RCOG 2012 Final Programme

10th RCOG International Scientific Congress
5th - 8th June 2012
Kuching, Malaysia

Obstetrical and Gynaecological Society of Malaysia

www.rcog2012.com
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REFERENCES:


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Message from the Right Honourable Chief Minister of Sarawak

PEHIN SRI HAJI ABDUL TAIB MAHMUD
KEPN (INDONESIA), S.P.M.B. (BRUNEI), K.O.U (KOREA), AO (AUSTRALIA), P.C.D.

Selamat Datang!

Welcome to Kuching to all delegates of the 10th International Scientific Congress (RCOG 2012). It is with great pleasure that I have accepted the invitation to attend the opening of this prestigious Congress.

The Sarawak state government is committed to ensuring the success of the event by providing its full support to the RCOG 2012 Organising Committee. I am confident this premier medical Congress will contribute to the development of women’s healthcare in Sarawak, where the state’s geographical landscape can post challenges to health care providers in rural areas.

I am pleased to note that the RCOG 2012 Organising Committee has arranged an array of exciting tours and social events and has the opportunity to share with you a glimpse of Sarawak’s outstanding natural beauty. The Congress will also showcase Kuching’s ability to host world-class conferences and events by leveraging on the advanced technology and facilities available at the Borneo Convention Centre Kuching (BCCK).

Sarawak is a multi-ethnic land steeped in rich tradition and customs and I am confident that your stay here will give you an unforgettable experience. I would also like to take this opportunity to wish the RCOG 2012 Congress all the success and I look forward to welcoming all participants to Sarawak – the Land of the Hornbills.

Pehin Sri Haji Abdul Taib Mahmud
Chief Minister of Sarawak
Welcome Message from the RCOG President

Welcome to RCOG 2012!

We hope you find the scientific programme exciting and stimulating with its variety of topics and speakers. It’s a good feeling to see the months of preparation working with the Obstetrical and Gynaecological Society of Malaysia (OGSM) and our Congress Secretariat come together so well. Not only is the scientific programme packed, but so is the RCOG stand. We’d love to see you there, so please come to stand S09.

Information about examinations, membership, our international doctors training programme, RCOG 2013 and guidelines will be available when you visit us and you can witness a demonstration of e-Learning tools and other resources. Take a look at our rebranded Scientific Impact Papers – previously SAC Opinion Papers – and find out how they are now simple to find on our website.

Our journal BJOG: An International Journal of Obstetrics and Gynaecology is also represented on the stand, with a variety of competitions and demonstrations.

We’re also delighted to offer you the opportunity to put your questions to experts from the RCOG. Each day, carefully selected invited experts will be available to answer your questions. Topics include working in the UK, membership and advocacy.

Wednesday 6 June: Working in the UK
Mr Mani Das FRCOG, Immediate Past Sponsorship Officer, RCOG
Miss Jacqueline Tay FRCOG, Sponsorship Officer, RCOG

Thursday 7 June: Membership
Mr Ian Currie FRCOG, Honorary Secretary, RCOG

Friday 8 June: Advocacy
Professor James Walker, Senior Vice President, RCOG
Dr Daghni Rajasingam, Council Member, RCOG

I would like to take this opportunity to thank all those who have worked towards this congress; our local organising committee, our partner the Obstetrical and Gynaecological Society of Malaysia (OGSM) and the Congress Secretariat A Working Title Events Sdn. Bhd.

Enjoy our congress and see you at stand S09. I’ll be looking forward to meeting as many of you as possible.

Dr Tony Falconer
President
Royal College of Obstetricians and Gynaecologists (RCOG)
Welcome Message from the President of the Obstetrical and Gynaecological Society of Malaysia (OGSM)

Dear Colleagues and Friends,

It is indeed an honour for the Obstetrical and Gynaecological Society of Malaysia (OGSM) to co-host the 10th International Scientific Congress of the Royal College of Obstetricians and Gynaecologists (RCOG) this year. This is our commitment to promote cooperation within many organisations for the improvement of Women’s Health.

OGSM as the co-host for the 10th International Scientific Congress of RCOG is committed to give its best and deliver an engaging and thought provoking Congress for all the delegates’ benefit. I am confident that this Congress will serve as an excellent platform to discuss the latest developments in the field of Obstetrics and Gynaecology. We also have interesting Pre-Congress Workshops to satisfy many palates. We have also gathered local leaders from ASEAN countries to discuss several issues especially relating to the RCOG.

I would like to extend my appreciation to the RCOG 2012 Organising Committee, who have worked tirelessly to fulfil the promise for an engaging programme. We certainly hope that during this Congress, you will enjoy the warm hospitality Malaysia and Sarawak have to offer.

We wish you a warm welcome. “Selamat Datang!” from deep within our hearts.

Dr H Krishna Kumar
President
Obstetrical and Gynaecological Society of Malaysia (OGSM)
Welcome Message from RCOG 2012 Organising Committee

Dear Friends,

‘Selamat Datang’ (welcome) to the 10th International Scientific Congress of the Royal College of Obstetricians and Gynaecologists (RCOG).

This is the first time the RCOG International Congress will be held in Malaysia and my team and I warmly welcome you to Sarawak, the largest state in Malaysia, which is enriched by diverse ethnicity, colourful cultures, exotic wildlife and astonishing natural beauty. We are immensely pleased to see over 1,000 delegates from around the globe come to the land of the White Rajahs to attend this prestigious Congress and experience Sarawak.

Besides the engaging and thought-provoking scientific programme that we have assembled, there are five Pre-Congress Workshops that we would like you not to miss.

We invite you to participate in the Welcome Reception to experience the local fare complete with islands of local music, culture and a fireworks display. We also urge you to purchase the limited tickets available for the Charity Gala Dinner that promises an unforgettable Borneo Rainforest experience. We assure you that you will be enthralled by a world class musical performance and colourful dances. Proceeds from the dinner will be channelled to charity.

Lastly, we would like to express our gratitude to all speakers, our valued sponsors and the Malaysian government for their continuous support and effort.

So friends, you have come this far. Seize this wonderful opportunity to fully participate in this greatly anticipated Congress and immerse yourself in the magic of green Borneo.

Terima Kasih.

Organising Committee & Dr Gunasegaran Rajan
RCOG 2012
Welcome Message from RCOG 2012 Scientific Programme Chairman

Dear Colleagues,

The scientific programme is complete and I feel confident that we have managed to fulfil our promise that this Congress will “educate, update and excite”!

This has only been made possible through the tireless efforts of the local Scientific Programme Committee coupled with the significant input from the RCOG Congress Committee. We thank all the individuals involved and would also like to extend our appreciation to all the invited speakers who have graciously accepted our invitation. I am pleased to announce we have received an overwhelming number of abstract submissions and both the RCOG and OGSM would like to thank everyone for taking the time to come and present your findings at RCOG 2012.

The stage has been set and all that remains is active participation from all of you to make this “scientific party” a huge success!

I look forward to seeing you in the session rooms!

Warm regards,

Dr Ravi Chandran
Scientific Chairman
Local Organising Committee RCOG 2012
Your emotions inspired by Van Gogh
Your decisions supported by Samsung

The best patient care decisions are supported by the best.
Inspired by our longstanding success in digital competence, Samsung is now introducing state of the art medical devices. Proactively striving to excel at research and development, our key products include digital x-ray, ultrasound, and blood analyzer. To guarantee exceptional support for the decision making you employ in daily patient care, Samsung Medison aims to deliver flawless information and services.
About RCOG

Founded in 1929, the Royal College of Obstetricians and Gynaecologists exists to champion the best in women’s health care and to support doctors to achieve excellence in their practice of obstetrics and gynaecology.

Bringing to life the best in women’s health care

Our mission is to support obstetricians and gynaecologists and be the leading advocate for women’s health care worldwide.

With 12,500 members, nearly half of whom practise outside the UK, our focus is the development and shaping of standards in postgraduate medical education and clinical practice across the globe. We also provide an array of products and services to help our clinicians deliver the very best in women’s health care, including:

- standard setting
- curriculum development
- professional membership
- opportunities to increase knowledge through qualifications and training
- evidence-based guidelines which support professional development
- world-class events and networking opportunities
- access to a wealth of resources, insights, commentary and analysis

Our leadership in UK medical education, combined with the knowledge and expertise of our international faculty, enables us to design curricula to support O&G training for healthcare systems and administrations worldwide.

The RCOG’s membership examination is the gold standard qualification for obstetricians and gynaecologists. It is highly regarded and sought after globally. Our competency-based curriculum is the recognised pathway for doctors on their journey to O&G practice in the UK and across the globe.

The RCOG has a continually expanding international agenda which seeks to work in partnership with national and international bodies to lower the maternal and infant mortality and morbidity rates in resource-poor countries.

