Malaysian Society of Gastroenterology & Hepatology

MSGH BULLETIN

No.2 AUGUST 2023

Message from the President

Welcome to the final edition of the MSGH Bulletin during my term as MSGH President for 2021–2023. I do hope members have largely benefitted from issues in the past two years.

First and foremost is the upcoming GUT 2023, now in its 28th iteration, from 18th to 20th August 2023 at the Shangri-La Hotel, Kuala Lumpur, Malaysia. This year, GUT 2023 also incorporates the 12th Asian Pacific Topic Conference (APTC) 2023 on Gut Microbiota. The 12th APTC is a single topic conference co-hosted with the Asian Pacific Association of Gastroenterology (APAGE). The overarching theme is "Translating Science into Real-World Practice". Backed by world-renowned advisors including Professor Dr Emad El-Omar, Sydney, Australia, and Professor Dr Justin Wu, Hong Kong, we have planned a meticulous scientific programme and a selection of world-class faculty. As the Chair of Organising Committee, I am excited with the programme, and I hope you can join us in this much awaited annual event.

Second, is the Annual General Meeting (AGM) of our Society which will be held on the 19th August 2023. This year is the election year where new method of nomination for the top posts is introduced for the first time, after the recent change in the Society's constitution. We encourage our younger colleagues to attend the AGM to learn about the many benefits and activities of the Society, to take up leadership position, and to drive the future changes of the Society. As my term of presidency ends, I hope to take this opportunity to thank my Executive Committee members and members at large, who have supported me throughout the past two years. Also my gratitude to the secretariat, in particular, Molly Kong, who has been the pillar of the Society for many years. I am confident that Datuk Dr Raman Muthukaruppan who will be taking over as the President will do a fantastic job, bringing the Society to greater heights.

Third, we are deeply saddened with the recent passing of Emeritus Professor Dato' Dr Goh Khean Lee on 5th June 2023. He was Past President of the Society from 1996 to 1997, the Course Director of UM Endoscopy Workshop from 1993 to 2016, the Organising Chair of APDW 2010, and Honorary Advisor of APDW 2021. K L Goh, a household name to many of us, had contributed immensely, not just to our Society, but also to many other international organisations, earning due respects from his peers, colleagues and friends. If you have any memories or tributes that you would like to share, please email us, or share at our social media.

Last but not least, I urge all members to make use of our NEW membership portal at the MSGH website to register and access your membership details, in particular, updating your emails and contact details. This is important since we do not want you to miss out any announcements, news, activities and other benefits of being a member of the Society. The website also features an educational portal that house all recorded educational materials including recorded presentations of GUT 2023 as part of your membership benefits.

Again, if you feel we did well, please share your thoughts on social media (#MSGH #GUT2023 #12APTC) and/or write to me personally (my email: yylee@usm.my). Likewise, if you feel we could have done better, do email me too and let us know.

Professor Dr Lee Yeong Yeh
President, MSGH

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From the Editor's Desk

Congratulations to Associate Professor Dr Ho Shiaw Hooi and the Universiti Malaya team for yet another successful ENDOSCOPY conference in May 2023. The unwavering commitment and dedication of the whole team in ensuring the success of the event is something we should all be proud of. Well done!

Shortly after that though, we were shocked and saddened that Professor Emeritus Dato' Dr Goh Khean Lee, our mentor, esteemed colleague and friend, had passed away. The devastating news shocked the fraternity both locally and internationally, where he has surely touched lives with his generosity, kindness, passion and leadership. We would like to express our profound condolences to his family and loved ones. Professor Dato' Dr K L Goh will be missed and remembered by many.

On another note, of late there has been a lot of effort on trying to improve and add value in hopes of serving the community better; one of which being the possibility of having a local GI endoscopy credentialing programme in Malaysia. Professor Dr Ben Devereaux, President of the Gastroenterological Society of Australia, and Dr Lau Su Yin from Universiti Putra Malaysia, has graciously agreed to share their experiences on this matter with us in this edition.

Of course, do keep the comments and feedback coming, or letters if you would like me to share on the bulletin. Don't forget GUT that is taking place on 18th to 21st August. I really hope to see everyone there.

Cheers!

Dr Nik Razima Wan Ibrahim

A FELLOW'S JOURNEY

Dr Philip Pang Boon Cheong

It was a major decision to uproot my whole family for an experience in the UK but, worthy, nonetheless. I would not pass up the chance to get a little look and feel of the world-renowned healthcare system – England's National Health Service (NHS).

