Erb's palsy and was later diagnosed with cerebral palsy affecting all 4 limbs. The trial judge and the intermediate appellate court applied Bolam and accepted that on the basis of a responsible body of medical opinion there was no need to advise her of the risk of shoulder dystocia and the option of an elective Caesarean section.

The case then went to the Supreme Court. It set aside the lower courts' decisions and allowed Mrs Montgomery's appeal and said as follows: -

1. that consent must be obtained before treatment is provided;

2. that reasonable care must be taken when advising of the material risks of each of the available reasonable treatment options;

3. that a risk was material if a reasonable patient would regard a particular risk as significant or that the doctor was or should reasonably have been aware that the particular patient concerned would have likely attached significance to it;

4. that it was impossible to reduce to percentage terms the materiality of the risks;

5. that the doctor may rely on the therapeutic exception in not disclosing the risks if disclosure would be seriously detrimental to the patient's health;

6. that the therapeutic exception was a limited exception to the general principle and it did not allow doctors to prevent patients from making an informed decision; and

7. that the doctrine of necessity will apply where the patient required urgent treatment but was either unconscious or otherwise unable to make a decision.

The Supreme Court decided that Bolam was no longer a good law in regard to the duty to provide advice and information.

The test to apply was the patient standard test as explained above. Bolam (as qualified by a high authority, as shown below) has limited relevance, now applying only to matters of diagnosis and treatment calling for the exercise of special skill.

It does not apply to: -

1. the issue of whether there is a duty of care;

2. findings of fact;

3. causation and foreseeability of damage arising out of a breach of the duty of care; and

4. the existence of damage.

This departure from Bolam has also occurred in various countries, including Malaysia.

Montgomery has been followed in Malaysia.

In **Dr Teh Bee Tee v Dr Joshua Mohanraj Daniel & Anor [2018] 11 MLJ 238**, Akhthar Tahir J decided that Bolam had no role to play in the court making a finding of fact regarding the size and shape of cells seen following a histopathological examination of tissues taken from the uterus. In that case the defendant pathologist had described the cells to be round or polygonal in shape when the cells were in fact spindle in shape resulting in a failure to diagnose cancer.

In **Greaves & Co (Contractors) Ltd v Baynham Meikle and Partners [1953] 3 ALL ER 99** the Court of Appeal applied Bolam to the engineering profession and said that it was also applicable to other professions. The law reports show that Bolam has been applied to accountants and lawyers.

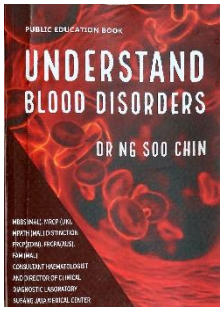
In **Edward Wong Finance Co. Ltd v Johnson Stokes & Master (A Firm) [1984] AC 296** the Privy Council found liability against a firm of solicitors who had followed a generally approved and accepted practice amongst solicitors in Hong Kong which the Privy Council said was a dangerous practice.

Bolam as watered down by the House of Lords in **Bolitho v City and Hackney Health Authority [1997] 4 All ER 771** applies only to the standard of care provided or not provided in a clinical negligence case. The House of Lords had decided that before the expert opinion can be relied on the court must decide that such expert opinion is reasonable, responsible and respectable and stood up to logical analysis.

Bolam had unfortunately been misused in defending healthcare care defendants and even more unfortunate is the impression that some judges had too readily deferred to experts on the basis of following Bolam without ascertaining whether the expert opinion involved was reasonable, responsible and respectable and stood up to logical analysis.✧

Book Review

***Dr Clarence Lei Chang Moh**, Consultant Urologist at Normah Medical Specialist Centre, feels that the movement restriction during the pandemic has given him time to catch up with all the books that have been piling up on his desk. He agreed to review the two books that have made the most impact on him.*



Public Education Book: Understand Blood Disorders by Dr Ng Soo Chin

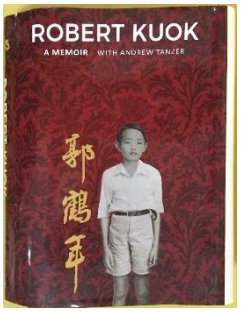
The author, Dr Ng Soo Chin was my classmate in University of Malaya, 1976/81. Indeed, we stayed on the same floor during the last two clinical years, and in addition to knowing about him, I also knew all his girlfriends, who came and went at different times of the day and night!

