Shades of Grey in Urology
Indicated for: Symptomatic treatment of urgency, increased micturition frequency and/or urgency incontinence as may occur in adult patients with overactive bladder (OAB) syndrome

**INDICATIONS**:
Treatment of adult men with metastatic castration-resistant prostate cancer who are asymptomatic or mildly symptomatic after failure of androgen deprivation therapy in whom chemotherapy is not yet clinically indicated.

Treatment of adult men with metastatic castration-resistant prostate cancer whose disease has progressed on or after docetaxel therapy.

Please refer to full prescribing information before prescribing XTANDI®.

Reference: 1. XTANDI® Malaysia Approved PI.

**Indicated for:** Symptomatic treatment of urgency, increased micturition frequency and/or urgency incontinence as may occur in adult patients with overactive bladder (OAB) syndrome
**DUODART®**

**Start**

**"Bringing the Good Times back"**

**3x1 Single capsule, once daily**

**Start with**

**DUTASTERIDE**

**Combination**

**DUTASTERIDE + TAMSULOSIN**

**Combination of Dutasteride and Tamsulosin**

**ABREVIATED PRESCRIBING INFORMATION FOR DUODART**

**Product Name & Active Ingredient:**

**Duodart 0.5mg/0.4mg capsules.**

**Dutasteride 0.5mg**

**Tamsulosin hydrochloride 0.4mg**

**Indications:**

Duodart is indicated as combination therapy for the treatment of moderate to severe symptoms of benign prostatic hyperplasia (BPH). Dutasteride inhibits the enzyme 5-alpha-reductase and decreases the amount of prostate specific metabolite of dihydrotestosterone (DHT). This decreases prostate volume by reducing prostate cell growth. Tamsulosin is an alpha-blocker that relaxes the smooth muscles in the prostate and bladder to relieve the obstruction. The combination of Dutasteride and Tamsulosin is synergistic with improved symptom relief and reduced prostate volume compared to monotherapy with either agent alone.

**Superior symptom improvement vs tamsulosin from month 3**

**Sustained symptom improvement over 4 years**

**Rapid symptom improvement**

**Facts and benefits:**

- **Superiority & Sustained Improvement:**
  - **3X More Patients Improved by Month 3**
  - **Sustained Symptom Improvement for 4 Years**

- **Enhanced Urine Flow:**
  - **Increased Urine Flow Rate**
  - **Reduced Time to Void**

- **Reduced Urgency & Frequency:**
  - **Decreased Urgency**
  - **Reduced Urinary Frequency**

- **Reduced Maximum Flow Rate Variability:**
  - **Decreased Flow Rate Variability**

- **Reduced Urinary Urgency:**
  - **Decreased Urgency Episodes**

**Patients treated with Duodart showed a higher percentage of patients with a greater than 25% decrease in symptom improvement compared to tamsulosin.**

**Important Safety Information:**

- **Contraindications:**
  - **Presence of an Anatomical Prostate Obstruction**
  - **History of Headache**
  - **Seizures**
  - **Hyponatremia**

- **Warnings & Precautions:**
  - **Hypotension and Orthostasis:**
    - **Orthostatic Hypotension**
    - **Seizures**
  - **Breast Cancer:**
    - **Male Breast Cancer**
    - **Female Breast Cancer**
  - **Reproductive System Disorders:**
    - **Impotence**
  - **Hepatic Impairment:**
    - **Reduced Clearance of Dutasteride**

- **Interactions:**
  - **PDE5 Inhibitors:**
    - **Increased Risk of Syncopal Events**
  - **Enzyme Inhibitors:**
    - **Increased Dutasteride Levels**
  - **Alpha-Adrenergic Blockers:**
    - **Premedication with Mydriatics**

**Dosage & Administration:**

- **2.5 mg once daily**

**Use in Specific Populations:**

- **Pediatric Patients:** Not recommended for use in children.
- **Lactating Patients:** No studies have been conducted in lactating women.

**Adverse Reactions:**

Common adverse reactions include impotence, decreased libido, and ejaculatory disorder. Rare reactions include priapism, testicular pain, and testicular swelling.

**Overdose:**

- **Symptoms:**
  - **Hypotension**
  - **Orthostatic Hypotension**
- **Management:**
  - **Gastric lavage**
  - **Supportive care**

**Pharmacology:**

- **Metabolism:**
  - **CYP3A4**
  - **CYP2D6**
- **Excretion:**
  - **Renal**

**Safety & Efficacy:**

- **Efficacy in UPJO:**
  - **Increased Ureteric Diameter**
  - **Improved Outcomes**

**Package Code:**

**112 Jalan Semangat, 46300 Petaling Jaya, Selangor Darul Ehsan, Malaysia.**

**ABBREVIATED PRESCRIBING INFORMATION FOR DUODART**

**Please read the full prescribing information prior to administration, available from:**

**GlaxoSmithKline Pharmaceutical (Malaysia) Sdn Bhd Level 6, Quill 9, 112 Jalan Semangat, 46300 Petaling Jaya, Selangor Darul Ehsan, Malaysia.**

**References:**

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CONFERENCE SECRETARIAT
27th Malaysian Urological Conference
Malaysian Urological Association
Unit 1.4 (Suite 2), Level 1, Enterprise 3B, Jalan Inovasi 1,
Technology Park Malaysia (TPM) Lebuhraya Puchong - Sungei Besi,
Bukit Jalil 57000 Kuala Lumpur, Wilayah Persekutuan
Email: maluroassociation@gmail.com
Website: www.muc2018.com
I am truly honoured to be given the opportunity to lead the organizing committee of the upcoming 27th MUC and with great pleasure, I welcome you to the annual conference of the Malaysian Urological Association to be held in the beautiful and diverse city of Kuala Lumpur.

Our theme for the conference this year is "Shades of Grey in Urology". We have decided to pay attention to the grey areas or controversial aspects of day-to-day urology as our core content in the scientific programme. I must thank and congratulate the scientific committee for conceiving a comprehensive programme that also gives importance to the latest updates on important urological topics. I am confident that the programme will appeal and satisfy all the delegates from allied health personnel to senior consultants.

Regular attendees to the MUC will definitely notice a few ‘firsts’ at the conference this year. To name a few, we have embarked on an environment friendly concept by ‘going green’ with minimal usage of paper, all posters at this conference will be displayed on electronic monitors with the presenters given an opportunity to present on stage. We are also launching the MUA mobile application for the conference, which will be on a trial run at the conference. We encourage feedback from you so as to fine-tune the app for use at the upcoming 17th UAA Congress next year.

I would like to take this opportunity to thank the entire international and local faculty for their contribution and cooperation. My sincere gratitude also goes to our collaborators namely BJUI, EAU, UAA, SIU and AUSTEG for all the support. The organisation of a conference also depends a lot on the contributions from the medical devices and pharmaceutical industry and I must express my thanks to all the exhibitors for coming on board to make this conference a success.

Finally, I wish all of you a fruitful 3 days at the 27th MUC 2018. I hope we have created a wonderful opportunity for you to gain new insights, meet up with friends and develop new ideas for future research. Have fun while here in beautiful Kuala Lumpur.

Shanggar Kuppusamy
Organising Chairman
MUC 2018
Dear friends,

It is indeed an honour and privilege to welcome all delegates to the vibrant city Kuala Lumpur for our 27th annual Malaysian Urological Conference.

This year's theme is "Shades of Grey in Urology". As scientific chairman of this event, we managed to bring together a good programme that stimulates both our clinical knowledge and scientific intellect. This will be through a combination of state of the art lectures, semi-live discussion and series of debate especially in controversial topics. The scientific programme drafted to highlight all urology sub specialties management including medicolegal aspects of urology.

We have gathered a world class faculty from North America, Europe, UK and Asia who will no doubt provide valuable new knowledge in the latest in urology.

With exciting internationally renowned speakers, and a very good clinically orientated programme together with case discussions, you will be completely updated on all disciplines of urology within these 3 days.

This annual meeting also is the perfect forum for both faculty and participants to interact and possibly discuss future collaborations.

On behalf of the Scientific Committee, I would like to extend a warm welcome to all delegates to this year's MUC.

Thank you

Assoc Prof Dato' Dr KhairulAsri
Scientific Chairman
MUC 2018
Welcome to the 27th Malaysian Urological Conference

On behalf of the Malaysian Urological Association, it gives me great pleasure to welcome all our members, invited guest and delegates to Kuala Lumpur for the 27th Malaysian Urological Conference.

I must congratulate the Organizing Chairman and Scientific Chair, Associate Professor Dr Shanggar Kuppusamy and Dato Dr Khairul Asri for the thought provoking programme arranged this year, with the theme ‘Shades of grey in Urology”. They were fortunate to have a dedicated team to assist in the organization of this event and kudos to all those who worked hard to make this possible. We are grateful to have many invited speakers from leading Urological Associations namely BJUI, EAU, UAA, USANZ and SIU that will further strengthen our partnership and friendship with these organizations. We also welcome Presidents and representatives from the various international Urological Associations. We appreciate the time you have taken to spend this weekend with us. We value the contribution of all invited and local speakers to this meeting.

Every year our conference draws a large number of nurses as they too play an integral part in providing best Urological care. The nursing programme that runs concurrently with MUC is equally important and our appreciation to Professor Dr Khatijah and her team for the wonderful programme drawn up this year.

The Malaysian Urology Congress is also an avenue to foster closer friendship with colleagues from around the region and world. It provides the opportunity for networking. This year we will run our second Youth symposium. This symposium provides trainees and young urologist a platform to explore their potential in the field of Urology. They will be the future of Urology.

We hope that all speakers and delegates will take time to enjoy the social events planned. The Gala Dinner will showcase Malaysian entertainment as well as good Malaysian food and hospitality. We also hope you will find the time to explore the natural beauty of Malaysia whilst you are here.

Our sincere thanks goes out to all pharmaceutical and medical device industries that have given their contribution. Finally we welcome all of you to Kuala Lumpur and hope this conference will be an informative and pleasurable experience.

Selvalingam Sothilingam
President
Malaysian Urological Association
Unifying Asia thru Urology
Active Ingredient: Abiraterone acetate.

Indications: With prednisone or prednisolone for treatment of metastatic castration resistant prostate cancer in adult men whose disease has progressed after a docetaxel-based chemotherapy regimen; and the treatment of metastatic castration resistant prostate cancer in adult men who are asymptomatic or mildly symptomatic after failure of androgen deprivation therapy in whom chemotherapy is not yet clinically indicated.

Posology: 1000 mg (four 250 mg tablets) as a single daily dose that must not be taken with food. To be taken with low dose prednisone or prednisolone. Recommended dose of prednisone or prednisolone is 10mg daily.

Contraindications: Hypersensitivity to the active substance or to any of the excipients; pregnancy; severe hepatic impairment (Child-Pugh Class C).

Warnings and Precautions: Patients whose underlying medical conditions might be compromised by increases in blood pressure, hypokalaemia or fluid retention; patients with a history of cardiovascular disease; patients with moderate hepatic impairment; withdrawal of prednisone or prednisolone; patients on prednisone or prednisolone who are subjected to unusual stress; decreased bone density; patients previously treated with ketoconazole for prostate cancer; patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption; pregnancy and lactation.

Interactions: Absorption increased significantly by administration with food; strong inducers of CYP3A4 (e.g., phenytoin, carbamazepine, rifampicin, rifabutin, rifapentine, phenobarbital) are to be avoided, or use with careful evaluation; co-administration with drugs activated by or metabolised by CYP2D6, dose reduction of narrow therapeutic index drugs metabolised by CYP2D6 should be considered, patients should be monitored for signs of toxicity related to a CYP2D6 substrate with a narrow therapeutic index if used concomitantly.

Adverse Events: Most common AEs are peripheral oedema, hypokalaemia, hypertension, urinary tract infection, hernia, aspartate aminotransferase increased, alanine aminotransferase increased, dyspepsia and fractures. May cause hypertension, hypokalaemia and fluid retention as a pharmacodynamic consequence of its mechanism of action. Concomitant use of a corticosteroid reduces the incidence and severity of mineralocorticoid effects. Cardiovascular effects including atrial fibrillation, tachycardia, angina pectoris, cardiac failure and arrhythmia. Drug associated hepatotoxicity with elevated ALT, aspartate transaminase (AST) and total bilirubin. Rare post-marketing reports of acute liver failure and hepatitis fulminant, some with fatal outcome.

Product Packaging: 250mg x 120's.

Please refer to full prescribing information before prescribing. Full prescribing information is available upon request.
Wau Bulan

Wau bulan is an intricately designed Malaysian moon-kite (normally with floral motifs) that is traditionally flown by men in the Malaysian state of Kelantan. It is one of Malaysia’s national symbols. There are many types of wau in Malaysia, each with its own specialty. Wau kucing (cat kite) and wau merak (peacock kite) are some of the variants.

Wau bulan got its name from the crescent moon-like shape of its lower section (bulan means “moon” in Bahasa Melayu Malaysia). Given the right colour, wau bulan apparently resembles a rising crescent moon when flown. The size of wau bulan is bigger than any other Malaysian traditional kite. The typical size is 2.5 meters in width and 3.5 meters in length. This makes the decorations painted on the kite’s body to be visible when it is flown high in the air. To make it more distinctive, wau bulan is normally decorated with large, strong-coloured patterns.
ORGANISING COMMITTEE

Local Organising Committee

Advisor: Azad Hassan Abdul Razack
Chairman: Shanggar Kuppusamy
Scientific Program Chair: Khairul Asri Mohd Ghani
Finance Chair: Rohan Malek
Publication Committee Chair: Ong Teng Aik

Surgical Masterclass Programme: Vijayan Manogran
Urology Nursing Program Chair: Khatijah Abdullah
Endourology Night Coordinator: Git Kah Ann

Members:
Selvalingam Sothilingam
Saiful Azli Mohd Ghani
Ngoo Kay Seong
Chan Siew Hong
Ahmad Nazran Fadzli
Khor Tze Wei
Toh Charng Chee

MALAYSIAN UROLOGICAL ASSOCIATION EXECUTIVE COMMITTEE (2016-2018)

President: Selvalingam Sothilingam
Vice President: Ong Teng Aik
Hon Secretary: Poongkodi Nagappan
Hon Treasurer: Rohan Malek
Committee members:
Hemanth Kumar Ramasamy
Tan Guan Hee
Noor Ashani Md Yusoff
### INVITED FACULTY

<table>
<thead>
<tr>
<th>Country</th>
<th>Faculty Members</th>
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<tbody>
<tr>
<td>Austria</td>
<td>Axel Heidenreich</td>
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<tr>
<td>Australia</td>
<td>Damien Bolton, Laurence Krieger</td>
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<td>France</td>
<td>Henry Botto</td>
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<td>Germany</td>
<td>Arnulf Stenzel, Christian Schwentner</td>
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<td>Indonesia</td>
<td>Kuncoro Adi</td>
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<tr>
<td>Japan</td>
<td>Akio Horiguchi, Kansuke Kawaguchi, Osamu Yokoyama, Takaaki Inoue</td>
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<tr>
<td>Hong Kong</td>
<td>Jeremy Teoh, Hilda Kwok Sze Wan, Li Suk Yin, Crystal, Li Miu Ling, Peggy Sau-kwan Chu</td>
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<tr>
<td>Italy</td>
<td>Andrea Tubaro</td>
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<tr>
<td>Philippines</td>
<td>Jason L Letran, Marie Carmela M. Lapitan</td>
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<tr>
<td>Singapore</td>
<td>Chong Kian Tai, Henry Ho Sun Sien, Lincoln Tan, Lynn Ng Yun Sui, JIANG Yan</td>
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<td>Sri Lanka</td>
<td>Neville D Perera</td>
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<tr>
<td>Thailand</td>
<td>Bannakij Lojanapiwat, Wanchai Nayaraksaree</td>
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<tr>
<td>The Netherlands</td>
<td>Joyce Baard</td>
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<tr>
<td>United Kingdom</td>
<td>Alan McNeill, Anju Goyal, Grenville Oades</td>
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<tr>
<td>United States of America</td>
<td>Ranjith Ramasamy</td>
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### LOCAL FACULTY

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<tr>
<th>Faculty Members</th>
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<tr>
<td>Azad Hassan Abdul Razack</td>
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<tr>
<td>Christopher Ho Chee Kong</td>
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<td>Chua Chong Beng</td>
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<td>Clarence Lei Chang Moh</td>
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<td>Datesh Daneshwar</td>
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<td>George Lee Eng Geap</td>
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<td>Khatijah Binti Abdullah @ Katherine Baha</td>
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<td>Khong Su Yen</td>
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<td>Mohd Rahmat Abdul Hamid</td>
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<td>Muthukkumaran Thiagarajan</td>
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<td>Murali Sundram</td>
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<td>Rajeentheran Suntheralingam</td>
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<td>Rohan Malek</td>
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<td>Selvalingam Sothilingam</td>
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<td>Srether Sundram</td>
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<td>Susan Woo Yoke Yin</td>
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<td>Teh Guan Chou</td>
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<td>Zulkifli Md Zainuddin</td>
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CONGRESS INFORMATION

<table>
<thead>
<tr>
<th>Registration Counter</th>
<th>Perlis, Basement II, Shangri-La Hotel Kuala Lumpur</th>
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| Operating Hour       | 22nd November 2018 0730 to 1700 hrs  
23rd November 2018 0800 to 1200 hrs  
24th November 2018 0800 to 1000 hrs |
| Opening Ceremony     | Friday, 23rd November 2018 0940 - 1010 hrs  
Venue: Sabah, Basement II, Shangri-La Hotel Kuala Lumpur |
| Congress Dinner      | Saturday, 24th November 2018, 2000 - 2200  
Venue: Sabah, Basement II, Shangri-La Hotel Kuala Lumpur |
| Closing Remarks      | Saturday, 24th November 2018  
Venue: Sabah, Basement II, Shangri-La Hotel Kuala Lumpur |
| Powerpoint Presentation | Presentation using personal laptop is not encouraged. Please save your presentation USB Drive and load it on the congress laptop by the AV assistant for identification. For presentation in the morning, the CD Rom should be submitted the day before, between 1400 and 1700hrs. For afternoon presentation, please submit it in the morning of the same day, between 0700 and 1100hrs. |
| Free Paper Presentation | Each presenter will be given 5 minutes for presentation and 2 minutes for discussion. Power Point presentation is available. |
| Video Presentation   | • Please confirm your presentation timing and venue with the Secretariat  
• Audio-visual testing facilities are available for your testing and viewing. The staff on duty will assist you in testing and installing your presentation materials.  
• Please be present at your session room at least 10 minutes prior to the start of the session.  
• Please remember that the time allocated for each video session is 7 minutes for presentation and 2 minutes for discussion. The presentation must be completely in a video format and there should not be a separate Powerpoint slide presentation.  
• All videos will be eligible for Best Video Prize |
| Poster Presentation  | 1) As an alternative to the traditional printed paper poster, the Malaysian Urological Association is pleased to introduce e-posters to the 27th Malaysian Urological Conference. E-posters will replace the printed posters and we are sure that you will share our enthusiasm for this innovative approach to poster presentation. As you will have uploaded your poster in advance there is no need to print and carry a poster to the meeting. This will save you the time and costs associated with printing and reduce the carbon footprint of the meeting. There will be monitors at the conference where all posters can be viewed.  
2) Your e-poster should be produced using the Ms Powerpoint Poster template. The content of the presentation should be of a single slide. E-Posters of different dimensions may be skewed/stretched/truncated when displayed on the monitors at the conference unless they conform to the template. The poster should fill up the monitor display when its display is maximised, and not leave any white/black areas. All e-posters will be available for viewing on monitors placed at strategic location.  
3) All abstracts accepted as moderated e-posters will be given a 3-minute podium presentation plus 1-minute discussion slot at the meeting on 23rd November 2018. Presenters are required to check the e-Souvenir Programme or Secretariat for the allocated time and venue for the judging session. A template of the Ms Powerpoint slides to be used for the presentation. Moderated posters are eligible for the Best Poster Prize  
4) Uploading of presentations will be available at the AV/Speaker Room at Sabah Ante Room, Basement II, Shangri-La Hotel Kuala Lumpur from 0800hr, 22nd November 2018 onwards. Presenters are encouraged to upload their presentations before 1000hr on the 23rd November 2018.  
5) All abstracts accepted as unmoderated e-posters can be viewed on monitors placed at strategic location. |
GUIDELINES FOR SPEAKERS AND CHAIRPERSONS

Speakers’ Preview Room

The Speakers’ Preview Room is allocated at Sabah Ante Room, Basement II, Shangri-La Hotel Kuala Lumpur.

Guidelines for Speakers – Scientific Session

Please submit your presentation at least 24 hours in an USB Drive for uploading on the Congress laptop by the AV Assistant prior to your presentation. For presentation in the morning, the presentation should be submitted the day before, between 1400 and 1700hrs. For afternoon presentation, please submit it in the morning of the same day, between 0700 and 1100hrs.

Audio-visual testing facilities are available for your testing and viewing. The staff on duty will assist you in testing and installing your presentation materials. Please note that only PowerPoint by Microsoft Office will be available.

Please be present at your session room at least 10 minutes prior to the start of the session.

Guidelines Speakers – Free Paper Sessions

Podium Session

Please confirm your presentation timing and venue with the staff on duty.

Uploading of presentations is available in the Sabah Ante Room, Basement II, Shangri-La Hotel Kuala Lumpur from 23rd November 2018 onwards. Presenters are encouraged to upload their presentations before 1700hr on the 23rd November 2018.

Audio-visual testing facilities are available for your testing and viewing. The staff on duty will assist you in testing and installing your presentation materials. Please note that only PowerPoint by Microsoft Office will be available.

Please be present at your session room at least 10 minutes prior to the start of the session.

Each presenter will be given 5 minutes for presentation and 2 minutes for questions and answers.

Presenters must adhere strictly to the schedule and limit their presentation to the duration allocated as per the programme.

Video Session

Please confirm your presentation timing and venue with the staff on duty.

Uploading of presentations is available in the Sabah Ante Room, Basement II, Shangri-La Hotel Kuala Lumpur from 23rd November 2018 onwards. Presenters are encouraged to upload their presentations before 1700hr on the 23rd November 2018.

Audio-visual testing facilities are available for your testing and viewing. The staff on duty will assist you in testing and installing your presentation materials.

Please be present at your session room at least 10 minutes prior to the start of the session.

Please remember that the time allotted for each video session is 7 minutes for presentation and 2 minutes for discussion. The presentation must be completely in a video format and there should not be a separate Powerpoint slide presentation.

Presenters must adhere strictly to the schedule and limit their presentation to the duration allocated as per the programme.

Poster Session

Venue: Melaka, Basement II, Shangri-La Hotel Kuala Lumpur

As an alternative to the traditional printed paper poster, the Malaysian Urological Association is pleased to introduce e-posters to the 27th Malaysian Urological Conference. E-posters will replace the printed posters and we are sure that you will share our enthusiasm for this innovative approach to poster presentation. As you will have uploaded your poster in advance there is no need to print and carry a poster to the meeting. This will save you the time and costs associated with printing and reduce the carbon footprint of the meeting. There will be monitors at the conference where all posters can be viewed.

Your e-poster should be produced using the Ms Powerpoint Poster template which is attached. The content of the presentation should be of a single slide. E-Posters of different dimensions may be skewed/stretched/truncated when displayed on the monitors at the conference unless they conform to the template. The poster should fill up the monitor display when its display is maximised, and not leave any white/black areas. All e-posters will be available for viewing on monitors placed at strategic location.

All abstracts accepted as moderated e-posters will be given a 3-minute podium presentation plus 1-minute discussion slot at the meeting on 23rd November 2018. Presenters are required to check the e-Souvenir Programme or Secretariat for the allocated time and venue for the judging session. A template of the Ms Powerpoint slides to be used for the presentation is attached. Moderated posters are eligible for the Best Poster Prize.

Uploading of presentations will be available at the AV/Speaker Room at Sabah Ante Room, Basement II, Shangri-La Hotel Kuala Lumpur from 0800hr, 22nd November 2018 onwards. Presenters are encouraged to upload their presentations before 1000hr on the 23rd November 2018.

All abstracts accepted as unmoderated e-posters can be viewed on monitors placed at strategic location.

Guidelines for Chairpersons

Chairpersons are appointed to moderate and conduct each scientific presentation in an orderly and systematic manner as per the schedule.

Kindly follow and adhere to the schedule.

The prizes offered for the free paper sessions are as below:

(1) Best Video Presentation
(2) Best Poster Award
(3) Best Oral Presentation Award for Malaysian Urology Trainees
(4) Best Oral Presentation Award
CONGRESS INFORMATION

Conference Secretariat

Malaysian Urological Association
Unit 1.4 (Suite 2), Level 1, Enterprise 3B
Jalan Inovasi 1, Technology Park Malaysia (TPM)
Lebuhraya Puchong - Sungei Besi,
Bukit Jalil 57000 Kuala Lumpur, Wilayah Persekutuan
Website : www.muc2018.com
Email : maluroassociation@gmail.com

Conference Venue

Shangri-La Hotel, Kuala Lumpur
11, Jalan Sultan Ismail, 50250
Wilayah Persekutuan Kuala Lumpur
Tel: 03-2032 2388

Registration Form

Please return the completed Form to the Secretariat with appropriate fees as early as possible to ensure receipt of the Conference bag and the complete set of conference materials upon checking in at the Conference Registration Desk. Photocopies of the form may be used.

Payment Details

Name of the Account : Malaysian Urological Association
Account Number : 514075606138
Bank Address : Malayan Banking Berhad,
Lot AG 1-2 & AG 9-10, Block A, Plaza Pekelliling,
No. 2, Jalan Tun Razak, 50500 Kuala Lumpur

Entitlements

Full registrants will be entitled to:
• Admission to all lectures, abstract sessions and symposiums
• Name Badge, Conference bags and Conference materials
• Admission to the exhibition areas
• Coffee/Tea
• Lunches

Scientific Sessions

Plenary session

Date : 22nd – 24th November 2018
Venue : Sabah, Basement II,
Shangri-la Hotel Kuala Lumpur
Time : 0800 – 1700

Urology Nursing Symposium

Date: 23 November 2018
Venue: Sarawak Room, Basement II, Shangri-La Hotel Kuala Lumpur
Time : 1100 - 1700

Urology Nursing Workshop

Date: 24 November 2018
Venue: Sarawak Room, Basement II, Shangri-La Hotel Kuala Lumpur
Time : 0900 – 1300
(Limited to 80pax)
Poster Exhibition

1) As an alternative to the traditional printed paper poster, the Malaysian Urological Association is pleased to introduce e-posters to the 27th Malaysian Urological Conference. E-posters will replace the printed posters and we are sure that you will share our enthusiasm for this innovative approach to poster presentation. As you will have uploaded your poster in advance there is no need to print and carry a poster to the meeting. This will save you the time and costs associated with printing and reduce the carbon footprint of the meeting. There will be monitors at the conference where all posters can be viewed.