The RCOG is pleased to organise its 10th International Scientific Conference in Malaysia with the Obstetrical and Gynaecological Society of Malaysia (OGSM). We’re looking forward to the presentations and discussions on women’s healthcare over the next few days.

For more information about the RCOG and its activities, please visit us at stand S09

Join the conversation: You can Tweet us during the congress using #RCOG2012

About OGSM

The Obstetrical and Gynaecological Society of Malaysia (OGSM) is an independent, non-profit and non-governmental organisation with affiliation to the International Federation of Gynaecology and Obstetrics (FIGO) and the Asia-Oceania Federation of Obstetrics and Gynaecology (AOFOG). It was established in 1963 following the efforts of several pioneer obstetricians and gynaecologists in the Federation of Malaya. The society now has a membership of more than 850 doctors. Membership is drawn from specialists and trainees representing the government, the universities and the private sector. The society is governed by an elected Council which represents the interests of the society.
RCOG 2012 would like to thank our Sponsors and Partners for their continued support:

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**Partners**

Sarawak Convention Bureau
Malaysia Convention & Exhibition Bureau
RCOG 2012 Organising Committee

Scientific Programme Committee

Scientific Committee Chairman
Dr Ravi Chandran

Committee Members
Dr Goh Huay-ye
Assoc Prof Nazimah Idris
Dr Raman Subramaniam
Dr Sharifah Sulaiha Bte Syed Aznal
Prof Woo Yin Ling
Congress Information

Registration
Each delegate is required to register at the Registration Counter, located at Level 2, BCCK, to collect their name badge, congress bag, final programme book and other materials.

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<th>Registration Counter Operating Schedule</th>
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Final Programme
A complimentary copy of the Final Programme is provided to each delegate upon their registration. Additional copies can be purchased for MYR 50.00 per copy from the Registration Counter, located at Level 2, BCCK.

Badges
Delegates are advised to wear their badges at all times during the congress to be able to access all scientific sessions, social programmes (except Charity Gala Dinner) and the exhibition. Accompanying persons have access to the Opening Ceremony, Welcome Reception, Closing Ceremony and the Accompanying Persons Programme. Exhibitors’ access is limited to the exhibition areas only.

Badge Categories:
- Blue – Committee
- Purple – Speaker
- Red – Delegate
- Brown – Accompanying Person
- Green – Exhibitor
- Maroon – Guest
- Grey – Media
- Orange – Staff

Lunch Voucher
Upon registration, delegates will be given Lunch Vouchers for each of the 3 days of the Congress. Coffee Breaks are available in the Exhibition Area.

Congress Bag
A complimentary congress bag with a luggage tag is provided to each delegate upon registration. Please be advised that due to our eco-policy, no replacement bags will be provided. You may also opt to return your congress bag at the Registration Counter, located at Level 2, BCCK. All collected congress bags will be donated to underprivileged students in Sarawak.

Certificate of Attendance
An official Certificate of Attendance will be provided to all delegates during registration.

Continuing Professional Development
Congress delegates who are registered on the RCOG Continuing Professional Development (CPD) Programme may claim CPD credits at the rate of one (1) credit per hour for attending the Congress, excluding all breaks and social activities. Delegates are eligible to receive a maximum of 18 CPD credits. Malaysian delegates are eligible to receive a maximum of 20 CPD credits with the Malaysian Medical Association (MMA).

Abstracts Publication
Abstracts from invited speakers and submitting authors can be viewed on the Abstract CD ROM. The Abstract CD ROM can be redeemed with a Voucher at the GSK Exhibition Booth. This Voucher will be included in your registration pack. Accepted abstracts are published in the online version of the BJOG.

E-Poster Gallery
All accepted posters can be viewed at the E-Poster Gallery, located at Level 2, BCCK.

Speaker Check-In & AV Room
The Speaker Check-In & AV Room is located in Meeting Rooms 10 & 11. Speakers are required to submit their PowerPoint / Video Presentation(s) at least 24 hours before their scheduled presentation times.

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Exhibition
The exhibition will be held at the Foyer and Meeting Rooms 2, 3, 12, 13 and 14.

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Internet Access
Free wireless Internet Access is available at Level 2, BCCK.

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Transport
Scheduled shuttle buses have been arranged between the BCCK and the following 6 hotels during the Congress period. Taxi services are available from the main hotels in Kuching to BCCK.

1. Pullman Kuching Hotel
2. Merdeka Palace Hotel & Suites
3. Riverside Majestic Hotel
4. Hilton Kuching Hotel
5. Four Points by Sheraton Hotel
6. Grand Margherita Hotel

Official Language
The official language is English.

Dress Code
Attire is smart casual except for the Opening Ceremony and the Charity Gala Dinner. Delegates are advised to bring along a light jacket when attending congress sessions as the venue is air-conditioned.

Mobile Phones
Delegates are kindly requested to switch off their mobile phones during sessions.

Media / Press
Members of the Media / Press are required to register at the Media Registration Desk, located at Meeting Room 7, Level 2, BCCK.

Information Desk
For additional information about this Congress, please visit the Information Desk, located at Level 2, BCCK.

Tours
Optional Tours are available. For more information, please approach the Tour Desk located at Level 2, BCCK.

Insurance
The organiser and the congress secretariat is not responsible for individual medical, travel or personal insurance. Participants are strongly advised to make their own arrangements for health and travel insurance.

Lost and Found
Please take care of all your belongings. The organiser and secretariat will not be held liable in case of loss, theft or damage to personal belongings. Any misplaced items can be brought to the Information Desk, located at Level 2, BCCK.

Security
Any security problems or concerns should be reported to the congress secretariat at the Information Desk.

Smoking Policy
Smoking is strictly prohibited within the convention centre.

Videotaping
Videotaping of the scientific sessions is prohibited.

Congress Venue
Borneo Convention Centre Kuching (BCCK) is the first purpose-built convention centre in Borneo. BCCK is just 8km from Kuching city centre and close to the Kuching International Airport and a number of hotels of international standard.

RCOG 2012 Congress Secretariat
A Working Title Events Sdn Bhd
E-3-14, Block E, Plaza Damas
Jalan Sri Hartamas 1
50480 Kuala Lumpur, MALAYSIA
Tel: +603 6201 1858
Fax: +603 6201 1850
Email: registration@rcog2012.com
Pre-Congress Workshops

Robotics and Laparoscopy: Exploring New Frontiers

Monday, 4 June 2012 (Day 1), Sarawak General Hospital, Kuching

0800 – 0830 Registration
0830 – 0900 Robotics in the Management of Endometrial Cancer: Challenges to Face, Words to Live by
Dr Joseph Ng
0900 – 0930 Does Robotics make a Difference for Myomectomies?
Dr Yoke-Fai Fong
0930 – 0945 Coffee Break
0945 – 1145 Case 1 – Myomectomy (Robotics)
Prof Fabio Ghezzi
1145 – 1330 Luncheon Talk (Storz)
Mini Laparoscopy
1330 – 1700 Case 2 – Carcinoma Endometrium (Robotics)

Tuesday, 5 June 2012 (Day 2), Sarawak General Hospital, Kuching

0745 – 0800 Registration
0800 – 0830 Is Laparotomy Still Indicated for Hysterectomy?
Prof J Donnez
0830 – 1030 Case 1 – TLH (Two OTs concurrently)
1030 – 1100 Coffee Break
1100 – 1300 Case 2 – Cystectomy (Two OTs concurrently)
1300 – 1400 Luncheon Talk (Covidien)
1400 – 1700 Case 3 – Complicated Surgery (Two OTs concurrently)

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Contraception: Recent Advances and their Use in Patients with Co-morbid Factors

Tuesday, 5 June 2012, Pullman Kuching Hotel

0830 – 0900 Registration
0900 – 0945 Contraception and Female Sexuality
   Prof J Bitzer (Switzerland)
0945 – 1030 Contraceptive Challenges in the Obese Woman
   Prof J Rymer (UK)
1030 – 1045 Coffee Break
1045 – 1130 Ella: A Breakthrough in Emergency Contraception
   Assoc Prof M Thamkhantho (Thailand)
1130 – 1215 Can Male Contraception Succeed in Asia
   Assoc Prof M Thamkhantho (Thailand)
1215 – 1315 Lunch Symposium (INEX Innovations Exchange)
   OvPlex: A Novel Muti-Marker Diagnostic Assay for the Detection of Ovarian Cancer
   Dr Khalil Razvi
1315 – 1400 Hysteroscopic Sterilisation: A Way Forward?
   Assoc Prof B Chem (Singapore)
1400 – 1445 Contraception in the Young Girl and Mature Woman
   Prof J Bitzer (Switzerland)
1445 – 1530 Cerazette: Solving the Oestrogen Dilemma?
   Dato’ Dr Alex Mathews (Malaysia)
1530 – 1615 Contraception and Cancer
   Datuk Dr Abdul Aziz Yahya (Malaysia)