I recently met him at his busy medical practice in Subang Jaya, where I had gone to give a sample of my blood as a possible bone marrow donor. He had come down to see me in the midst of his ward rounds, and I really did not know that he was a talented writer until his lovely secretary gave me a copy of his book. I was initially sceptical about the need for a print book in the era of internet, and was pleasantly surprised to find an immensely readable book. Dr Ng Soo Chin has managed to put down facts in layperson's terms, with a neat layout and many coloured photographs.

The most important chapter in the book is titled Is Health Screening Really Necessary? (also available on http://www.asiaone.com/health/health-screening-really-necessary). I would encourage everyone to read this chapter. Many Malaysian patients go for *total body scans* without understanding the risks, including dangers of radiation. Radiation risks are often not appreciated by the patients and ignored by doctors. The author quotes an example of a lady who had health screening followed by coronary artery CT, and then an angioplasty resulting in iatrogenic coronary artery tear! The author is not against health screening, but suggests that it should start with history and physical examination by a qualified doctor, followed by specific investigations. The misconception most patients have is that all problems will be solved by health screening. While it is easy to screen for diabetes mellitus, cancer mortality has been reduced by health screening in only three of all cancers i.e. breast, cervix and colon.

Dr Lei (left) with Dr Ng Soo Chin

I felt very encouraged after reading my friend's book, and even inspired to write my own version of this book on urological conditions. I congratulate Dr Ng Soo Chin for his remarkable achievement.✧



Robert Kuok
A Memoir
With Andrew Tanzer

The book title first caught by attention when Dato' Dr Rohan Malek mentioned this book while giving a lecture on selection criteria for urology trainees. Robert Kuok's three criteria for employing new staff are integrity, ability and capacity for hard work. Rohan's second slide was a reminder that material wealth did not guarantee happiness.

Robert Kuok's three criteria for employing new staff are integrity, ability and capacity for hard work.

My younger son found me another version of this book, a 24-page article written by Lee Kam Hin, published in the Australian Economic History Review in November 2013. This article described Robert Kuok as the richest man in South East Asia, while Forbes Asia called him a legendary tycoon. I really would not have come around to reading this book if my daughter has not bought it for me in Heathrow Airport, while she was on the way home to Kuching.

Most of the book is regarding Robert Kuok's personal dealings in his sugar and oil business. While he is full of praise for the government officials of Malaysia and Singapore, he is less complimentary to some of his business associates. Robert Kuok seems to be a hands-on leader, especially when managing start-ups such as the first Shangri-La Hotel in Singapore. He believes that if he prioritises staff welfare, then they in turn will take good care of his clients.

Considering that Robert Kuok was 94 years old at the time of the publication of this book in 2018, I was curious about his secrets to a long and healthy life. His life principles include honesty, humility, hard work, while avoiding greed. He also emphasised a simple lifestyle to stay healthy. He admitted to being a responsible capitalist, and to expect failures. As a capitalist, his duty was to negotiate the most lucrative deal for his side, and yet he kept his side of the bargain even when things did not turn out well.

Robert Kuok had a tough life and confronted problems head-on. His father left his mother at the Lee Pineapple Plantation during the Japanese invasion, as he had another family. Robert Kuok's own brother died a hard-core communist in the Malaysian jungles. He depended on his mother for strength, especially when he was faced with tough decisions, and admits to being a fatalist in his later years.

Robert Kuok has two wives, with five children from his first wife and three children from his second wife. His first wife refused to divorce him, and he has somehow established space for all the three important women in his life!

Robert Kuok remains true to his roots, including his humble beginnings in his birth place of Johor Bahru, as well as his parents' home in China. After the 2018 elections, he was appointed to the Council of Elders, to advise the Prime Minister of Malaysia on improving our economy.

A quote form page 337 is on "businesses-like hospitals ... How can you insist on charging a sick patient who needs care but cannot afford it?" I encourage you to read this book to understand Robert Kuok's perspective on private health care.✧

"No subject is terrible if the story is true, if the prose is clean and honest, and if it affirms courage and grace under pressure."