After all, the NHS has been a role model for many countries as a provider of top-notched, holistic, and personalised medical care.

Entrance of Addenbrooke's Hospital.

Thus, the experience I received was exceptional, in particular, the time I spent working in Addenbrooke's Hospital, Cambridge University Hospitals NHS Foundation Trust.

Addenbrooke's Hospital is a centre providing world-class health and research facilities to the people of East of England.

It is one of the few centres providing not only liver but multi-visceral transplant services in the world. It is also the designated referral centre in the region for complex liver and pancreaticobiliary diseases.

Having the first-hand experience to work in this renowned centre gave me many opportunities to fine tune my skills and knowledge in endoscopy, pancreatic diseases, inflammatory bowel disease (IBD) and gastroenterology.

The Joint Advisory Group-accredited endoscopic unit is a lavish unit equipped with newest endoscopic equipment and facilities.

Being a busy referral centre in the region of East of England, it provides full seven-day endoscopic services to the people. This gave me ample hands-on experience as a senior clinical fellow in training.

As it is a large centre with many experts, I had the honour of working with many of them: to name a few, Dr Gareth Corbett, Dr Sibu Varghese, Dr Nicholas Carroll, Dr Edmund Godfrey, Dr Ines Modolell, Professor Dr Miles Parkes and Dr Jeremy Woodward.

English tea with home-made scone by Ed.

I believe an important part of a fellowship training is to see how people do things differently and adapt it to suit our local practices.

I was also fortunate to be given the experience to work in the designated pancreatic clinic. I had the opportunity to manage complicated and challenging pancreatic cases referred from the region, with the help of experts in this highly specialised setting.

Holding to the values of "together, safe, kind, excellent", multidisciplinary team (MDT) meetings were regularly held to provide holistic and personalised care for patients.

I was given the opportunity to not only be involved but to organise and present cases in these MDTs – IBD, biologics, liver and pancreaticobiliary MDT.

The experience was priceless.

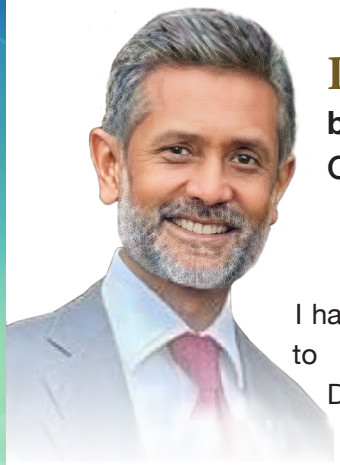
Last but not least, I really want to stress that one year is not a long time, but the time spent forms valuable friendship that will remain forever.

"A journey is best measured in friends, rather than miles." ~ **Tim Cahill**

Christmas Night 2022 – Black and White, with fellow fellows and registrars. Dr Phillip Pang is third from right.

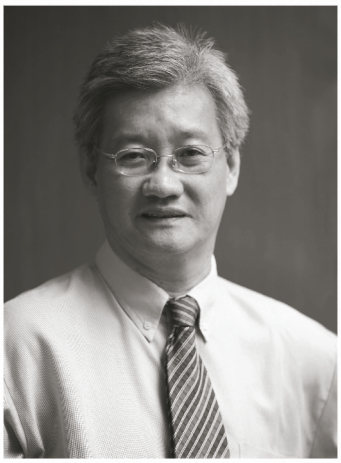
A night out with the wonderful endoscopy staff and nurses. Dr Philip Pang is far right.

Philip the snowman.



PROFESSOR K L GOH – AS I REMEMBER HIM

by Professor Dr Sanjiv Mahadeva
Consultant Gastroenterologist, Universiti Malaya



I had not intended to join the Department of Medicine at Universiti Malaya. After completing a clinical fellowship training in Gastroenterology in the UK in 2003, I had, naively, thought that I could get a post in the Ministry of Health upon returning to Malaysia. A chance encounter and brief placement stint with Professor Dr K L Goh in 2001, subsequently led to a job offer as a Lecturer at Universiti Malaya in 2003 – which was the only job offer I obtained at the time. Perhaps he saw some academic potential in me or perhaps he liked my amazing personality! – either way it was Professor Goh (and Universiti Malaya) who gave me my start at working life in Malaysia. If I sound unhappy for this opportunity, then it was due to the fact that I had a different impression of what academic Gastroenterology was, from my experience in the UK. But all that changed after working at the Department of Medicine at UM and with Professor Dr K L Goh.