Patient Safety and Risk Management

Tuesday, 5 June 2012, Pullman Kuching Hotel

Chairs: Dr J Woolfson, Professor A Templeton

0830 – 0900 Registration
0900 – 0930 Patient Safety: What Every Clinician Should Know
   Dr J Woolfson
0930 – 0950 The Malaysian Scenario
   Dr J Ravichandran
0950 – 1030 Risk Management: Principles, Identification and Investigations
   Prof Sir S Arulkumaran
1030 – 1100 Coffee Break
1100 – 1120 Risk Management: Potential Deficiencies and Reduction
   Dr David Richmond
1120 – 1140 Maintaining Professional Competence
   Dato’ Dr Ravindran Jegasothy
1140 – 1200 Patient Safety and Risk Management for the Private Practitioner
   Dr Milton Lum
1200 – 1220 National Indicators and Ministry of Health KPI
   Dr PAA Mohamed Nazir Abdul Rahman
1220 – 1300 Panel Discussion
1300 – 1400 Lunch
1400 – 1500 Breakout Workshops to address patient safety and risk management in four areas:
   • Laparoscopy
   • Shoulder Dystocia
   • Failed Instrument
   • Birth Asphyxia
   Moderators: Prof Sir S Arulkumaran, Prof A Templeton, Dr D Richmond and Dr J Woolfson
1500 – 1600 Presentation of Workshops
BJOG Workshop: How to Get your Paper Published

Tuesday, 5 June 2012, Pullman Kuching Hotel

0900 – 0915  Greeting and Introduction
0915 – 1000  Session one: How to Prepare your Paper for Publication
              Philip Steer
1000 – 1045  Session Two: The Editorial Process
              Stergios Doumouchtsis
1045 – 1115  Coffee Break
1115 – 1200  Session Three: Resources for Authors
              Kassam Mohamed
1215 – 1300  Session Four: Publication Ethics
              Elizabeth Hay
1300 – 1400  Lunch
1400 – 1445  Session Five: Publication Process
              Philip Steer
1500 – 1600  Small Group Discussions
              What do Authors find most Difficult?
1600 – 1630  Feedback from small groups and final questions

Nursing Workshop – Managing Obstetric Emergencies

Tuesday, 5 June 2012, College of Allied Health Sciences, Kuching

0800 – 0900  Registration
0900 – 0915  Opening Remarks & Introduction to Workshop
0915 – 1000  Maternal Resuscitation: Role of Basic Life Support
1000 – 1015  Coffee Break
1015 – 1100  Obstetric Haemorrhage (APH & PPH)
1100 – 1145  Non Obstetric Collapse
1145 – 1230  Transporting a Critically ill Obstetric Patient
1230 – 1300  Q&A/Panel Discussion
1300 – 1400  Lunch
1400 – 1445  Eclampsia
1445 – 1530  Shoulder Dystocia
1530 – 1615  Cord Prolapse & Uterine Inversion
1615 – 1700  Q&A/Panel Discussion
1700        Closing Remarks and Tea
# Programme At-A-Glance

**Wednesday, 6 June 2012**

<table>
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<tr>
<th>TIME (HRS)</th>
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<tr>
<td>0800-0845</td>
<td>Plenary 1 (Puvan Memorial Lecture) The RCOG and International Women's Health A D Falconer (UK)</td>
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<td>0845-1030</td>
<td>Plenary 2 Frontiers in Laparoscopic Surgery J Dornes (Belgium)</td>
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<td>1030-1115</td>
<td><strong>COFFEE BREAK</strong></td>
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<td>1115-1245</td>
<td>Symposium 1 Perinatal/Maternal-Fetal F Chervenak (USA) I Cheah (Malaysia) General Hospital</td>
<td>Symposium 2 Fertility/Reproductive Medicine L Cardozo (UK) J Walker (UK)</td>
<td>Symposium 3 Cancer I M Cohen (Australia)</td>
<td>Symposium 4 Benign/Operative Gynecology J C Ferrari (Brazil)</td>
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<tr>
<td>1245-1315</td>
<td>FC1.01 Prospective Risk of Late Stillbirth in Twins of Known Chorionicity: The Stark Multiple Pregnancy Cohort data and Systematic Review FC1.03 Dignity in maternity care: Literature review and audit of complaints FC1.02 Informed Consent – what is the evidence?</td>
<td>FC2.01 Accurate Biopsy and Ultrastructural Morphological Characterisation of Decidual Penticels and basalas by a novel hysteroscopic technique: Insight into the Early Events at the Embryo-maternal Interface FC2.03 Mechanicals of the follicular wall thickening in polycystic ovarian syndrome models</td>
<td>FC3.01 Ovarian cancer: A Scoring System for Primary Care FC3.02 The value of PET/CT in assessment of cervical cancer – the West of Scotland experience FC3.03 Unassessable endometrium in women with PMB: To ignore or investigate?</td>
<td>FC4.01 Zonectomy – An Innovative Surgery for Severe Aderosomosis for Nulliparous and Infertile Women with Utine Conservation FC4.03 Sustained effectiveness of percutaneous tubal nerve stimulation for overactive bladder syndrome: Two year follow up of responders</td>
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<td>1315-1415</td>
<td>GlassSmith Klee Lunch Symposium</td>
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<td>1415-1515</td>
<td>CONTROVERSY 1 Ethical Considerations (mum / fetus / doctor) CS - Safest Option for Mother, Baby &amp; Doctor F Chenkien (USA) Pelvic Floor Damage L Cardozo (UK) Neonatal Considerations I Cheah (Malaysia) Cost-Effectiveness / Litigation J Woolston (UK)</td>
<td>DEBATE 1 HRT - Has the Pendulum Swing Back?</td>
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<td>1515-1615</td>
<td>FC8 Fetal gender determination in early pregnancy using PCR analysis of maternal serum</td>
<td>FC9 Should Gynaecologists Perform Female Appendicectomy? PEDEAMA – A Study Protocol FC11.11 Incidence of Cardiac Events Amongst Pregnant Women with Cardiac Disease – HUSM Experience</td>
<td>FC12 Pregnancy Outcome Following Laparoscopic Conservative Surgery in Advanced Endometriosis</td>
<td>FC14 The Use of Botulinum Toxin in Patients with Intractable Vulvodynia</td>
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<td>1615-1645</td>
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<td>FC10 The Role of Tumour Markers H Nguyen (Hong Kong) FC12.1 Metabolic Approach to Diagnosis of Labour FC12.09 Successful Myomerectomy during Caesarean Section: A Surgical Challenge (Case Report)</td>
<td>FC15 Is Sexual Dysfunction Common among Pregnant Malaysian Women?</td>
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<td>Extrauterine Pregnancy and Endoscopy</td>
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<td>S9.3 Early Life Origins of Health and Disease</td>
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| Enrichment Lecture 3  
Childbirth Among Native Sarawakian Women: Customs And Taboos  
Dora Jok (Malaysia) |
| COFFEE BREAK |
| Sanofi Workshop |
| CLOSING CEREMONY |

**Symposium 9**
- **S9.1**
  - GBS in Pregnancy
  - S Raman (Malaysia)
- **S9.2**
  - Postnatal Sexual Dysfunction
  - R Thakar (UK)
- **S9.3**
  - Early Life Origins of Health and Disease
  - J Newnham (Australia)
- **S9.4**
  - Vitamin D in Pregnancy – Who Needs More
  - T Green (Canada)

**Symposium 10**
- **S10.1**
  - Changing Asia – Changing Contraception
  - J Bitzer (Switzerland)
- **S10.2**
  - Contraceptive Challenges in the Obese Woman
  - J Rymer (UK)
- **S10.3**
  - Emergency Contraception – What’s New?
  - M Thamkhantho (Thailand)
- **S10.4**
  - Male Contraception – What’s Up?
  - J Bitzer (Switzerland)

**Symposium 11**
- **S11.1**
  - Litigation in Obstetrics - Recent Trends
  - J Woolfson (UK)
- **S11.2**
  - Patient Safety in Modern Maternity
  - P Fogarty (UK)
- **S11.3**
  - Litigation in Gynaecology
  - D Bhaskaran (Malaysia)
- **S11.4**
  - Safe Motherhood in the South Pacific
  - R Sherwood (Australia)

**Symposium 12**
- **S12.1**
  - LSSC – EOC in Malaysia and Beyond
  - R Gunasegaran (Malaysia)
- **S12.2**
  - AOFOG Regional Initiatives
  - W W Sumpaico (Philippines)
- **S12.3**
  - Training and Teaching in the Electronic Age
  - G Mires (UK)
- **S12.4**
  - Safe Motherhood in the South Pacific
  - R Sherwood (Australia)

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- **0900-0945**
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- **1115-1315**
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- **1615-1645**

**COFFEE BREAK**

**Plenary 5**
- Ovarian Cancer – Are We Winning?
  - S Kehoe (UK)

**Plenary 6**
- Urogynaecological Problems in Women – Neglected in this part of the World!
  - L Cardozo (UK)

**Plenary 7**
- 3D Sonography – How Does it Fit into Clinical Practice?
  - B Benacerraf (USA)

**Closing Ceremony**
Plenary 1 (P1)

The RCOG and International Women’s Health (PUVAN MEMORIAL LECTURE)

Dr Anthony Falconer
President, RCOG

The Royal College of Obstetricians and Gynaecologists (RCOG) was founded in 1929 to further the science and application of women’s health. Since inception, the College has had a global vision and today this responsibility is as keenly felt as ever. The RCOG has had representation from many countries including Malaysia throughout its history. The core functions of education, training, assessment and evaluation have been there since the beginning, but more recently standard setting has become a central component of our work. Within the global field, advocacy and capacity development have become important contributions. Through our global network and multi-agency work, we are able to reach out and extend influence on behalf of the women we serve. Our global membership is changing, with increases in some areas and decreases in others and we need to evolve to accommodate to the changing dynamics globally. The Asian continent has always been a strong supporter of the RCOG values and principles. The lecture will cover some history, the role of the RCOG globally and the health challenges for women.