Ernest Hemingway

30th World Congress of Videourology

Our urology trainees, Dr Suriaraj (left) and Dr Kumarappan with the legendary Dr Arthur Smith

Dr Suriaraj Karppaya
4th Year Urology Trainee
Kuala Lumpur Hospital

I came to know about this congress via the AUSTEG (Asian Urological Surgery Training and Education Group) committee. I had actually applied to attend the AUSTEG Endoscopic Stone Surgery Course in Incheon, and the secretariat then extended the invitation for us Urology residents to attend the 30th World Congress of Videourology which was to be held on 15-16th May 2019, two days before the AUSTEG course.

The residents were required to submit abstracts beforehand. Trainees with selected submissions were entitled to complimentary accommodation and full-waiver of congress registration fee. The cost of travel was sponsored by the AUSTEG secretariat. The congress was held at the Severance Hospital, in the heart of Seoul city.

I was thrilled to be attending a major international conference; and having my video submission on *Transurethral ventral buccal mucosa graft inlay meatoplasty: an innovative and effective treatment for meatal stenosis,* selected to be presented at the congress was an opportunity I would forever treasure.

The vast array of video presentations on novel operative techniques, lectures and debates by international speakers on topics such as supine versus prone percutaneous nephrolithotomy, approaches to nephro-ureterectomy, and pre-emptive stent insertion before retrograde intrarenal surgery were eye opening sessions, which left me in awe of the rapidly evolving field of Urology.

For me, the highlight of the two-day event was meeting the legendary Dr Arthur Smith in person. For someone known as the Father of Endourology, he was very down-to-earth and inspiring in person.

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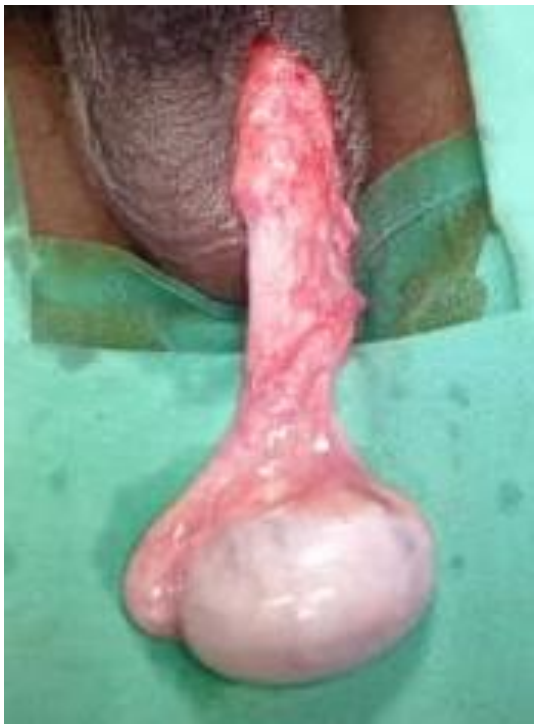
Image in Focus: Bell Clapper Anomaly

Dr Nur Husna Atan
2nd Year Surgery Trainee
Kuala Lumpur Hospital

A 17-year old boy presented with acute testicular pain, having had a similar episode a year ago. The patient underwent emergency scrotal exploration and the intra-operative finding is shown in the image below.



The incidence of a bell-clapper anomaly of the testes is reported to be 12 per cent, and this anomaly may be bilateral in 40 per cent of cases. The tunica vaginalis completely encircle the epididymis, distal spermatic cord and testis. This lack of posterior anchoring allows the testes to rotate freely within the tunica vaginalis, predisposing the patient to intra-vaginal testicular torsion.

Studies show that *older boys* presenting with recurrent testicular pain may have a bell clapper deformity, and early testicular fixation is recommended because the rates of testicular salvage in patients with acute torsion is low. In this patient's case, the contralateral testis also showed similar deformity. Both testes were fixed and the patient was discharged safely.✧

References:

1. Martin AD et al. The prevalence of bell clapper anomaly in the solitary testes in cases of prior perinatal torsion. J of Urol 2014; 191(5) 1573-77
2. Kamaledeen S et al. Intermittent testicular pain: fix the testes. BJU International 2003; 91: 406-8

The bell clapper deformity is characterised by transverse lie of the testis, and a long spermatic cord.

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Despite the full congress schedule, I managed to make some time for sightseeing in the evenings. Seoul is a beautiful city, and I managed to visit the majestic Gyeongbokgung palace and Seoul tower, after which I enjoyed scrumptious Korean street food at the famous Myeongdong night market. After the congress ended, I continued on to Incheon for the two-day AUSTEG workshop.