Professor Goh was a researcher and a dedicated clinician, which made academic work clinically orientated. I was interested in clinical gastroenterology and therapeutic GI endoscopy, and there was ample opportunity to conduct both clinical work and venture into research at the same time in UM. In retrospect, such an interest may have been present in the UK as well, but I was just never given the opportunity nor the appropriate environment. Research was so important to Professor Goh that he continuously encouraged his juniors/colleagues to participate in projects, often covering their clinical duties to facilitate this. His motto was “research makes a doctor a better clinician”. I am not sure many would agree with this view but it was what made him tick. My interest was in GI epidemiology amongst others and he encouraged collaborations with other Departments in UM, which was seminal in producing research that was internationally recognised.

Academia did not just mean research for Professor Goh. It also meant organising workshops in GI endoscopy and scientific conferences – again, different to my exposure in the UK. It was hard work for the entire team, not just physically but often at a personal/ social cost as well. But Professor Goh was such a driving force, like a fast flowing river, that just swept along everyone who was involved. There was ample opportunity to learn and network through these academic events but it was up to the individuals if they wanted to follow through from such events or not. Even if academic Gastroenterology was not everyone’s forte, the training opportunities from the educational courses were immense. Such opportunities were few and far between during my GI fellowship days, due to the stiff competition from large numbers of fellows/ trainees in the UK. If only local fellows/ trainees realised how lucky they were.

A leader, who is also successful, is bound to have a strong personality and opinion about things. And so it was with Professor Goh. Sometimes it was not easy to convince him of a different way of doing things. Two significant instances come to my mind – 1) introducing an on-call GI bleed rota by Gastroenterologists at UMMC, and 2) establishing a national conjoint training board for GI fellowship training in Malaysia. In both instances, he was extremely reluctant for a change and required a lot of persuasion. In both situations, he was amenable to reason in the end; perhaps after realising that the intentions behind such changes were genuine. To acknowledge that he was not faultless would also mean accepting that Professor Goh was a regular person like the rest of us.

Our relationship dynamics changed somewhat when I later became the Head of Department, and technically (but not really) his boss! But, even then, I respected him for not flaunting his 'senior status privilege' like some other senior Professors in the department. Just like he always did, he remained supportive of the younger generation of academics and administrators, even though it could not have been easy for such a prominent individual like him. He would have retired from government service without a fuss if he had his way. But as his 'boss', I am glad that I insisted on a grand farewell which resulted in the 1st grand Retirement Festschrift that the Faculty of Medicine at UM had organised for a member of staff.

I had recently attended my medical school's 30th year reunion gathering. Most of my classmates could not have imagined me becoming a Professor in Medicine, let alone be internationally recognised for my academic work. I had to explain to them of my unintended career path in Malaysia and of the chance meeting with an extraordinary boss (and later colleague) who had led me in this direction. Professor Dr K L Goh is nothing short of a legend in Gastroenterology in Malaysia. His work and achievements have certainly put Malaysian Gastroenterology and GI endoscopy on the world map. There may or may not be another individual like him in the foreseeable future. However, he has certainly left a legacy in the brilliant careers of other academic Gastroenterologists in Malaysia, many of whom are internationally renowned for their research and achievements. All of these home-grown international experts owe a great debt to Professor Dr K L Goh – in some manner or another.

I know that I always will.

LETTER OF CONDOLENCE FROM THE GASTROENTEROLOGICAL SOCIETY OF AUSTRALIA

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20 June 2023

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Message of condolence from the Gastroenterological Society of Australia to the Malaysian Society of Gastroenterology & Hepatology on the passing of Emeritus Professor Dato' Dr. Goh Khean Lee

Dear Colleagues,

It was with great sadness that we have learnt of the passing of Professor KL Goh. We extend to all his colleagues in the Malaysian Society of Gastroenterology & Hepatology our heartfelt condolences. Our thoughts are also with his wife Dr Su Lin and his children Dr Li Yen, Li Syuen and Dr Li Han.

'KL' as he was always known to us, was a good friend of the Australian gastroenterological community. Many of us shared fruitful collaborations with him in research, guideline formulation, teaching, and professional associations over many years. To many of us he was also a close personal friend and colleague, and he will be sorely missed.