2) Your e-poster should be produced using the Ms Powerpoint Poster template. The content of the presentation should be of a single slide. E-Posters of different dimensions may be skewed/stretched/truncated when displayed on the monitors at the conference unless they conform to the template. The poster should fill up the monitor display when its display is maximised, and not leave any white/black areas. All e-posters will be available for viewing on monitors placed at strategic location.

3) All abstracts accepted as moderated e-posters will be given a 3-minute podium presentation plus 1-minute discussion slot at the meeting on 23rd November 2018. Presenters are required to check the e-Souvenir Programme or Secretariat for the allocated time and venue for the judging session. A template of the Ms Powerpoint slides to be used for the presentation. Moderated posters are eligible for the Best Poster Prize.

4) Uploading of presentations will be available at the AV/Speaker Room at Sabah Ante Room, Basement II, Shangri-La Hotel Kuala Lumpur from 0800hr, 22nd November 2018 onwards. Presenters are encouraged to upload their presentations before 1000hr on the 23rd November 2018.

5) All abstracts accepted as unmoderated e-posters can be viewed on monitors placed at strategic location.

Exhibition and Sponsorship

The industry exhibition, open to all registered delegates, forms an integral part of the Conference. Located at the Basement II Foyer, Shangri-La Hotel Kuala Lumpur, the exhibition provides an ideal opportunity for members of the pharmaceuticals industry, healthcare providers and publishers to discuss the latest products and services available in the field of Urology.

The Conference provides a platform for many high profile promotional opportunities through sponsorship. The Conference Organising Committee would like to express their sincere thanks to the organizations who have so far committed their support to the Event.

23 November 2018 0800hr – 1700 hr
24 November 2018 0800hr – 1700 hr

Insurance and Liability

The Organising Committee will not be liable for personal accidents, loss or damage to private properties of participants during the conference. Participants should make own arrangements with respect to personal insurance.

Conference Website

Regularly updated information on registration, hotel reservation and scientific programme are available online at www.muc2018.com.

Conference Language

The Official language of the Conference will be English.

Certificate of Attendance

A certificate of attendance will be issued to all delegates.

Letter of Invitation

Upon request, the Organising Committee will issue a letter of invitation. The sole purpose of the letter is to facilitate the delegate’s travel and visa arrangements. The invitation does not imply provision of financial support. Letters of invitation may be requested by individuals from the Conference Secretariat by email: maluroassociation@gmail.com

Liability

The Organising Committee will not be liable for personal accidents, loss or damage to private properties of participants during the conference. Participants should make own arrangements with respect to personal insurance.

DISCLAIMER
Whilst every attempt will be made to ensure that all aspects of the Conference published in this announcement will take place as scheduled, the Organising Committee assumes no responsibility should any of these fail to materialize for any reason.
BEYOND VISION
VISERA ELITE II

- All-in-one design
- 3D Laparoscopy
- IR observation
This remarkable edifice, built in 1897, was named after the State Ruler and served as the government administration building during the British era. Boasting a Mahometan or Neo-Saracenic style, the building is constructed entirely of brick. It was the largest building of its day and was said to be the finest in the Malay states. The stately structure consists of an imposing porch, graceful horseshoe-shaped arches, shiny copper domes and a 41.2-metre-high clock tower. The building makes an impressive sight when illuminated at night.
<table>
<thead>
<tr>
<th>TIME</th>
<th>TOPIC / SPEAKERS</th>
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</thead>
<tbody>
<tr>
<td>0730 – 0800</td>
<td>Registration</td>
</tr>
<tr>
<td>0800 – 0805</td>
<td>Opening Speech</td>
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</table>

**Plenary Session 1: Surgery in Urology**  
Moderator: Vijayan Manogran and Murali Sundram

<table>
<thead>
<tr>
<th>TIME</th>
<th>TOPIC / SPEAKERS</th>
</tr>
</thead>
</table>
| 0805 – 0815 | Fundamentals and Basics of 3D Laparoscopy  
( Olympus Malaysia Sdn Bhd )   |
| 0815 – 0900 | 3D Laparoscopy in Urology  
– Loh Chit Sin  |
| 0900 – 0920 | Q & A                                                                                               |
| 0920 – 1100 | Sponsored by: Boston Global  
Prosthetics in Urology  
– Ranjith Ramasamy |
| 1100 – 1110 | Tea Break                                                                                           |
| 1110 – 1130 | Prostate Cancer Diagnosis: MRI-Targeted or Standard Biopsy  
– Jason L Letran |
| 1130 – 1150 | How I Do It: MRI – Targeted Prostate Biopsy (Video Session)  
– Jason L Letran |
| 1150 – 1310 | Hands-on Session  
– Jason L Letran                                                   |
| 1205 – 1305 | Lunch Symposium by GSK  
Debating Medical Treatment Options in BPH * An Experts’ Forum |
| 1305 – 1345 | Opening Address and Introduction of Panelists  
– Marie Carmela Lapitan |
| 1345 – 1400 | Expert Forum  
– Rohan Malek, Zulkifli Md Zainuddin and Datesh Daneshwar |

**Plenary Session 2: YOUTH Forum**  
Chairman: Ngoo Kay Seong, Tham Teck Meng and Ian Graeme Conn

<table>
<thead>
<tr>
<th>TIME</th>
<th>TOPIC / SPEAKERS</th>
</tr>
</thead>
</table>
| 1400 – 1425 | De Novo Bladder Cancer – How To Do a Perfect TURBT and En Bloc Tumour Resection  
– Joyce Baard |
| 1425 – 1445 | Urethral Stricture 101 – How To Establish a Urethroplasty Service – From Rags to Riches  
– Akio Horiguchi |
| 1445 – 1505 | Social Media (SoMe) in #Urology – Opportunities and Applications  
– Jeremy Teoh |
| 1505 – 1515 | Q & A                                                                                               |
| 1515 – 1545 | Eisai (M) Sdn Bhd Afternoon Tea Symposium  
Chairperson: Selvalingam Sothilingam  
Silodosin – The Differential Effects of a New Novel Uro-selective Alpha Blocker  
– Osamu Yokoyama |
### Day 1

**November 22nd**

**Sabah Room, Shangri-La Hotel**

**Kuala Lumpur**

#### Time Table

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic / Speakers</th>
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<tbody>
<tr>
<td>1545 - 1605</td>
<td>Critical Appraisal of a Journal Article: How to do it</td>
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<tr>
<td></td>
<td>- Ong Teng Aik</td>
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<tr>
<td>1605 - 1625</td>
<td>Writing A Paper: From Conceptualization to Publication</td>
</tr>
<tr>
<td></td>
<td>- Alan McNeil</td>
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<tr>
<td>1625 - 1645</td>
<td>Data Overload – How To Do a Systematic Review and Meta-analysis</td>
</tr>
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<td></td>
<td>- Joyce Baard</td>
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<tr>
<td>1645 - 1655</td>
<td>Q &amp; A</td>
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<tr>
<td>1655 - 1715</td>
<td>Ceremony for Completion of MBU Training</td>
</tr>
<tr>
<td></td>
<td>- Rohan Malek</td>
</tr>
<tr>
<td>1900 - 1915</td>
<td>Dinner Symposium by Olympus Malaysia Sdn Bhd</td>
</tr>
<tr>
<td>1915 - 1945</td>
<td>Where To Go - Our Core Values in Urology</td>
</tr>
<tr>
<td></td>
<td>Moderator: Shanggar Kuppusamy</td>
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<tr>
<td></td>
<td>- Koji Shimomura</td>
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<tr>
<td>1945 - 2300</td>
<td>Transurethral En Bloc Resection of Bladder Tumour - Where are we now?</td>
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<tr>
<td></td>
<td>Moderator: Shanggar Kuppusamy</td>
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<tr>
<td></td>
<td>- Jeremy Teoh</td>
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<tr>
<td></td>
<td>Endourology Night</td>
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<td>Case Presentation, Discussion and Technical Tips in Endourology</td>
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<tr>
<td></td>
<td>Moderator and case Coordinator: Git Kah Ann</td>
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<tr>
<td></td>
<td>Venue: Sarawak Room, Shangri-La Hotel Kuala Lumpur</td>
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</tbody>
</table>
### Plenary Session 3: MUA – UAA Session: Shades of Grey in Stone Disease Management

**Chairperson:** Sivaprakasam Sivalingam and Noor Azam Nasuha

<table>
<thead>
<tr>
<th>TIME</th>
<th>TOPIC / SPEAKERS</th>
</tr>
</thead>
</table>
| 0800 – 0815 | **Lower Pole Stones : ESWL vs RIRS vs Miniperc**  
- Takaaki Inoue |
| 0815 – 0830 | **Complex and Challenging PCNL : Special Tips and Other Options**  
- Kumareshan Sellamuthu |
| 0840 – 0845 | **Endourology Procedures with Anticoagulants on Board: How Do We Proceed?**  
- Neville D Perera |
| 0845 – 0900 | **SIU Lecture**  
MET for Ureteric Stones more than 5 mm : Pros and Cons  
- Joyce Baard |
| 0900 – 0910 | **Q & A** |
| 0910 – 0940 | **Johnson & Johnson Sdn Bhd Morning Tea Symposium**  
**Chairman:** Azad Hassan Abdul Razack  
**mCRPC: How Should We Refine Therapeutic Decision Making**  
- Lincoln Tan |
| 0940 – 1010 | **OPENING CEREMONY** |
| 1010 – 1030 | **Tea Break** |

### Plenary Session 4: Uro-Oncology 1

**Chairperson:** Loh Chit Sin and Shankaran Thevarajah

<table>
<thead>
<tr>
<th>TIME</th>
<th>TOPIC / SPEAKERS</th>
</tr>
</thead>
</table>
| 1030 – 1050 | **BJUI Lecture**  
Shades of Grey in Gleason 7 Prostate Cancer : Differentiating between a Pussycat and a Tiger  
- Alan McNeil |
| 1050 – 1100 | **DEBATE**  
**PSA 4 -10, What’s next?**  
- MRI  
  - Teh Guan Chou  
- Biopsy  
  - Rajeentheran S |
| 1110 – 1125 | **Novel Androgen Axis Inhibitors – Evidence and Should Urologists Start Prescribing**  
- Ong Teng Aik |
| 1125 – 1145 | **DEBATE**  
**Prostate Cancer : GS 3+3 - Is it Benign or Cancer?**  
- Benign : Leave it  
  - Axel Heidenreich  
- Cancer : Treat it  
  - Henry Ho Sun Sien |
| 1145 – 1200 | **Positive Surgical Margin RRP : Adjuvant Radiotherapy : Early vs Delayed**  
- Selvalingam Sothilingam |
| 1200 – 1210 | **UFO Study: An Update**  
- Azad Hassan Abdul Razack |
### Time Table

#### Plenary Session 5: Reconstructive Urology
Chairperson: Jamil Merican and Kalidasan Govindan

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic / Speakers</th>
</tr>
</thead>
</table>
| 1210 - 1225 | **Endoscopic Management of Urethral Strictures: Is it Still Relevant?**  
- Kuncoro Adi |
| 1225 - 1240 | **UAA Lecture:**  
  **My Journey - Evolution of Anterior Urethral Strictures Management**  
- Akio Horiguchi |
| 1240 - 1255 | **Sclerosing Lipogranuloma of the Penis: Characteristics and Update on Management**  
- Wanchai Naiyaraksaree |
| 1255 - 1305 | **Q & A** |
| 1305 - 1405 | **Lunch Symposium by Merck Sharpe Dohme (M) Sdn Bhd**  
  **Current Clinical Evidence and Lesson Learnt in the Immunotherapy of Advanced Urothelial Cancer**  
- Laurence Krieger |

#### Plenary Session 6: Uro-Oncology 2
Chairperson: Kenneth Koh Beng Hock and JR Sathiyananthan

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic / Speakers</th>
</tr>
</thead>
</table>
| 1405 - 1420 | **Evolving Techniques in Partial Nephrectomy**  
- Christian Schwentner |
| 1420 - 1435 | **An Update on Cytoreductive Nephrectomy: Evidence vs Real-world**  
- Grenville Oades |
| 1435 - 1455 | **DEBATE**  
  **RCC With Extensive IVC Thrombosis To Heart: Is It Worth Operating?**  
- Yes – Murali Sundram  
- No – Christian Schwentner |
| 1455 - 1510 | **Lymphadenectomy in Renal Cancer: Experience vs Evidence**  
- Henry Ho Sun Sien |
| 1510 - 1520 | **Q & A** |
| 1520 - 1550 | **Afternoon Tea Symposium by AstraZeneca Sdn Bhd**  
  **Advances in the Management of Prostate Cancer: Is the Unmet Need Fulfilled**  
- Damien M Bolton |
<table>
<thead>
<tr>
<th>TIME</th>
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<tbody>
<tr>
<td>1550 – 1605</td>
<td>(Sponsored by : YSP Industries (M) Sdn Bhd)</td>
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<tr>
<td></td>
<td><strong>Bacterial Anti-Adhesion : A New Tool Against Pathogens</strong></td>
</tr>
<tr>
<td></td>
<td>- Henry Botto</td>
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<tr>
<td>1605 – 1620</td>
<td><strong>Recurrent UTI : Misuse and Abuse of Antibiotic Prophylaxis</strong></td>
</tr>
<tr>
<td></td>
<td>- Git Kah Ann</td>
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<tr>
<td>1620 – 1635</td>
<td><strong>Controversies in Management of Chronic Prostatitis/CPPS</strong></td>
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<tr>
<td></td>
<td>- Christopher Ho Chee Kong</td>
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<tr>
<td>1635 – 1650</td>
<td><strong>STDs : The Forgotten Armamentarium for Urologists</strong></td>
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<td></td>
<td>- George Lee</td>
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<tr>
<td>1650 – 1700</td>
<td><strong>Q &amp; A</strong></td>
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<tr>
<td>1700 – 1715</td>
<td>Tea Break</td>
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<tr>
<td>1730 – 1930</td>
<td><strong>MUA AGM</strong></td>
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<tr>
<td>1930 – 2100</td>
<td><strong>Guidelines on Urology Coding in Malaysian Practice</strong></td>
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<td>(For MUA members only)</td>
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</tbody>
</table>
### Plenary Session 8: Uro-Oncology 3
(MUA – EAU Joint Session Bladder Cancer and UTUC)
Chairperson: Norman Dublin and Chan Siew Hong

<table>
<thead>
<tr>
<th>TIME</th>
<th>TOPIC / SPEAKERS</th>
</tr>
</thead>
</table>
| 0800 – 0815 | **Bladder Sparing Treatment for MIBC**  
- Arnulf Stenzl                       |
| 0815 – 0830 | **Chemotherapy in Bladder Cancer: Neoadjuvant vs Adjuvant**  
- Muthukkumaran T                    |
| 0830 – 0845 | **Non Muscle Invasive Bladder Cancer Recurrence despite MMC and BCG: What’s Next?**  
- Rohan Malek                         |
| 0845 – 0900 | **Surgical Options for UTUC**  
- Axel Heidenreich                     |
| 0900 – 0910 | **Q & A**                                                                         |

### Plenary Session 9: Functional and Female Urology
Chairperson: Islah Munjih Ab Rashid and Peter Ng Eng Pin

<table>
<thead>
<tr>
<th>TIME</th>
<th>TOPIC / SPEAKERS</th>
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</thead>
</table>
| 0910 – 0925 | **Pelvic Floor Rehabilitation For SUI: What We Should Tell The Patient and Options Available**  
- Norlia binti Kamal                      |
| 0925 – 0940 | **Anti-Muscarinic Drugs vs Beta 3 Agonist: Guidelines vs Real Life**  
- Lo Hwa Loon                           |
| 0940 – 0955 | **Surgical Treatment for SUI: Do We Have A Gold Standard Procedure in this Current Medico-Legal Environment**  
- Khong Su Yen                           |
| 0955 – 1005 | **Q & A**                                                                         |
| 1005 – 1035 | **Ferring Sdn Bhd Morning Tea Symposium**  
Nocturia due to Nocturnal Polyuria Control the Cause, Restore the Night  
- Peggy Sau-kwan CHU                      |
| 1035 – 1050 | **Tea Break**                                                                     |

### Plenary Session 10: Men’s Health / Andrology
Chairperson: Khoo Say Chuan and Lim Kok Bin

<table>
<thead>
<tr>
<th>TIME</th>
<th>TOPIC / SPEAKERS</th>
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</thead>
</table>
| 1050 – 1105 | **Testosterone Replacement: Pros & Cons, and When To Start**  
- Bannakij Lojanapiwat                   |
| 1105 – 1120 | **Shockwave Therapy for ED: Who is the Best Candidate?**  
- Ranjith Ramasamy                        |
| 1120 – 1135 | **Premature Ejaculation: Is it Completely Understood?**  
- Zulkifli Md Zainuddin                   |
| 1135 – 1150 | **Azoospermia: From Bed(Side) to Baby**  
- Ranjith Ramasamy                        |
| 1150 - 1200 | **Q & A**                                                                         |
## Plenary Session 11: Pediatric Urology
Chairperson: Poongkodi Nagappan and Mohamed Ashraf Mohamed Daud

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic / Speakers</th>
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</thead>
<tbody>
<tr>
<td>1200 - 1220</td>
<td>Neurogenic Bladder: Has the Use of Botulinum Toxin Reduced the Need for Bladder Augmentation?  - Anju Goyal</td>
</tr>
<tr>
<td>1220 – 1240</td>
<td>Controversies in Managing Pelvi-Ureteric Junction Obstruction  - Susan Woo Yoke Yin</td>
</tr>
<tr>
<td>1240 – 1300</td>
<td>Types of Buried Penis and An Overview of Surgical Techniques  - Clarence Lei Chang Moh</td>
</tr>
<tr>
<td>1300 – 1310</td>
<td>Q &amp; A</td>
</tr>
</tbody>
</table>
| 1310 – 1410 | Lunch Symposium by Astellas Pharma (M) Sdn Bhd  
Chairman: Loh Chit Sin  
Perspective in the Future of mCRPC Management  - Chong Kian Tai |

## Plenary Session 12: BPH and OAB
Chairperson: Toh Chang Chee and Md Mahir Abdullah

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic / Speakers</th>
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</thead>
</table>
| 1410 – 1425 | (Sponsored by: YSP Industries (M) Sdn Bhd  
The Use of Serenoa Repens in BPH  - Henry Botto |
| 1425 – 1440 | BPO Management in Frail Elderly Patient: Alternatives to TURP  - Khor Tze Wei |
| 1440 – 1455 | Polypharmacy in BPH: The 5 Ws  - Lee Boon Cheok |
| 1455 – 1510 | Refractory OAB: PTNS vs Botox vs Neuromodulation  - Anju Goyal |
| 1510 – 1520 | Q & A                                                                             |
| 1520 – 1522 | Astellas Pharma (M) Sdn Bhd Afternoon Tea Symposium  
Chairperson’s Introduction  - Lo Hwa Loon |
<p>| 1522 – 1550 | Wet Days are Over – OAB Medications in the Era of Real World Evidence: The Role of Mirabegron  - Andrea Tubaro |
| 1550      | Closing Remarks                                                                   |</p>
<table>
<thead>
<tr>
<th>TIME</th>
<th>TOPIC / SPEAKERS</th>
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</thead>
<tbody>
<tr>
<td>1550</td>
<td><strong>Plenary Session 13</strong>: Medicolegal Aspect in Urology – Case Series and Debate</td>
</tr>
<tr>
<td>1610</td>
<td>Chairperson: Selvalingam Sothilingam and Khor Tze Wei</td>
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<tr>
<td>1550</td>
<td>Common Issue in Urology that Leads to Medical Litigations – What Happens at MMC?</td>
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<tr>
<td>1610</td>
<td>– Azad Hassan Abdul Razack</td>
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<tr>
<td>1610</td>
<td>Urologists and Risk Management – Good Practices to Keep The Lawyer Away</td>
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<tr>
<td>1630</td>
<td>– Clarence Lei Chang Moh</td>
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<tr>
<td>1630</td>
<td>Overview of Medico-Legal Cases Related to Urology in Malaysia</td>
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<tr>
<td>1650</td>
<td>– Srether Sundram</td>
</tr>
<tr>
<td>1650</td>
<td>Q &amp; A</td>
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<tr>
<td>1700</td>
<td>Tea Break</td>
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<tr>
<td>2000</td>
<td><strong>GALA DINNER</strong></td>
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<tr>
<td>TIME</td>
<td>TOPIC / SPEAKERS</td>
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<tr>
<td>1030 – 1040</td>
<td>Opening Remarks</td>
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<tr>
<td>1045 – 1105</td>
<td>Living with PCN – Nurses’ Roles</td>
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<td>- LI Miu Ling, Hong Kong</td>
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<tr>
<td>1110 – 1130</td>
<td>Percutaneous Tibia Nerve Stimulation</td>
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<td>- Lynn Ng Yun Shu, Singapore</td>
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<tr>
<td>1135 – 1155</td>
<td>How Long Should A Urinary Catheter Be Kept In</td>
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<td>- Mohd Rahmat Abdul Hamid, Malaysia</td>
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<tr>
<td>1200 – 1220</td>
<td>Enhanced Recovery After Surgery (ERAS) in Urology</td>
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<td>- Hilda KWOK Sze Wan, Hong Kong</td>
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<tr>
<td>1225 – 1245</td>
<td>TUR Syndrome Risk Reduction Strategies: Perioperative Nursing Considerations</td>
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<td>- Khatijah Abdullah @ Katherine Baha, Malaysia</td>
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<tr>
<td>1245 – 1300</td>
<td>Discussion</td>
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<tr>
<td>1300 – 1400</td>
<td>LUNCH Symposium</td>
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<tr>
<td>1415 – 1435</td>
<td>Evolution of Transperineal Prostate Biopsy</td>
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<td>- Li Suk Yin, Hong Kong</td>
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<tr>
<td>1440 – 1500</td>
<td>Role of the Prostate Cancer Specialist Nurse</td>
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<td></td>
<td>- JIANG Yan, Singapore</td>
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<tr>
<td>1505 – 1525</td>
<td>Nursing to Promote Self-Efficacy and Recovery of Daily Life after Radical</td>
</tr>
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<td>Prostatectomy</td>
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<td>- Kansuke Kawaguchi, Yamagata University, Japan</td>
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<tr>
<td>1530 – 1550</td>
<td>Prostate Cancer Survivor Story &amp; His Perspective of Care at Various Stages</td>
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<td>- Wong Kuan Seng, Malaysia</td>
</tr>
<tr>
<td>1555 – 1615</td>
<td>Discussion</td>
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<tr>
<td>1620 – 1630</td>
<td>Closing remarks</td>
</tr>
</tbody>
</table>
**Target Audience:** Nurses from Malaysia who are working in endoscopy suite or operation theatre with special interest in urological procedure

**Purpose of Training:**
- Provide information on care and handling of endoscopic/laparoscopic instruments in an effort to enhance patient safety and ensure long life span of surgical instruments

**After the training, the successful participant will:**
- Be familiar in cleaning, transporting and sterilization process of instrument
- Be familiar with proper handling of endoscopic instrument and consumable
- Be able to trouble-shoot the common problems in lap/endoscopic urologic procedures
- Use of endourology/hemostatic instruments through hands-on practice

**Methods of Training:**
Lectures with hands-on session

**Key Procedures Covered during Hands-On Learning:**
1) Flexible URS (Olympus)
2) Single-Use Flexible URS (Boston Sc)
3) US/Mechanical, Stone retrieval (Olympus)
4) Laser device and stone retrieval (Boston Sc)
5) TUR procedure (Olympus)
6) Energy Device (Olympus)

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**Preliminary Agenda**

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<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>0745-0800</td>
<td>Registration</td>
<td>Dr. TA ONG</td>
</tr>
<tr>
<td>0800-0805</td>
<td>Introduction to AUSTEG</td>
<td>Dr. AHMAD NAZRAN FADZLI</td>
</tr>
<tr>
<td>0805-0810</td>
<td>Introduction to course</td>
<td>Dr. Peggy CHU</td>
</tr>
<tr>
<td>0810-0830</td>
<td>Flexible ureteroscopy: The Use &amp; Care of a Delicate Tool</td>
<td>Dr. TA ONG</td>
</tr>
<tr>
<td>0830-0850</td>
<td>How best to fragment and remove stones in the upper urinary tract</td>
<td>Dr. TA ONG</td>
</tr>
<tr>
<td>0850-0910</td>
<td>TURP &amp; TURBT: Making best use of the tools</td>
<td>Dr. Jeremy TEOH</td>
</tr>
<tr>
<td>0910-0930</td>
<td>Boston Sc Lecture: Lithove Single-use Digital Flexible Ureteroscope: A Nursing Perspective</td>
<td>Mr. Paul KHOO</td>
</tr>
<tr>
<td>0930-0950</td>
<td>Olympus Lecture: Reprocessing and handling of lapascopic and endoscopic instruments</td>
<td>Mr. Gavin YEUNG</td>
</tr>
<tr>
<td>0950-1005</td>
<td>Q&amp;A and Group photo</td>
<td>All faculties</td>
</tr>
<tr>
<td>1005-1025</td>
<td>Break</td>
<td>All faculties</td>
</tr>
<tr>
<td>1025-1300</td>
<td>Hands-on session</td>
<td>All faculties</td>
</tr>
</tbody>
</table>
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  - First-rate color rendition
  - Greater richness of detail
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  - CHROMA: Contrast enhancement
  - SPECTRA*: Spectral color shift and switch
- Easy integration into the IMAGE1 S™ camera platform
National Monument

Situated overlooking the KL Lake Gardens, the huge bronze monument was built to pay tribute to the valiant soldiers who gave their lives defending the country during the Communist Insurgency in the 1950s. It was designed by Felix de Weldon, the architect of the famous Iwo Jima Memorial.
**Prof Dr Dr hc Axel Heidenreich**  
Clinic director and director of the Prostate Cancer Center  
Urology, Uro-Oncology, special urological and robot-assisted surgery  
University of Cologne

**Organisations**  
**Board Member** Association of Urological Oncology of the German Cancer society, Chairman German Testicular Cancer Study Group 2008 - 2013, **Chairman** „Prostate Cancer Guidelines“ of the European Association of Urology 2008 - 2013, **Board Member** of European Society for Oncological Urology of EAU,  
**Board Member** „German Prostate Cancer Guideline Group“. Board Member: German TNM classification group of urogenital cancer, Chairman of the German Working Group on Castration Resistant Prostate Cancer

**Editorial Board:** European Urology, Urology, Urologe A, Aktuelle Urologie, Hematology & Oncology, Oncology Research and Treatment

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**Professor Damien M Bolton**  
MD PhD BA MBBS FRCS FRACS  
Clinical Professor of Surgery  
University of Melbourne, Australia

Damien Bolton is Clinical Professor of Surgery at the University of Melbourne and Director of Urology, Austin Hospital, Melbourne. He was the first Australian urologist to be awarded the BARD Silver Medal by the British Association of Urologic Surgeons, and the first urologist to be given the John Mitchell Crouch Fellowship by the Royal Australasian College of Surgeons.