I am grateful to MUA for disseminating information regarding various courses and conferences to us trainees. **My advice to my fellow trainees is to keep a lookout for international conferences and workshops, as many organisers offer travel grants and subsidised registration for residents. Even without sponsorship, it is possible to travel budget and share accommodation to keep it affordable.** So, grab every opportunity that comes by as it is a great way to expand your knowledge and perspective on patient care. And furthermore, travelling will inadvertently open your mind and make you embrace cultures from different parts of the world.✧

Malaysian Urology Foundation

Dr Azad Hassan Abdul Razack
Consultant Urologist
KPJ Tawakkal Specialist Hospital
Visiting Professor, Faculty of Medicine, University of Malaya

The Malaysian Urological Foundation (MUF) was set up in the 1990s to champion various urological activities on patient awareness, trainee education and quality research through special interest groups. These objectives were made feasible with donations and fund-raising events. The foundation has been dormant for some time but has now been reactivated by the Registrar of Societies, and has a banking account to serve the original purpose that the foundation had set out to do.

Donation of hand sanitizers to front

The MUF has supported various activities organized by urology departments around the country. We have actively contributed to the many Prostate Awareness Campaigns held in 2018 and 2019, and have supported urologists with travel grants. We are currently working closely with our pharmaceutical partners to organize fund-raising activities.

The foundation will only be able to realize its full potential with the support of all urologists and urology trainees

The foundation will only be able to realize its full potential with the support of all urologists and urology trainees. We have already initiated a membership drive, and have successfully registered 14 life members, 13 ordinary members and 33 associate members. We are also working very hard to obtain tax exemption status for the foundation income from the Inland Revenue Board, in order to encourage more donation and charity drives in future.

The MUF hopes to play an important role in supporting urologists in Malaysia, as well as to encourage more research in our field. For patients, we aim to improve patient education on common urological conditions, in order to create awareness and early treatment-seeking habits in our society.✧

2016/2020 Executive Committee

President - Prof Dr Azad Hassan Abdul Razack
Vice President - Dato' Dr Selvalingam Sothilingam
Secretary - Associate Professor Dr Shanggar Kuppusamy
Assistant Secretary - Dr Kalidasan Govindan
Treasurer - Dr Chong Wooi Loong
Members - Dr Clarence Lei & Dr Patrick Mah

ART in Flexible Course

Dr Kumarappan Alagappan
4th Year Urology Trainee
Selayang Hospital

In July 2019, Dr Kumarappan Alagappan attended the Advanced Resident Training (ART) in Flexible Course in Berlin. This is a hands-on workshop on endourology techniques organised by the European School of Urology (ESU). MUA Bulletin spoke to him about his experience.

Q: How did you come to know about this workshop?
I found out about this course when I was in Singapore for the E-BLUS workshop, where I met Dr Andreas Skolarikos from Greece. I approached him to express my interest in Endourology and asked for his advice on how I could improve my skills. Dr Skolarikos suggested that I apply for this course organized by the European Association of Urology.

Q: How did you travel to Berlin?
I flew to Berlin via Frankfurt as it was cheaper. It was fairly easy to get around Berlin with the help of Google Maps. Public transport was fairly affordable, and very much doable even if you don't speak German, as most Germans spoke English well. I made some friends during the workshop itself, and getting around became much easier after that.

Q: How did you obtain funding?
The cost of registration and one-day accommodation was provided by the ESU, the course organisers. I also applied to the MUA for a travel grant and was provided with RM 3,000 to cover the cost of travel.

Q: How is the course structured?
The course has 3 levels. I attended the first level, which focuses on basic manoeuvres, navigation and usage of guidewires. The second level is on complex skills that are required to do a full procedure, and the use of energy modalities for stone fragmentation and extraction. The third level course aims to teach complete endoscopic procedures.

Q: How is this course different from other ones that you have attended?
I have previously attended the AUSTEG course in Seoul. I think the key difference between both courses is in the teaching approach. AUSTEG had good lectures and case discussion, with hands-in training, while **the Berlin course dismantled each endourologic procedure into essential key steps or skills to master**. And then they train you specifically in each area to enhance your ability, precision and then proficiency to complete the task within an average time.