We recognise and pay tribute to his major contribution to medicine. He was a foundational figure for Gastroenterology in Malaysia. He inspired and mentored many young doctors who are now at the forefront of Malaysian gastroenterology. His research work and publications were as extensive as they were wide ranging. His contribution to the formulation of clinical guidelines extended far beyond his own country and his influence was known and respected throughout the region and indeed the world. He worked tirelessly to improve the teaching and practice of endoscopy. He was admired and respected as a teacher and leader. He worked unceasingly to raise standards in clinical and endoscopic care. His career was well recognised nationally and internationally with clinical, leadership, research, and teaching awards.

Apart from his outstanding medical career, KL will be remembered by us as a man of deep humility and immense humanity. He was a kind and good friend to many of us and we are better for having known him.

Vale KL, clinician, endoscopist, researcher, teacher, mentor, leader, and friend. May your example live long in our memories and continue to inspire us all.

Yours sincerely,

Professor Benedict Devereaux
GESA President

Professor Peter Katelaris
GESA Member

Colorectal Cancer Screening and Surveillance: Role of Colonoscopy Training and Credentialing

by Professor Dr Benedict Devereaux MBBS, M Phil, FASGE, FACG, FGESA, FRACP

Professor, School of Medicine, University of Queensland
Senior Consultant Gastroenterologist, Royal Brisbane and Women's Hospital
President, Gastroenterological Society of Australia

"We're not physicians, we're not surgeons, we're all colonoscopists". This sentiment is at the core of providing quality colonoscopy to all our patients whether in Australia or Malaysia. Combined, gastroenterologists and surgeons perform the vast majority of colonoscopies in the two countries. It is therefore, essential that both groups are afforded comparable access to supervised training and other learning opportunities to ensure similar levels of competence. During colonoscopy training, students are taught insertion techniques, loop reduction, withdrawal principles, pathology detection and sampling, polypectomy and identification, and management of adverse events. This is most frequently achieved by a hands-on, apprenticeship model in endoscopy units with varying case numbers, expertise and supervision. Training can be augmented by endoscopy workshops, hands-on training courses and conferences. In essence, training is undertaken at a local, individual unit level. To achieve a consistent national competence standard, colonoscopy training requires a syllabus and appropriate assessment of that training.

In Australia, there has been a focus on credentialing. The Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy (CCRTGE) was established in 1976 and has operated in its current structure since 1990. It is a conjoint committee of the Gastroenterological Society of Australia (GESA), the Royal Australasian College of Surgeons (RACS) and the Royal Australasian College of Physicians (RACP). It sets minimum standards required for recognition of training in gastroscopy, colonoscopy, ERCP, EUS and Capsule Endoscopy. All proceduralists, whether gastroenterologists, surgeons or regional practitioners, aiming for accreditation in Australian Hospitals, require CCRTGE recognition before undertaking unsupervised practice. Approximately 350 applications are received annually. Candidates must submit an online logbook of a pre-determined number of successfully completed procedures, a completed Direct Observation of Procedural Skills (DOPS) assessment for gastroscopy and colonoscopy and evidence of competently reprocessing 15 endoscopes, emphasising the importance of infection prevention and control in endoscopy practice. The CCRTGE has reinforced the quality of endoscopic practice in Australia for over 40 years. However, there are no good data defining reliable, valid and feasible assessment tools essential in ensuring competence in colonoscopy and therefore, accurately informing a certification process.[1]

Although imperfect, an assessment of colonoscopy training is essential. Assessment of competency should not stop at the training stage. A prospective United Kingdom-wide observational study reported a drop in performance in 18.4% of 733 colonoscopists who had attained provisional colonoscopy certification.[2] High quality colonoscopy is essential to safely reduce the morbidity and mortality associated with colon cancer. The detection and removal of neoplastic polyps at colonoscopy reduces the incidence and mortality of colorectal cancer. However, interval cancers occur. The interval cancer rate is inversely proportional to the adenoma detection rate (ADR).[3] There are limited data related to the sessile serrated lesion detection rate (SSLDR), however, as expected, an inverse relationship with interval cancers has been reported.[4] One can reasonably conclude that interventions to improve quality metrics (eg, ADR) will lead to a reduction in interval cancers.