He was twice awarded the Bruce Pearson fellowship by USANZ and in 2014 he was the first urologist to be given the RACS award for excellence in surgical research. He has served on the USANZ board of directors and is a member of the Board of Directors of the Societe International d’Urologie. He served as co-chair of the Victorian Government’s Prostate Cancer Management Summit, and in 2017 acted as co-chair of the Asia-Pacific Prostate Cancer Coalition. He has published over 300 manuscripts and has been a recipient of over $8million in funding grants.
Dr Laurence Krieger

I have a strong clinical background in medical oncology having been a visiting Medical Oncologist and Director of Clinical Trials at the Riverina Cancer Care Centre in Wagga Wagga and Griffith Base Hospitals. I provide postgraduate teaching as a Staff Specialist at Royal North Shore Hospital, and until recently, ran the public clinical trials clinic in medical oncology. I am actively participating in the development of the clinical trials unit at the Northern Cancer Institute St Leonards, where I have my private practice. I am the principal investigator for more than 15 currently recruiting studies in urogenital oncology and a sub-investigator for more than 40. I participate on the international steering committees of several prostate cancer clinical trials and the lead Australian investigator for the TRITON 3 study.

I enjoy my role as a consultant in General Medicine and the Medical Admissions Unit at Royal North Shore Hospital. I participate in the on-call roster and lead the 'Safe Hands Round' once a week on the Medical Admission Unit.

I enjoy teaching and regularly give lectures and tutorials to both undergraduate and post graduate students of medicine and nursing. I co-supervise, organize and facilitate the weekly postgraduate teaching in oncology in addition to a variety of formal and informal lecture blocks. I talk regularly at regional educational seminars. I am on the steering committee of several biannual educational conferences. I provide educational supervision for both undergraduate and postgraduate students. I am an examiner for the Royal College of Physicians.

I completed my postgraduate training with a Fellowship at Guys and St Thomas’ Hospital, London in genitourinary and lung malignancies, in addition to phase 1 and 3 clinical trials. I participated in NHS management committee meetings, including the ‘Thames and South East Area Health District Drug Prioritisation Review Panel’.

I developed the Thymic Epithelial Neoplasm database in collaboration with the Thames Cancer Registry and St Bartholomew Hospital, London. The database will be used to examine treatment approaches enabling national guidelines to be drawn up. It has allowed me to collaborate with regional and international pathologists in the standardisation of classifying and treating this rare tumour group.

I plan to maintain an active role in clinical trial development and implementation, in addition to my clinical work and academic roles in teaching and mentoring. Ultimately I am aiming for a balance of private and public practice with a particular interest in urogenital malignancies.

Dr Henry Botto received his MD degree from the University of Paris (Créteil) and postgraduate training at the Henry Mondor and Foch Hospitals in Paris.

He is Associated Professor of Urology at the University of Paris Ouest. Until August 2012 he was, for 23 years, Head of the Urology Department at the Foch Hospital in Paris.

Dr Botto has been Chairman of the board of the UTI section, part of the AFU (French Urology Association) from 1994 until 2006.

He was also the President of the Consensus Conference on Nosocomial UTI (Paris 2004).

Dr Botto was the Vice -Chairman of the ESIU (European Section of Infection in Urology, part of the EAU (European Association of Urology).

Dr Botto is a member of several national and international urological associations. He was also a Urology Consultant to the French Drug Administration (ANSM) as well as a reviewer for the French and the European Journal of Urology.

His current interests as a clinical research adviser include management and treatment of bladder carcinoma and nosocomial urologic infections, topics on which he has widely published. He will also continue his work on bacterial anti-adhesion linked to cranberry proanthocyanidins.

Hereafter follows a summary of 33 articles out of 251, selected in Research Gate regarding urinary tract infections.
INTERNATIONAL FACULTY

Professor Arnulf Stenzl is Director of the Department of Urology, University of Tuebingen Medical School. Professor Stenzl is author or co-author on more than 500 publications and scientific papers in peer reviewed journals, is member of innumerable public and privately initiated steering committees and advisory boards on all kind of urologic topics. He holds 2 international patents. He is chairman of the Scientific Congress Office of the European Association of Urology since 2012, and chairman of the Interuniversity Center for Medical Technology Stuttgart – Tuebingen (IZST)

He is member of various national and international urological associations. He is on the Editorial Board of the Journal of Urology, European Journal of Urology, Nature Reviews Urology, Scandinavian Journal of Urology and Chinese Journal of Urology. He is member of the Executive Board of the Comprehensive Cancer Center of Southwestern Germany.

His major research interests are bladder and prostate cancer and reconstructive Urology. He has been awarded the Jackson Hole Award of Excellence, USA. Additionally he is investigator of numerous clinical trials and organized numerous national and international symposiums related to uro-oncology, - in particular bladder and prostate cancer – as well other urologic subjects. In May 2017 was granted the position of “DOCTOR HONORIS CAUSA” of University of Medicine and Pharmacy “Carol Davila” from Bucharest, Romania because of his worldwide recognition and contribution to the development in the field of Urology.

Christian Schwentner, MD is a Professor of Urology and Urological Oncology as well as Chairman of the Department of Urology in Stuttgart, Germany. He completed his specialty training in the Department of Urology, Medical University Innsbruck and had subsequently been working as a consultant urologist in Innsbruck. Doctor Schwentner was head of the Department of Pediatric Urology and Renal Transplantation in the Charité, Berlin, Germany. He served as vice-chairman of the Department of Urology. He was programme director of minimally-invasive urological surgery and robotics in Tuebingen as well coordinator of the comprehensive cancer centre. Doctor Schwentner is also an adjunct Professor at the University of Malaysia in Kuala Lumpur and of the Shanghai Jiao Tong University, China. His research interests focus on prostate and bladder cancer as well as on the advancement of minimally-invasive surgical techniques. Doctor Schwentner is author of more than 210 original articles in international peer-reviewed journals and of more than 250 conference abstracts as well as of numerous book chapters in urological textbooks. He is a fellow of the European board of urology (FEBU) and a member of the European Urological Association was well as of the European Society for Paediatric Urology and the German association of Urology. Doctor Schwentner is reviewer for many peer-reviewed journals including The Journal of Urology, European Urology and Pediatrics. He is also associate editor of the Central European Journal of Urology, the Journal of Nephrology, BioMed Research International and PLOSOne.

Kuncoro Adi
Urology Department Hasan Sadikin Hospital
Medical Faculty Of Padjadjaran University
Pasteur Street No 38 -Bandung, West Java 40161-Indonesia
Phone +62-22-2039141, +628122004156
Email : kuncoro202@gmail.com Twitter : @kuncoro202

Kuncoro Adi is a consultant of trauma and reconstructive urology in AMC Hasan Sadikin Hospital-Padjadjaran University, Bandung, Indonesia. After finishing urology in Indonesia University, Jakarta in 2007, he become an urologist in Bandung. He did some clinical observer-ship in urethral reconstructive surgery in high volume center in Kulkarni Institute in Pune India, in University College London Hospital-NHS, United Kingdom and in Centro de Cirurgia, Reconstruictiva Urogenital, Santa Maria hospital/CHNL, University of Lisbon, Portugal. In 2014 he got subspecialty qualification of trauma and reconstructive urology by Indonesian Board of Urology. He is the one of the founding Boards members and become the president of InAGURS (Indonesia Genitourinary Reconstructive Urology), a group under IUA (Indonesian Urological Association) that focused on the evidence base development of reconstructive urology, especially in urethral reconstructive field.
Dr Akio Horiguchi graduated from Keio University School of Medicine, Tokyo, Japan in 1994. He underwent residency training in general surgery and urology in Keio University Hospital and developed expertise of various surgeries. He is currently an associate professor in the Department of Urology at Japan’s National Defense Medical College. His principal area of clinical work is genitourinary reconstructive surgery. He is a board member of the Society of Genitourinary Reconstructive Surgeons (GURS) in the United States.

For his work regarding urethroplasty for male urethral injury he was awarded the Excellent Award of the Japanese Society of Trauma Surgery in 2015 and the Best Presentation Award of the Japanese Urological Association in 2018. He has 51 publications on genitourinary reconstructive surgery in local and international journals.

Kansuke Kawaguchi

Current position /post:
Assistant Professor

Academic Qualifications:
Doctoral course : Yamagata University (2015-present)
Master of Nursing : Toyama University (2014)
Bachelor of Nursing : Toyama University (2011)

Brief Career History:
- Assistant Professor, Yamagata University Faculty of Medicine, Graduate School of Nursing, (April 2015-present)
- Urological Nurse, Toyama University Hospital, (April 2011-March 2015)

Field(s) of Specialization:
Urological Nursing, Gerontological Nursing

Current Research Areas/Topics:
Prostate cancer/ Radical prostatectomy, Self-efficacy, Quality of life

Prof Osamu Yokoyama

Born 1956. 12. 12, Matsumoto-city, Nagano

Osamu Yokoyama is a Professor & Chairman, Department of Urology, University of Fukui and Director of the Kidney Center in the University Hospital of Fukui, Fukui, Japan. He undertook his medical training at the Kanazawa University Hospital and was awarded the degree of PhD in Neurourology for a thesis entitled “Nerve degeneration in ischemic dog urinary bladders”. He worked as a Visiting Assistant professor at Department of Pharmacology, School of Medicine, Pittsburgh University under the direction of Professor William C. de Groat from 1996 to 1997. He is active in basic and clinical researches with many major grants-in-Aid for Scientific Research funding from Japanese Government and has published over 130 research papers and reviews including 30 original articles published in Journal of Urology. He is the council member of Japanese Society of Endourology
INTERNATIONAL FACULTY

Takaaki Inoue
Date of Birth : May 23, 1977
Birthplace : Hyogo
Citizenship : Japan

Present duty hospital
Department of Urology, Kansai Medical University
The address: Department of Urology, Kansai Medical University in Japan,
2-3-1, Shin-machi, Hirakata, Osaka 573-1191, Japan
Fax number: 81-6-6993-7757
Telephone number: 81- 6-6993-9490
E-mail address: inouetak@hirakata.kmu.ac.jp

1. Education
   – April 1998 - March 2003: Kansai Medical University, Osaka in Japan

2. Post-doctoral training
   – April 2003 - March 2005; Intern/Resident: West Kobe-city Hospital
   – April 2005 - March 2006; Department of Urology, Kansai Medical University
   – April 2006 - March 2008; Department of Urology, Kawachi-sogo Hospital
   – April 2008 - March 2010; Department of Urology, Hirakata-Hospital of Kansai Medical University
   – April 2010 - March 2017; Department of Urology, Takii-Hospital of Kansai Medical University
   – April 2017 - The Present; Department of Urology, Kansai Medical University

3. M.D.
   – April 2003 : Medical License in Japan
   – April 2009 : Certified diplomate of Urology, Japanese Urological Association
   – April 2010 : Certified diplomate of General Clinical Oncology, Japanese Board of Cancer Therapy
   – April 2013 : Certified diplomate of Laparoscopic Technical License, Japanese Society of Endourology
   – April 2017 : License of Robotic surgery assistant in Japan
   – April 2018 : Certificate of philosophy doctors (Ph.D.)

Jeremy Teoh
MBBS, FRCSEd (Urol), FCSHK, FHKAM (Surgery)
Twitter: @jteoh_hk

Jeremy is an Assistant Professor at the Chinese University of Hong Kong with special interests in prostate cancer and bladder cancer. He is currently an active member of the Office of Global Engagement, and is overlooking the website and various social media platforms of the Faculty of Medicine. He is also an active social media user, and he believes that appropriate use of social media can promote academic discussions and establish collaborative opportunities. He aspires to explore novel applications of social media in the field of urology.

Hilda Kwok
INTERNATIONAL FACULTY

Li Miu Ling

Miss Li has worked in the Urology for 21 year, has been in-charge of the Lithotripsy and Uro-Investigation Centre of the Prince of Wales Hospital and is now working as Nurse Consultant in the Division of Urology, Department of Surgery, Tuen Mun Hospital, New Territories West Cluster.

Ms Li is an energetic and vigorous member in public health talk and has produced pamphlets and education videos on clean intermittent self catheterization, bladder cancer, continence education and etc. She has established various nurse-led clinics related to prostate screening assessment, continence care, stone care, men-health assessment and ketamine bladder syndrome clinic.

Li Suk Yin, Crystal

Dr Peggy Sau-kwan CHU

Consultant Urologist, Department of Surgery, Tuen Mun Hospital, Hong Kong Special Administrative Region, People’s Republic of China
President, Hong Kong Urological Association (2010-2012)

Dr Peggy CHU is the consultant urologist in Tuen Mun Hospital and the past president of the Hong Kong Urological Association, 2010-2012.

Dr CHU received her medical degree from the University of Hong Kong. She then received her urology training from Queen Elizabeth Hospital. Her overseas training took place at the Institute of Urology, University College London, in 1996. After coming back from London, she continued to work in Queen Elizabeth Hospital until 2006; since then she continued her career in Tuen Mun Hospital.

Dr Peggy CHU is specialized in reconstructive, neuro and female urology. She led the team, including urologists from Princess Margaret Hospital and toxicologists from United Christian Hospital, which reported the first 10 cases in Hong Kong with contracted bladder and upper urinary tract damage associated with ketamine abuse. This discovery has raised the Hong Kong Government’s and the community’s awareness of the social problems associated with Ketamine abuse. She also provided an affidavit to the Hong Kong High Court, thus leading to more stringent guidelines on sentencing of ketamine abuse since June 2008. Dr CHU received the Outstanding Staff Award from Hong Kong Hospital Authority in 2009.

Dr CHU has been the member of the executive board of British Journal of Urology International since 2011. Dr CHU is also currently serving as the international adviser of the guideline committee of European Association of Urology.
Andrea TUBARO

Occupational field
Urologist

WORK EXPERIENCE
From November 2010 - today
Professor of Urology, School of Health Sciences, Sapienza University, Rome, Italy.

Main activities and responsibilities
Chairman Department of Urology, Sant'Andrea Hospital, Via di Grottarossa 1035, 00189 Rome, Italy.

Type of business or sector
Academic Medicine

From November 2001 to October 2010
Associate Professor of Urology, School of Health Sciences, Sapienza University, Rome, Italy
Director Minimally Invasive Surgery, Department of Urology, Sant'Andrea Hospital, Via di Grottarossa 1035, 00189 Rome, Italy

Main activities and responsibilities
Clinical Associate

Type of business or sector
Academic Medicine

From November 1988 to October 2001
Assistant Professor of Urology, L'Aquila University School of Medicine, L'Aquila Italy
Clinical Associate, Department of Urology, “G. Mazzini” Hospital, Teramo, Italy

Main activities and responsibilities
Clinical Associate

Type of business or sector
Academic Medicine

TEACHING ACTIVITIES
- Urology, Faculty of Health Sciences
- Urology, School of Nursing
- Clinical Pharmacology, Postgraduate Training Programme in Urology, Sapienza University
- Urology, Postgraduate Training Programme in Oncology, Sapienza University
- Urology, Postgraduate Training Programme in Obstetrics and Gynecology, Sapienza University
- Urology, Postgraduate Training Programme in Endocrinology, Sapienza University
- Degree in Medicine and Surgery, Sapienza University of Rome, 1983 (110/110 cum laude)
- Postgraduate training in Urology, Sapienza University of Rome, 1983-1988 (70/70 cum laude)

EDUCATION AND TRAINING
1994 : Certified Urologist – European Board of Urology
INTERNATIONAL FACULTY

Jason L. Letran, M. D.

Diplomate, Philippine Board of Urology
Fellow, Philippine Urological Association
Fellow, Philippine College of Surgeons

CURRENT POSITIONS / AFFILIATIONS

Faculty Member: Section of Urology, Department of Surgery, Faculty of Medicine and Surgery, University of Santo Tomas
CHIEF, Section of Urology, Department of Surgery, Cardinal Santos Medical Center
CHIEF, Section of Urology, Department of Surgery, Chinese General Hospital and Medical Center

Immediate Past President: Philippine Society of Uro-Oncologist
Section Editor: Prostatic Diseases, Philippine Journal of Urology
International Member: American Urological Association
Member: Philippine Medical Association
Diplomate: Philippine Board of Urology
Fellow: Philippine Urological Association, Philippine College of Surgeons
Chairman: Scientific Committee, Philippine Urological Association
Section Editor: Prostatic Diseases, Philippine Journal of Urology
Marie Carmela M. Lapitan, M.D.

Educational Attainment
- medical degree from the College of Medicine of the University of the Philippines, 1991
- residency training in Urologic Surgery from the Philippine General Hospital-University of the Philippines, 1997
- clinical and research fellowship in Female Urology and Incontinence from Changi General Hospital, Singapore, 2000
- diplomate in Urology, Philippine Board of Urology, 1998
- masteral degree in Clinical Medicine specializing in Urology from the College of Medicine-University of the Philippines, 2004
- certified, COBIT 5 (Foundation), 2010

Current Positions
- Academic :
  - Research Professor 7, National Institutes of Health, University of the Philippines Manila
  - Clinical Associate Professor in Surgery, College of Medicine, University of the Philippines Manila
  - Adjunct Professor, Department of Surgery, F. Herbert School of Medicine, Uniformed Services University of the Health Sciences
- Administrative (University) :
  - Director, Research Management and Translation Office, University of the Philippines Manila
  - Assistant Chair for Research, Department of Surgery, Philippine General Hospital – College of Medicine University of the Philippines Manila
- Clinical Practice :
  - Consultant-Urologist : Philippine General Hospital, St. Luke's Medical Center
- Others :
  - Regional Medical Expert – Urology, Emerging Markets, Glaxo Smith Kline
  - Associate Editor, International Urology and Nephrology
  - Editorial Board member, Acta Medica Philippina

Past Positions :
- Editor, Cochrane Incontinence Review Group (2000-2016)
- Chief Medical Information Officer, St. Luke's Medical Center (2010-2016)

Professional Memberships
- Fellow, Philippine Urological Association
- Fellow, Philippine College of Surgeons
- Diplomate, Philippine Board of Urology
- Member, Philippine Medical Association
- Member, Asian Society for Stoma Rehabilitation
- Member, Epidemiology Committee, 3rd-6th International Consultation on Incontinence
- Collaborator, GlobalSurg Collaborative

Professional Activities
- Author of numerous research works on urinary incontinence, andrology, general urology, and general surgery, surgical education and safety in surgery, published in international and local scientific peer-reviewed journals, and presented in several local and international conventions
- participated in and led several research projects on general surgery and urology, male ageing and incontinence, including the APCAB Incontinence and Overactive Bladder Epidemiology Survey and Cochrane Systematic Reviews on Incontinence, the WHO Safe Surgery Global Study and the GlobalSurg Collaboration
- delivered lectures on various general urology topics, incontinence, BPH, patient safety, and medical informatics in local and international conferences
- authored chapters on internationally published books on incontinence
Chong Kian Tai

Dr Chong is a certified Urologist who manages both basic Urology and complex Urologic Oncology issues. He is a specialist surgeon that works with traditional open methods, advanced key-hole laparoscopic and endoscopic techniques, and also the modern Da Vinci robotic surgical operating systems.

He is the first Urologist trained in Southeast Asia to complete the full-time Clinical Urologic-Oncology Fellowship at the prestigious Memorial-Sloan Kettering Cancer Center (MSKCC) in New York, USA. His key professional expertise includes the prevention, diagnosis, treatment and management of prostate, kidney, bladder, testicular and penile cancers.

As a dynamic healthcare innovator, researcher and educator, Dr Chong started his research training in Urologic-Oncology Research on prostate cancer immunology at Seattle, Washington, which was funded by Southwest Oncology Group (SWOG, USA) and Agency for Science, Technology and Research (A*STAR, Singapore). Dr Chong was a founding member of the Singapore Urological Cancer Consortium and led several research teams in prostate, kidney, bladder and testicular cancer research. These projects included precision medicine, biomolecular, nanoparticle, bioimaging and novel biomedical device studies.

Prior to private practice, he was Adjunct Assistant Professor, Co-Director of Urologic Oncology and Director of Research in the Department of Urology at Tan Tock Seng Hospital (TTSH). In advocating holistic care for urological cancer patients in TTSH, he was previously the Chairman for the Urology Cancer Multidisciplinary Tumour Board, Chairman for Urology Cancer Support Programme, Chairman for Advanced Care Planning Team and Chairman for TTSH Prostate Cancer Support Group for patients and their family.

Associate Professor Henry SS HO is currently the Head and Senior Consultant of Department of Urology at Singapore General Hospital.

He is a robotic and minimally invasive cancer urologist. He completed this fellowship in Europe with the University of Innsbruck, Austria. Under the tutelage of Professor Georg Bartsch, he was trained in robotic prostatectomy and robotic partial nephrectomy for kidney cancers.

He is the chairman for robotic surgery workgroup in Singapore General Hospital and a panel member of robotic-assisted surgery for Ministry of Health.

He also did an endourology fellowship in Hamburg, Germany with Professor Andreas Gross. He is trained in endoscopic management of stones disease and laser prostatectomy.

As a surgeon-innovator, he is the Director of Medical Technology Office for Singhealth. He is one of the inventors for robotic device (MonoLisaTM Biobot Surgical Pte Ltd) for transperineal prostate biopsy, which is safer and more accurate detection of prostate cancer.

He leads in technology research and development with keen interest in kidney, prostate diseases and minimally invasive surgery. His latest grant is on a non-invasive treatment for benign prostate enlargement. He has won many awards, local and international.

Amongst his many peer-reviewed articles as the lead author, his most memorable is the prospective randomized trial that compared bipolar and monopolar TURP, published in the European Urology.

He is Associate Professor for DUKE-NUS Medical School and Senior Clinical Lecture for Yong Loo Lin, Faculty of Medicine, National University of Singapore.

He previously held the post of Chairman of the Prostate Cancer Survivorship Program for Singapore Cancer Society.
Dr Lincoln Tan

Consultant
Division of Surgical Oncology (Urology), National University Cancer Institute, Singapore (NCIS)
Department of Urology, University Surgical Cluster, National University Hospital (NUH)

Assistant Professor
Department of Surgery, Yong Loo Lin School of Medicine, National University of Singapore (NUS)

Dr Lincoln Tan graduated from NUS in 2001. He is a Fellow of the Royal College of Physicians and Surgeons of Glasgow and Fellow of the Academy of Medicine of Singapore. In 2011, he was awarded the College of Surgeons Gold Medal from the Academy of Medicine.

Dr Tan's clinical expertise lies in the minimally invasive treatment of urologic cancers. In 2007, he was a key member of the workgroup appointed by the Ministry of Health to develop the national clinical practice guidelines for prostate cancer screening. He completed his fellowship in Urologic Oncology and Laparoscopic and Tele-Robotic Urologic Surgery at the Royal Melbourne Hospital in 2013.

His research interests lies in prostate cancer biomarkers and image guided biopsy techniques.

Beyond the surgical treatment of prostate cancer, Dr Tan is is passionate advocate for Men’s Health and Prostate Cancer patients. He has actively participated in the Movember fund raising campaigns for many years, and has organized many educational talks for the public and primary care physicians on these topics.

Dr Tan is actively involved in survivorship issues, serving as Chairman of the Singapore Cancer Society Survivorship Programmes Advisory Committee.

In addition to his clinical practice, Dr Tan is also actively involved in undergraduate and postgraduate medical education. He is an Assistant Professor with the Yong Loo Lin School of Medicine and received the Dean's Award for Teaching Excellence in 2009. He is also Assistant Associate Program Director and Core Faculty for the NUHS Urology Residency Programme.

Education and Fellowship
• MBBS, MRCS (Edin), MMED (Surg), FRCS (Urol) (RCPSG), FAMS (Urol)

Awards and Honours
• Dean's Award for Teaching Excellence - 2009
• College of Surgeon Gold Medal (Academy of Medicine Singapore) - 2011
• NUHS Academic Medicine Development Award - 2012

Specialty Interests
• Prostate cancer
• Minimally invasive treatment of urologic cancers

Ng Yun Shu, Lynn is a Continence Nurse in the Department of Urology Centre, Singapore General Hospital. As a Continence Nurse, her role involves counselling and management of patients with urinary symptoms, patients who are undergoing urinary diversion surgeries and to patients with mitrofanoff catheters. She also performs urodynamic studies and video urodynamic studies. She has developed many talks in Singapore, both public and nursing seminars, and has since published a case study with the Society of Urologic Nurses and Associates (SUNA) in 2008.
Jiang Yan

Prof. Neville D. Perera
MS(Col) FRCS; FRCS(Ed); Dip Urol (Lond); FCS(SL)

Professor Perera completed his Undergraduate education at the Faculty of Medicine of University of Colombo, Sri Lanka.