At the entrance to the training

Q: How has your practice changed?
I have now started auditing myself to see the outcome of each procedures that I do. I now understand that anyone can do a procedure, but it is crucial to reach a certain competency level before you should do it in a real patient. Some procedures have a steep learning curve, but courses such as this equip us with skills and confidence before we operate on patients.

Q: And what is your take-home-message?
Breaking the procedure down to key steps simplifies the learning process and enables us to grasp the procedure better.✧

Young Urologist Up North

***Dr Rohana Zainal** is a young urologist from Hospital Sultanah Bahiyah, Alor Setar. Having passed her exit examination in 2017, she was sent to Alor Setar in 2018, during the fourth year of her Urology training. She shares her experience off the beaten path.*

My interest in Urology began when I did my medical officer rotation in Selayang Hospital. There was a diverse range of patients, a variety of procedures to do, and urologists seemed to be very technology savvy. Though patients were mostly male, many women and children also had urological issues.

I started my training in Johor Bharu, then Selayang and Kuala Lumpur before being sent to Alor Setar. It was a spur-of-the moment decision as the urologist post became vacant when the resident urologist had left for private practice, and other urologists were reluctant to uproot their family and move up north. I consider the move a blessing as I have grown to love this town. It reminds me of my childhood home in Kuala Pilah.

Alor Setar suits my soul as it is peaceful with green paddy fields everywhere. The people are warm and friendly, and cost of living is reasonable. The only downside being the hot weather during the non-monsoon season.

The Urology Unit is part of the Department of Surgery, headed by Dr Nil Amri (colorectal surgery). I have the privilege of working with some of the most renowned surgeons in Malaysia, including Dr Manisekaran (hepatobiliary surgery), Dr Wan Khamizar (colorectal surgery), Dato' Dr Mohan (paediatric surgery) and Dr Regunathan (plastic surgery). They are very helpful, and as someone who is very junior in the department, I often ask them for their opinion, and we sometimes we operate on complex cases together.

During my first year in Alor Setar, I was fortunate to have Dr Khoo Say Chuan come over every month to help me with the major cases. Dato' Dr Rohan Malek, and Dr Murali Mohan also come over occasionally to help with reconstructive cases.

We have all the endourology and laparoscopy equipment available. But like the rest of the centres in Malaysia, the consumable budget is adequate and the drug budget is never enough. The overall urology workload is heavy, but still manageable. There are plenty of cases for the urology trainee to do in a non-threatening working environment. Even when I was the urologist in my hospital, I still had time to visit my husband in Johor Bharu and my parents in Seremban, as the general surgeons on call were willing to cover for me during my time away. Our elective services were closed from 18th March to 10th May during the acute phase of the Covid-19 outbreak. We have resumed our services now, but at a much lower volume.

Now, I also visit Kangar Hospital once a month, for clinic and an operating list. Kangar is close to the border and there are many Malay-speaking Siamese patients who come for treatment. There are also plenty of good eateries in Kangar.

Urology team in Alor Setar

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Urocademy

Dr Shanggar Kuppusamy
Associate Professor and Consultant Urologist
University Malaya Medical Centre

Dr Shanggar Kuppusamy spent the better part of a year developing the electronic training assessment platform for the Malaysian Board of Urology. He has summarised the rationale for its development and its utilisation below

The Urocademy is a new electronic assessment platform for comprehensive management of urological training. With the introduction of the parallel pathway of training, the number of urology trainees in Malaysia has markedly increased. It has become cumbersome to keep track of all the assessment forms, logbook sheets and research portfolio.

The Malaysia Board of Urology has invested in a new online portal at urocademy.my to do away with all the paper-based assessment and logbooks. The Urocademy has been designed to record and streamline each trainee's progress and self-development, as they rotate through their various rotations. This portal allows all workplace-based assessments to be performed electronically, and eventually via a mobile application. A summative report on the assessments and log book consolidation can be generated electronically during the biannual Malaysian Board of Urology (MBU) meetings.