The standard of colonoscopy practice has been in sharp focus in Australia for over 20 years. Bowel cancer is the third most common cancer diagnosed in Australia and the second most common cause of cancer mortality. Overall, the lifetime risk of developing colon cancer in Australia in 1/19 (5.2%) by the age of 85 years.[5] Approximately one million colonoscopies (75% in private facilities) are

performed annually resulting in a combined federal government payment of AUD 185.8 million. In 2006, the National Bowel Cancer Screening Program was established and now all Australian citizens are sent a faecal immunochemical test (FIT) every two years from the age of 50-74 years. In this context, GESA introduced the Colonoscopy Recertification Program in 2016. Initially voluntary, participation in the programme was mandated in January 2019 as it was incorporated into the Colonoscopy Clinical Care Standard (CCCS) published by the Australian Commission on Safety and Quality in Health Care (ACSQHC)[6]. All colonoscopists must submit an on-line logbook of 150 consecutive colonoscopies every three years and attain a number of quality indicator benchmarks: caecal intubation rate 95%, adenoma detection rate 25% (patients over the age of 50 years with an intact colon and without inflammatory bowel disease as the procedure indication), sessile serrated lesion detection rate 4% and complete a cognitive review. As CCRTGE recognition is required to enrol in the colonoscopy recertification programme, it too, was mandated. A pivotal evolution of the Committee was realised in February 2023 with the establishment of the Recertification in Colonoscopy Conjoint Committee (RCCC), with the joint oversight of GESA, the RACS and the RACP. This was an essential change as it institutionalised surgeon engagement in quality monitoring.

The optimal approach to certification and recertification is unknown. It can rely on individual colonoscopists' data, be that subset data submission as per the Australian RCCC or continuous, "every procedure" submission as in the United Kingdom's Joint Advisory Group (JAG) programme. Another approach is endoscopy unit accreditation, also a component of the JAG system. The JAG system poses significant challenges in countries with inhomogeneous health systems as in Australia which has both a government funded and a large private hospital network. This challenge has been mostly overcome in the Republic of Ireland as the National GI Endoscopy Quality Improvement Programme incorporates both public and private systems.

Colonoscopy governance in Australia is very strong with the CCRTGE and the RCCC. The key gap is a syllabus for colonoscopy training. This has stimulated the establishment of a Conjoint Endoscopy Training Committee (CETC). The CETC's aim is to optimise the practice of gastrointestinal endoscopy initially focusing on gastroscopy and ERCP in addition to colonoscopy, through defined training programmes and career-long education. The committee will develop syllabi, training courses and online resources in addition to encouraging cross-unit/region relationships. Again, bringing together gastroenterologists and surgeons will ensure relevance for all procedural specialties.

The ultimate goal of governance structures in gastrointestinal endoscopy is to ensure high quality endoscopy care for all people. To achieve this, comprehensive training, recognition of training and, where necessary and appropriate, recertification are essential components. Any system also has to attend to equity of access to that quality care. In both of our countries this presents great challenges as a result of geographical, cultural and financial variations. These challenges can only be met by a uniform system of training and ongoing education irrespective of whether the proceduralist is a gastroenterologist or surgeon. Whereas much of the attention has focused on colonoscopy, the issues are relevant to all endoscopic procedures, both diagnostic and therapeutic. Therefore, we need to embrace the broader sentiment – "We're not physicians, we're not surgeons, we're all endoscopists".

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The Essential Key to Trustworthy GI Endoscopy: Credentialing Matters

Dr Lau Su Yin

Consultant of Gastroenterology and Hepatology, Universiti Putra Malaysia

Before we embark on a lengthy, fact-filled article about credentialing in gastrointestinal (GI) endoscopy, let us take a moment to envision ourselves having a colonoscopy done (as I am sure at some point in life, we would be subject to a screening or diagnostic colonoscopy, chucking down litres of salty, bland, nauseating bowel prep and having the joys of a clear-out!). With that in mind, there is one question worth thinking about:

"If you had a choice, who would you ask to perform your colonoscopy?"

In other words, who do you trust to perform your colonoscopy with high quality whilst minimising discomfort and the risk of complications.

Credentialing is an essential process in medical practice. How else would a physician or surgeon get his training often filled with sweat, tears and sleepless nights; and experience validated. It is these credentials that we display so proudly as our post-nominal letters (the more letters attached to our names, the stronger the sense of credibility it seems). It also confirms that we have gone through a standardised training programme, passing all the necessary assessments and "stamped approved" by regulatory bodies to provide good quality patient care.

GI endoscopy is no different

Competency in GI endoscopy involves three major elements: psychomotor (intricate technical skills required to perform a procedure), cognitive (knowledge on indications for the procedure, device selection, procedural complications and recognition of normal and pathological findings), and integrative (integrating non-technical skills, knowledge and technical performance with good communication between team members to provide a safe and effective patient care). In short, the mere act of being able to maneuver an endoscope through a patient's GI tract does not equate to performing high-quality endoscopic procedures.