Commenced his post graduate training in surgery in 1984 at the Post graduate institute of Medicine, University of Colombo, The National Teaching Hospital of Sri Lanka, Southern Teaching Hospital of Karapitiya Gall, and took up Urology in 1989 to completed 2 year local and the a 3 year period of overseas post graduate training in Urology at The Queen’s Hospital, Havering Hospitals NHS Trust, Romford, Essex, Great Ormond street hospital for Sick children, and The Middlesex Hospitals in London Institute of Urology completing royal college fellowships and the London university diploma in Urology.

At present he holds the posts of Senior Consultant Urological Surgeon at the Department of Urology and Renal transplantation at The National Hospital of Sri Lanka, Colombo, Professor in Urology at the Post graduate Institute of Medicine, University of Colombo, and the Founder Professor of Surgery, Faculty of medicine at the South Asian Institute of Technology and Medicine, Malabe, Sri Lanka.

He functioned as the President of the Sri Lanka Association of Urological Surgeons (SLAUS) - 2010/2011, President of the College of Surgeons of Sri Lanka (CSSL) - 2012.

He is a Full member of the British Association of Urological Surgeons (BAUS), American Urology association(AUA), International society of urology(SIU), European association of urology(EAU) and Honorary Fellow and past president of College of surgeons of Sri Lanka (FCSSL).

He is also the current Chairman of the board of Study in Urology - Post graduate Institute of medicine, University of Colombo. Since 2012, The National adviser of the expert panel (Urology)of the Ministry of Healthcare and Nutrition - since 2008, Adviser/Resource person in development of under graduate and post graduate curricula of University of Colombo in Urology. - since 1999.

He has been a Post graduate Examiner in MD (Surgery) part I and II since 1998, the Examiner in Surgery/MBBS (Universities of Colombo, Ruhuna, Peradeniya, Sri Jayewardenepura and Kelaniya) since 1995, Examiner in ERPM(Act 16) examination by SLMC for foreign graduates since 2001, Surgical Tutor of Undergraduate and Post basic Nursing school, Colombo. since 1997.

He has served the Sri Lanka volunteer Navy-Medical core as a Surgeon Lieutenant commander.

He has pioneered and introduced many modern urological procedures and trained a large number of urological, surgical and undergraduate trainees which contributed immensely to improve the standards of modern endo urology and reconstructive urology in Sri Lanka.

He has published presented over 80 scientific papers in local and international peer reviewed journals and won several Scientific Awards and delivered Orations.

Apart from his professional commitment his other passions include Music, reading, drama and cinema.
Bannakij Lojanapiwat, M.D.

- Professor of Urology, Men's Health and Endourology, Division of Urology, Department of Surgery, Faculty of Medicine, Chiang Mai University, Chiang Mai, Thailand
- Dean of Faculty of Medicine, Chiang Mai University, Thailand.
- Director of Chiang Mai Robotic Center, and Chiang Mai Clinical Trial Unit
- President of Asia-Pacific Prostate Society

In 1988 Professor Lojanapiwat gained his undergraduate medical degree from Chiang Mai University, Chiang Mai, Thailand. In 1993, he undertook a Fellowship in Organ Transplantation at the Albert Einstein Medical Center in Philadelphia, US, and in 1999, a Fellowship in Endourology at the University of Miami, Miami, US.


Wanchai Naiyaraksaree

Position: Staff of Urological Unit and Head of Surgery Department

Institution: Queen Savang Vadhana Memorial Hospital
290 Jermjornphol Road, Si Racha, Chol Buri 20110 Thailand

E-mail: nwanchai@hotmail.com

Education: 1979-1985 Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand
1988-1991 Residency training in urology, Division of Urology, Department of Surgery, Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand

Qualifications: 1985 Bachelor of Medicine, Chulalongkorn University, Bangkok, Thailand
1991 Diploma of Thai Board of Urology, Thailand

Joyce Baard

Consultant urologist in the Amsterdam UMC, with main fields of interests in the Endourologic treatment of stones, BPE and urothelial tumors of lower and upper tract. Regarding the last she is especially focused on the endoscopic management of UTUC and new imaging and diagnostic techniques.
S. Alan McNeill
Consultant Urological Surgeon
NHS Lothian University Hospitals

Honorary Professor University of Edinburgh
Honorary Professor, Heriot Watt University, Edinburgh

Clinical Experience:
Since taking up my consultant post I have built upon the training I had towards the minimally invasive management of urological cancers. My practice as a Consultant Urological Surgeon has allowed continued development of my minimal access surgical skills in a progressive and planned way as outlined below:

a) Urological Oncological Surgery
As a trainee I spent time with Professor Mark Soloway, at the University of Miami, where I gained useful experience in all aspects of a surgical urological oncology practice, in particular of radical retropubic prostatectomy for prostate cancer and cystectomy for bladder cancer. This experience was complemented by exposure to open pelvic cancer surgery, conducted under supervision, as a senior specialist registrar. During the first years of my consultant post I enjoyed managing all urological cancers, including prostatic and bladder cancer, and gained a good experience of open pelvic cancer surgery.

b) Minimal Access Urological Surgery
As the shape of our department changed following retirement of senior colleagues I took the clinical lead on the surgical management of renal cancer. Having received appropriate training in laparoscopy as a Specialist Registrar I was able to increase the application of laparoscopic radical nephrectomy within our department. In recognition of this I was selected as one of the first BAUS Preceptees to be sent to the Cleveland Clinic under the tutelage of Dr Inderbir Gill. The objective of this programme was to train 12 selected individuals in advanced laparoscopic surgical techniques to allow them to return to the UK and to further disseminate laparoscopic skills through their practice and through participation in BAUS organized skills courses.

As intended my practice in laparoscopic surgery has developed steadily and I have now conducted in excess of 2000 complex laparoscopic procedures (simple and radical nephrectomy, adrenalectomy, nephroureterectomy, dismembered pyeloplasty, varicocele ligation, pelvic lymph node dissection, endoscopic extraperitoneal radical prostatectomy), robot assisted radical prostatectomy. Our unit remains at the forefront of developing minimal access surgery in Scottish Urology as the leading centre where robot assisted laparoscopic radical prostatectomy is the standard for prostate cancer surgery and laparoscopic nephrectomy the standard for renal cancer.

Anju Goyal
I qualified from India obtaining post graduate degree in surgery and subsequently in paediatric surgery from Post Graduate Institute of Medical Education and Research, Chandigarh, India. I moved to the UK in 2001, training in Alder Hey Children Hospital and Royal Manchester Children Hospital. I specialised in Paediatric Urology and have been a lead since 2010. I lead for functional and neuropathic urinary incontinence services. I have conducted research in overactive bladder in children. I have a specific interest in genito-urinary reconstruction and laparoscopic surgery.
INTERNATIONAL FACULTY

**Grenville Oades**

Gren Oades was an undergraduate in Edinburgh. He trained in General Surgery in Newcastle before undertaking an MD at the University of London. He returned to Scotland in 2002 where he completed his urological training. A consultant since 2007, he has an active interest in renal cancer and minimally invasive surgery. He is a member of the UK NCRI Renal Clinical Studies Group and chairs the West of Scotland Managed Clinical Network for Urological Cancers. He provides a tertiary referral service for renal cancer in Glasgow, the UK’s third largest city. He is married to Chris, a paediatric haematologist and has three young boys.

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**Ranjith Ramasamy** is the Director of Reproductive Urology at the University of Miami. As a Urologist and Microsurgeon, Dr. Ramasamy specializes in the treatment of disorders of male infertility and sexual dysfunction. His clinical research focuses on optimizing techniques for sperm retrieval and identifying factors for successful vasectomy reversal. His laboratory research focuses on using Leydig stem cells for treatment of low testosterone.

Dr Ramasamy completed his Urology residency training at Weil Cornell Medical College and New York-Presbyterian Hospital. He then completed a National Institutes of Health sponsored fellowship in Male Reproductive medicine and Surgery at Baylor College of Medicine. In addition to his clinical accolades, Dr Ramasamy has been integral to the advancement of male reproductive medicine and surgery. To date, he has published over 175 manuscripts in peer-reviewed journals and several book chapters. He currently serves on the editorial board of Fertility and Sterility, Frontiers in Endocrinology, World Journal of Urology, Urology and Asian Journal of Andrology and as an editorial reviewer for medical journals such as Journal of Urology, European Urology and British Journal of Urology. He created 'Urology Flashcards' an app used by trainees across the world to help prepare for urology board examinations. He was also a former television news anchor. He is also the Director of Andrology Fellowship at the University of Miami and trains postgraduates who have completed their Urology training. He can be reached at ramasamy@miami.edu
**Professor Dr Azad Hassan Abdul Razak**

MBBS (UM), FRCS (Edin)

Professor Dr Azad Hassan Abdul Razack started his career in 1986. His areas of expertise are urological cancer, urinary tract stones and erectile dysfunctions. He is a member of the European Association of Urology, College of Surgeons Malaysia, Malaysian Urological Association, and the Society of International Urologist. He was recently published in Urology 2009, the Asia-Pacific Journal of Public Health 2009 and the Medical Journal of Malaysia.

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**Prof Dr Christopher Ho Chee Kong** graduated from the Universiti Kebangsaan Malaysia in 2000 and followed that with his Masters of Surgery in 2008. He then went on to Glasgow, Scotland to obtain his sub-specialization in Urology, completing in 2012. Not content with that, he further developed an interest in Sexual Medicine, obtaining a Fellowship from the European Committee of Sexual Medicine in 2012 after being trained under experts in Oxford and Milan. He then went on to be promoted as a Professor of Surgery and Urology at Universiti Kebangsaan Malaysia(UKM) where he taught and practised. He is now an Adjunct Professor in the School of Medicine, Taylor’s University. His current practice is at the Oriental Melaka Straits Medical Centre as a Consultant Urologist.

He is a member of many professional societies, including the International Consultation of Urological Diseases (ICUD) on Men’s Health and Infertility, the Secretary-General for the Malaysian Society of Andrology and the Study of the Aging Male (MSASAM), and also a Fellow of the Royal College of Surgeons of Edinburgh (FRCSEd), Royal College of Physicians and Surgeons of Glasgow FRCS (Urol)(Glasg), American College of Surgeons, International College of Surgeons (FICS), European Committee of Sexual Medicine (FECSM) and American College of Surgeons (FACS).

He is also a Member of the Faculty of Surgical Trainers Edinburgh (MFSTEd), Société Internationale d’Urologie (SIU), Asia Pacific Society of Sexual Medicine (APSSM), International Society of Sexual Medicine (ISSM), International Young Urologists Association (IYUA), Urological Association of Asia (UAA), Council Member College of Surgeons, Academy of Medicine Malaysia (AM), Malaysian Urological Association (MUA).

He has published widely with over 140 publications in peer reviewed journals as well as 5 book publications on issues in Men’s Health. He also sits in the Editorial Board of 10 journals (including the Investigative and Clinical Urology journal) and is a reviewer for 24 journals (including Nature Reviews in Urology, Journal of Sexual Medicine, BMJ case reports, Journal of Endourology, International Surgery, Urologia Internationalis, Aging Male, Asian Journal of Andrology).

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**Dr Chua Chong Beng**

B Med Sci (Hons), BMBS, DM (Nottingham), FRCSEdin, FRCS Urology

Dr Chua Chong Beng acquired his basic medical degree from University of Nottingham in 1988. After completing his general surgical training and securing the FRCS from Edinburgh in 1994, he commenced his higher urological training in the Nottingham deanship. During this period Dr Chua gained extensive experience in various types of prostate laser surgery. In 1999, his MD was awarded by University of Nottingham for research on physiology and pharmacology of the lower urinary tract. Dr Chua obtained the FRCS in urology and the British Intercollegiate Board Certification in Urology in 2000 before returning to take up the post of Associate Professor in Urology at the University of Malaya. Since early 2005 he has been in full time private practice in Gleneagles Intan Medical Centre, Kuala Lumpur and Sunway Medical Centre, Petaling Jaya.
Dr Clarence Lei Chang Moh is consultant urologist at the Normah Medical Specialist Centre in Kuching and adjunct professor of Universiti Malaysia Sarawak. He is honorary consultant to Sarawak General Hospital & HKL. He qualified from University of Malaya in 1981 and obtained his Fellowship with the Royal College of Surgeons & Physicians of Glasgow in 1986. He subsequently trained in GHKL, University College London, GOS, Great Ormond Street Children for Sick Children, London and Edinburgh Western GH and Nuffield Transplantation Surgical Unit NTSU. He obtained his FRCS Urology and FEBU (Fellow of European Board of Urology). He was urologist at the General Hospital in KL till 1994. He was head of surgery at Universiti Malaysia Sarawak 1995 – 1998. He is a past President of the Malaysian Urological Association, an examiner of the Royal Colleges of Edinburgh and Glasgow & Malaysian Board of Urology. His special interests include paediatric urology, renal transplantation, surgery for renal failure, urinary stone disease, men’s health and medical education.

Dr Datesh Daneshwar

Certification & Qualification
Post Graduate Clinical Training
MRCS Edinburgh, UK 2003
Master of Surgery, UKM 2007
FRCS Urology (Glasgow) 2011
Malaysian Board of Urology Cert
Fellowship in Robotic Surgery and Uroncology, Bristol Urology Institute, Bristol UK 2011
Registered with National Specialist Register 2015

Membership
Malaysian Medical Association
European Urology Asociation
Royal College of Surgeons of Edinburgh
Royal College of Surgeons of Glasgow
Malaysian Urology Association

Awards & Articles
Award for Excellence in Government conferred by the Ministry of Health of Malaysia 2006
Gold Medal in Master of Surgery Final Exan UKM 2007 ( Sir Henry Ananthamondu Award)

Dr George Lee Eng Geap completed his basic degree in Pharmacology from Cambridge University, and medical degree at Addenbrookes’ Clinical School of Medicine in Cambridge. Dr Lee pursued his Surgical Career in Oxford and his Urological training at Imperial College School of Medicine in London. He became a consultant Urologist in the United Kingdom, before he took on the position as the Associate Professor of Surgery at University Malaya, Kuala Lumpur. Professor George Lee is currently a clinical Associate Professor of Surgery at Monash University and Consultant Urological Surgeon from Gleneagles Kuala Lumpur.

Professor George Lee Basic research work was on the mechanism and the mutagenesis of receptors in exocytosis. His main clinical interests are in endourology, Prostate Diseases and Andrology. He published extensively in Biochemical Journal, BJUI and International Urology and Nephrology.
Dr Git Kah Ann
MBBS (UM), MS (UKM)
Cert (MBU), FRCS (Urol)(Glasg), AM (Mal)

Dr Git Kah Ann is a Consultant Urologist at Pantai Hospital Penang. He graduated from University of Malaya, Kuala Lumpur in 1996 and obtained his Masters of Surgery from University Kebangsaan Malaysia in 2003 where he was the best candidate in the Masters Examination. He started his Urology training in 2004 and is a Malaysian Board Certified Urologist from 2008 and conferred the FRSC(Urol) of Glasgow. He spent a year on Melbourne, Australia (2008-2009) as a Clinical Fellow in Urology and Robotics Surgery. He has a keen interest in teaching and is a former Board Member of the Malaysian Board of Urology and appointed Honorary Consultant Urologist to the Department of Urology of Hospital Pulau Pinang. He is also an Organising Committee Member and Faculty of the Malaysian Urological Conferences and a faculty at the Malaysian Advanced Urology Courses.

Khatijah Binti Abdullah @ Katherine Ak Baha
Registered Nurse or Nurse Educator

Current Information
• Nursing Tutor at College of Allied Health Science, Kuching, Sarawak under MOH Malaysia

Specific Skills
• Bsc in Nursing with Honours
• Obtained Teaching Methodology

Leadership skills
• Co-ordinator for Diploma in Nursing (Jun 2010 – Jun 2013)
• Core Co-ordinator for Post Basic Course: Advance Diploma in Perioperative Nursing (Sept 2014 till currently)

Khong Su Yen

Professor Khong graduated from the University of Bristol (MBChB) in 1997 before undertaking specialist training in Obstetrics and Gynaecology in Oxford, UK. She then completed a two year fellowship in urogynaecology and advanced gynaecological laparoscopic surgery in Sydney between 2008 and 2010. She has been working as a consultant in University Malaya Medical Centre since 2011. Dr Khong is a Fellow of the Royal College of Obstetricians and Gynaecologists and the Royal College of Obstetricians and Gynaecologists of Australia and New Zealand. She is also a member of the International Urogynaecology Association. Her areas of special interest are pelvic floor reconstruction and minimal access gynaecological surgery. She regularly sees patients with bladder problems, pelvic organ prolapse, pelvic pain and menstrual disorders. She specializes in laparoscopic and vaginal surgery which includes uterus preserving procedures and use of mesh for advanced pelvic organ prolapse. Outpatient investigations which she perform include ultrasonography and urodynamics studies. Dr Khong has presented research widely at both national and international scientific meetings and won several presentation awards. She has also published book chapters and numerous articles in peer reviewed medical journals. She is frequently invited to lecture to both medical and nursing colleagues locally and nationally.

Dr Khor Tze Wei

was awarded his medical degree (with honours) by Universiti Sains Malaysia (USM) in the year 2001. He obtained his Masters of Surgery in Universiti Kebangsaan Malaysia (UKM) in 2009, and later served as a general surgeon in Seremban GH as well as Sarawak GH, before pursuing his advanced training in urology. In 2013, he was awarded his FRCS (Urology) (Glasgow). He also trained as fellow in urology in Adelaide, Australia in 2014, and returned to Malaysia in 2015 to become the head of Department of Urology in Hospital Sultanah Bahiyah, Alor Setar and later, Sarawak Heart Centre, Kota Samarahan. He is heavily involved in the activities of the Malaysian Urological Association, and was the organising chairman of the Malaysian Urological Conference in 2017.

In April 2018, he left the Ministry of Health to his private practice as a consultant urologist in Borneo Medical Centre, Kuching.
Kumaresan Sellamuthu
Consultant Adult and Paediatric Urologist
Putra Specialist Hospital

I obtained my MBBS at Stanley Medical College Madras University, India followed by FRCS from Ireland. I did my urology training at Institute Urology & Nephrology HKL. I did one year of fellowship in Reconstructive Urology at Institute of Urology UCL, London.

Since my trainee time, PCNL has been my passion. Over 25 years of my practice, PCNL has evolved a lot and complex and challenging cases are done via PCNL.

Dr Lee Boon Cheok
BMed Sc MD(UK) MS(General Surgery)(UKM)
Board of Urology(MAL) FEBU FRCS(Urology)(Glasg)
Consultant Urological Surgeon
Subang Jaya Medical Centre
Owned by RSD Hospitals Sdn Bhd (181788-D)
1, Jalan SS12/1A, 47500 Subang Jaya, Selangor Darul Ehsan
Telephone: +60 3 5639 1212
Facsimile: +60 3 5639 1675

Speciality Focus
• Endourological procedures
• Urologic oncology
• Mens’ health and wellness

Fields of Treatment
Male illnesses and diseases, Urologic cancers, Urologic disorders

Memberships & Associations
• Member, Malaysian Urological Association
• Life Member, Malaysian Medical Association
• Associate Member, Singapore Urological Association
• Member, Societe Internationale d’Urologie
• Member, Urological Association of Asia
• Treasurer, Malaysian Society of Andrology and Study of the Aging Male
• Member, International Society for Study of the Aging Male

Post Graduate Clinical Training
• Malaysian Board of Urology
• FEBU - Fellow of European Board of Urology
• FRCS(Urology)(Glasg) - Fellow qua Surgeon in Urology Royal College of Physicians and Surgeons of Glasgow
• Singapore Urological Association Fellow, Department of Urology, Singapore General Hospital, 2005
• Fellow/Registrar, Urology Department, Concord Repatriation Hospital, Sydney Australia, 2006 - 07
• Fellow/Senior Registrar, Urology Department, Westmead Hospital, Sydney, Australia, 2007 – 08

Malaysian Board Certification
Urology, National Specialist Register, Malaysia, 2006

Medical School
• National University of Malaysia (UK), MD 1995
• National University of Malaysia, Master of Surgery (General Surgery) 2003
Lo Hwa Loon

Key Expertise

Dr Warren Lo Hwa Loon is a consultant urologist whose main area of practice covers a broad range of urological issues including urinary stones, urinary tract cancers and recurrent urinary tract infections. He sub-specializes in female urological matters such as overactive bladders and urinary incontinence as well as men's health problems which include erectile dysfunctions and prostate diseases. He performs urological implant surgeries such as sling and artificial urinary sphincters for patients with urine leak problems and penile implants for patients with erectile dysfunction. He also performs various oncological procedures both open and minimally invasive for kidney, bladder and prostate cancers.

Dr. Lo performs various neuro and reconstructive procedures for patients, both adult and paediatric, with bladder dysfunction commonly seen in those with spinal injuries or in patients with stroke, Parkinson’s and Alzheimer's diseases. He has performed the largest series of Botox injections in patients with overactive bladders in Malaysia and is the only urologist who performs sacral neuromodulation procedures (bladder pacemaker) for bladder dysfunction and artificial urinary sphincter for female patient with severe urine leak in South East Asia.

Academic Background & Training

Dr. Lo was trained in Malaysia and underwent subspecialty fellowship training in Neuro Reconstructive Urology and Female Urology in the United Kingdom at the Queen Elizabeth University Hospital, Glasgow and had a short fellowship attachment in functional urology at the University Hospital California Davis in California, United States.

He obtained his second fellowship training in Robotic uro-oncology at the Peter McCallum Cancer Centre in Melbourne and at Guy's Hospital & St Thomas Hospital, London. He then further his training at PitieSalpetriere Hospital, Paris in robotic functional urology. He specialized in various complicated robotic surgeries for prostate and kidney cancers and has obtained the European certification for robotic surgery.

Intellectual Pursuits

He delivers various oral and poster presentations locally and internationally and has published research papers in domestic and international journals. He has chaired various neuro urology and uro-oncology symposiums across Asia Pacific and is the speaker for European and American Urological Conferences. He is currently the principal investigator in a few international multi-centric studies and takes part in health awareness programmes and workshops in Malaysia, Indonesia, Vietnam, Korea and Australia.
Dr Loh Chit Sin
Consultant Urological Surgeon

Places of Practice:
Gleneagle Intan Medical Centres, 282 Jalan Ampang, 50450 Kuala Lumpur.
Tel: 03 - 456 4868 (Clinic); 03 - 457 1300 (Hospital); Fax: 03 - 453 1180

Professional Qualifications:
- MB ChB (Hons.) Liverpool, 1983
- MD Liverpool, 1996
- FRCS Edin, 1987
- FRCS Edin (Urology) UK, 1997
- Intercollegiate Certificate in Urology, UK 1997

Prizes:
- John Rankin Exhibition in Anatomy 1980
- J Hill Abram Prize in Medicine 1981
- Sir Robert Kelly Memorial Medal in Surgery 1981
- Half Colours (Volleyball), University of Liverpool 1980
- Full Colours (Volleyball), University of Liverpool 1981

Training and Experience:
- 4 years of basic surgical training in the UK
- 1½ years of higher surgical training in the UK
- 5 years of post fellowship urological training in the UK (including 3 years of accredited higher urological training).
- 3½ years as Lecturer and later Associate Professor and Consultant urological surgeon at the University Hospital.

Professional Interest:
- Uro-oncology
- Incontinence & Reconstructive Urology
- Neuropathic bladder
- Prostate laser
- Radioactive seed implant

Membership of learned societies:
- Past President & current member of the Malaysian Urological Association
- Past President & current member, Private Medical Practitioners Assoc of Selangor & KL

Mohd Rahmat
Dr. Murali Sundram

**Designation:**
Senior Consultant Urologist and Transplant Surgeon
Head Department of Urology, Hospital Kuala Lumpur

**Qualifications:**
MBBS(Universiti Malaya), FRCS(Edin), Fellowship in Urology (Australia)

**Urological Training:**
- Clinical Specialist (Trainee) Urologist at Penang Hospital and Institute of Urology and Nephrology, Hospital Kuala Lumpur 1994 – 1997
- Senior Registrar in Pediatric Urology, Women's and Children's Hospital, Adelaide, South Australia Jan 1998 – June 1998
- Senior Registrar in Adult Urology, Royal Adelaide Hospital, Adelaide, South Australia Feb 1997 – Dec 1997

**Consultant Urologist Positions:**
Previous Appointments: Consultant Urologist Hospital Kuala Lumpur 1998 – 2007

**Professional Appointment / Membership:**
- Vice President, Malaysian Urological Association
- Member, Malaysian Board of Urology
- Expert advisory panel for the Drug control authority, Ministry of Health, Malaysia
- Urology Subspeciality committee, Ministry of Health, Malaysia
- Hospital Kuala Lumpur Medical Advisory Board

Dr Muthukkumaran Thiagarajan
Clinical Oncologist, Hospital Kuala Lumpur

Dr Muthukkumaran obtained his Bachelor in Science (Medical Sciences) and Medical Doctor Degree from Universiti Putra Malaysia. Upon completing his initial services as House Officer and Medical Officer in Sabah from 2004 – 2009, he started formal training in Clinical Oncology at Universiti Malaya, UniversitiKebangsaan Malaysia and Hospital Kuala Lumpur as part of the Masters in Clinical Oncology programme, and graduated in 2013. He served as a Clinical Oncologist at Sabah Women and Children Hospital before his current post at Hospital Kuala Lumpur’s Department of Radiotherapy and Oncology.

Dr Muthukkumaran has a special interest in genito-urinary, pulmonary and mesenchymal cancers. Specialized radiotherapy interest includes stereotactic cranial radiosurgery and paediatric radiation. His administrative interests are radiotherapy resource management and value based medicine in oncology.

Norlia Kamal
LOCAL FACULTY

Ong Teng Aik
Associate Professor & Consultant Urologist,
Division of Urology, Department of Surgery,
University of Malaya Medical Centre (UMMC), Kuala Lumpur, Malaysia.

Dr Ong graduated with MBBS from the University of Malaya in 1995. He served for 15 years in various hospitals in Kuala Lumpur, Sabah and Sarawak before joining UMMC in 2010.

Dr Ong obtained the Fellowship of the Royal College of Surgeons in Ireland in 2000 and the Master of Surgery in 2002. After 2002, he served as a senior lecturer and then Associate Professor in the University of Malaysia Sarawak (UNIMAS). He passed the Malaysian Board of Urology exit examination in 2004. In the same year, Dr Ong won the British Journal of Urology International (BJUI) scholarship to further his training in the United Kingdom.