Plenary 2 (P2)

Frontiers in Laparoscopic Surgery

Prof Jacques Donnez
Catholic University of Louvain, Belgium

Today, laparoscopy is an alternative technique for carrying out many operations that have traditionally required an open approach. The benefits of minimal access surgery have been well recorded, including lower post-operative morbidity, shorter duration of hospital stay and a shorter return to work. Advances in technology, specifically in fibre optics and video imaging, have made the relatively recent rapid progress in laparoscopic surgery possible. Operative laparoscopy, however, requires a high degree of technical skill and training. The use of small instruments and imaging systems that provide magnification allow for the high degree of precision that can be achieved with laparoscopic surgery. This is often difficult to obtain by conventional laparotomy, as magnification is not available and the surgeon’s hands and large instruments often obscure the operative field. It is this precision that has led to advances in the treatment of conditions such as endometriosis, adhesions and in the field of reproductive surgery.

Most established gynaecologists have very little time and resources to be able to retrain in what is essentially a new surgical field, although most experts throughout the world agree that the vast majority of gynaecological surgery could safely and efficiently be performed laparoscopically.
The last two decades have witnessed a dramatic increase in the use of modern assisted conception (AC) that now accounts for an estimated 1 to 4% of births across the world. Although absolute risks appear small, data from prospective and retrospective studies indicate increased risks of adverse maternal and perinatal outcomes after AC as compared to spontaneous conception. Controlled ovarian hyperstimulation has long been thought to be one of the factors contributing to some of these undesirable outcomes. However, recent studies suggest that many of these may be attributable to underlying infertility or maternal characteristics rather than AC itself.

A significant risk of AC is multiple pregnancies but even singleton pregnancies achieved by AC are at a higher risk of hypertensive disease, diabetes, prematurity, low birth weight and a higher perinatal mortality after adjusting for confounders such as age, parity or fetal sex. Single rather than multiple embryo transfer has reduced adverse outcomes of AC. Patients undergoing AC should be counselled about perinatal risks in cases of multiple pregnancies. Although conflicting data exist, most follow-up studies of children born from AC report congenital malformation rates similar to those reported in the general population. More evidence is needed on this issue. Couples contemplating assisted reproduction should be given up-to-date information about the health of children born as a result of AC and current research is broadly reassuring about the health and welfare of these children. Series of reports have suggested an increased risk of imprinting disorders (Beckwith-Wiedemann syndrome and Angelman syndrome) in children conceived by AC. Studies in mice and human molecular genetic analysis have shown that AC procedures can alter normal imprinting (specifically DNA methylation patterns) and parents seeking AC should be counselled about the possible increased risk of imprinting disorders. The absolute risk of imprinting disorders after AC remains small and routine screening is not recommended at present. Many of the long-term outcomes of assisted reproduction are difficult to evaluate due to the variability in AC protocols and there is a need for standardised methodology for follow-up studies after AC. Large prospective studies are needed to better understand the psychosocial impact of AC, risks of imprinting and childhood malignancies such as retinoblastoma and leukaemias. A systematic review of the best available evidence looking at maternal and perinatal outcomes as well as childhood illnesses after AC is in progress and will be presented.
Ethics has played in the past, plays in the present, and will play in the future an essential role in the practice of Obstetrics and Gynaecology. Historic aspects of ethics with direct relevance will first be reviewed. The Hippocratic writings described the secular principle of beneficence. The concept of “Primum Non Nocere” or “First Do No Harm” is a Latin misinterpretation of this principle. Two British physician philosophers, John Gregory and Thomas Percival pioneered concepts of medical professionalism that guide us today. The classic Shloendorff decision based on a case at The New York Hospital established the precedent of informed consent.

Obstetric ethics is sometimes represented by polarized views. One extreme asserts the rights of the fetus as the overwhelming ethical consideration. Another extreme asserts the pregnant woman as the overwhelming ethical consideration. Both assertions are overly simplistic. Such oversimplification is called reductionism. This presentation explains the fallacy of rights-based reductionism and two models of obstetric ethics based on it and explains why the fetal rights reductionism model and the pregnant woman’s rights reductionism model result in conceptual and clinical failure and therefore should be abandoned. This presentation argues for the professional responsibility model of obstetric ethics, which emphasizes the importance of medical science and compassionate clinical care of both the pregnant and fetal patient. The result is that responsible medical care overrides the extremes of clashing rights.

The challenges physician leaders confront today call to mind Odysseus’ challenge to steer his fragile ship successfully between Scylla and Charybdis. The modern Scylla takes the form of ever-increasing pressures to provide more resources for professional liability, compliance, patient satisfaction, central administration and a host of other demands. The modern Charybdis takes the form of ever-increasing pressures to procure resources when fewer are available and competition is continuously increasing the need for resources, including managed care, hospital administration, payers, employers, patients who are uninsured or under-insured, research funding and philanthropy. This presentation will provide the physician with guidance for identifying and managing common leadership challenges on the basis of the professional responsibility model of physician leadership. This model is based on Plato’s concept of leadership as a life of service and the professional medical ethics of Drs. John Gregory and Thomas Percival. Four professional virtues should guide physician leaders: self-effacement, self-sacrifice, compassion and integrity. These professional virtues direct physician leaders to treat colleagues as ends in themselves, to provide justice-based resource management, to use power constrained by medical professionalism and to prevent and respond effectively to organizational dysfunction.

“Women and Children First” is a familiar phrase and comes down to us from the heroic sacrifice of their lives by British soldiers on HMS Birkenhead in 1852. In this presentation the ethical importance of the prioritization of women and children will be presented. Biases against perinatal patients related to both substantive and procedural justice are identified. Ethically justified responses to these biases that obstetricians should adopt in reforming organizational and public policy by responsibly advocating for fetal, neonatal, and pregnant patients, whose healthcare otherwise is at risk of unacceptable compromise are presented.
Plenary 5 (P5)

Ovarian Cancer – Are we Winning?

Mr Sean Kehoe
Churchill Hospital, Oxford

For many years, the survival outcome in ovarian cancer has remained poor and indeed ovarian cancer remains the main challenge in the field of gynaecological oncology. In part, this could be related to our lack of understanding of this disease. We have never really known the true biology - for example, does stage 1 if untreated proceed to stage 4 disease? With the paucity of such information and limited knowledge of disease biology, then major steps in treating the disease inevitably allude us. However, there have been advances and there is little doubt that survival outcomes have improved over the years, albeit in small portions. The use of paclitaxel, the increased exposure of women to specialist care are but two areas contributing to improved survival. The evidence is that women who do not gain access to a gynaecologist or indeed a gynaecological oncologist, are disadvantaged with respect to survival outcome. Developing training programmes and centralisation of care can only enhance the survival prospect and indeed there is supportive evidence for this approach. But work is also trying to detect earlier stage disease, either through screening or education of early stage symptoms. The advantage would be the inevitable improved survival, as for early stage disease this is about 80% or more at 5 years, compared to advanced disease, still at 30-40%. Screening programmes have and are still ongoing. From the US the evidence seems towards detecting advanced disease at a lower disease volume, and the largest ongoing study will only report in 2015. Detection and prophylactic surgery in BRCA carriers reduces the disease rate by over 80% so again this is most welcome. Supra-radical surgery seems related to a better outcome from reported series, though much work is still required to define the optimum surgical approach. Novel agents with targets beyond cell division have yielded new ways of therapeutic intervention. But it is possibly by considering the origin of ovarian cancer that may yet change our understanding. Is ovarian cancer ovarian cancer? Or is it from the fallopian tube, which means that we have possibly, in many cases, missed the primary target. Are we in ovarian, fallopian tube and peritoneal high grade serous cancer dealing with the same biology? The evidence for this will be discussed and why this may well put us on the path to beating some [though not all] of ovarian cancer.
Plenary 6 (P6)

Urogynaecological Problems in Women – Neglected in this Part of the World!