The development of this first and innovative e- assessment portal is in line with the aim of MUA and MBU to move towards digitalization. This portal will be regularly updated to ensure long-term sustainability of this project.✧

Dr Shanggar (left) with Mr Prahaladhan (right) and Dato' Dr Rohan Malek discussing the Urocademy

…Continued from page 16

Alor Setar has been a very good training ground for me. In the initial years, when I was alone, I used to be quite upset and frustrated when I made a mistake. I coped with a lot of prayer, and by doing my best to learn from my error, and improve. When practicing alone, it becomes important to plan things out, so that we don't become mentally and physically exhausted. So, I select the cases that I am comfortable managing on my own, and ask for help with the complex cases. Everyone makes mistakes, but it is important to learn from it and try to improve by reading, watching operative videos, attending conferences and discussing with senior colleagues. I am glad that another urologist, Dr Tan Chun Khui has recently joined me in Alor Setar. I now have a colleague to share the heavy responsibility with. I am also grateful that my husband has been transferred to the same hospital. It is a blessing indeed.✧

Antibiotic Use in Transrectal Prostate Biopsy

Is There a Universal Standard?

Colonel (Dr) Ngoo Kay Seong
Consultant Urologist
Hospital Angkatan Tentera Tuanku Mizan

Barringer introduced transperineal needle biopsy in 1922, while Young and Davis began to perform transperineal open biopsy in 1962. These procedures were cumbersome without image guidance, and it was not until 1963 that transrectal ultrasound imaging of the prostate became available. The efforts of Hodge, McNeal and Stamey in the 1980s further established the role of TRUS-guided prostate biopsy.

Prostate biopsies form a substantial outpatient diagnostic workload for urologists worldwide. The transrectal biopsy is a clean contaminated procedure and antibiotic prophylaxis is indicated, as there are many opportunities for the rectal microbiome to be implanted into the prostate gland, or even to the lower urinary tract, leading to clinical bacteraemia. The risk of post-biopsy infection is low, with 3 per cent of patients requiring admission for sepsis, and the risk of death being 0.1 to 0.3 per cent.

Clinical trials published as early as 1979 show that antimicrobial prophylaxis effectively reduces post-biopsy infections. While antibiotic prophylaxis is now the standard of care, there is no consensus on the choice of antibiotic. Over the last two decades, the reported rates of infectious complications following antibiotic-covered transrectal biopsy procedures ranged between 0.1 and 7 percent, and this is associated with a rising incidence of fluroquinolone resistance. There is a world-wide variation in fluroquinolone resistance, with the United States and Japan reporting 23 per cent and 13 percent resistance prevalence respectively. Norway is reporting a rising resistance prevalence from 15 per cent in 2013 to 45 per cent in 2016, while Malaysian rates have remained stable at 23 per cent.

Factors that may put an **individual at risk of developing antimicrobial resistance** include antibiotic exposure (odds ratio 2.56) in the 3-6 months leading to the prostate biopsy, especially if fluoroquinolone (odds ratio 4.12) had been used, as this will result in co-selection of extended spectrum beta lactamase (ESBL) producing *E coli*. In addition, a history of visit to healthcare facilities with fluoroquinolone resistance, hospitalization in the one year preceding the biopsy, being a healthcare worker or having a family member as a healthcare worker, are all risk factors of developing fluoroquinolone resistance.

In spite of all this, the standard recommended antibiotic prophylaxis is still fluoroquinolone because it has been widely studied, has broad coverage against rectal flora and has favourable prostatic drug penetration. Combining two or more antibiotics, or **augmented prophylaxis**, has been advocated by some clinicians. The University of California Los Angeles practice is to combine ciprofloxacin with an ertapenem, in all high-risk men, i.e. those who are immunocompromised, are hospitalised, have had recent antibiotics exposure, are diabetic and any hospitalised patient. The rationale for this practice is that rectal swab cultures may be avoided, and *E coli* susceptibility was still high at 78 per cent.

Continued next page…

However, this approach contravenes the philosophy of antibiotic stewardship. On the other hand, the **targeted prophylaxis** approach relies on a pre-biopsy rectal swab to determine antimicrobial sensitivity towards rectal flora. In a systematic review, this approach has been shown to be associated with a lower infection rate of 0.18 per cent compared to 3.4 per cent via standard prophylaxis, and 39 men would need to be swabbed pre-biopsy to prevent one post-biopsy infection.

There has been a renewed interest in the use of **non-fluroquinolone antibiotics** as prophylaxis. Fosfomycin trometamol inhibits the biosynthesis of peptidoglycans, rendering a wide-spectrum of activity, with confirmed safety and efficacy. It has low bacterial resistance rate (below 3 percent), low incidence of cross-resistance with fluroquinolone, and is effective against beta-lactamase producing bacteria. A meta-analysis comparing Fosfomycin and Ciprofloxacin showed that rates of febrile urinary tract infection among prostate-biopsy patients were 0.7 percent and 4.6 percent, respectively.