Currently, for clinical service, Dr Ong treats various kinds of urological diseases. The main volume of work comes from benign prostatic hyperplasia, stones and cancers in the urinary tract. For research, Dr Ong focuses on uro-oncology. High Impact Research grants had been secured to study on bladder and prostate cancer. Involvement in international multicenter oncology treatment trials is also another focus point for the institution.

Rajeentheran Suntheralingam
MBBS, FRCS (Edin), FRCS (Glasgow), Urology Board Certificate (Mal), AM (Mal)

Dr Rajeentheran passed his FRCS Examinations from Edinburgh and Glasgow in 1997, gained experience at Hospital Kuala Lumpur and Hospital Kuala Terengganu while working as a General Surgeon, before taking up Urology as a subspeciality. He passed the Malaysian Board of Urology examinations in 2001. After having completed the required form of training in Urology and passing the Board of Urology Examination, Malaysia, he underwent further training in the subspecialty of Urology at the Bristol Urological Institute, United Kingdom: training in the fields of Urodynamics, Incontinence Surgery and Female Urology, Andrology, Laparoscopic Urology and Uro-Oncology. His special interest lies in the field of Uro-Oncology and Female Urology, Neuro-urology and Urodynamics. Dr Rajeentheran has been the Consultant Urologist at KPJ Damansara Specialist Hospital since 2006. He was the Organizing Chairman for the 1st Asian School of Urology Course in 2005. He has been regularly requested to present on Urology topics in the National Urology Conferences and has been on the expert panels on Urology case discussions. He is still active with numerous presentations and expert panel discussions. He was formerly the Private Urologist representative and Council Member to the Board of Urology Malaysia, and currently Examiner of the Malaysian Board of Urology and Conjoint FRCS Urology (Glasgow) 1st and 2nd year’s examinations, Council Member of the Urology Subspecialty Committee in the National Specialist Registry and Member of the Malaysian Urological Association’s Urology Fees Committee. He is a life member of the Malaysian Medical Association, Member of the Academy of Medicine and College of Surgeons Malaysia, Member of the Malaysian Mensa Society and Fellows of the Royal College of Surgeons of Edinburgh; and the Royal College of Physicians and Surgeons of Glasgow.

Specialty Interests:

His special interest lies in the following:
1. Uro-oncology (Urologic Oncology)
2. Female Urology and Incontinence Surgery
3. Urodynamics
4. Neuro-Urology including urological management of the paraplegics and spinal cord injuries, and augmentation cystoplasties
5. Penile prosthesis and Artificial Urinary Sphincter
**LOCAL FACULTY**

**Dato’ Dr Rohan Malek**

**Designation:**
Senior Consultant Urologist and Head
Department of Urology, Hospital Selayang,
Renal Transplant Surgeon, Hospital Selayang

National Advisor of Urological Services for Ministry of Health, Malaysia

**Qualifications:**
MBBS(Monash) FAMM FRCS(Edin) FRCS(Glas)
Diploma in Urology (London) FEBU
Clinical Specialist (Trainee) Urologist at Institute of Urology and Nephrology
Hospital Kuala Lumpur from 1993-1996.
Honorary Specialist Registrar, Dept of Urology, Churchill Hospital,

**Professional Appointment / Membership:**
Past President, Malaysian Urological Association 2004-2008
Council Member, Urological Association of Asia
Chairman, Board of Urology, Malaysia
Council Member, College of Surgeons, Malaysia
Committee member, Malaysian Society of Transplantation
Committee member, National Transplant Coordinating Council, Malaysia

**Dr Selvalingam Sothilingam** graduated from University of Malaya, Malaysia in 1992 and obtained Fellowship from the Royal College of Surgeons (Edinburgh) and MMedSurg (S’pore) in 1998. He also obtained Masters of Surgery from University Kebangsaan Malaysia in 1999. He went on to pursue Urology in 2002 and obtained Malaysian Board Certification in Urology in 2004. He then spent a year and half in Melbourne, Australia doing a fellowship in UroOncology which included training in prostate brachytherapy from 2006-2007. His interest include Uro Oncology, Endourology and Robotic Assisted surgery and Reconstructive Urology

**Srether Sundaram**

**Susan Woo Yoke Yin**

Dr Woo is an adult urologist with interest in paediatric urology attached to the Department of Urology, Hospital Kuala Lumpur since 2002. She completed her urology training in 2000 and this was followed by a one-year fellowship in paediatric urology at the Women's and Children's Hospital in Adelaide, South Australia. Dr Woo has special interest in paediatric neuro-urology and laparoscopy.
**LOCAL FACULTY**

**Dr Guan Chou Teh** is the Head and Senior Consultant Urologist in the Department of Urology in Sarawak General Hospital, Malaysia. Dr Teh graduated with a distinction from University Malaya in Kuala Lumpur in 1991. In 1995, he qualified as a Fellow of the Royal College of Surgeons of Edinburgh. He completed his urological training in the Flinder University in Adelaide, Australia in 1999. He also holds a diploma in laparoscopic surgery from Louis Pasteur University in France, and is a registered specialist with The Academy of Medicine of Malaysia.

He is currently board member of the Training and Credentialing committee of the Malaysian Board of Urology. He is also an Adjunct Lecturer to the Faculty of Medicine of University of Malaysia, Sarawak.

His main interest is in urooncology, laparoscopic and robotic surgery. He is one of the pioneer laparoscopic urological surgeons in Malaysia. He has presented various research papers on BPH, laparoscopic and robotic surgery in the national and regional urological meetings.

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**Professor Dato Dr Zulkifli Md Zainuddin**
Consultant Urologist  
Head of Urology Unit  
Medical Faculty  
The National University of Malaysia

1. **Academic Qualifications:**
   i. Board of Urology Malaysia: November 2002
   ii. Masters in Surgery (General Surgery): Universiti Kebangsaan Malaysia, June 1998
   iii. Medical Doctor (MD): Universiti Kebangsaan Malaysia, August 1998
   iv. Bachelor of Medical Science: Universiti Kebangsaan Malaysia, August 1989
   v. Fellow in Urology: Department of Urology, Royal Adelaide Hospital, Adelaide, South Australia: 2004-2005
   vi. Fellow Royal College of Surgeons (Uro) Glasgow 2015

2. **Professional Bodies Memberships:**
   ii. Vice President: JAPAN ASEAN Men's Health Council: 2010-2013
   iii. Secretary General: Malaysia Urology Association: 2008-2012
   iv. Member of Board of Urology, Malaysia
   v. Committee member of "Speciality Sub-Committee:Urology" for "National Specialist Register": since 2009
   vi. National Specialist Register Member: Urology (NSR no:124086; since 2007
   viii. Member: The International Society for Sexual Medicine (ISSM); since 2009
   ix. Member: Asia Pacific Society for Sexual Medicine (APSSM); since 2009
   x. Member: European Association of Urology (EAU); since 2010
   xi. Executive council for Asia Pacific Prostate Society (APPS)
   xii. Executive council for Asia Pacific Mens Health Advisory Board
   xiii. Deputy Chairman for South East Asia Urology Think Tank

3. **External Reviewer:**
   i. The Journal of Sexual Medicine
   ii. Journal of Men's Health
   iii. Asian Journal of Andrology
   iv. Malaysian Medical Journal

4. **Area Of Interest**: Voiding Dysfunction, Andrology
Injection site reactions including abscess
Depot inj 3.75 mg x 1's. Reference: MY PI Feb 2017 CCDS03671114

P/P:
- dysfunction, testicular pain, breast enlargement, breast pain, prostate pain, penile swelling, penis disorder, testis atrophy, mucosal dryness, diabetes melitus, glucose increase, LDL increased, triglycerides increased, osteoporosis, feeling hot, irritability, acne, eczema, nail disorder, vaginal discharge, genital itching, dyspareunia, menopausal symptoms, breast atrophy, breast pain, breast tenderness, erectile dysfunction, testicular pain, breast enlargement, prostate tumour flare, aggravation of prostate cancer, weight gain, weight loss, loss or decreased libido, increased libido, headache, muscular weakness, vasodilation, hot flushes, hypotension, allergic reactions, injection site reactions, injection site abscess, injection site swelling, transaminase increased, death and stroke, QT prolongation, convulsions, effects on fertility.

Adverse Reactions:
Leuprolide acetate, or any of the excipients
of anemia caused by uterine leiomyomata in woman who fail iron therapy,
Breast Cancer:
Dosage:
Depot inj 3.75 mg monthly.

Special Precautions:
Changes in bone mineral density, Convulsion, Transient worsening of prostatic cancer symptoms may occur during the first few weeks of administration, i.e., bone pain, sexual side effects, hot flushes, sweating, increase in prostate specific antigen, psychological symptoms, sexual dysfunction, breast atrophy, breast pain, breast tenderness, erectile dysfunction, testicular pain, breast enlargement, prostate tumour flare, aggravation of prostate cancer, weight gain, weight loss, loss or decreased libido, increased libido, headache, muscular weakness, vasodilation, hot flushes, hypotension, allergic reactions, injection site reactions, injection site abscess, injection site swelling, transaminase increased, death and stroke, QT prolongation, convulsions, effects on fertility.

Adverse Reactions:
Leuprolide acetate, or any of the excipients
of anemia caused by uterine leiomyomata in woman who fail iron therapy,
Breast Cancer:
Dosage:
Depot inj 3.75 mg monthly.

Special Precautions:
Changes in bone mineral density, Convulsion, Transient worsening of prostatic cancer symptoms may occur during the first few weeks of administration, i.e., bone pain, sexual side effects, hot flushes, sweating, increase in prostate specific antigen, psychological symptoms, sexual dysfunction, breast atrophy, breast pain, breast tenderness, erectile dysfunction, testicular pain, breast enlargement, prostate tumour flare, aggravation of prostate cancer, weight gain, weight loss, loss or decreased libido, increased libido, headache, muscular weakness, vasodilation, hot flushes, hypotension, allergic reactions, injection site reactions, injection site abscess, injection site swelling, transaminase increased, death and stroke, QT prolongation, convulsions, effects on fertility.

Adverse Reactions:
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of anemia caused by uterine leiomyomata in woman who fail iron therapy,
Breast Cancer:
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AstraZeneca Malaysia Sdn Bhd
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2A, Jalan Gaya, Petaling Jaya
46250 Petaling Jaya,
Selangor Darul Ehsan
Tel: 03-77270501
Fax: 03-77200174

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REFERENCES
11. ZOLADEX 3.6 mg Malaysia Approved Product Information dated 17th Aug 2015
12. ZOLADEX 19.2 mg Malaysia Approved Product Information dated 17th Aug 2015
Cialis 5mg for daily use is indicated for the treatment of erectile dysfunction in adult males and treatment of the signs and symptoms of benign prostatic hyperplasia in adult males.\(^2\)

References:

For further information, please refer to full prescribing information which is available upon request.
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Urethral Stricture 101. How To Establish a Urethroplasty Service.
From Rags to Riches

Akio Horiguchi, MD
Department of Urology, National Defense Medical College, Saitama, JAPAN

Urethral stricture is a common and challenging urological disease. Although urethroplasty has become the gold standard management for anterior urethral strictures, there are still many regions of the world where it is not popular. Urethroplasty is technically more demanding than transurethral instrumentations such as urethrotomy or dilation, a long learning process is necessary, and most urologists have little surgical experience with urethroplasty. Consequently, men in these regions do not have access to a single specialist and strictures that could be cured by urethroplasty are generally managed with suprapubic tubes or repeated transurethral instrumentations. Japan was one of those regions and I had been independently developing expertise in urethroplasty without the help of a mentor and am now able to establish a major referral practice. I have performed more than 700 urethroplasties so far and currently perform more than 150 per year. The number of patients coming for urethroplasty is increasing and there will be a greater demand for urethroplasty.

In this lecture, I will talk about how I started and established urethroplasty service in Japan and also show the keys to becoming a sub-specialist. In brief, there are three keys to becoming an expert in reconstructive urology independently. Firstly, one needs to brush up basic surgical skills and to update one’s knowledge by reading textbooks and guidelines thoroughly. Secondly, it is essential to incorporate experts’ surgical techniques by reviewing their surgical videos. Thirdly, centralization of patients is quite important to maintaining the case load. It is my hope that my lecture would be of interest to attendees with an interest in male reconstructive urology and those who are interested in becoming an expert in reconstructive urology.

Writing a Paper: From Conceptualization to Publication

S. Alan McNeill
Consultant Urological Surgeon, NHS Lothian University Hospitals
Honorary Professor University of Edinburgh
Honorary Professor, Heriot Watt University, Edinburgh

I will discuss my experience of developing an RCT investigating the use of alpha-blockers (alfuzosin) prior to a trial without catheter following acute urinary retention. Starting with a small study this led a multicenter, multinational study called ALFAUR, which established the basis for routine use of alpha-blockers in this setting.

This session should provide delegates with an insight into the issues that need to be faced when developing and running studies and how these have changed over the years. I will include input from the BJUI and BJUI Knowledge Editorial Teams regarding the publication process in my presentation.

Shades of Gray in Gleason 7 Prostate Cancer (GS 4+3 vs 3+4): Differentiating between a pussycat and a tiger

S. Alan McNeill
Consultant Urological Surgeon, NHS Lothian University Hospitals
Honorary Professor University of Edinburgh
Honorary Professor, Heriot Watt University, Edinburgh

Surgeons and patients tend to see the world and the management of disease in black and white, whilst radiologists base their reports on the interpretation multiple shades of gray.

In this session we will review the most recent literature regarding the use of pre-biopsy MRI in identifying higher risk prostate cancers and discuss how this has impacted diagnostic pathways and our urological practice.

In addition, we will discuss what some new diagnostic tools that may be just over the horizon, which will provide more accurate risk stratification in prostate cancer and perhaps bring some colour.
Radical Prostatectomy Should Not be Performed in Low Risk Prostate Cancer

Axel Heidenreich  
Department of Urology, Uro-Oncology,  
Robot-Assisted and Reconstructive Urologic Surgery,  
University Hospital Cologne, Germany

Traditionally, low risk PCA has been defined by clinical stage cT1c, PSA < 10 ng/ml, ≤ 2 positive biopsies and each biopsy core involved with ≤ 50% cancer. At least 12 biopsy cores via the transrectal route should have been taken. However, nowadays modern definition criteria have to be applied to assess the risk of progression.

According to current guidelines low risk prostate cancer (PCA) might be treated by active surveillance, nerve-sparing radical prostatectomy, LDR-brachytherapy or IMRT. When counselling the patient it has to be considered that Gleason score 6 prostate cancer does not harbour any of the hallmarks of cancer. Therefore, radical prostatectomy might represent an overtreatment for the majority of cases associated without oncological benefit but with significant treatment associated side effects such as incontinence and erectile dysfunction. Currently, there are 3 prospective randomised clinical phase-III trials which failed to demonstrate a survival benefit of surgery in low isk disease.

The SPCG-4 and PIVOT trial only identified a survival in men < 65 years of age or in men with intermediate PCA. Furthermore, a benefit in terms of metastasis-free survival or freedom from androgen deprivation was identified. 10-year outcome data of the ProteCt trial failed to demonstrate a significant survival difference between active surveillance, radical prostatectomy and radiation therapy. Patient reported outcome analysis with regard to continence and erectile function described a statistically significant inferiority of radical prostatectomy as compared to radiation therapy and active surveillance.

Traditionally, low risk PCA has been defined by clinical stage cT1c, PSA < 10 ng/ml, ≤ 2 positive biopsies and each biopsy core involved with ≤ 50% cancer. At least 12 biopsy cores via the transrectal route should have been taken. However, this simple definition which is used for decades has significant drawback which led to a high frequency of understaging and underestimation of the local extent of PCA resulting in an about 30% rate of early upgrading if patients were subjected to active surveillance.

In modern uro-oncology, diagnosis of low risk disease requires (1) an adequate biopsy technique, (2) adequate pathohistological evaluation by an experienced uro-pathologist, (3) negative local imaging studies, and (4) adequate interpretation of the results by an experienced uro-oncologist. (1) Biopsy should be performed by a transperineal route or by MRI fusion biopsy in order to identify Gleason score 8-10 foci with the highest probability possible. (2) Pathohistological evaluation must include information about the presence and percentage of Gleason score 6 and 7a which is associated with long-term progression-free survival or early upgrading, respectively. (3) Multiparametric MRI is a must since the combination of PIRADS v 2.0 4 or 5 and a lesion > 15mm are associated with extraprostatic extension in more than 50% of the cases. (4) All information received need to be put in the correct context with regard to the biology of the disease, age, comorbidities and personal perspective of the individual patient.

In modern uro-oncology, RP for low risk PCA should only be considered in (1) young men, (2) men with significant prostatic enlargement and obstructive voiding symptoms, (3) men with contraindications to radiation therapy and (4) men who deny active surveillance.

UFO Study: An Update

Azad Hassan Abdul Razack

The prostate cancer registry (UFO) is a large multi-national, prospective, observational registry of prostate cancer patients presenting to tertiary care hospitals in China, India, Japan, Malaysia, Singapore, South Korea, Taiwan and Thailand. The aim of the registry is to provide a comprehensive picture of PC diagnosis, prognosis, treatment and outcome. The registry will gather information on the patterns in PC diagnosis and management, as well as collect patient-reported treatment outcomes and underlying reasons for clinical decision-making. Patients with existing or newly diagnosed high-risk localized PC (HRL), non-metastatic biochemically recurrent PC (M0), or metastatic PC (M1), are being consecutively enrolled and followed for up to 5 years. The first interim analysis of baseline characteristics includes all patients enrolled from study start (15 Sept 2015) until 17 May 2017. This update will provide a snapshot of the data for Malaysian patients enrolled in the UFO registry.
Endoscopic Management of Urethral Strictures: Still relevant? When to refer?

Kuncoro Adi

Endoscopic management of urethral stricture began since the discovery of optical urethrotome by Sache in 1974, as a minimal invasive procedure, made the popularity of urethroplasty fell down. Sache introduced a new optical urethrotome, which used to be considered aselegant, easy and safe procedures in 1980s and 1990s. Since then, at that time, many urologists began to question the indications for difficult procedures of urethroplasty and had attempted to redefine the place of urethroplasty in the context of Sachse’s optical urethrotomy. The results were the number of urethroplasties fell dramatically in most centers globally in the past decades. But many present studies showed that long term follow up for endoscopic treatment has a high failure rate and some authors suggest that endoscopic treatment using dilatation or internal urethrotomy exacerbates scar formation and adding the length and severity of the strictures. The published data also showed that endoscopic treatment is less effective and cost-effective than urethroplasty and the only predictable cure for a urethral stricture at present is urethroplasty. Despite of low success rate, endoscopic management are still over utilized due to the lack of understanding, unfamiliarity with urethral reconstructive surgery or reluctance to performed open surgery. The question of where is the place of endoscopic treatment in urethral stricture disease become debatable. In this meeting we will discuss the proper role of endoscopic treatment in managing patients with urethral stricture diseases as the first-line option in some selected patients and in which case that endoscopic treatment might be useful. Pre-operative clinical selection of stricture recurrence-prevention modalities should be carefully tailored.

UAA Lecture:
My Journey: Evolution of Anterior Urethral Strictures Management

Akio Horiguchi, MD
Department of Urology, National Defense Medical College,
Saitama, JAPAN

Anterior urethral stricture, a fibrosis of the epithelial tissue and corpus spongiosum resulting in stenosis of the urethral lumen, is a relatively common urologic problem with various etiologies—typically including external trauma, iatrogenic factors, and genital lichen sclerosis—that decreases the urinary stream and adversely impacts not only patient-reported quality of life but also overall health status. Surgical management of anterior urethral stricture has changed dramatically in the last several decades. Long-term outcome of transurethral managements such as dilation and urethrotomy that have been widely used has been found to be poor, and urethroplasty has become the gold standard treatment for anterior urethral stricture. The types of urethroplasty for anterior urethral strictures are mainly categorized into two groups. One is excision and primary anastomosis (EPA), which consists of resecting all fibrotic urethral segments and tension-free re-approximation of the proximal and distal urethral ends. The other group is substitution urethroplasty, in which the fibrotic uretal segment is augmented or replaced by using grafts or flaps. Although EPA is preferred because of its higher success rate and durability, its use is limited by the length and location of the stricture and the size and elasticity of the urethral segment limit. Substitution urethroplasty is therefore the procedure of choice for a long stricture in the proximal bulbar urethra or a stricture of any length located anywhere from the distal bulb urethra to the meatus. Oral mucosa is an ideal graft material for substitution urethroplasty and buccal mucosa is the one most commonly used. Lingual mucosa harvested from the underside of the tongue, however, has recently emerged as an alternative material with equivalent outcome. Onlay augmentation with oral mucosa graft has been widely used with comparable success rates on the ventral side (ventral onlay) and the dorsal side (dorsal onlay). This lecture presents an overview of anterior urethroplasty and reviews current topics.

Sclerosing Lipogranuloma of the Penis: Characteristics and Update on Management

Naiyarak Saree W
Queen Savang Vadhana Memorial Hospital,
Chol Buri, Thailand

Penile sclerosing lipogranuloma or paraffinoma is the granulomatous reaction and fibrotic formation that occurs following the injection of oily substances. It is currently a popular illegal practice for the purpose of genital enhancement. The most subsequent complications bring troubles that interfere with self-hygiene, voiding and sexual activity. The principles of treatment consist of adequate excision of infiltrated penile cutaneous tissue and coverage reconstruction of the denuded penis. The reconstructive selection in individual patient depends on cutaneous involvement severities. All closed surgical incisions are completely healing in 3 months. And sexual activity is restored to normal after 3 months.
Recurrent UTI: Current Management and Misuse & Abuse of Antibiotics

Git Kah Ann
Consultant Urologist,
Pantai Hospital Penang, Malaysia.

Recurrent urinary tract infections (rUTI) are a highly prevalent and burdensome condition for which best practice guidelines for treatment and prevention that minimize harm and optimize well-being are greatly needed. rUTI is defined as 2 or more symptomatic episodes in 6 months or 3 episodes in 1 year. Risks of rUTI are multi-factorial and affects mainly women who are sexually active and those with neuropathic bladders, in-dwelling catheters and nephrolithiasis.

Disease management is geared towards prevention where possible rather than treatment of rUTI. Prevention of rUTI includes i) counselling and behavioural modifications, i.e. avoidance of risk factors, fluid intake and personal hygiene behaviours ii) non-antimicrobial measures (such as hormone replacement in post-menopausal women, immunomodulating prophylaxis, probiotics, cranberries, d-mannose and intravesical instillation of hyaluronic acid and chondroitin sulphate) and iii) antimicrobial prophylaxis, which should be attempted also in this order. Antibiotic prophylaxis could be given as a long-term treatment, post-coital or as self-administered in some selected, well-educated patients.

However, antimicrobial resistance, developing through the selection under antibiotic pressure and the spread of resistance genes and resistant bacteria in healthcare and in the community, increasingly limits our ability to prevent and treat infections. The two main immediate causes of concern are the emergence of bacterial strains resistant to a broad range of previously active antibiotics and the lack of new agents for clinical use. Guidelines for the management of rUTIs are needed to prevent overuse of antibiotics, improve selection of antimicrobial agents, decrease the risk of antibiotic resistance, reduce adverse effects of antibiotic use and improve the care of patients with rUTI.

Conclusion
Recurrent UTI requires an algorithmic approach to care that includes education on lifestyle and behavioural modifications and addresses specific populations of patients with antimicrobial based and non-antibiotic alternatives. Antibiotic stewardship needs to be emphasis to reduce antibiotics resistance before it is too late.

Keywords
Recurrent UTI, Management and Treatment, Antimicrobial Resistance, Antibiotic Stewardship

Controversies in Management of Chronic Prostatitis/CPPS

Christopher Ho

Chronic prostatitis/CPPS is not only a disease that patients dread; urologist are equally petrified by it. Managing this disease has always been a bane. The key to handling chronic prostatitis /CPPS is to first acknowledge it and not just brush it aside. We need to reassure our patients that the pain they endure is real and not just something in their mind. Gaining their confidence by empathy is essential as all they want is our listening ear. Next, we need to reassure them that it is not detrimental to health but will affect their quality of life. It can be controlled but the disease waxes and wanes. There are numerous therapies that have been tried but not one single one can be singled out as most effective. In fact, it needs to be tailored individually and most of the time multimodal treatment is required. The EAU has come out with strong recommendations for single use of antimicrobial therapy (quinolones or tetracyclines) over a minimum of six weeks, alpha blockers and acupuncture. Pentosane polysulphate, NSAIDS and multimodal/phenotypically directed treatment options are also recommended but the recommendations are weak. For NSAIDS, the evidence is strong but long term side effects need to be weighed on. There is also strong evidence for the use of extracorporeal shock wave and posterior tibial nerve stimulation.
Surgical Management of Upper Urinary Tract Urothelial Carcinoma (UUTUC)

Axel Heidenreich
Director and Chairman, Department of Urology, Uro-Oncology, Robot-Assisted and Reconstructive Urologic Surgery, University Hospital Köln, Germany

UUTUC account for about 8% of all renal malignancies and for 7% of all urothelial carcinomas. Approximately 4% and 3% of UUTUC are located in the renal pelvis and in the ureter, respectively. There is 1.5-2 : 1 Ratio for men as compared to women. The peak incidence is around 65 years of age.

Surgical management of UUTUC includes organ sparing approaches and radical nephroureterectomy with a bladder cuff and locoregional lymph node dissection. The type of surgical approach depends on patient specific variables (age, comorbidities, renal function), the aggressiveness of the tumor (low risk versus high risk), the extent and location of the mass (organ confined versus locally advanced, renal pelvis versus ureter) and the presence of locorgional lymph node metastases (neoadjuvant versus adjuvant chemotherapy).

The mainstay for the selection of the therapeutic approaches are the findings of cross-sectional images, diagnostic ureterorenoscopy with pathohistology of biopsies and urinary cytology.