Prof Linda Cardozo
King’s College Hospital, London

Malaysia has a population of 27,468,000 with an expected annual population growth rate of 1.4% between 2010-2030. Approximately 5% of the Malaysian Gross Domestic Product (GDP) is spent on health. Women have a life expectancy at birth of 76 years according to the most recent WHO statistics. The proportion of women over the age of 80 years, worldwide, will increase to 4.1% in 2050 (1). Life expectancy is greater for women than men and they are now spending more than one third of their lives in the postmenopausal state. As such, urogynaecological problems are increasingly being encountered by healthcare professionals throughout the world.

Unfortunately, a large proportion of women in this part of the world incorrectly assume that urogenital problems are a normal part of ageing and that they cannot be treated and therefore suffer in silence. Urinary incontinence and pelvic organ prolapse, which are rarely life threatening but sensitive and often embarrassing problems, can significantly adversely impact on quality of life.

Symptoms resulting from urogenital atrophy affect 40 to 57% of post-menopausal women (2). This is due to oestrogen deficiency, which is commonly a late manifestation of the menopause often presenting over 10 years after the last menstrual period and it is therefore under-recognised and inappropriately or inadequately treated. It may take a long period of time to reverse the changes after the start of low dose local (vaginal) oestrogen therapy.

Urogenital prolapse is common, with an 11.1% lifetime risk of needing corrective surgery for this and a third of women requiring additional operations (3). The overall prevalence of urinary incontinence is approximately 25% depending on the population studied (4). 50% of women complain of stress incontinence, a third of mixed incontinence and 11% of urgency urinary incontinence. The overall prevalence of the overactive bladder syndrome is between 12 to 17% and increases with age to 40% over the age of 65 years.

It is important to identify women who are symptomatic. An increase in the awareness of urogenital problems in the female population and an improvement in the accurate diagnosis of these conditions will lead to appropriate and more effective treatment.

References:

(1) United Nations World Population Ageing Report
(2) Barlow et al 1997
(3) Olsen et al, 1997
(4) Hannestad et al, 2000
Plenary 7 (P7)

3D Sonography – How does it Fit into Clinical Practice?

Prof Beryl R. Benacerraf
Harvard Medical School, Boston

Three-dimensional (3D) ultrasound allows us to acquire a volume and display any plane or section within that volume regardless of the scanning orientation. The ability to display a 3D image of any type or plane has been one of the most powerful recent advances in sonography, particularly in the field of obstetrics and gynaecology.

For imaging in gynaecology, 3D has allowed visualization of coronal view of the uterus, enabling us to diagnose mullerian duct anomalies without using MRI. We can also easily diagnose malpositioned IUDs (a common cause of pelvic pain and bleeding), polyps, submucous fibroids and other abnormalities related to the uterine cavity. 3D ultrasound also greatly facilitates the correct diagnosis of hydrosalpinges because of the infinite planes in which the tubal areas can be displayed.

In imaging of the fetus, 3D ultrasound is advantageous in demonstrating many types of fetal defects and dysmorphologic facial features using surface rendering. The fetal brain is also one of the areas where 3D ultrasound has been most helpful, since the reconstruction of the third non-scanning plane is crucial in demonstrating planes of section not previously visible sonographically. The corpus callosum is an example of one area not readily imaginable in standard imaging planes. The fetal sutures are also easy to image with 3D, which is particularly helpful in fetuses with suspected craniosynostosis.

3D ultrasound is key for imaging fetal skeletal abnormalities, providing additional information on affected fetuses as compared to 2D. Evaluation of the spine using 3D has been helpful to determine the level of spina bifida thus providing crucial information regarding prognosis.

Evaluation of the fetal heart is an intense area of research interest and the heart can be imaged in realtime 3D (4D) using a method called STIC. This method provides the ability to obtain a full volume of the beating heart to evaluate in detail off line with or without colour Doppler and while it is beating.

Volume imaging is also key in improving efficiency of the ultrasound department. The entire fetus can be imaged easily by acquiring and archiving a few volumes. This way, the patient can spend far less time in the ultrasound room and the entire scan can be done remotely and virtually using the stored volumes. This techniques reduces operator dependency usually associated with 2D ultrasound.
Radiate with joy during your pregnancy.

A scientific study was conducted amongst 2 groups of pregnant women, one group taking maternal milk supplemented with IMMUNOFORCE™ and the other group without (control group).

Proportion of Bifidobacteria (good bacteria) in the maternal gut was higher in the group supplemented with IMMUNOFORCE™.

IMMUNOFORCE™ (90% GOS, 10% lCOS) support the growth of Bifidobacteria (good bacteria) in the gut and maintains a good intestinal environment.

A healthy intestinal environment helps to promote softer stool for easy bowel movement.

Reference:
# Day-to-Day Programme

**WEDNESDAY, 6 June 2012**

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</table>
| 0900 – 0945 | **Plenary 1 (Puvan Memorial Lecture)**  
Chair: Dr Krishna Kumar (Malaysia)  
The RCOG and International Women's Health  
Dr A D Falconer (UK) | Great Hall A & B                           |
| 0945 – 1030 | **Plenary 2**  
Chair: Dr A D Falconer (UK)  
Frontiers in Laparoscopic Surgery  
Prof J Donnez (Belgium) | Great Hall A & B                           |
| 1030 – 1115 | Coffee Break                                                                                 | Exhibition             |
| 1115 – 1245 | **Symposium 1: Perinatal/Maternal-Fetal Medicine**  
Chairs: Prof Dato’ Dr N Sivalingam (Malaysia), Prof J Newnham (Australia)  
S1.1 Pre-Eclampsia – New Insights  
Prof J Walker (UK)  
S1.2 GDM – Who is at Risk?  
Prof P Steer (UK)  
S1.3 Breech Delivery Revisited  
Prof J Walker (UK) | Great Hall A  
(In Association with Samsung Medison) |
| 1115 – 1245 | **Symposium 2: Fertility/Reproductive Medicine**  
Chairs: Dr Eeson Sinthamoney (Malaysia), Prof A Templeton (UK)  
S2.1 PCOS: Advances in Diagnosis and Management  
Assoc Prof K Jayaprakasan (UK)  
S2.2 Unexplained Infertility  
Prof W Ledger (Australia)  
S2.3 In-vitro Maturation (IVM) or Conventional IVF?  
Prof Yu-Shih Yang (Taiwan) | Great Hall B                           |
| 1115 – 1245 | **Symposium 3: Cancer**  
Chairs: Prof Y L Woo (Malaysia), Prof P Wijesinghe (Sri Lanka)  
S3.1 The Role of Tumour Markers in Gynaecological Cancers  
Prof H Ngan (Hong Kong)  
S3.2 Radical Laparoscopic Surgery  
Prof J Donnez (Belgium)  
S3.3 Can Chemo-Radiation Replace Radical Surgery for Cervical Cancer?  
Prof S K Tay (Singapore) | Great Hall C                           |
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| 1115 – 1245 | **Symposium 4: Benign/Operative Gynaecology**  
Chairs: Dr Sharifah Sulaiha (Malaysia), Dr I Currie (UK)  
S4.1 Pelvic Floor Dysfunction after Hysterectomy  
Dr R Thakar (UK)  
S4.2 Overactive Bladder – New Treatment Options  
Prof L Cardozo (UK)  
S4.3 Surgical Options for GSI  
Dr D Richmond (UK) | Great Hall D |
| 1245 – 1315 | **Free Communication 1: Perinatal/Maternal-Fetal Medicine**  
FC1.01 Prospective risk of late stillbirth in twins of known chorionicity: The stork multiple pregnancy cohort data and systematic review  
Tiran Dias, Dimitri Patel, Amar Bhide, Basky Thilaganathan (UK)  
FC1.02 Dignity in maternity care: Literature review and audit of complaints  
William Parry-Smith, Sharon Morad, Wilf McSherry (UK)  
FC1.03 Informed Consent – what is the evidence?  
Cameron Robertson, Christopher Verco (Australia) | Great Hall A |
| 1245 – 1315 | **Free Communication 2: Fertility/Reproductive Medicine**  
FC2.01 Accurate biopsy and ultrastructural morphological characterisation of decidua parietalis and basalis by a novel hysteroscopic technique: Insight into the early events at the embryo-maternal interface  
Vikram Sinai Talaulikar, Isaac Manyonda (UK)  
FC2.02 Plasminogen activator inhibitor-1, polycystic ovaries and recurrent miscarriage  
Aleisha Miller, Mohammad Aziz, Sayeda Abu-Amero, Shawnell White, Gudrun Moore, Rai Rai, Lesley Regan (UK)  
FC2.03 Mechanisms of the follicular wall thickening in polycystic ovarian syndrome models  
Budi Santoso, Prajitno Prabowo, Sucipto (Indonesia) | Great Hall B |
| 1245 – 1315 | **Free Communication 3: Cancer**  
FC3.01 Ovarian cancer: A scoring system for primary care  
Karen Grewal, William Hamilton, Deborah Sharp (UK)  
FC3.02 The value of PET/CT in assessment of cervical cancer – the West of Scotland experience  
Yee Ting SIM, Sai HAN (UK)  
FC3.03 Unassessable endometrium in women with PMB: To ignore or investigate?  
Ragupathy K, Cawley N, Ridout A, Iqbal P, Alloub M (UK) | Great Hall C |
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<tr>
<th>Time</th>
<th>Session Area</th>
<th>Presentation</th>
<th>Authors</th>
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| 1245 – 1315| Free Communication 4: Benign/Operative Gynaecology| **FC4.01 Zenomectomy – an innovative surgery for severe adenomyosis for nulliparous and infertile women with uterine conservation**
Zainul Rashid MR, Norzilawati Ismail (Malaysia)
**FC4.02 Bringing the Tyne to the tropics – delivering the Newcastle University reproductive health undergraduate curriculum in Southern Malaysia**
Johnson AL, CM Emmerson, H Dixon, Walton E (Malaysia, UK)
**FC4.03 Sustained effectiveness of percutaneous tibial nerve stimulation for overactive bladder syndrome: Two year follow up of responders**
P Shah, Dadswell R, Green L, Melendez J, Ridout A, Yoong W (UK) |