This became apparent when a plethora of studies conducted in the late 1990s and early 2000s, examining the quality of colonoscopies performed in the UK and USA were published. These studies demonstrated marked variability in the performance of endoscopists, including subpar caecal intubation rates, deficiencies in polypectomy skills, sedation management and surprisingly, high post-colonoscopy colorectal cancer rates. Since then, safety and quality in GI endoscopy became the focus of many international societies. Regulatory bodies were formed including the Joint Advisory Group in GI endoscopy (JAG) in the UK, and Conjoint Committee for the Recognition of Training in GI Endoscopy (CCRTGE) in Australia, to name a few, issuing certificates to endoscopists who have fulfilled training requirements in individual endoscopic procedures, be it physicians, surgeons or nurse endoscopists in some countries.

How about locally?

Although scarce, there were five studies published within the last two decades which had data on the quality of colonoscopy. Caecal intubation rates in these studies ranged from 79% to 92% (the recommended unadjusted rate is >90% and only one study reached the minimum standard). Two studies reported on adenoma detection rate: 14% and 19.1% (recommended >25%). Whilst these results may not be representative of Malaysian data and a larger scale audit would be required; they highlight ample room for improvement.

A number of credentialing guidelines have been published over the past two decades around the world reflecting the growing demand for better quality and safety in GI endoscopy. These guidelines recommend incorporating the number of procedures performed during training with objective competence assessment tools

(Direct Observation of Procedural Skills (DOPS), and key quality metrics, eg, caecal intubation rate) to validate an endoscopist's competency.

Malaysia too is following suit. Recognising the critical role of credentialing in ensuring patient safety and maintaining quality assurance, local stakeholders are actively collaborating to establish robust guidelines for minimum competency standards in GI endoscopy. This commitment reflects the importance placed on upholding high standards in GI endoscopic procedures.

Country/Region	Society / Training Committee	Number of Publications	Year of Publication	GI Endoscopic procedure(s)
Canada	CAG	5	2008–2021	OGD, Colonoscopy, Flexible sigmoidoscopy, ERCP, EUS
USA	ASGE	3	2001–2017	Capsule endoscopy, OGD, Colonoscopy, Flexible sigmoidoscopy, ERCP, EUS
United Kingdom	JAG	3	?–2022	OGD, Colonoscopy, Flexible sigmoidoscopy, ERCP
Singapore	ERCP working group (under the auspices of the Academy of Medicine, Singapore)	2	2010–2011	ERCP, EUS
Korea	KSGE	2	2008–2017	Capsule endoscopy, OGD, Colonoscopy, ERCP, EUS
International	ESGE	1	2021	ERCP, EUS
Australia	CCRTGE	1	2015	Capsule endoscopy, OGD, Colonoscopy, ERCP, EUS
New Zealand	NZCCRTGE	1	2021	Capsule endoscopy, OGD, Colonoscopy, ERCP, EUS
Switzerland	SSG	1	2015	ERCP
Poland	Polskie Towarzystwo Gastroenterologii	1	2021	ERCP

CAG – *Canadian Association of Gastroenterology.*

ASGE – *American Society of Gastrointestinal Endoscopy.*

JAG – *Joint Advisory Group on Gastrointestinal Endoscopy.*

KSGE – *Korea Society of Gastrointestinal Endoscopy.*

ESGE – *European Society of Gastrointestinal Endoscopy.*

CCRTGE – *Conjoint Committee for Recognition of Training in GI Endoscopy.*

SSG – *Swiss Society of Gastroenterology.*

OGD – *Oesophago-gastroduodenoscopy.*

ERCP – *Endoscopic Retrograde Cholangiopancreatography.*

EUS – *Endoscopic Ultrasound.*

A ROAD LESS TRAVELLED – My Journey in Treating Functional Gastro-Intestinal Disorder

by Dr Chuah Seong York

Introduction

Treating Functional Gastro-Intestinal Disorder (FGID) is not as glamorous as performing therapeutic endoscopy and, in general, public hospitals worldwide have their hands full dealing with organic diseases. Hence, functional ailments tend to take a back seat. In the middle of 1992, I left the UK and the employment of her National Health Service to join University Hospital, Kuala Lumpur. It was the days of Manning criteria (1978).

The Public-Private Difference

Joining the private sector in mid-1996, I noticed that the private GI practice is swamped with patients with FGID and many of them needed endoscopy to re-assure them that there are no structural abnormalities in their GI tract.[1] Very often endoscopies get repeated on very flimsy indications. Perhaps the doctors are at their wits end dealing with these patients. Minor blemishes on endoscopy are blamed to explain the patients away.