According to most guidelines, an organ sparing approach can be discussed in patients with a papillary tumor and a low risk profile: < 1cm, low grade biopsy and low grade cytology, unifocal disease, no invasive features on MR/CT – urography. Intraluminal laser resection of the mass via an antegrade percutaneous or a retrograde endoluminal approach appears to be the technique of choice. The role of adjuvant topical therapy is discussed controversially with data of less than 200 patients reported in the literature. However, early bladder instillation therapy with MMC at 40mg should be performed to reduce the risk of intravesical recurrences. In patients with a solitary kidney endourological or even open organ preserving approaches represent the treatment of choice in experienced hands.

In patients with biopsy proven carcinoma in situ of the renal pelvis or the ureter organ sparing surgery by a combination of endoluminal laser resection followed by continuous irrigation with BCG via a percutaneous nephrostomy tube can be performed. In case of relapsing disease, radical nephroureterectomy needs to be performed in CIS of the renal pelvis and various techniques of ureteral replacement can be chosen in case of ureteral CIS.

In patients with high-risk disease, multifocality or features of an invasive UUTUC, radical nephroureterectomy represents the treatment of choice for cancers located in the renal pelvis and the proximal ureter. Locoregional lymphadenectomy including the primary landing zones of the tumor bearing organ should always be performed. Locoregional LAD of UUTUC in the renal pelvis and the upper ureter basically include a right-sided or a left sided modified template resection as we know from post-chemotherapeutic RPLND’s in testis cancer.

High risk tumors located in the distal ureter can always be approached by an organ sparing approach including resection of the ureter and its orifice, extended pelvic lymphadenectomy and ureteral reimplantation. The risk of local relapses is not increased when compared to radical nephroureterectomy and the risk of an outfeld relapse located in the renal pelvis or the upper ureter is in the range of 5%. Ureteral tumors located in the mid third of the ureter usually need to be treated with radical nephroureterectomy and locoregional LAD. However, in selected cases ureteral resection followed by ileal replacement or autotransplantation of the kidney can be performed.

Following all surgical procedures of UUTUC, early postoperative intravesical instillation with mitomycin should be performed to reduce the risk of intravesical recurrence.

Adjuvant chemotherapy should be performed in all patients with locally advanced UUTUC or positive lymph nodes according to the most recent prospective randomized clinical trials. The role of neoadjuvant chemotherapy (NAC) for locally advanced disease of the UUT is discussed even more controversially as it is done in muscle invasive urothelial carcinoma of the urinary bladder. However, first data of clinical trials demonstrate a tendency to a better long-term outcome following NAC.
**Testosterone Replacement: Pros & Cons, and When to Start**

Bannakij Lojanapiwat, M.D.
Professor of Urology,
Men's Health and Endourology,
Division of Urology, Department of Surgery, Faculty of Medicine,
Chiang Mai University, Chiang Mai, Thailand
Dean of Faculty of Medicine, Chiang Mai University, Thailand.
Director of Chiang Mai Robotic Center, and Chiang Mai Clinical Trial Unit
President of Asia-Pacific Prostate Society

Definition of late-onset hypogonadism (LOH): A clinical and biochemical syndrome associated with advancing age and characterized by typical symptoms and a deficiency in serum testosterone levels. It may result in significant detriment in the quality of life and adversely affect the function of multiple organ systems.

High prevalence of low testosterone was found in men with co-morbidities. Diagnosis should be based on the presence of signs/symptoms of T deficiency and unequivocally low serum T levels.

The aims of testosterone replacement are restored physiological testosterone level, improve body metabolic syndrome parameters, benefit on libido, increase IIEF score for sexual desire, improvement in depressive symptoms and cognitive, and decrease vascular risk.

Testosterone replacement therapy (TRT) is indicated in men diagnosed as hypogonadal and in whom no contraindications exist with several forms such as gel, patch, injection and oral form.

Contraindications of TRT are history of prostate cancer/ high-grade PIN, breast cancer, high hematocrit level, untreated sleep apnea and severe obstructive urinary symptoms.

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**BPO Management in Frail Elderly Patient: Alternatives to TURP**

Khor Tze Wei
Consultant Urologist
Borneo Medical Centre, Kuching.

Transurethral resection of the prostate (TURP) has been the gold standard in the surgical management of benign prostatic hyperplasia. The majority of patients requiring TURP are elderly often with multiple co morbidities that might preclude them from undergoing general anaesthesia safely.

Surgical and non-surgical options in this group of patients are presented.

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**Nocturia due to Nocturnal Polyuria Control the Cause, Restore the Night**

Peggy Sau-kwan CHU

Nocturnal polyuria is one of the most likely causes for nocturia. Studies nowadays had shown that the first uninterrupted sleep period is associated with the next day wakening. Nocturia is associated with morbidity and even mortality. According to studies nocturia may be considered a “biological marker” for medical comorbidity. Medical diseases like hypertension, use of calcium channel blockers, poorly controlled diabetes mellitus, obstructive sleep apnoea and metabolic syndrome can also cause nocturia. Loss of circadian rhythm of antidiuretic hormone due to aging is a contributing factor for nocturnal polyuria. Urological causes like prostatic enlargement with significant post void residual or overactive bladder may increase the number of nocturnal voids. Good collaboration with endocrinologist, respiratory physician and also use of desmopressin safely will be able to restore the first uninterrupted sleep period of the patient.
**Endourology Procedures with Anticoagulant on Board: How Do We Proceed?**

Prof. Neville D. Perera  
Department of Urology and Renal Transplantation  
The National Hospital of Sri Lanka, Colombo

The number of patients on anticoagulants (AC) and antiplatelets (AP) are on the rise with the worldwide aging population and so is the number of interventional urological surgery done in the background of artificial heart valves, VTE prophylaxis, strokes and myocardial ischaemic complications.

Evidence-based guidelines for the use of AC/AP are growing and now well established for the standard agents. While the efficacy of new AP such as ticagrelor and prasugrel which are gradually replacing the older agents, such as aspirin and clopidogrel and the novel oral anti-coagulants (NOACs) which are at the verge of replacing the AC such as warfarin are awaiting the test of time.

When it comes to balancing of the risk of perioperative thromboembolism versus risk of bleeding, use of CHA2DS2-VASc score (which recently replaced the well-known CHADS2 score) and HAS-BLED score which is a therapeutic bleeding risk stratification score will provide objectivity in individual decision making.

Leading urological organisations such as ICUD/AUA/EAU with minor differences has agreed upon the current guidelines on safety of use and withdrawal of AC/AP during urological procedures. ICUD/AUA EAU recommends low-dose AP taken without a specific medical indication may proceed with elective surgery with discontinuation of it.

It is recommended that continuation of AP/AC for low-risk urological procedures such as Uretero-renoscopy, Laser ablations and prostatic biopsy in the perioperative period without increased risk of major bleeding. It is also strongly recommend discontinuation of AC/AP in all other urological interventions including ESWL, PNL and prostatic resections. Patients with mechanical heart valves who are at high risk for thrombotic complications should commence bridging therapy perioperatively. Also withdrawal of dual antiplatelet therapy should not be done prior to urological procedures within 12 months for drug eluting stents or within 3 months of bare metal stents. Clopidogrel or aspirin for secondary prevention of stroke, especially for recent events, it is recommended to continue aspirin through the perioperative period. As the risk of haemorrhage from low-risk procedures is outweighed by the risk of thromboembolic events.

For procedures with only a minor risk of bleeding, NOAC use does not have to be modified. In patients undergoing high-risk surgical procedures warfarin would be stopped 5 days before the surgical procedure and should be restarted 12–24 h after surgery, when the bleeding risk is acceptable. In patients with higher risk or thromboembolic events (e.g. mechanical valves and fibrillation) bridging anticoagulation with unfractionated heparin or low-molecular-weight heparin is recommended.

A detailed understanding, as well as some knowledge of the novel anticoagulant and antiplatelet agents is essential for the urological surgeon, so that they may take safe and balanced decisions calculating the risks of bleeding and the safety of stopping these agents perioperatively. High-risk patients and those undergoing high-risk procedures should be assessed by a multidisciplinary approach before making decisions.

**Premature Ejaculation: Is it Completely Understood?**

Dato Dr Zulkifli Md Zainuddin  
Professor of Urology  
Faculty of Medicine, Universiti Kebangsaan Malaysia

Although the dysfunction itself has been written about and investigated for many years, only recently has premature ejaculation (PE) become a focus of attention within medical circles. Much of this has resulted from newfound research support from pharmaceutical companies that view this dysfunction as ripe for the development of new chemical treatment.

With this attention have come retrospective glances in an effort to understand what is already known about PE- its causes, how it has been assessed and which treatments have been most effective.
Botox in Neuropathic Bladder

Anju Goyal
Consultant in Paediatric Urology, Royal Manchester Childrens Hospital

Botulinum toxin A (BtA) has been used in neuropathic bladder since 1990's and its use in children was first reported in 2002. The methodology of administration, adverse effects, dosage, duration of effectiveness have been clarified in last 2 decades and there is evidence that the magnitude of effect remains durable over repeated administrations. However, requirement of general anaesthetic for administration is an additional factor to consider in paediatric population. It acts to reduce detrusor overactivity and improve capacity but has lower efficacy in patients with low bladder compliance. There is a suggestion that earlier intervention might be more beneficial in this specific patient population.

The short term aim of BtA use is to decrease bladder pressures and thus achieve continence and prevent any renal damage due to high bladder pressure. Achievement of urinary continence is not always achievable as at least 50% of paediatric neuropathic bladder have sphincteric incompetence. In the longer term the aim is to prevent development of low compliance bladder and thus eliminate or delay the need for bladder augmentation.

All current evidence and current experience will be reviewed to investigate the role of BtA in the management of paediatric neuropathic bladder specifically looking at its ability to reduce the need for bladder augmentation.

Refractory OAB : PTNS vs Botox Vs Neuromodulation

Anju Goyal
Consultant in Paediatric Urology, Royal Manchester Childrens Hospital

OAB is a common condition affecting adults and children with symptoms of urgency, urge incontinence, increased frequency, and nocturia. It significantly affects quality of life. First-line treatment options for OAB include bladder training, oral anti-cholinergic agents and beta-adrenergic receptor agonist. Compliance and adverse effects of medications pose a challenge. In refractory cases, Botulinum toxin A and neurostimulation therapies are valid option with evidence supporting their role.

Role of Botulinum toxin A is well established but adverse effects of UTI and urinary retention makes it imperative to search for newer management strategies. SNS using an implantable device in the spine is a widely used treatment with RCT's demonstrating its benefit. Percutaneous TNS is a minimally invasive office-based procedure which has been shown to be safe and effective in treating OAB symptoms. We will review the evidence behind these 3 approaches including mechanism of action, adverse effects and newer devices.
Living with Percutaneous Nephrostomy – Nurses’ roles

Li ML, Chu SK
Division of Urology, Department of Surgery, Tuen Mun Hospital, Hong Kong.

Introduction:
Percutaneous nephrostomy (PCN) is a one of urinary diversion procedure to relieve the obstruction in urinary tract. However, obstructive uropathy with locally advanced recurrent abdominal/pelvic cancer or metastatic disease with obstructive renal failure. PCN is a clinical option as a temporary or supportive treatment for these patients. Unfortunately, patients may be dependent on nephrostomy tube for a longer time or permanent nephrostomy until their end of life.

Historically, all patients with PCN who may have the burden of related complications such as, PCN blockage, dislodgement, loosen stitches, decrease or no urine output, loin pain, leakage from PCN site, infection etc. Although all these complications are often seen to be common and patients might wait for a longer time in emergency department (AED) and then admit to ward. Can it be prevented or managed in outpatient setting to reduce hospitalization due to these complications? And also the need of long tubing with urine bag can have an impact on patients’ daily life and their quality of life. Can it be improved?

Purpose:
To initiate the best practices for reducing complications and hospitalizations for patients with temporary PCN catheter who are unfit to receive suitable operation and prevent their quality of life impaired by PCN

Methodology and Result:
Conventional dressing for PCN is prone to loosening and unable to adhere to skin well which will create possibility for dislodgement and lead to potential infection.

New fixation devices and shorter connecting tubing with different kinds of collection urine bag for the system in PCN dressing has been used since 2015 and initiated a regular follow up clinic for those patients with PCN catheter who’s carrying for supportive treatment. Multidisciplinary approach in collaboration with community nurses. Community nurses will help to follow up patients weekly for dressing change and monitor the PCN site. Ad hoc consultation to urology nurse for fast track clinic if problem arises. Education and understanding in caring for maintenance of PCN to staff and patients and their caretaker are crucial.

Data have been compared for emergency admission due to complications of PCN between the period 2012 to 2014 and 2015 to 2017.

As a result, patients with PCN are subsequently reduced in unplanned admission and AED attendance.

Base on this pioneer enhancement, a continuous quality improvement, optimize PCN care and decrease complications will beneficial to all these types of patients with PCN.

Nursing to Promote Self-Efficacy and Recovery of Daily Life after Radical Prostatectomy

Kansuke Kawaguchi
Assistant Professor, Yamagata University Faculty of Medicine, Graduate School of Nursing

In recent years, prostate cancer patients are increasing rapidly in JAPAN. Radical prostatectomy is the typical treatment for localized prostate cancer. It is very important to provide nursing to recover several impairments (ex, urinary incontinence, sexual dysfunction, etc.), daily life and QOL for patients after surgery. It is also reported that self-efficacy has the effectiveness to control psychosocial aspects of prostate cancer patients.

So, I would like to introduce our prospective study for one year and nursing to promote self-efficacy and recovery of daily life after radical prostatectomy.
PTNS: Treatment Options for Overactive Bladder

Overactive bladder (OAB) is a syndrome of urgency with or without incontinence, associated with daytime frequency and nocturia. Diagnosis is made with Urodynamic Study. PTNS is one of the treatment options for OAB. It is a low risk and non-surgical treatment that delivers gentle electrical impulses / stimulation to target specific nerves that control bladder function. Studies shown significant reduction in frequency and urgency, and improvement in nocturia.

TURP Syndrome Risk Reduction Strategies: Perioperative Nursing Considerations

Khatijah Abdullah @ Katherine Baha

Transurethral resection of prostate (TURP) syndrome is a complication characterised by symptoms changing from an asymptomatic hyponatremic state to convulsions, coma and death due to absorption of irrigation fluid during TURP.

The syndrome appears to be related to the amount of fluid that enters the circulation via the blood vessels in the resection area. The first step in the course of action for therapy is to control bleeding and suspend the operation.

The perioperative nurse plays a critical role in reducing the risk of TURP syndrome and can have a positive impact through several risk reduction strategies.

Urologists and Risk Management – Good Practices to Keep The Lawyer Away

Dr Clarence Lei Chang Moh, FRCS Urol, FEBU, Consultant Urologist, Adjunct Professor, Universiti Malaysia Sarawak, Honorary Consultant Urologist to HKL, SGH, SHC, c/o Kidney & Urology Centre, Normah Hospital, Kuching.

Introduction:
There is an increasing trend of patients making official allegations against doctors, sometimes with the “help” of lawyers. Medical management of certain conditions or in some situations incurs more risk than others to result in unpleasant encounters. Medical “malpractice” insurance is now mandatory in Malaysia, adding a significant cost!

Methods:
The author qualified as a medical doctor in 1981 and the “practices in relation to risk management” are mostly from his personal experience in the local scene. The sources of information includes: personal medico-legal cases, medico-legal cases as expert witness in and outside court, discussions and advices for cases involving fellow urologist (anonymized), medico-legal cases from the MPS, Malaysian Protection Society case book since 2002, MPS workshops and the MMA report of the Ethics Committee since 2006.

Results:
When a clinical case scenario takes on a medico-legal angle, the time and effort spent of studying the case, reading the documents are often overwhelming. The subject matter includes the following: informed consent, urinary stone management in relation to stone migration, stone clearance, ureteric avulsion, bleeding and lethal urosepsis; post varicocele surgery, in particular, alleged testicular atrophy, scrotal swelling and pain, missed testicular torsion, failed vasectomy, post TURP retrograde ejaculation, spinal cord compression resulting in urinary retention and sexual dysfunction, post nephrectomy bleeding and death, adverse drug reactions, fraudulent claims and advertisement etc. Less than ideal urological repair of urological injuries caused by gynaecologists is another source of unhappiness.

Conclusion:
The outcome of some of these cases will be discussed. In general, it is best to be humble (allow second opinion!), honest and allow open communication, including use of modern media. Documentation of informed consent especially with regards to treatment efficacy and adverse events must be clear. The patient and family should have adequate time to decide on the treatment options, preferably not same day surgery.

Last but not least, the doctor should have adequate knowledge and training in the treatment options, safety aspects and have a supportive team.
For the past few years, we have seen a surge of trials in view of supporting multiparametric MRI before prostate biopsy. The reason this came about is the concerns brought on by overdiagnosis and overtreatment during prostate cancer screening programs.

The Collaborative Initiative of the American Urological Association and the Society of Abdominal Radiology’s Prostate Cancer Disease-Focused Panel Consensus statement in 2016 stated that when high-quality prostate MRI is available, it should be strongly considered in any patient with a prior negative prostate biopsy who has persistent clinical suspicion for prostate cancer and who is undergoing a repeat biopsy.

However they also clearly stated that the decision whether to perform MRI in this setting must also take into account results of any other biomarkers, the cost of the examination, as well as availability of high quality prostate MRI interpretation.

This only applies to a prior negative prostate biopsy.

The debate here is about a patient with PSA 4-10ng/ml, and whether one needs to consider proceeding with an mpMRI or prostate biopsy first. This clearly focusses on a prostate-biopsy naïve patient and not a prior negative prostate biopsy.

The debate to support prostate biopsy, rather than immediately proceeding with mpMRI first, in a prostate-biopsy naïve patient will be focused on:

1. A critical analysis of the landmark PROMIS and PRECISION trials and their flaws in design and interpretation
2. The negative trials published on this, and the mere fact that even a single negative trial overwhelms the positive trials, as there are issues related to conflicts of interests and the proclivity to publish trials especially in peer-reviewed journals.
3. How does one actually define clinically significant prostate cancer? There is a difference between clinically significant prostate cancers based on pre-treatment pathologic grade and cancer volume as prognostic markers, from that of the actual natural history of significant prostate cancers based on how they respond to therapy, PSA kinetics, progression free and cancer specific survivals. This is the holy grail of prostate cancer that is yet to be achieved.
4. The question of whether missing out a single clinically significant prostate cancer is justifiable or not. In prostate cancer screening trials, the numbers needed to screen and finally numbers needed to treat is high, and whether missing out that one single clinically significant prostate cancer, although statistically significant, may actually be clinically relevant.
5. The positive predictive value, negative predictive value, false negative and false positive rates with mpMRI, and how many “significant” prostate cancers will be missed out with an mpMRI, and whether missing such “significant” prostate cancers is justifiable or not.
6. The cost-effectiveness of mpMRI, especially for prostate-biopsy naïve patients
7. The availability of high quality prostate MRI interpretation and radiologist training.
8. The poor standardization of prostate biopsies after proceeding with mpMRI and its justification based on pick-up rates and cost-effectiveness namely on template prostate mapping biopsy, targeted prostate biopsy vs standard sectorial prostate biopsy with focused targeting, the issue of ultrasound fusion biopsies vs visual cognitive-guided prostate biopsies and whether visual cognitive-guided prostate biopsies yield significant malignancies as compared to a non-MRI cognitive prostate biopsies, etc.
Types of Buried Penis and An Overview of Surgical Techniques

Dr Clarence Lei Chang Moh, FRCS Urol, FEBU,
Consultant Urologist,
Adjunct Professor, Universiti Malaysia Sarawak,
Honorary Consultant Urologist to HKL, SGH, SHC
C/o Kidnay & Urology Centre, Normah Hospital, Kuching.

Introduction: A buried penis refers to the penis which is partially or completely buried or concealed under prepubic skin and/or fat. The corporeal length of penile shaft is normal. Presentation in adulthood is rare. This is different from “micropenis”, a condition feared by most mothers. A buried penis is of normal size. When the penis is erect or when the fat is reduced, the mother may sometimes be reassured. The patient may have some hygienic problems with urination as the urinary stream may spray. If the patient somehow undergoes an over-zealous circumcision, the penis may become more buried.

Methods: If the penis erects or with the pubic fat depressed, a ruler can be used to measure the length and girth of the penis, as a record and also to indicate to the mother that his true penis is not microsized. Literature research as well as the author’s personal series are used to illustrate various surgical techniques used to treat buried penis. If there is phimosis, a judicious circumcision will allow the penis to project outwards. In cases where the penis still remains "small", local application of testosterone gel may be used when the child undergoes puberty. In the meantime, the patient should also be given advice to reduce childhood obesity. When the penile skin is lax, the penile skin can be tagged down with a suture (egPDS) to the lateral aspect of the corpora cavernosa to reduce the risk of penile retraction.

In adults, dissection of the penile corpora, releasing down to the suspensory ligament and scrotum can be achieved by the urologist. Excision of the suprapubic fat pad, liposuction, excision of abdominal apron or skin graft are better done in collaboration with a plastic surgeon. Cosmesis and sexual function are multifactorial and patient expectations have to be realistic.

Conclusion: The buried penis usually does not give rise to significant sexual dysfunction in adulthood. The judicious use of surgery may sometimes be necessary. Reconstructive surgery is better done in specialized units.
Putra Mosque

The pink-domed Putra Mosque is constructed with rose-tinted granite and can accommodate 15,000 worshippers at any one time. The basement wall of the mosque resembles that of the King Hassan Mosque in Casablanca, Morocco.

The mosque consists of three main functional areas - the prayer hall, the Sahn, or courtyard, and various learning facilities and function rooms. The prayer hall is simple and elegant, supported by 12 columns. The highest point below the dome is 250 feet above ground level.
### Session No | Abstract | Time
--- | --- | ---
VID 01 | **Three-Dimensional Laparoscopic Radical Prostatectomy (LRP): An Early Experience and Preliminary Report from University Malaya Medical Centre**  
Kit Ling Seng, Kyaw Phyo Aung, Ahmad Nazran Fadzli, Shanggar Kuppusamy, Teng Aik Ong  
Urology Unit, Department of Surgery, University Malaya Medical Centre, Kuala Lumpur, Malaysia | 0830 – 0839
VID 02 | **Laparoscopic Right Radical Nephrectomy with IVC Thrombectomy - A Video Description Of Surgical Technique**  
Samuel Yong Xian TAN, Roger Anthony IDI, Guan Chou Teh  
Department Urology, Sarawak General Hospital | 0839 – 0848
VID 03 | **Hydrocelectomy: Re-establishing von Bergmann’s Technique**  
MN Adz, P Nagappan  
Department of Urology, Kuala Lumpur Hospital, Malaysia | 0848 – 0857

24th November 2018  
0830 – 0900  
Perak, Basement II, Shangri-La Hotel Kuala Lumpur
Batu Caves

Site of a Hindu temple and shrine, Batu Caves attracts thousands of worshippers and tourists, especially during the annual Hindu festival, Thaipusam. A limestone outcrop located just north of Kuala Lumpur, Batu Caves has three main caves featuring temples and Hindu shrines. Its main attraction is the large statue of the Hindu God at the entrance, besides a steep 272 climb up its steps to finally view the stunning skyline of the city centre. Monkeys frolic around the caves, and it is a popular spot for rock climbing enthusiasts. Paintings and scenes of Hindu Gods can also be seen in the Ramayana Cave.

Batu Caves is a place where you should not miss on your next visit to Malaysia!
### ORAL PRESENTATION (Non Trainees)

#### 24th November 2018

0900 – 0945

Melaka Room, Basement II, Shangri-La Hotel Kuala Lumpur

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<td><strong>Antegrade Ureteric Stenting: Revisited</strong></td>
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<td>Ezamin1, I Azril1, Omar Fahmy1, K Arif1, J Harliah1,</td>
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<td>1. Department of Imaging, Faculty of Medicine and Health Sciences,</td>
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<td>POD 09</td>
<td><strong>Prospective Evaluation of Using Multiparametric MRI in Cognitive Fusion</strong></td>
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<td><strong>Prostate Biopsy Compared To Standard Systematic 12-Core Biopsy in the</strong></td>
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<td><strong>Detection of Prostate Cancer</strong></td>
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<td>LY Lim1, GH Tan1, ZM Zainuddin1, XI Fam1, EH Goh1, SS Othman, A Yahya, P</td>
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<td>POD 10</td>
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<td><strong>Comparative Analysis between the J-CaP and M-CaP Registries</strong></td>
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<td>Jasmine Lim1, Hideyuki Akaza2, Rohan Malek1, Siew Hong Chan1, Bing Chi</td>
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<td>Chang1, Say Chuan Khoo1, Wei Jun Koh1, Sivaneswaran Lechmiannandan1,</td>
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<td>Noor Azam Nasuha1, Ing Soon Ng1, Shamsuddin Omar2, William Ong1, Mizuki</td>
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<td>2. Strategic Investigation on Comprehensive Cancer Network, Interfaculty</td>
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<td>Initiative in Information Studies / Graduate School of Interdisciplinary</td>
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<td>8. Department of Urology, Sultanah Aminah Hospital, Johor Bahru, Malaysia.</td>
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<td>11. Department of Urology, Kuala Lumpur Hospital, Kuala Lumpur, Malaysia.</td>
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<td>POD 12</td>
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<td>Seow Huey Choy1, Jasmine Lim1, Selvalingam Sothilingam1,2, Rohan Malek1,</td>
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<td>Murali Sundram1, Shakti Chamarumaman1, Selina Ann Nyanatay1, Ong Tenk</td>
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<td>Alaa Clinic Hospital, Cairo, Egypt</td>
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Thean Hou Temple

This magnificent Chinese temple has golden roofed pagodas and strings of lanterns. Located inside are three majestic statues of deities, including the main deity Thean Hou. Within its grounds are statues of the 12 animals of the Chinese zodiac.
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<td>RR Krishnamurthy1, M.S Bathusha2, S Thevarajah2 1. Urology Unit, Department of General Surgery, Queen Elizabeth Hospital, Kota Kinabalu, Sabah 2. Plastic and Reconstructive Unit, Department of General Surgery, Queen Elizabeth Hospital, Kota Kinabalu, Sabah</td>
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<td>POD 02</td>
<td>Outcome of Bladder Preservation Therapy in Non Metastatic Muscle Invasive Bladder Cancer: Analysis of the Hospital Sultanah Aminah Experience</td>
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<td>K. Alagappan1, S Omar1, PK Han1, Tan HCL1, Sheng YW2, Arshad M2, Arun A1, CW Oh2 1. Department of Urology, Hospital Sultanah Aminah, Johor Bahru, Malaysia 2. Gleneagles Medical Hospital, Johor Bahru, Malaysia 3. National Pharmaceutical Regulatory Agency, Petaling Jaya, Malaysia</td>
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<td>S. Lechmiannandan1, WW Teng2, Nadirah S1, LM Cheah1, SC Khoo1, S Thevarajah1 1. Department of Urology, Perung General Hospital, Penang, Malaysia 2. Urology Unit, Queen Elizabeth Hospital, Sabah, Malaysia 3. Clinical Research Centre, Queen Elizabeth Hospital, Sabah, Malaysia</td>
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Central Market Kuala Lumpur

Central Market Kuala Lumpur is a must-visit destination offering visitors a unique shopping opportunity where they can relish not just a retail experience but also a heritage experience offering a wonderful visual treat and appreciation of Malaysia heritage and architecture in a glance as they step into its doors.