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<th>Time</th>
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<th>Presentation</th>
<th>Authors</th>
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| 1245 – 1315| Free Communication 5: Perinatal/Maternal-Fetal Medicine | **FC1.04 Pre-pregnancy blood pressure among women with and without preterm birth from the CARDIA cohort**
Roberta B. Ness, Cora E. Lewis, Janet Catov, David Jacobs, Kim Tolan, Erica P. Gunderson (USA)
**FC1.05 Trans abdominal cervical suture for the prevention of pregnancy loss: The next 42 cases**
Donald Gibb (UK)
**FC1.06 The decision delivery interval in emergency cesarean sections and its correlation with perinatal outcome: Evidence from 204 deliveries**
Renu Singh, Sujata Deo, Yashodhara Pradeep (India) |

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<th>Time</th>
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| 1245 – 1315| Free Communication 6: Fertility/Reproductive Medicine | **FC2.04 The presentation, treatment, and outcome of women suffering complications of unsafe abortion in Monrovia, Liberia: Comparison of data preceding and following hand-over of a Medicines Sans Frontiers (MSF) Hospital to the Liberian Ministry of Health (MOH)**
Patricia Lledo-Weber, Alice Clack (Belgium, UK)
**FC2.05 Risk factors for ectopic pregnancy: A cross-sectional study in a sexually-conservative population**
Abdel-Fattah Salem (Jordan)
**FC2.06 The value of aspirated peritoneal fluid at laparoscopy in predicting tubal blockage in infertile Sudanese women**
Wisal O. M Nabag, Esraga A Farajalla, Mohamed A A El Sheikh (Sudan) |
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<tr>
<td>1245 – 1315</td>
<td><strong>Video Presentation 1</strong>&lt;br&gt;V01 Direct vision sacrospinous ligament fixation: A single centre outcome&lt;br&gt;Tan Y L, Ng P Y, Pue L B, Tai, J Ravindran (Malaysia)&lt;br&gt;V02 Extra-peritoneal caesarean section&lt;br&gt;Dipak Desai (India)&lt;br&gt;V03 'Tips and techniques' for performing laparoscopic subtotal hysterectomy: Our first experience in a district general hospital&lt;br&gt;N Ratnavelu, David Arnot, L Santangeli, S Basu, K Elsapagh, D Mcmurray, M Allam (UK)</td>
<td>Meeting Room 8</td>
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<tr>
<td>1245 – 1315</td>
<td><strong>Free Communication 7: Perinatal/Maternal-Fetal Medicine</strong>&lt;br&gt;FC1.07 Quality of detection of pregnancy induced hypertension to reduce maternal mortality to one digit in Sri Lanka&lt;br&gt;R. Prathapan, Shamini Prathapan, G. Lindmark, P. Fonseka, A. Lokubalasooriya (Sri Lanka, Sweden)&lt;br&gt;FC1.08 Fetal fibronectin rapid test versus phosphorylated insulin-like growth factor-1 (phiGFBP-1) as bedside test kits for prediction of preterm delivery in the clinical setting&lt;br&gt;Vijayaletchumi a/p Thandayathany, Muhammad Abdul Jamil Mohd Yassin, Mohd Hashim Omar, Nor Azlin Mohamed Ismail, Azmi Mohd Tamil, Nirmala Chandraleaga Kampan (Malaysia)&lt;br&gt;FC1.09 Psychological issues in reproduction – why it matters&lt;br&gt;Tony Chung (Hong Kong)</td>
<td>Meeting Room 9</td>
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<tr>
<td>1315 – 1415</td>
<td><strong>GlaxoSmithKline Lunch Symposium</strong>&lt;br&gt;<em>Chair: Dr Suresh Kumarasamy</em>&lt;br&gt;Updates on Cervical Cancer Prevention: Focusing on what Matters&lt;br&gt;Professor Tay Sun Kuie</td>
<td>Great Hall A</td>
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<tr>
<td>1315 – 1415</td>
<td><strong>Enrichment Lecture 1</strong>&lt;br&gt;<em>Chair: Dr Harris Njoo Suharjono</em>&lt;br&gt;Biodiversity Conservation In Sarawak&lt;br&gt;Mr. Oswald Braken Tisen (Malaysia)</td>
<td>Great Hall D</td>
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</table>
| 1415 – 1515 | **Controversy 1: Perinatal/Maternal-Fetal Medicine**  
*Chairs: Dr J Dornan (UK), Dr B N Tang (Malaysia)*  

**Caesarean Section – Safest Option for Mother, Baby and Doctor**  
*(Medical implications of surgery vs vaginal delivery for mum/baby, to touch on litigation and cost effectiveness, ethical issues)*  

**Ethical Considerations (mum/fetus/doctor)**  
*Prof F Chervenak (USA)*  

**Pelvic Floor Damage**  
*Prof L Cardozo (UK)*  

**Neonatal Considerations**  
*Dr I Cheah (Malaysia)*  

**Cost-Effectiveness/Litigation**  
*Dr J Woolfson (UK)*  

Discussion | Great Hall A |

| 1415 – 1515 | **Debate 1: Fertility/Reproductive Medicine**  
*Chairs: Dr D Fothergill (UK), Datuk Dr A Puraviappan (Malaysia)*  

**HRT – Has the Pendulum Swung Back?**  
*(Is HRT making a comeback with new evidence and better patient selection, will women prefer HRT regardless of the risk)*  