In week 42 of 2000, I did a survey on my own patients for Intercontinental Medical Statistics (IMS) Health Malaysia. I saw 100 patients that week and made 143 diagnoses. 44% were GI diagnoses, 10% fulfilled the criteria for Functional Dyspepsia (FD), 9% for Irritable Bowel Syndrome (IBS) and 8% fulfilled the criteria for both. While this survey remained unpublished, I am heartened to see gastroenterologists now embarking on research on Overlap Syndromes.[2,3]

Antidepressants OR Neuromodulators

Armed with a passion to inform and educate, I observed that many FGID patients are anxious and/or depressed. Hence, I don my general practitioner (GP)'s cap to treat them. I was first introduced to Selective Serotonin Reuptake Inhibitors (SSRI) by my then senior partner, Dr Pang Chok Wang, who had worked in the psychiatric unit, Tan Tock Seng Hospital, Singapore, as a medical officer shortly after his housemanship. SSRIs have a wide therapeutic margin but not all patients respond to them. For my SSRI failures, I initially referred them to my psychiatric colleagues. Through their feedback, I learnt that Functional Pain Syndrome could be treated with Duloxetine. I also learnt the difference between augmentation and combination.

Augmentation involves the addition of a medication that is not considered a standard antidepressant, like an atypical antipsychotic to a typically used antidepressant.

Combination involves using a combination of two or more antidepressants from different classes to achieve remission.

Over the years, my armamentarium of antidepressants has increased, from Mirtazapine to Vortioxetine to Agomelatine.

1. Mirtazapine is particularly good for the agitated anorexic insomniacs who have lost weight.[4,5]

2. Vortioxetine is non-sedating and is targeted at patients requiring good cognition, especially those who are still actively working. Its only side effect of nausea can be easily overcome by Itopride and Domperidone which we gastroenterologists frequently prescribe anyway.

3. Agomelatine is a relative clean compound with minimal side effects not to be given only to liver patients.

Beyond Amitriptyline

Many non-psychiatrists use amitriptyline to treat non-psychiatric conditions. For example, by:

1. Neurologists for headache and migraine.
2. Pain specialists for neuropathic pain.

3. Orthopaedic surgeons for chronic low back pain.
4. Rheumatologists for fibromyalgia.
5. Gastroenterologists for irritable bowel and cyclic vomiting syndromes.
6. Gynaecologists for chronic pelvic pain.
7. Urologists for interstitial cystitis and nocturia due to overactive bladder.

And yet, many non-psychiatrists do not have the courage to venture beyond amitriptyline. To this end, I am proud to say the gastroenterologists have taken the fore front.[6,7] We now talk about Brain-Gut Axis, Overlap Syndromes and neuromodulators. With so many FGIDs, duration of treatment remains unclear. For this, I turn to the Malaysian Clinical Practice Guidelines on Major Depressive Disorder's recommendation of six to nine months after remission is achieved.

Support by Pharmaceutical Companies

I would like to thank Lundbeck and Torrent, pharmaceutical companies not normally associated with the GI fraternity, for their support. They have given me ample opportunity to improve my psychiatry through various Continuous Professional Development programmes and the platform on many occasions to speak to GPs and general physicians on FGID.

My Bucket List

My interest in psychiatry has produced an article entitled "Mental Anguish of Non-Psychiatrists Treating Mental Anguish" published in the November 2018 issue of Berita MMA.

On 29th November 2020, thanks to my mentor Professor Emeritus Dato' Dr K L Goh's recommendation and permission by scientific committee chairman, Professor Dr Lee Yeong Yeh, I was given the honour to speak to my colleagues at GUT 2020 on "Separating Dyspepsia from Depression".

I suppose the next thing on my bucket list would be to speak to a psychiatric audience on FGID.

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ENDOSCOPY 2023 "ADVANCING PRECISION ENDOSCOPY"

Dr Ram Prasad Sinnanaidu

The Universiti Malaya Medical Centre (UMMC) celebrated the 30th anniversary of its highly anticipated annual endoscopy workshop this year from 19th to 20th May 2023. This milestone event brought together renowned experts, enthusiastic participants, and cutting-edge technology to explore the latest advancements in endoscopic techniques. The workshop not only marked three decades of excellence but also showcased UMMC's commitment to advancing patient care through the application of precision endoscopy.