Under its stunning art-deco structure, you will find more than 300 shops featuring local handicrafts, textiles, souvenirs, collectibles and restaurants. With its distinctive Malaysian flavor, Central Market Kuala Lumpur offers an excellent place to showcase the true Malaysian culture and heritage values attracting both locals and foreign tourists to its doors.
POS 01
Zainal Adwin ZA1, Wan Omar WD2, H Jaman2, Z Zainuddin2
1. Department of Surgery, Surgical Sciences Cluster, Faculty of Medicine, Universiti Teknologi MARA, Selangor, Malaysia
2. Urology Unit, Department of Surgery, Universiti Kebangsaan Malaysia Medical Center, Kuala Lumpur, Malaysia

Time: 1430 – 1433

POS 02
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N Masri1, R Abdull Raffar1, H Md Ali1, H Jasman2
1. Department of Nursing, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia
2. Department of Surgery, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia

Time: 1433 – 1436

POS 03
Urology Patient Health Education Posters, Pamphlets and Flip Charts
R Abdull Raffar1, N Masri1, H Md Ali1, H Jasman2
1. Department of Nursing, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia
2. Department of Surgery, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia

Time: 1436 – 1439

POS 04
A Meta-analysis of Adiponectin as a Prediction Marker in Renal Cell Carcinoma
Ning Yi Yap1, Foo Ngan Yap2, Komathi Perumal1, Retnagowri Rajandram1
1. Department of Surgery, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia
2. Department of Primary Care Medicine, Faculty of Medicine, University Malaya, Kuala Lumpur, Malaysia

Time: 1439 – 1442

POS 05
Experience with First Line Pazopanib in Patients with Metastatic Renal Cell Carcinoma in a Single Tertiary Centre: A Case Series
AL Kumarappan, NA Nasuha
Department of Urology, Hospital Raja Perempuan Zainab II, Kota Bahru, Malaysia

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POS 06
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SA Salauddin, J.R Sathiyananthan, Rohan Malek
Department of Urology, Selangor Hospital, Selangor, Malaysia

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S.A.M Zainuddin1, C. Vicknesh1, M. Sundram2
1. Department of Urology, Hospital Serdang, Selangor, Malaysia
2. Department of Urology, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

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POS 08
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Komathi Perumal1, Huin Weng Kit1, Yap Ning Yi1, Ong Teng Aik1, Glenda Gobe1 and Retnagowri Rajandram1
1. Department of Surgery, Faculty of Medicine, University Malaya, 50603 Kuala Lumpur, Malaysia
2. Faculty of Medicine, University of Malaya, 50603 Kuala Lumpur, Malaysia
3. Centre for Kidney Disease Research and School of Biomedical Sciences, University of Queensland, Brisbane, Australia

Time: 1451 – 1454

POS 09
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Zainal Adwin1, Suziliza Shukor2, Hafizul Jasman3, Zulkifli Zainuddin2
1. Department of Surgery, Surgical Sciences Cluster, Faculty of Medicine, Universiti Teknologi MARA, Selangor, Malaysia
2. Urology Unit, Department of Surgery, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Center, Kuala Lumpur, Malaysia

Time: 1454 – 1457

POS 10
Radical Nephrectomy and Thrombectomy in Advanced Renal Cell Carcinoma with Extensive IVC Thrombosis: A Single Centre Experience
Azrul Emeril1, CKS Lee1, Saiful Azli1, Mohd Ghani Khairul-Asri1, Omar Fahmy1
1. Department of Urology, Hospital Serdang, Selangor, Malaysia
2. Department of Urology, Universiti Putra Malaysia (UPM), Selangor, Malaysia

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<td>Conservative Treatment with Ureteric Stenting Feasible in Managing Emphysematous Pyelonephritis: The Penang Experience GK Ooi, HY Khor, L. Sivaneswaren L, SC Khoo 1. Department of Urology, Hospital Pulau Pinang, Penang, Malaysia.</td>
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<td>The Demographic and Clinico-Histological (or Clinicopathological) Trends of Bladder Cancer in University of Malaya Medical Centre Rebecca Anthony1, Yap Ning Yi1, Glenda Gobe1, Ahmad Nazran1, Ong Teng Aik1, Azad Hassan Bin Abdul Razack1, Retnagowri Rajandram2 and Shanggar Kuppusamy1 1. Department of Surgery, Faculty of Medicine, University Malaya, Kuala Lumpur, Malaysia. 2. Centre for Kidney Disease Research, University of Queensland, Brisbane, Australia.</td>
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2. Department of Surgery, International Islamic University Malaysia, Kuantan, Malaysia |
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1. Department Of Urology, Hospital Tengku Ampuan Afzan, Kuantan, Malaysia  
2. Department Of Pathology, Hospital Tengku Ampuan Afzan, Kuantan, Malaysia  
3. Department Of Surgery, International Islamic University Malaysia, Kuantan, Malaysia |
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1. Department of Surgery, Sarawak Sciences Cluster, Faculty of Medicine, Universiti Teknologi MARA, Selangor, Malaysia  
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1. Department of Surgery, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia  
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1. Department of General Surgery, Sarawak General Hospital, Kuching, Malaysia  
2. Department of Urology, Sarawak General Hospital, Kuching, Malaysia  
3. Department of Histopathology, Sarawak General Hospital, Kuching, Malaysia |
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1. Department Of Urology, Hospital Tengku Ampuan Afi`n (HTAA)  
2. Department Of Surgery, International Islamic University Malaysia (IIUM) |
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<td>Department of Urology, Hospital Queen Elizabeth, Sabah, Malaysia</td>
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<td>Department of Surgery, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia</td>
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Delivering Control,
Building Confidence

Xatral® XL – Abbreviated Prescribing Information
Trade name: Xatral® XL, Active ingredient: Alfuzosin hydrochloride. Pharmacotherapeutic class: alpha blockers. Dosage form and strength: Extended-release tablets containing 10mg of Alfuzosin hydrochloride. Indications: Treatment of the symptomatic symptoms of benign prostate hyperplasia. Alpha blocker therapy is indicated in adult males with lower urinary tract symptoms related to benign prostate hyperplasia. The recommended dose is one 10mg tablet per day, to be taken immediately after the evening meal. The treatment is administered for 3 to 4 days, i.e., 2 or 3 days while the catheter is in place and one day after it is removed. Contraindications: Hypersensitivity to alfuzosin or its components, orthostatic hypotension, impaired liver function, severely impaired kidney function (creatinine clearance < 30 ml/min), Interstitial cystitis. Special Precautions: Selective blockade with antihypertensive drugs, patients having undergone major surgery, in response to the administration of another alpha-1 blocker in coronary patients. Pregnancy and lactation: Not applicable. Adverse effects: Main adverse effect are: CNS disturbances and gastrointestinal disturbances. Interactions: Main interactions are with antihypertensive alpha blockers and other antihypertensive drugs. Last text revisions: 02/01/2012. This is a Prescriber-Only Medicine.

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FOR HEALTHCARE PROFESSIONALS ONLY
When What Wakes You Up Isn’t The Alarm Clock
Is This What Snoozing The Alarm Clock Means?

What is nocturia?
The complaint that the individual has to get up one or more times to void at night and the void has to be preceded and followed by sleep.

Nocturnal polyuria is one of the common causes of nocturia.

What is nocturnal polyuria?
It is the production of an abnormally large volume of urine during sleep at night. It happens when the normal secretion of a hormone called arginine vasopressin (AVP) is disrupted.

AVP increases resorption of water from the kidney. If your body does not make enough AVP at night, urine production will increase. This is what makes you get out of bed to urinate.

Nocturia is a bothersome medical condition affecting men and women of all ages which can negatively impair functioning, quality of life, overall health, and productivity.

If you are concerned that you may have nocturia, you should talk with your healthcare professional.

References:
2) Weiss et al J Urol 2011;186:1355-1363
6) Coyne et al. BJU Int 2009;103:332-336
Bukit Bintang

Stylised as Bintang Walk or Starhill, the latter being a translation of the Malay name) is the shopping and entertainment district of Kuala Lumpur, Malaysia. It encompasses Jalan Bukit Bintang and its immediate surrounding areas. The area has long been Kuala Lumpur’s most prominent retail belt that is home to many landmark shopping centres, al-fresco cafés, bars, night markets, as well as hawker-type eateries. This area is popular among tourists and locals, especially among the youths.
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Fax : +603-5569 3299
Email : info@medi-life.com.my
Website : www.medi-life.com.my

The key to our success is our people, a highly skilled workforce who keep a constant ear close to the medical-surgical world. We have committed ourselves to making a positive difference in the lives of our patients and those who care for them by consistently supplying the right solution and helping our customers deliver safer, efficient and effective care.

Driven by our customer-centered philosophy, we aspire to create the greatest value for our customers by being the total solution provider coupled with an excellent after sales service.

Doing our utmost best, we have being awarded the sole distributorship for some of the world's leading medical technologies form sophisticated diagnostic scanners and instrumentations, medical disposables, surgical instrumentations to dental systems, always leading the way in marketing these latest high quality, state of the art medical- surgical advances to hospital in Malaysia. Some of the agency lines we representing are:

<table>
<thead>
<tr>
<th>Agency Line</th>
<th>Product</th>
</tr>
</thead>
<tbody>
<tr>
<td>D-K Technologies GmbH</td>
<td>Biojet MRI/TRUS Fusion</td>
</tr>
<tr>
<td>Medspira</td>
<td>mcompass urogyn anorectal manometry testing device</td>
</tr>
<tr>
<td>Endocare</td>
<td>Cryoablation technology</td>
</tr>
<tr>
<td>B-K Medica</td>
<td>specialized ultrasound for urology</td>
</tr>
<tr>
<td>Erbe</td>
<td>Electrosurgical Unit, Erbejet, Argon Plasma Coagulation Unit</td>
</tr>
<tr>
<td>Applied Medical</td>
<td>Disposable trocar and laparoscopic instrutments, Alexis containment system, gelport</td>
</tr>
<tr>
<td>Cryolife</td>
<td>Surgical sealant &amp; hemostat</td>
</tr>
<tr>
<td>Thompson Surgical</td>
<td>Self-retaining retractor</td>
</tr>
<tr>
<td>Heine Optotechnik</td>
<td>Diagnostic instruments</td>
</tr>
<tr>
<td>Medicon, Geister &amp; Bolton</td>
<td>Surgical instruments</td>
</tr>
<tr>
<td>Hopes International</td>
<td>Disposable drapes &amp; gowns</td>
</tr>
<tr>
<td>Argon (Angiotech)</td>
<td>Soft tissue biopsy needles</td>
</tr>
<tr>
<td>Medi Bayreuth, Germany</td>
<td>Medical compression stockings</td>
</tr>
</tbody>
</table>
EXHIBITORS PROFILE

Hospitality Suites

**Kedah Room**

**UMMI Surgical Sdn Bhd**

No. 10 (1st Floor), Jalan Pendaftar U1/54, Temasya Industrial Park, 40150 Shah Alam, Selangor Darul Ehsan, Malaysia

Tel : +603 - 5569 6799  
Fax : +603 - 5569 8799  
Email : info@ummisurgical.com.my

UMMI Surgical Sdn Bhd is the exclusive distributor of Karl Storz Endoscopy range of products in Malaysia. Karl Storz Endoscopy (www.karlstorz.com) is the worldwide market and technology leader for rigid endoscopy instruments and equipment. Karl Storz caters for numerous surgical specialties like Urology; Gynaecology; General Surgery; ENT; Neurosurgery; Spinal Surgery; Sports/Arthroscopic Surgery; Thoracic Surgery and many more.

UMMI Surgical is proud to be able to play an active role in supporting many of Malaysian Urological Association’s educational events and awareness campaigns. Within our capability and capacity, we aspire to be a good corporate citizen and contribute to the community in which we operate.

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**Selangor Room**

**Cook Asia (Malaysia) Sdn Bhd**

Unit 703, Level 7, Uptown 1, No. 1, Jalan SS21/58, Damansara Utama 47400 Petaling Jaya, Selangor Darul Ehsan, Malaysia

Tel : +603 - 7962 1688  
Fax : +603 - 7728 8910  
www.cookmedical.com

At Cook Medical, patients come first. For over 40 years, we’ve been working to advance urology procedures and improve outcomes, and we’re leading the way with our stone management solutions. We value our quality and won’t compromise it even if it means taking the extra time to make products you and your patients can trust.

At our core, we believe industry-physician collaboration is vital to providing better healthcare. Our Vista™ Education and Training programs encourage sharing best practices and learning new techniques.
**Booth 1**

**Surgimedic Tech Sdn Bhd** (1046178-H)

L1-19 Cova Square, Jalan Teknologi PJU 5, Kota Damansara, 47810 Petaling Jaya, Selangor, Malaysia.  
Tel: +603 - 6143 7833    Fax: +603 - 6143 5933    Email: surgimedictech@gmail.com

Basically our company Surgimedic Tech Sdn Bhd are focusing in Urology department and our product are Holmium laser, Thulium Laser, Bladder scanner and Disposable Flexible Ureteroreno Scope. We also specialise in calibrate and servicing holmium & thulium lasers.

The brand we are caring is Jena Surgical GmbH, ECHO-SON S.A & Shanghai AnQing Medical Instrument Co. Ltd.

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**Booth 2 & 3**

**Olympus (Malaysia) SDN. BHD.**

B-6-2, Level 6, The Ascent, Paradigm No.1 Jalan SS 7/26A Kelana Jaya, 47301 Petaling Jaya, Selangor, Malaysia  
Tel: +603 - 7886 9188    Fax: +603 - 7887 2833

Olympus supports the work of healthcare professionals by providing advanced, minimally invasive therapeutic and diagnostic technologies to improve the quality of patient care around the globe.

We are a pioneer in innovative technologies that enable surgeons to peer inside the human body, fight cancers with minimally invasive procedures, diagnose and treat a broad range of illnesses covering a variety of medical specialties, including gastroenterology, general surgery, pulmonology, bronchoscopy, urology, gynecology, otolaryngology, bariatrics, orthopedics and anesthesiology.

For many years, Olympus not only developed an extremely wide range of high quality endoscopes and equipment but also a reputation for quality itself. Award winning design, reliability, autoclavability and ease of use are further well known benefits of Olympus products.

Olympus provides a complete line of endoscopic instruments, flexible fiberscopes and videoscopes as well as imaging systems for urology. Olympus legendary optics combined with the research and development efforts that are driven by the inputs provided by leading urologists, ensures that it continues developing innovative products that meet the ever-changing needs of urologists.

While the providers of healthcare are our primary customers, we are always focused on patients, whose well-being is at the core of all we do.
**EXHIBITORS PROFILE**

**Booth 4**

**Y.S.P Industries (M) Sdn Bhd**

Level 22, Menara LGB, No. 1, Jalan Wan Kadir, Taman Tun Dr. Ismail, 60000 Kuala Lumpur.  
Tel: +603 - 7727 6390  Fax: +603 - 7727 6701  Website: www.yspsah.com

Y.S.P Industries (M) (Y.S.P.I) was established in 1987 and is one of the subsidiaries of Y.S.P. SAH®, an innovative and leading pharmaceutical company in Malaysia. We have grown to become one of the top five largest manufacturers in Malaysia generic pharmaceutical market in terms of revenue and market share. We have a strong marketing network which is supported by professional teams of doctors, pharmacists, nutritionists, veterinarians and personal sales forces to provide best quality products and improve human health. The company boasts a wide array of pharmaceutical, over-the-counter (OTC), food supplement veterinary and aquatic products, with regional offices as well as strategic alliances in Singapore, Vietnam, Philippine, Myanmar, Cambodia, Thailand, Indonesia, Brunei, Laos, as well as Sri Lanka, Africa and countries in Middle East.

**OUR VISION**

"We Value Life", Y.S.P. SAH® vision statement underlines our belief that all life is sacred and precious. We aim to provide a quality life and unparalleled experience as the most trusted pharmaceutical in healthcare industry.

**Booth 5**

**Ferring Sdn Bhd**

21-6, Block B, Jaya One, No.72-A, Jalan Universiti, 46200 Petaling Jaya, Selangor.  
Tel: +603 – 7960 3032  Fax: +603 – 7960 8032  Website: www.ferring.com

Ferring Pharmaceuticals is a research-driven, specialty biopharmaceutical group committed to helping people around the world build families and live better lives. Ferring is a leader in reproductive medicine and women’s health, and in specialty areas within gastroenterology and urology. Ferring has been developing treatments for mothers and babies for over 50 years.

Today, over one third of the company’s research and development investment goes towards finding innovative and personalised healthcare solutions to help mothers and babies, from conception to birth.

Headquartered in Saint-Prex, Switzerland, Ferring has its own manufacturing facilities in several European countries, in South America, China, India, Israel, and USA. With the acquisition of Bio-Technology General in 2005, it has capabilities in recombinant biotechnology as well as more traditional pharmaceutical manufacturing.

Founded in 1950, Ferring now employs more than 6,500 people worldwide, has its own operating subsidiaries in nearly 60 countries and markets its products in 110 countries.
EXHIBITORS PROFILE

Booth 6 & 7  
**Eli Lilly (Malaysia) Sdn Bhd**

Level 7, Menara OBAYU, No. 4 Jalan PJU8/8A, Damansara Perdana, 47820 Petaling Jaya, Selangor, Malaysia  
Tel: +603 - 7721 6222  DID: +603 - 7721 6215  Fax: +603 - 7722 4212  
Website: www.lilly.com

**About Eli Lilly and Company**  
Lilly is a global healthcare leader that unites caring with discovery to make life better for people around the world. We were founded more than a century ago by a man committed to creating high-quality medicines that meet real needs, and today we remain true to that mission in all our work. Across the globe, Lilly employees work to discover and bring life-changing medicines to those who need them, improve the understanding and management of disease, and give back to communities through philanthropy and volunteerism.

**About Eli Lilly (Malaysia) Sdn Bhd**  
Eli Lilly (Malaysia) Sdn Bhd was established since 1979 and is made up of committed, diverse and talented people. Our employees are guided by Lilly's heritage, mission and values of Integrity, Respect and Excellence.

We are committed to make life better for people in Malaysia through a broad portfolio of medicines and support programs in the field of diabetes, oncology, men's health, osteoporosis and mental health.

Lilly Malaysia believes in working in partnerships with different stakeholders in healthcare to discover and deliver meaningful solutions designed to address the unmet needs of people in Malaysia.

For any further enquiries, please refer to the Corporate Affairs Department, Eli Lilly (Malaysia) Sdn Bhd at +603 - 7721 6222

Booth 8  
**MKS Medic Sdn Bhd (276484-D)**

Wisma MKS, 29 Jalan Tasik Utama 4, The Trillium, Lake Fields 57100 Sungai Besi, Kuala Lumpur, Malaysia  
Tel: 03 - 9054 5855  Fax: 03 - 9054 6355  Email: info@mksmedic.com  
Website: www.mksmedic.com

We have been in the Malaysian medical device industry for more than 15 years with expertise in several areas that include Urodynamics, Uroflow, Bladder Scanning and their respective consumables. We also take pride in providing the best diagnostic and therapeutic solutions to healthcare institutions. Our partners include Laborie Medical Technologies, Caldera Medical, TensCare and Biometrix, who have well established products that are globally recognized. For more information visit our website at www.mksmedic.com
Booth 9

**SCHMIDT BioMedTech (M) Sdn Bhd**
Kuala Lumpur Office (HQ)

5th Floor, Wisma Tecna, 18A Jalan 51A/223, 46100 Petaling Jaya, Selangor Darul Ehsan
Tel : +603 - 7844 9000  Fax: +603 - 7954 6651, +603 - 7954 6908

**SCHMIDT BioMedTech** represents leading manufacturers supplying operating theatre equipment and apparatus, critical care monitoring equipment and instruments, diagnostic imaging, pharmaceuticals, laboratory equipment and analytical equipment to clinics, hospitals, research institutes and universities as well as selective technical industries.

Since its early beginnings, SCHMIDT BioMedTech has always placed special emphasis on the distribution of high quality apparatus, instruments and equipment. Today, SCHMIDT BioMedTech is the leading value-added distributor of quality hospital, medical, scientific and technology equipment, catering to an ever-growing range of customers in Asia Pacific. SCHMIDT BioMedTech is also instrumental in the transfer of new technologies to Asia Pacific.

You can also click on to these links for further information.
www.schmidtbmt.com
www.schmidtbmt.com.my

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Booth 10 & 11

**Pfizer (Malaysia) Sdn Bhd**

Level 10 & 11, Wisma Averis (Tower 2), Avenue 5, Bandar South
No. 8, Jalan Kerinchi, 59200 Kuala Lumpur, Malaysia
Tel : +603 - 2281 6000  Fax : +603 - 2281 6388

**About Pfizer Malaysia**

**Working together for a healthier world®**
Pfizer Malaysia is committed towards Working Together for a Healthier World™. We apply our global resources and strive to set the standard for quality, safety and value of medicines to improve the health and well-being of Malaysians at every stage of life. Our diversified health care portfolio includes human biologic, small molecule medicines and vaccines in Biopharmaceuticals.

We also collaborate closely with public and private health care providers, and communities to support and expand access to reliable, affordable health care in Malaysia. Pfizer Malaysia began operations in 1964, and every day, some 350 colleagues throughout the country work to advance wellness and make a difference for all who rely on us.
EXHIBITORS PROFILE

Booth 12, 13, 18, 19

GlaxoSmithKline Pharmaceutical Sdn Bhd
Level 6, Quill 9, 112 Jalan Semangat 46300 Petaling Jaya, Selangor
Tel: +603 7495 2600
Website : www.my.gsk.com

OVERVIEW

We are a science-led global healthcare company.

We have three world-leading businesses that research, develop and manufacture innovative pharmaceutical medicines, vaccines and consumer healthcare products.

We are committed to widening access to our products, so more people can benefit, no matter where they live in the world or what they can afford to pay.

GSK Malaysia has been operating for almost 60 years in Malaysia. We have invested RM169m (GBP31m) in capital expenditure in the past ten years. Currently operating with a talent workforce of over 1000, GSK Malaysia has a strong presence in the areas of pharmaceuticals, consumer healthcare, business shared service centre and manufacturing & supply.

In Malaysia, we operate across two sites: Ulu Kelang Site & Petaling Jaya Site.

Ulu Kelang Site (Global Manufacturing Services & Consumer Healthcare)
Beyond providing quality products to Malaysians, our operations support the manufacturing and supply of leading consumer brands in the space of over-the-counter (OTC) medications as well as nutritional and oral healthcare for markets around the world.

GSK’s Global Manufacturing & Supply division is a pioneer of the Good Manufacturing Practices (GMP) system.

At Consumer Healthcare, we bring products to millions of people across three categories: Oral Health, Wellness, Nutrition and Skin Health.

- Consumer Healthcare
- Pharmaceuticals
- Business Service Centre
- Global Manufacturing Services

Petaling Jaya Site (Pharmaceuticals & Business Service Center)
Our portfolio reflects a combination of proven heritage and novel treatments that include medications and vaccines to address various diseases and some of the most trusted consumer health products. We offer a wide range of pharmaceutical products for major therapeutic areas including respiratory, vaccines, anti-infectives, urology, dermatology & HIV.

Community Partnership
We are strongly committed to corporate social responsibility initiatives for the community, with particular focus on healthcare, education and humanitarian aids.
Booth 14 & 15

**Boston Scientific (M) Sdn Bhd**

D-36-01, Menara SUEZCAP 1, KL Gateway, No 2 Jalan Kerinchi, Gerbang Kerinchi Lestari, 59200 Kuala Lumpur, Malaysia
Tel: +603 - 7808 8000

**About Boston Scientific**

Boston Scientific transforms lives through innovative medical solutions that improve the health of patients around the world. As a global medical technology leader for more than 35 years, we advance science for life by providing a broad range of high performance solutions that address unmet patient needs and reduce the cost of healthcare. For more information, visit www.bostonscientific.com and connect on Twitter and Facebook.

- 25 million patient lives improved
- 125+ countries with commercial representation
- 13,000 life changing products
- $1 billion invested in R&D
- $9+ billion in Operational Sales
- 29,000 employees
- Market presence in 100 countries worldwide

**Locations**

- Global Corporate Headquarters: Marlborough, MA
- Regional Headquarters: Paris and Singapore
- 9 Institutes for Advancing Science: Minnesota, China, France, India, Japan, Turkey and South Africa
- Major Technology Centers: Minnesota, California, Ireland and Costa Rica
- 13 manufacturing facilities worldwide

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Booth 16 & 17

**Astellas Pharma Malaysia Sdn Bhd**

Suite 18.05, Level 18, Center Point North Tower, Mid Valley City, Lingkaran Syed Putra, 59200 Kuala Lumpur
Tel: +603 - 2202 6999    Fax: +603 - 2202 6988 / 977

**About Astellas**

Astellas Pharma Inc., based in Tokyo, Japan, is a company dedicated to improving the health of people around the world through the provision of innovative and reliable pharmaceutical products. We focus on Urology, Oncology, Immunology, Nephrology and Neuroscience as prioritized therapeutic areas while advancing new therapeutic areas and discovery research leveraging new technologies/modalities. We are also creating new value by combining internal capabilities and external expertise in the medical/healthcare business. Astellas is on the forefront of healthcare change to turn innovative science into value for patients. For more information, please visit our website at www.astellas.com/en.
EXHIBITORS PROFILE

Booth 20  

Eisai (Malaysia) Sdn Bhd (18039-D)

Lot 6.1, 6th Floor, Menara Lien Hoe, 8, Persiaran Tropicana, 47410 Petaling Jaya, Selangor.  
Tel: +603 - 78039096   Fax: +603 - 7803 0060

Eisai Company Overview

The Eisai Group operates worldwide under a global operational structure that comprises four regions: East Asia (Japan and East Asia), the Americas (North, Central and South America), EMEA (Europe, the Middle East, and Africa), and Indo-Pacific (South Asia, ASEAN countries and Oceania). Optimal and efficient business frameworks that consider local market needs and product line-ups have been established in these regions, each of which is responsible for formulating their own unique growth strategies.