**For**: Prof J Rymer (UK)  
20 mins  

**Against**: Dr P Fogarty (UK)  
20 mins  

**Rebuttal**:  
5 mins  

**Discussion**:  
15 mins | Great Hall B |
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<tr>
<th>Time</th>
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<th>Presentations</th>
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</table>
| 1515 – 1615| Free Communication 8: Perinatal/Maternal-Fetal Medicine | FC1.10 Fetal gender determination in early pregnancy using PCR analysis of maternal serum  
Ahmed A. El Razik, A.G El Missiry (Egypt)  
FC1.11 Incidence of cardiac events amongst pregnant women with cardiac disease – HUSM experience  
SJ Lee, Nik Mohamed Zaki NM, SL Ng, Zurkurnai Y (Malaysia)  
FC1.12 Metabolomic approach to diagnosis of labour  
A. Meloni, P. Caboni, F. Manconi, L. Atzori, M. Lussu, F. Murgia, L. Barberini, A. Noto, V. Fanos, A. Paoletti, A. Ragusa (Italy)  
FC1.13 A novel regimen for HBV PMTCT – based on the International Cooperative Clinical Study (ICCS)  
Noriyuki Inaba, Shihou Hayashida, Xiong Shu-Kang, Kyoko Oshima, Michiyo Inaba, Fujiyuki Inaba, Ichio Fukasawa (Japan)  
FC1.14 Induction of labour in outpatient setting in District General Hospital  
C. Anita Rao, Madhulika Joshi (UK)  
FC1.15 Fetal pillow: A novel device to reduce morbidity in a second stage cesarean section. A case controlled study  
Subrata Lall Seal, Alok. Dey, Sannyashi Charan Barman, Gourisankar Kamila, Joydev Mukherji, Samina Mahsud-Dornan (India, Northern Ireland) |
|            |                                        | Great Hall A                                                                   |
| 1515 – 1615| Free Communication 9 – Fertility/Reproductive Medicine | FC2.07 Should Gynaecologists perform female appendicetomy?  
PIDEENA – a study protocol  
G Pearson, S Eckford, D Cahill (UK)  
FC2.08 Virtuous parents-to-be? A new approach to ethical problems at the beginning of life  
Chin J (Australia)  
FC2.09 Successful myomectomy during caesarean section: A surgical challenge (case report)  
Purnima Deb, Faiza Badawi, Shabana Muzaffar (UAE)  
FC2.10 Ethics on procreation. Does everyone have the right to found a family?  
Nikoletta Panagiotopoulou (UK)  
FC2.11 Pregnancy outcome following laparoscopic conservative surgery in advanced endometriosis  
Pramathes Das Mahapatra, Partha Bhattacharya, Pritha Das Mahapatra (India)  
FC2.12 Is sexual dysfunction common among pregnant Malaysian women?  
Rosdinom Razali, Kartini Balakrishnan, Hatta Sidi, Japaraj Robert Peter, Zainul Rashid Mohamad Razi (Malaysia) |
|            |                                        | Great Hall B                                                                   |
| 1515 – 1645 | FIGO Symposium  
*Chair: Prof Hamid Rushwan*  
Misoprostol for the Prevention and Treatment of Postpartum Haemorrhage from Clinical Evidence to Operational Realities  
1. Misoprostol in the Prevention of Post-partum Haemorrhage  
   Dr Nadeem Zuberi (Pakistan)  
2. Sublingual Misoprostol for the Treatment of Post-partum haemorrhage - Current Evidence and Programmatic Implications  
   Prof Emad Darwish (Egypt)  
3. Sublingual Misoprostol for Treatment of Postpartum Haemorrhage - Dose and Side Effects  
   Dr Alka Barua (India)  
4. New Clinical Indicators and Alternative Strategies for Managing Post-partum Haemorrhage  
   Ms Holly Anger (USA)  
5. Scaling Up Misoprostol for the Prevention of Post-partum Haemorrhage at the Community Level: The Nepal Experience  
   Dr Swaraj Rajbhandari (Nepal) | Great Hall C |
|---|---|
| 1515 – 1615 | Free Communication 10: Benign/Operative Gynaecology  
**FC4.04** A review of morcellomas after laparoscopic sub-total hysterectomy  
Fevzi Shakir, Nicholas Hill (UK)  
**FC4.05** Systematic review on the effects of chewing gum on post op ileus after caesarean section  
Arshad I, Shamsuddin L, Siddiqui MRS (UK)  
**FC4.06** Colpocleisis – is it a good choice?  
Ayshini Samarasinghe, Omaema AlBaghdadi, H Rai (UK)  
**FC4.07** Demographic distribution and outcome for young patient with chronic pelvic pain  
Iman Al-Omari, Samantha Kirkwood, Rami Atalla (UK)  
**FC4.08** The use of botulinum toxin in patients with intractable vulvodynia  
Sharifah S A Jalli, Asia Latif, Raymond McClelland (UK)  
**FC4.09** Are optical trochars the way in?  
Khoo C, Gordon A, Tan TL (UK) | Great Hall D |
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<tr>
<th>Time</th>
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| 1515 – 1645 | Free Communication 11: Perinatal/Maternal-Fetal Medicine | FC1.16 Escaped maternal deaths in a remote district of Sri Lanka  
TRN Fernando (Sri Lanka)  
FC1.17 Human chorionic gonadotrophin hormone for preventing recurrent miscarriage  
Morley LC, Tang T, Simpson N (UK)  
FC1.18 Postpartum posterior reversible encephalopathy syndrome without hypertension  
S. Kuntal, Tamara Raheem, S Parveen (UK)  
FC1.19 Role of abdominal packing in management of postpartum haemorrhage  
Ahmad Shuib Yahaya, Zaridah Shaffie (Malaysia)  
FC1.20 Multiple pregnancy in assisted reproductive technology (ART): Is there heritable factor?  
Gupta M, Vaidya A, Al Saffar N (Kuwait)  
FC1.21 The value of prenatal diagnosis for lethal fetal abnormalities in the United Arab Emirates (UAE)  
Gowri Ramanathan, Winnie Lo, Aqeela Mustafa, Fareeda Banu Jahangir, Judy Lee (UAE)  
FC1.22 A case study of severe pre-eclampsia and eclampsia referral pattern at Dr Soetomo Hospital, Eastern Java, Indonesia  
Uning Marlina, M. Ardian C.L. (Indonesia)  
FC1.23 Recurrent pregnancy failure: 7 or more losses has a different prognosis compared to mothers with 3 to 6 losses  
Aziz Nuzhat, Tarakeswari Surapaneni, Evita Fernandez (India)  
FC1.24 Outcome of delivery in unbooked mothers at Al Qasimi Hospital  
Kauser Perveen (Mansoor) (UAE) |
|            |              | Meeting Room 4       |
| 1515 – 1645 | Free Communication 12: Cancer | FC3.04 Prevalence of mismatch repair (MMR) Protein expression via immunohistochemistry in a South East Asian cohort with endometrial cancer  
Shazni Izana Shahruddin, Cheah Phaik Leng, Woo Yin Ling (Malaysia)  
FC3.05 Biomolecular features of ARID1A, HNF1β and ERα in clear cell carcinoma of the ovary  
Hisham Abo-Taleb, Ken Yamaguchi, Masaki Mandai, Yasuaki Amano, Kenzo Kosaka, Noriomi Matsumura, Tsukasa Baba, Yumiko Yoshioka, Junzo Hamanishi and Ikuo Konishi (Japan)  
FC3.06 Preoperative detection of ovarian cancer by Color Doppler Ultrasonography and CA125  
Fawzia Hossain, Nasreen Khan, Raihan Hussain (Bangladesh)  
FC3.07 The role of clinical follow up in early endometrial cancer in South Wales  
L. Aung, R.E.J. Howells, K.C.K. Lim, E. Hudson (UK) |
<p>|            |              | Meeting Room 5       |</p>
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<td>1515 – 1645</td>
<td>FC3.08</td>
<td>Genetic polymorphisms in the estrogen receptor – a gene codon 325 (CCC-CCG) and risk of breast cancer among Iranian women: A case control study</td>
<td>Sakineh Abbasi (Iran)</td>
<td>Meeting Room 5</td>
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<td>FC3.09</td>
<td>The use of Ag-NOR stain to determine the proliferative activity of cervical intraepithelial lesions</td>
<td>Ghasak Ghazi Faisal (Malaysia)</td>
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<td>FC3.10</td>
<td>Perception of human papillomavirus, cervical cancer and vaccination among teachers in a multicultural society prior to commencing a school-based HPV vaccination programme</td>
<td>Sharina Mohd Razali, Chong Kuoh Ren, Nur Halimana Sabdin, Siti Zawiah Omar, Woo Yin Ling (Malaysia)</td>
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<td>FC3.11</td>
<td>Audit: Survey of patients experience at the gynaecological vulva clinic</td>
<td>Marie Christine Haack, Kirk Chin Institute (UK)</td>
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<td>FC3.12</td>
<td>Laparoscopically-assisted vaginal hysterectomy for endometrial cancer: Clinical outcomes and compliance with the NICE guidance</td>
<td>Samantha Kirkwood, Argyrios Makris, Alasdair Drake (UK)</td>
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<td></td>
<td>Video Presentation 2</td>
<td>V04 Surgical hysteroscopy and management of leiomyomas</td>
<td>Pavani N, Emily DS, Hazim WA (Malaysia)</td>
<td>Meeting Room 8</td>
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<td>V05 Internal iliac artery-ant division ligation extraperitoneal approach</td>
<td>Dipak Desai (India)</td>
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<td>V06 Laparoscopic adhesiolysis technique and challenges</td>
<td>Pavani N, Emily DS, Hazim WA (Malaysia)</td>
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<td>V07 Cornual (Interstitial) ectopic pregnancies (IEP) in second trimester</td>
<td>Lucas Luk Tien Wee, Nicholas Ngeh (Malaysia)</td>
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<td>V08 Advanced ectopic pregnancy: A rare case review</td>
<td>Kuratishvili N, Jan H, Jain A, Ross J (UK)</td>
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<td>V09 Ectopic pregnancy in a pre-existing paratubal cyst</td>
<td>N Abdul Latip, C Tan, PY Ng, J Ravindran (Malaysia)</td>
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<td>V10 Laparoscopic removal of cervical stump</td>
<td>A Moors, Samir Umranikar, Oudai Ali (UK)</td>
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<td>V11 Temporary vascular occlusion of the mesosalpinx as hemostasis technique for the conservative management of an uncomplicated tubal pregnancy in an infertile patient with previous contralateral salpingectomy – case report</td>
<td>Dumitrascu I., Titianu M., Matasariu R., Gonta O., Caba A., Onofriescu M. (Romania)</td>
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<td>V12 A different view in laparoscopic surgical training</td>
<td>Khoo, C, Gordon, A, Tan TL (UK)</td>
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<td>1515 – 1645</td>
<td>Free Communication 13: Perinatal/Maternal-Fetal Medicine</td>
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<td><strong>FC1.25</strong></td>
<td>Breech presentation of singletons at term delivery: 10 years of ECV clinic experience</td>
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<td>Joris Hemelaar, Lee Lim, Lawrence Impey (UK)</td>
<td><strong>FC1.26</strong> How long is the latent phase of labor?</td>
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<td>Loi G, Meloni A, Melis Gb, Deiana S, Diaz G, Ferrazzi E, Ragusa A (Italy)</td>
<td><strong>FC1.27</strong> Comparison of intracervical Foley catheter plus oral misoprostol with oral misoprostol alone for cervical ripening in primigravidas at term</td>
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<td>Saadia Nasir, Rizwana Chaudhry (Pakistan)</td>
<td><strong>FC1.28</strong> Bakri Balloon: An effective treatment in the management of severe postpartum haemorrhage – An Australian experience</td>
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<td>Epitawela D.N, Polyakov A, Cole S (Australia)</td>
<td><strong>FC1.29</strong> Observational study to determine the relationship between inter-twin delivery time interval and perinatal outcome</td>
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<td>Quek Y.S., Ravichandran N., Woon S.Y., Kaliammah MK, Shantala V., Ravichandran J. (Malaysia, Singapore, India)</td>
<td><strong>FC1.30</strong> The effect of reflexology on the pain and outcomes of the labor on the primiparous women</td>
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<td>Mahboubeh Valiani, Elaheh Shiran, Maryam Kianpour, Marziyeh Hasanpour (Iran)</td>
<td><strong>FC1.31</strong> Epidemic of obesity in a South East England NHS hospital</td>
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<td>Umar Hussain, Lubna Qayam, Rahat Khan (UK)</td>
<td><strong>FC1.32</strong> Comparison between amnisure placental alpha microglobulin-1 rapid immunoassay and standard diagnostic methods for detection of rupture of membranes</td>
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<tr>
<td>Ng BK, Lim PS, Mohamad Nasir S, Nur Azurah AG, Nor Azlin MI, Mohd Hashim O, Muhammad Abdul Jamil MY (Malaysia)</td>
<td><strong>FC1.33</strong> Haemoperitoneum in pregnancy</td>
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<td>Karmarkar R, Mahfous I, Sohail A (UK)</td>
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### Thursday, 7 June 2012