Regardless of the strategies adopted, infectious complications following TRUS biopsy has a significant impact. In the United States, the cost of post-prostate biopsy sepsis has escalated from USD 8,700 to USD 19,000 over a period of ten years. Other analysis demonstrated that, net savings of USD 5,000 was accrued per infectious complications avoided, if targeted antimicrobial prophylaxis was employed. The economic impact of fluoroquinolone resistance appears to be higher than methicillin resistant Staphylococcus aureus and Clostridium difficile.

Adherence to antibiotic prophylaxis guidelines plays a crucial role in ensuring a good antibiotic stewardship practice. A study performed among South Korean urologists, who adhere to the American Urological Association guidelines, found that less than half used fluroquinolone as prophylaxis, while one fifth used augmented prophylaxis. Furthermore, up to 80 per cent of urologists prescribed antibiotics for more than three days post-biopsy, as opposed to the guideline recommendation of one day.

In Germany, where a majority of urologists still perform transrectal prostate biopsy of prostate, fluroquinolone was widely adopted in their practice over a median duration of 4 days, with only one out of ten urologists giving a single dose of antibiotics. This highlights the **heterogenicity of antibiotic use and adherence to guidelines among urologists**.

There is no universal standard for antimicrobial prophylaxis before a transrectal prostate biopsy procedure. However, fluroquinolone resistance is a serious problem with significant health and economic impact. The Infectious Disease Society of America has cautioned that alternatives should be considered if local antibiotic resistance level exceed 20 per cent. Some of the measures that may be considered include targeted prophylaxis and/or consultation with infectious disease physician for an augmented regimen. Eventually, a **risk-adapted approach** will be the most prudent strategy to minimise complications associated with this procedure.✧

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Editor's Note - This article was submitted with a total of 20 references which are available on request

Urology Fellowship in Guangzhou

__Dr Tan Chun Khui__ has recently joined Hospital Sultanah Bahiyah, Alor Setar as a urologist. He spent one year doing an Endourology & Laparoscopic Urology fellowship at the Zhujiang Hospital of Southern Medical University, Guangzhou in Guangdong, China.

Zhujiang Hospital is a 2300-bedded public hospital, which along with a few other hospitals, serves a population of 1.8 million. The Department of Urology is headed by the eminent Professor Liu ChunXiao, and consists of seven teams with 1-2 consultants and 1-2 registrars in each team. There are two urology wards with total of 123 beds. The service encompasses all aspects of urology, with emphasis on urological oncology. In a normal day, 20-25 elective operations are done in 3-4 theatres running concurrently, five days a week.

Dr Tan (right) with Professor Liu ChunXiao

A routine day starts with a daily handover meeting at 8 am followed by ward rounds. On some days, I head early to the operating, as the operating list also starts at 8 am. The team usually stays back until all elective cases for the day are completed, and this may occasionally extend well into the night.

It is important to be able to converse well in Mandarin, as it is the primary language used in all aspects of patient care, including disease nomenclature, drug prescription, identifying a surgical instrument, describing operative anatomy, documentation in patient notes and day-to-day conversation. My consultants and colleagues were supportive and kind, patiently answering my question and explaining the Mandarin medical terms that I did not understand.

I was given the opportunity to be on the registrar on call rota, which was a totally novel and exciting experience for me, as I needed to speak and write in Chinese when managing the patient referrals.

My family visited me, but could not stay for long as their visa was only valid for a month, and mine had to be renewed every three months. We managed to do some sight-seeing together, including visits to the Great Wall of China, the Summer Palace, the Terracotta Army Museum, and also parts of Shanghai. The cost of living per month is about RMB 6500 (MYR 4000) which includes comfortable lodgings.