In the Indo-Pacific region, which encompasses South Asia, ASEAN countries and Oceania, the Eisai Group will apply its strengths to the fullest extent possible in providing solutions to various diseases. We are introducing a wide range of brand name prescription pharmaceuticals and branded generics in our key therapeutic areas of central nervous system diseases (such as Alzheimer's disease and epilepsy), oncology and liver disease in order to ensure that the fast-growing middle-income population in emerging markets has access to our products. Moreover, we will strengthen our business platform in emerging markets though public-private partnerships (PPP) to raise disease awareness and alliances with local partners, while strategically leveraging our production plant in Vizag, India and exercising the Group's affordable pricing policy, which seeks to provide our products at prices suited to the social, economic and healthcare environments of each country.
EXHIBITORS PROFILE

Booth 21

Healthcare Solution Sdn Bhd

3-11, 3rd Floor, Pusat Perdagangan KLH, Menara KLH, Bandar Puchong Jaya, 47100 Puchong, Selangor Darul Ehsan
Tel: +603 - 8075 9755  Fax: +603 - 8075 9766  Email: sales@hcs.com.my
Website: www.hcs.com.my

About Us
Healthcare Solution Sdn. Bhd. is a professional healthcare distributor involved in providing sales and support services for our marketing partners. We carry a range of prestigious brands from around the world; namely, USA, Spain, United Kingdom, Italy, China, Sweden and more. The provision of innovative and solution-driven medical products are the utmost priorities of the company to further merge the gaps between the problems and solutions in the Malaysian healthcare industry. To date, we specialize in the Medical Device sector and are making inroads into the Pharmaceutical business.

Healthcare Solution proudly represents the following principles:

<table>
<thead>
<tr>
<th>Brand</th>
<th>Product</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vigeo</td>
<td>V-Tek reusable &amp; Medcore disposable biopsy guns</td>
<td>Italy</td>
</tr>
<tr>
<td>PNN</td>
<td>Memokath: Prostate, Urethra and Ureter stents</td>
<td>Denmark</td>
</tr>
<tr>
<td>Boston AMS</td>
<td>Men's Health Penile Implant Prosthesis and Incontinence Management Devices.</td>
<td>USA</td>
</tr>
<tr>
<td>Neomedic</td>
<td>Women's Health Incontinence Management Devices.</td>
<td>Spain</td>
</tr>
<tr>
<td>GAI</td>
<td>Reusable Incontinence Underwear</td>
<td>Vietnam</td>
</tr>
<tr>
<td>Spasmolyt</td>
<td>Trospium Chloride 20mg OAB</td>
<td>Germany</td>
</tr>
<tr>
<td>Post-T-Vac</td>
<td>Erectile Dysfunction Vacuum Therapy Device</td>
<td>USA</td>
</tr>
<tr>
<td>Sempermed</td>
<td>Surgical latex gloves</td>
<td>Austria</td>
</tr>
<tr>
<td>Welland</td>
<td>Ostomy and Urostomy pouches</td>
<td>UK</td>
</tr>
<tr>
<td>Bactiguard</td>
<td>Anti-Microbial Foley Catheters &amp; Anti-Microbial Central Venous Catheters</td>
<td>Sweden</td>
</tr>
<tr>
<td>Pusen</td>
<td>Disposable Scope</td>
<td>China</td>
</tr>
<tr>
<td>SMART</td>
<td>1.3fr, 1.9fr, 2.2fr &amp; 3.0fr Tipless Nitinol Stone Basket</td>
<td>Germany</td>
</tr>
<tr>
<td>ScanMed</td>
<td>Plasma Bipolar System for TURP &amp; Laparoscopy Surgery</td>
<td>China</td>
</tr>
<tr>
<td>Optilube</td>
<td>Sterile Lubricating Jelly with Local Anaesthetic &amp; Antiseptic</td>
<td>UK</td>
</tr>
</tbody>
</table>

Today, brands represented by HealthCare Solution are well known and accepted among the medical industry for its product quality and service oriented commitment.
Booth 22

**Bard Malaysia Healthcare Sdn Bhd**

Suite 8-7 & 8-8, Level 8, Wisma UOA Damansara II,
No. 6 Changkat Semantan, Damansara Height, 50490 Kuala Lumpur
Tel: +6013 - 932 0629

BD is a global medical technology company that is advancing the world of health by improving medical discovery, diagnostics and the delivery of care. BD leads in patient and healthcare worker safety and the technologies that enable medical research and clinical laboratories. The company provides innovative solutions that help advance medical research and genomics, enhance the diagnosis of infectious disease and cancer, improve medication management, promote infection prevention, equip surgical and interventional procedures and support the management of diabetes.

Booth 23

**Transmedic Healthcare Sdn Bhd (537463d)**

B4-1-1, Solaris Dutamas, No 1, Jalan Dutamas 1, 50480 Kuala Lumpur, Malaysia.
Tel: +603 - 6205 3888   Fax: +603 - 6205 4062   Hp No: +6013 - 286 3551
Website: www.transmedicgroup.com

**Transmedic Pte Ltd** was established in 1980 and has over 35 years of valuable industry experience, in-depth knowledge and skills in the field of cutting-edge medical technologies and treatment.

We provide a wide range of medical products and our core disciplines include Orthopaedics, Blood Transfusion and Hematology, Cardiac Surgery, Gynecology, Intensive Care, Interventional Radiology, Nuclear Medicine, Radiation Oncology, Renal Care and Urology.

Today, Transmedic is a leading healthcare specialty partner of world-class medical institutions and professionals in Southeast Asia. With its headquarters in Singapore, branch offices in Malaysia, Thailand, Indonesia, Hong Kong, Philippines and Vietnam, and sub-distributors in Cambodia and Brunei, Transmedic has a comprehensive regional network for the most strategic approach to effectively distributing specialty medical devices.

For more information, please visit [www.transmedicgroup.com](http://www.transmedicgroup.com)
**EXHIBITORS PROFILE**

**Booth 24 & 25  Johnson & Johnson Sdn Bhd (3718-D)**

Level 8, The Pinnacle, Persiaran Lagoon, Bandar Sunway, 46150 Petaling Jaya, Selangor Darul Ehsan, Malaysia
Tel: +603 - 7661 4500  Fax: +603 - 7610 0519

Caring for the world, one person at a time, Johnson & Johnson is the world’s largest and most diversified healthcare company that embraces research and science by bringing innovative ideas, products and services to life.

Incorporated in 1960 in Malaysia, Johnson & Johnson Sdn Bhd has a range of diversified offers, ranging from consumer healthcare, medicines to medical devices, to advance the health and well-being of people around the world.

With our regional liquid plant located in Petaling Jaya, we export liquid consumer products to 17 key markets in Asia.

With a workforce of about 500 employees in Malaysia, Johnson & Johnson Sdn Bhd is focused on fulfilling our responsibilities to our Customers, Employees, Communities and Stockholders, as outlined in Our Credo.

Created in 1943, Our Credo is the cornerstone of Johnson & Johnson’s beliefs and outlines a common set of values that unify our diverse businesses. The values that guide our decision-making are spelled out in Our Credo. Put simply, Our Credo challenges us to put the needs and well-being of the people we serve first.

Our over 125,000 employees in 60 countries are united in a common mission: To help people everywhere live longer, healthier, happier lives.

**Booth 26, 27, 28, 29  Merck Sharp & Dohme (Malaysia) Sdn Bhd**

B-22-1 & B-22-2, The Ascent Paradigm, No. 1, Jalan SS 7/26A, Kelana Jaya 47301, Petaling Jaya, Selangor Darul Ehsan, Malaysia
Tel: +603 - 7499 1600  Fax: +603 - 7499 1697

Boiler plate for MSD Malaysia (2017)

**About MSD**

For more than a century, MSD, a leading global biopharmaceutical company, has been inventing for life, bringing forward medicines and vaccines for the world’s most challenging diseases. MSD is a trade name of Merck & Co., Inc., with headquarters in Kenilworth, N.J., U.S.A. Through our prescription medicines, vaccines, biologic therapies and animal health products, we work with customers and operate in more than 140 countries to deliver innovative health solutions. We also demonstrate our commitment to increasing access to health care through far-reaching policies, programs and partnerships. Today, MSD continues to be at the forefront of research to advance the prevention and treatment of diseases that threaten people and communities around the world - including cancer, cardio-metabolic diseases, emerging animal diseases, Alzheimer’s disease and infectious diseases including HIV and Ebola.

We made our first steps towards meeting the needs of patients in Malaysia in 1965. Today, Malaysia is one of 13 subsidiaries within the MSD Asia Pacific region. For more information, visit www.msd-malaysia.com
AstraZeneca Sdn Bhd (69730-X)

Level 12, Surian Tower, 1 Jalan PJU 7/3, Mutiara Damansara, 47810 Petaling Jaya, Malaysia
Tel: +603 - 7723 8000 Fax: +603 - 7723 8001
Website: www.astrazeneca.com/malaysia

AstraZeneca is a global, science-led biopharmaceutical company that focuses on the discovery, development and commercialisation of prescription medicines, primarily for the treatment of diseases in three therapy areas - Oncology, Cardiovascular, Renal & Metabolism and Respiratory.

At AstraZeneca, we are committed to advancing the science of oncology to deliver life-changing medicines to patients most in need.

By 2020, AstraZeneca aspires to be a recognized leader in oncology, delivering 6 new medicines to patients. We aim to redefine the cancer treatment paradigm, restore patients’ lives, and eliminate cancer as a cause of death.

Edaptechnomed (M) Sdn Bhd

No. 16 USJ 10/1B, Taipan Triangle, UEP Subang Jaya 47620 Petaling Jaya, Selangor
Tel : +603 - 5634 9335 H/P : +6012 - 211 1807

Edaptechnomed (M) Sdn Bhd, markets a range of innovative technologies for a minimally invasive approach to treating urological disorders.

Edaptechnomed products represent the alternative for stone management and prostate treatments.

Edaptechnomed is offering two lines of products:

1) Urological stone management

Sonolith® I-Move Standard, I-touch, Visio track (Modular upgradeable systems)
Sonolith® I-sys (Integrated system)
Quanta holmium laser for stone management (30w, 60w, 100w, 140w)
WISMED : Peditrol Foot Pedal Irrigation System for URS

2) BPH - Prostate cancer detection, treatment

Quanta Thullium laser (200w), Holmium (100w, 140w)
Focal•one® Hifu : for PCa’s for localized prostate cancer
Avantgarde Healthcare Sdn Bhd (Co.Reg 551130-T)

Lot 828, Block A, Kelana Centre Point, Jalan SS 7/19, 47301 Petaling Jaya, Selangor Darul Ehsan, Malaysia
Tel: +603 - 7662 7998 Fax: +603 - 7662 7997

Incorporated in year 2001 Avantgarde Healthcare Sdn Bhd has established itself as a reputable and dependable medical device distributor in Malaysia.

Since then thanks to the strong support of its highly valued customers and strong business partners the organization has grown from strength to strength since 2001.

Avantgarde Healthcare Sdn Bhd primary focus in the medical industry is in the urological field, providing all aspect of marketing, sales, rental and aftersales services on Extracorporeal Shockwave Lithotripters System, Urological Holmium Laser, Urological Diode Laser, and Urological disposables.

At present Avantgarde Healthcare Sdn Bhd represent the following brands as their Malaysian exclusive and authorize representative:-

Dornier MedTech GmbH Urotech GmbH

“Your Preferred Medical Equipment Provider”

SANOFI Malaysia Sdn Bhd

Unit TB-18-1, Tower B, Plaza 33, No.1 JalanKemajuan, Seksyen 13 46200 Petaling Jaya, Selangor Darul Ehsan, Malaysia
Tel: +603 - 7651 0800 Fax: +603 - 7651 0801 / 0802
Email: info.my@sanofi.com Website: www.sanofi.com.my

Establishment in Malaysia: 1999

About Sanofi Malaysia

Sanofi Malaysia ranks among the top 3 pharmaceutical companies in Malaysia. With a workforce of more than 300 people across 8 offices in Malaysia, everyone at Sanofi is committed to bringing improved health and quality of life to patients every day through our strong partnership with healthcare professionals, medical institutions and governments.

Sanofi is dedicated to supporting people through their health challenges. We are a global biopharmaceutical company focused on human health. We prevent illness with vaccines, provide innovative treatments to fight pain and ease suffering. We stand by the few who suffer from rare diseases and the millions with long-term chronic conditions.

With more than 100,000 people in 100 countries, Sanofi is transforming scientific innovation into healthcare solutions around the globe.

Sanofi, Empowering Life
EXHIBITORS PROFILE

Booth 35 & 36  **AbbVie Sdn Bhd**  
Men & Women Health

24, Jalan Pemaju U1/15, Hicom Glenmarie Industrial Park,  
40150 Shah Alam, Selangor Malaysia  
Tel: +603 - 5565 5888  Fax: +603 - 5565 5962  
Website : www.abbvie.com

ADDRESSING SOME OF THE WORLD'S GREATEST HEALTH NEEDS

At AbbVie, we have the expertise of a proven pharmaceutical leader and the focus and passion of an entrepreneur and innovator. The result is something rare in health care today – a global biopharmaceutical company that has the ability to discover and advance innovative therapies and meet the health needs of people and societies around the globe.

When it comes to innovating, AbbVie starts with the patient. We draw on our deep expertise in some of the most difficult-to-treat diseases and on our understanding of the patient journey to identify opportunities to create better outcomes at every stage. This patient-centered approach to discovery and development ensures we remain focused on our goal of improving lives.

Booth 37  **BREGO Life Sciences Sdn Bhd**

12-M, Jalan SS21/58, Damansara Utama  
47400 Petaling Jaya, Selangor, Malaysia

We are the NEW distributor for Besins Healthcare’s Androgel®, A Testosterone Replacement for hypogonadism in Malaysia.

Androgel® is natural testosterone, 100% bio-identical to 100% endogenously testosterone produced in the body.
EXHIBITORS PROFILE

Booth 38

Embun Elit Sdn Bhd
[Sole Distributor for Himalaya Healthcare Malaysia]

Unit 15-3A Block A, Bangunan Jaya One,
Lot 72A, Jalan Universiti, Sek 13, 46200 Petaling Jaya, Selangor
Tel: +603 - 7956 7012

HIMALAYA WELLNESS
RESEARCHING NATURE. ENRICHING LIFE. SINCE 1930

The Himalaya Story...
- Founded in 1930
- Himalaya is present in over 90 countries with International Hub offices in US, Middle East & Singapore
- 80,000 sqft R&D with over 200 physicians and scientists
- 1,112 published clinical trials on Himalaya products
- Seed-to-shelf, 700 acres of farmland
- Today Himalaya’s products are prescribed by 800,000 doctors across the globe
- GMP production facility

Our Focus
Our focus is on wellness, on helping people get healthy and stay healthy.
Prostate Cancer Society of Malaysia (PCSM)

Prostate Cancer Society of Malaysia was launched on the 6th November 2016 by the Honorable Director of General of Health, YBhg Datuk Dr Noor Hisham Abdullah at University Malaya.

Highlights of the Prostate Cancer Society of Malaysia

i) Formation of Blue Cap Movement together with MUA – 2015
ii) First Blue Cap Relay Run in 2015
iii) Entered Malaysian Book Records for most number of Cancer patients and survivors participation in the first Blue Cap Relay Run in 2015
iv) Registration of Prostate Cancer Society of Malaysia in 2016
v) Associate Membership pf UICC in 2016
vi) Second Blue Cap Relay Run in 2016
vii) Third Blue Cap Relay Run in 2017

Currently PCSM facilitates support group meeting in 12 locations in Malaysia namely

i) National Cancer Society Malaysia (NCSM)
ii) Subang Jaya Medical Centre (SJMC)
iii) Hospital Kuala Lumpur (HKL)
iv) Hospital Universiti Kebangsaan Malaysia (HUKM)
v) Hospital Universiti Malaya (HUM)
vi) Hospital Pulau Pinang (HPP)
vii) Hospital Pantai Ayer Keroh
viii) Hospital Tengku Ampuan Afzan, Kuantan
ix) Hospital Sultanah Aminah, Johor Bahru
x) Hospital Umum Sarawak
xi) Hospital Queen Elizabeth, Kota Kinabalu
xii) Hospital Raja Perempuan Bainun, Ipoh, Perak
EXHIBITORS PROFILE

Booth 40

**Wuhu SNNDA Medical Treatment Appliance Technology Co., Ltd.**
Wuhu, Anhui, China  
Tel: +86 - 0553 - 5844860  
Email: shangring_ljh@snnda.cn  
website: www.SNNDA.com

China Wuhu Snnda Medical Treatment Appliance Technology Co., Ltd, a science and technology innovation-oriented enterprise with strong R&D, manufacturing and sales capabilities. Founded in June 2005 by Mr Jiang-zhong Shang, the company is headquartered at the Service Center for Science & Technology Innovation at Wuhu Economic & Technological Development Zone(state level). As one of the global partners of Bill & Melinda Gates Foundation, Wuhu Snnda has been a leader in the field of HIV/AIDS prevention using male circumcision devices. Our leading product, ShangRing Disposable Micro-injury Peritomy Anastomosis Device, has been the first product in the world to standardized procedure for male circumcision through its innovative design. Currently, the company is qualified for GMP and ISO 13485:2003, and honored as a state-level high-tech enterprise. The ShangRing disposable male circumcision devices have also obtained FDA approval, and the products are available in more than 30 provinces and autonomous regions throughout China and clinically used in over 5000 medical institutions in urban cities and towns since it was marketed in August of 2006. To date, the devices have been applied to over 600 000 patients. Through years of hard work and continuous improvement, the Shang Ring series has obtained 28 patents for invention, 99 patents for novel utility and 6for industrial design by the State Intellectual Property Office of the P.R.C. The device has been on a number of lists of key new project issued by the Ministry of Science and Technology, Ministry of Environment Protection, Ministry of Commerce and General Administration of Quality Supervision & Inspection of the People’s Republic of China as well as Anhui Provincial Sci. & Tech Department. We are committed to the mission that ‘science and technology can create value and cooperation bring about win-win’, and are determined to making ShangRing devices available both at home and abroad so that we can make greater contribution to the reproductive health of the human race.

Booth 41

**Beckman Coulter Diagnostics**
No. 18, Jalan Tandang 51/205A, Seksyen 51  
46050 Petaling Jaya, Selangor Darul Ehsan, Malaysia  
Tel: +603 - 7772 8256

Beckman Coulter Diagnostics helps healthcare and laboratory professionals provide better patient care by delivering the accurate diagnostic information they need, when they need it. With a rich 80-year history, Beckman Coulter is a strong partner for healthcare organizations. Our scalable instruments, comprehensive diagnostic tests and business management services are trusted by hospitals, laboratories and other critical care settings around the world. We share in our customers’ mission toward continuous improvement and quality patient care because we believe when efficiency and clinical outcomes are improved, patients benefit and we can move healthcare forward for every person.

The Beckman Coulter exhibition booth (#42) at 27th MUC will showcase the company’s Prostate Health Index (phi)*-a diagnostic blood test that can help a physician determine whether or not an elevated PSA score means there is a risk for prostate cancer and whether a biopsy is needed.
Akaal Innovations Sdn Bhd

14A, Jalan SS5B/4, Kelana Jaya 47301, Petaling Jaya, Malaysia.
Tel: +603 - 7877 2258 / +603 - 7873 5003
Fax: +603 - 7873 7553
Email: info@akaalinnovations.com
Website: www.akaalinnovations.com/ezflow

AKAAL INNOVATIONS SDN BHD was founded in the year 2017 by a 20 year old engineering student with a mission to use creative design and technology to solve real life problems and to make the world a better place. The company is also very fortunate to have advisors from all over the world helping them through this Journey. The mantra at our company that keeps us motivated at all times is “serving the world, one life at a time”. At AKAAL INNOVATIONS we are dedicated to creatively solving real life problems and serving those in need with well-designed conscious products at an affordable price. We invite you to join us in support of our commitment to design, develop and deliver the lowest-cost, high quality alternatives for people living in developing countries around the globe. The company is currently working on various projects including the EzFlow; a Catheter Bag Support Garment, projected to launch in November 2018.

Together, we can create meaningful technology that enhance and transforms lives.
ONCE DAILY Cranberry Juice Extract for the Prevention of Recurrent Urinary Tract Infections

• Active ingredient: Proanthocyanidins (PACs)
• PAC standardized to 36 mg PAC, measured by DMAC/A2
• Urell® is clinically proven for UTI prevention

urell® is imported from France
Highly Selective with
FAST relief of
BPH* symptoms
1,2,3

**Speed** – rapid relief from symptoms 3
- Relief LUTS** starting 2-6 hours
- Improved BPH* symptoms on day 3

**Selectivity** that Targets the Prostate 1,2
- 162x more selective toward alpha 1A receptor 2

**Sustained** symptoms relief that keep him going 3
- Sustained improve IPSS* score until week 12

**Safety** that allow patient peace of mind 4,5
- Minimal effect on blood pressure & heart rate 4
- Can be taken together with antihypertensive medication 5

* BPH - Benign Prostate Hyperplasia   ** LUTS - Lower Urinary Tracts Symptoms   # IPSS - International Prostate Symptom Score

References:

ABBREVIATION INFORMATION:
Composition: Each of URIEF Tablet contain SILODOSIN 4 mg. Indications: Bladder outlet obstruction associated with benign prostatic hyperplasia in patients ≥50 years. Dosage and Administration: The adult dosage for oral use is 4 mg of silodosin twice daily after breakfast and evening meals. The dosage may be reduced according to the patient’s conditions. Precautions: Patients with orthostatic hypotension, impaired hepatic function patients, impaired renal function patients, patients treated with phosphodiesterase-5 inhibitors. Important Precautions: (a) Abnormal ejaculation (e.g., retrograde ejaculation) (b) Orthostatic hypotension (c) Effects on ability to drive and operate machine (d) Prior to treatment with URIEF Tablet, the patient should be asked whether they are taking any hypotensive drugs and, in the event that any hypotensive drug is used, closely monitoring changes in blood pressure while using URIEF Tablet. (e) Treatment with URIEF Tablet does not eliminate the cause of the disease, but gives symptomatic relief. Drug interactions: Silodosin is metabolized mainly by cytochrome P450 3A4 (CYP3A4), UDP-glucuronosyltransferases (UGTs), alcohol dehydrogenase (ADH), and aldehyde dehydrogenase (ALDH). Contraindications: Coadministration with the following drugs: Hypotensive agents, Azole antifungal agents, Phosphodiesterase-5inhibitors: Sildenafil citrate, Vardenafil hydrochloride hydrate. Adverse Reactions: Silodosin (capsule) were reported in 44.8% of a total of 873 patients with lower urinary tract symptoms in a clinical study conducted up to the time of approval. The most common adverse reactions included 17.2% abnormal ejaculation (e.g., retrograde ejaculation), 5.7% thirst, 4.0% diarrhea, 3.6% dizziness on standing. Abnormal laboratory data were reported in 21.7% of a total of 873 patients. The most common events included patients who are increased in triglycerides, CRP, ALT (GPT), AST (GOT), and y-GTP. It should be noted that, in the phase III double-blind comparative study, abnormal ejaculation (e.g., retrograde ejaculation) was reported in 22.3% of 175 patients. Clinically significant adverse reactions: 1) Syncope, unconsciousness (less than 0.1%). 2) Impaired hepatic function, jaundice (less than 0.1%). Use in the Elderly: If hepatic or renal function is reduced, the elderly should be treated while carefully monitoring the condition of the patient, such as start administration at a low dose (2 mg/dose). Use during Pregnancy and Lactation: Not applicable as silodosin is intended for male patients only. Other Precautions: It has been reported that Intraoperative Floppy Iris Syndrome (IFIS) attributable to α1-blocking effect. Pharmacology: Mechanism of Action: By blocking the sympathetic nervous system, which mediates the α1-adrenergic receptor subtype which is distributed in lower urinary tract tissue (prostate, urethra, and trigone of bladder), silodosin reduces smooth muscle tone of lower urinary tract tissue and inhibits increases in urethral pressure, thereby improving lower urinary tract symptoms associated with benign prostatic hyperplasia. Packaging: Boxes of 30 Tablets (10 x 3’s) in press-through packages. Storage Condition: Store in a tight container protected from light at room temperature not exceeding 30°C. For more prescribing information, please refer to Urief PI (version Dec 2017).
A New Way of Wearing a Urinary Drainage Bag with Comfort & Confidence

CATHETER BAG SUPPORT GARMENT

- Dramatically reduces pain of using a catheter.
- Greatly increases comfort.
- Completely stabilizes bag with multiple tube length options.
- User empowered to use urinary drainage bag discretely.
- Maximises mobility and freedom.
- Enhanced confidence and mental well-being.

BEFORE

AFTER
The Organising Committee of the 27th Malaysian Urological Conference would like to express our sincere gratitude to the following for their contribution and support:

**Acknowledgement**

A Menarini Singapore Pte Ltd
Akaal Innovations Sdn Bhd
Allergan Malaysia Sdn Bhd
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Beckman Coulter Malaysia
BREGO Life Sciences Sdn Bhd
Edaptechomed (M) Sdn Bhd
Healthcare Solution Sdn Bhd
Himalaya Healthcare Malaysia
MKS Medic Sdn Bhd
Prostate Cancer Society of Malaysia
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Wuhu SNNDA Medical Treatment Appliance Technology Co., Ltd

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