This 30th anniversary workshop revolved around the theme of "Advancing Precision Endoscopy". This theme reflected the medical centre's dedication to pushing the boundaries of endoscopic procedures and embracing new technologies that enhance accuracy, optimise outcomes, and improve patient experiences. The workshop focused on highlighting the latest developments in endoscopic imaging, therapeutic interventions, and innovative approaches to diagnosis, with an emphasis on precision and personalised medicine. We were honoured to have a stellar lineup of experts in therapeutic endoscopy who shared their insights and expertise through live demonstrations and great lectures. Our esteemed faculties include Professor Dr Krish Ragunath (Australia), Dr Amol Bapaye (India), Dr Majidah Bukhari (United Arab Emirates), Associate Professor Dr Stephen Tsao (Singapore) and Associate Professor Dr Takashi Toyonaga (Japan). We would like to express our heartfelt gratitude to Dr Mark Muthiah from the National University Hospital, Singapore, for his invaluable contributions to the Young GI Consultant Forum. Definitely, it was one of the most inspiring event during this workshop. Other than outstanding lecturers and live demonstrations, we organised the "Malaysia Boleh" Best Endoscopic Video Competition. Among numerous impressive entries, we congratulate Dr Gew Lai Teck from Hospital Kuala Lumpur, for winning this prestigious competition. His exceptional skills and innovative techniques showcased the potential of therapeutic endoscopy in enhancing patient care part of the workshop.

The Endoscopy 2023 workshop holds a special place in the hearts of all attendees as it was the last workshop attended by the founder himself, the late Emeritus Professor Dato' Dr Goh Khean Lee, before his demise. This made the event profoundly significant and memorable. The workshop celebrated his visionary leadership, unwavering dedication, and remarkable contributions to the field of endoscopy. The late Emeritus Professor Dato' Dr Goh Khean Lee's presence and influence served as a reminder of the profound impact he had on the workshop's establishment and growth. The workshop served as a testament to his enduring legacy, inspiring attendees to continue pushing the boundaries of endoscopic innovation and striving for excellence in patient care in his honour.

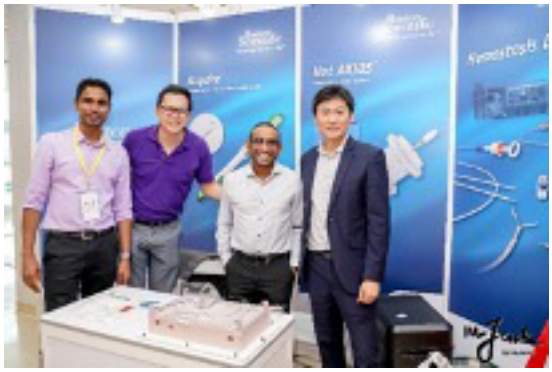
Not forgetting the workshop dinner held on 20th May 2023 which was an event of celebration. It is one of the most anticipated events to reward ourselves every year. We had a delightful evening with all our international faculties. Definitely, the special lecture delivered by Professor Dr Krish Rajunath during the dinner on his life journey as a doctor, father and son, was very inspiring and heart touching. The dinner also gave a platform for networking and camaraderie among all participants. The evening was filled with various activities, fostering meaningful interactions and collaborations in the field of therapeutic endoscopy.

Finally, the Endoscopy 2023 workshop at UMMC not only celebrated the 30th anniversary of this esteemed event but also honored the memory and legacy of the late Emeritus Professor Dato' Dr Goh Khean Lee. The renaming of the MSGH/UM Distinguished Lecture as the "Goh Khean Lee Distinguished Endoscopy Lecture" served as a fitting tribute to a visionary leader whose impact on the field of endoscopy will be forever cherished.

As the workshop concluded, participants were inspired to carry forward the late Emeritus Professor Dato' Dr Goh Khean Lee's legacy and continue advancing precision endoscopy for the benefit of patients nationally and worldwide.

ENDOSCOPY 2023.

The Young Consultant Workshop.




Attendees of the workshop.

Attendees of the workshop with Professor Dr Sanjiv Mahadeva.

Dr Majidah Bukhari (United Arab Emirates).


Associate Professor Dr Takashi Toyonaga (Japan) performing ESD case.

Professor Dr Amol Bapaye (centre) with Professor Dr Sanjiv Mahadeva and conference delegates.

At the Faculty Dinner.

One of the last few pictures with the legendary Emeritus Professor Dato' Dr Goh Khean Lee.