This opportunity to work in a high-volume centre spending most of the time in the operating theatres, has been an invaluable experience. I learned new endourologic technique, and was given the opportunity to master a minimally-invasive approach to surgery. **My advice to other trainees looking into fellowship posts, is to be adventurous, approach it as new challenge, embrace it whole-heartedly, as a tool to gain enough experience to pursue a long and productive career in Urology.** I would like to offer my sincere thanks to the MUA for the support to pursue what has been a truly excellent fellowship year.✧

Advanced Urology Course
now online

The onslaught of the coronavirus pandemic has forced most of us to re-evaluate our manner of working. The online **Advanced Urology Course (AUC) in Pediatric Urology** was our initiative to overcome the movement restriction, while ensuring that urology trainees continued to receive the required attention and supervision. Online courses such as this will eventually complement the ongoing AUCs, while avoiding time-off-work and travel cost for both consultant and trainees.

We explored several online meeting platforms and decided on a paid Zoom subscription because of its flexibility, and seamless two-way interaction. Docquity is another doctors-only platform that has a MoU with the MUA. Docquity have offered to host our courses in one of the following manners

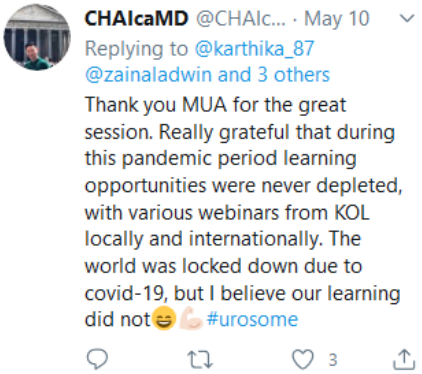
1. Pre-record all lectures and stream online

2. Stream live or pre-recorded lectures at a pre-determined date and time, with (up to six) speakers present online for Q&A

After much discussion, the Special Interest Group in Pediatric Urology decided on a course that will be conducted in two-hour sessions over six weekend afternoons. Despite May being the month of Ramadan, all consultants and trainees were in full attendance throughout the course. We were also joined by our pediatric nephrology colleagues and their trainees, who added valuable perspective.

Sat	Sun
	Session 1 - 10th May @ 3-5 pm Moderator: Ms Poongkodi
	3-4 pm: Introduction Course overview & online etiquette Speech - Mr Ashraf (SIG Chair) Speech - Ms Susan Mentoring Lecture - Mr Lei
	4-5 pm: VUR Case Presentation - Dr Chang BC Lecture - Mr Lei
Session 2 - 16th May @ 3-5 pm Moderator: Dr Aaron Goh	Session 3 - 17th May @ 3-5 pm Moderator: Dr Aaron Goh
3-4 pm: Neurogenic bladder Case Presentation - Dr Suriarai Lecture - Ms Poongkodi	**3-4 pm: Antenatal hydronephrosis** Lecture - Ms Susan Case Presentation - Mr Lei
4-5 pm: Peri-operative aspects of care for UT1	**4-5 pm: Viva Practice 1 for UT4** Facilitator - Ms Susan with all other consultants as panel
23rd May Eve of Raya	24th May Hari Raya
	Session 4 - 31st May @ 3-5 pm Moderator: Mr Tam Wei Lun
	3-4 pm: Childhood AKI and CKD Case Presentation - Dr Lim Li Yi Lecture - Dr Yap Yok Chin
	4-5 pm: Paediatric Emergencies Lecture - Ms Susan Woo
Session 5 - 6th June @ 3-5 pm Moderator: Mr Zainal Adwin	Session 6 - 7th June @ 3-5 pm Moderator: Mr Zainal Adwin
3-4 pm: Voiding Dysfunction Case Presentation - Dr Kuhan Lecture - Dr Mohd Ikram Ilias	**3-4 pm: Hypospadias** Lecture - Mr Mohd Ashraf Mohd Daud
4-5 pm: Undescended Testes Lecture - Mr Mohd Ashraf Mohd Daud	**4-5 pm: Viva Practice 2 for UT4** Summary and Closure

The online learning platform is here to stay, and it is up to each one of us to maximise its potential. Based on our own experience, well-defined learning objectives, having many senior facilitators present, case-based discussions and allowing the trainees to take charge of the learning process all contributed to making this course a success.✧



Dr Poongkodi Nagappan

On behalf of the MUA Special Interest Group in Pediatric Urology

The Malaysian Urological Association (MUA) was founded in 1974 by Datuk Dr G Sreenevasan and three other pioneer urologists. Our current membership stands at 126 urologists, and we represent all urologists from the public, academic, military and private sectors. Our mission is to develop and maintain the highest standards of urological practice and service in Malaysia.

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