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<td>0900 – 0945</td>
<td><strong>Plenary 3 (Singapore Lecture)</strong>&lt;br&gt;Chairs: Dr P Fogarty (UK), Dr Gunasegaran Rajan (Malaysia)&lt;br&gt;Reproductive Outcomes after Assisted Conception&lt;br&gt;Prof Sir S Arulkumaran (UK)</td>
<td>Great Hall A &amp; B</td>
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<td>0945 – 1030</td>
<td><strong>Plenary 4</strong>&lt;br&gt;Chairs: Dr Gunasegaran Rajan (Malaysia), Dr P Fogarty (UK)&lt;br&gt;Ethics in Obstetrics &amp; Gynaecology: Past, Present and Future&lt;br&gt;Prof F Chervenak (USA)</td>
<td>Great Hall A &amp; B</td>
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<tr>
<td>1030 – 1115</td>
<td>Coffee Break</td>
<td>Exhibition</td>
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<td><strong>Video Presentation 3</strong>&lt;br&gt;V13 Extrauterine pregnancy and endoscopy&lt;br&gt;Hazim WA, E.C. D’Silva, N. Pavani (Malaysia)&lt;br&gt;V14 A case report of an extrauterine pregnancy: The diagnostic and operative dilemma&lt;br&gt;Tan GI, Tan C, Sha’ari M, Nathan ST, J. Ravi (Malaysia)&lt;br&gt;V15 Laparoscopic shaving of rectal endometriosis plaque&lt;br&gt;A Moors, P Nichols, Oudai Ali (UK)&lt;br&gt;V16 Single incision laparoscopic myomectomy&lt;br&gt;Sevellaraja S. (Malaysia)</td>
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<td><strong>Free Communication 14: Perinatal/Maternal-Fetal Medicine</strong>&lt;br&gt;FC1.34 Preliminary report on retrospective case-controlled study on singleton term low birth weight (TLBW) babies, maternal risk factors and neonatal outcome&lt;br&gt;Yee Lee Eng, Eugene Leong W.K., Lim Chin Theam, Quek Kia Fatt (Malaysia)&lt;br&gt;FC1.35 The consent conundrum&lt;br&gt;Kerslake S, Miller D, Tan T (UK)&lt;br&gt;FC1.36 Maternal glycaemic control and perinatal outcome in pregnant diabetic women treated with twice daily insulin dose regimen&lt;br&gt;Mohd Azri MS, Joy PP, Kunasegaran K (Malaysia)&lt;br&gt;FC1.37 Incidence of hypothyroidism in Saudi pregnant women&lt;br&gt;Zarqa Saleem, Baha Sallouhat, Ratib Mesleh, Aisha, Tasneem, Saadla (Saudi Arabia)</td>
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<td><strong>Symposium 5: Perinatal/Maternal-Fetal Medicine</strong>&lt;br&gt;Chairs: Prof M A Jamil (Malaysia), Prof F Chervenak (USA)&lt;br&gt;S5.1 Interpretation of Intrapartum CTGs – Is the Computer Better?&lt;br&gt;Prof P Steer (UK)&lt;br&gt;S5.2 Improving Success in Induced Labours&lt;br&gt;Prof Sir S Arulkumaran (UK)&lt;br&gt;S5.3 New Strategies to Prevent Preterm Birth&lt;br&gt;Prof J Newnham (Australia)</td>
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<td>FC1.38 Neonatal outcomes for pregnancies managed with intrauterine transfusion for haemolytic disease of the fetus and newborn</td>
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<td>FC1.39 Prenatal evaluation of the feeding artery in fetuses with pulmonary sequestration; as the predictive markers of the postnatal outcome</td>
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<td>FC1.40 Pre-eclampsia through the retinal microvasculature!</td>
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<td>FC2.13 Effect of endometrial injury on subsequent pregnancy rates in women undergoing IVF after previous implantation failure: Systematic review and metaanalysis</td>
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<td>FC2.14 Islamic perspectives in counselling muslim patients with disorders of sex development (DSD) with gender-related issues</td>
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<td>FC2.15 The quality of life of adolescents with menstrual problems in Klang Valley</td>
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<td>Free Communication 17: Cancer</td>
<td>FC3.13 Accuracy of colposcopic directed punch biopsies: A systematic review and meta-analysis</td>
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<td>FC3.15 Socioeconomic factors affecting gynaecological cancer screening in an Asian urban low-income setting at baseline and post-intervention: A mixed methods study</td>
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| 1245 – 1315| Free Communication 18: Benign/Operative Gynaecology | FC4.10 Factors influencing Hong Kong gynaecologists’ choice of route of hysterectomy  
   Robert Stevenson, Christopher Haines (Hong Kong)  
   FC4.11 Vaginal oestrogen replacement therapy in breast cancer patients: Do the benefits outweigh the risks?  
   Mayada T S Younis, Alexander Field, Fadi Alfhaily (UK)  
   FC4.12 Outcome of sacrospinous fixation over an eight year period at Pembury Hospital, Kent, UK  
   Swati Sharma, Umar Hussain, Rahat Khan (UK) | Great Hall D                                               |
| 1245 – 1315| Free Communication 19: Perinatal/Maternal-Fetal Medicine | FC1.41 Stillbirth – antenatal surveillance and psychological support in managing subsequent pregnancies  
   S Sibtain, D Janga, P Sinha (UK)  
   FC1.42 Why are women dying when they reach hospital on time?: A systematic review of the ‘third delay’  
   Alice Self, Hannah E Knight, Stephen H Kennedy (UK)  
   FC1.43 Barriers to the routine implementation of effective obstetric interventions in developing countries: Views from the frontline  
   Hannah E Knight, Stephen Kennedy, Ana Langer, Jose Villar (UK) | Meeting Room 8                                               |
| 1245 – 1315| Free Communication 20: Perinatal/Maternal-Fetal Medicine | FC1.44 Bacteriological and epidemiological study on neonatal sepsis  
   Hassanain Al-Talib, Rakan Al-Khalidi (Malaysia, Iraq)  
   FC1.45 Risk based screening misses more than one third of GDM cases  
   Dahanayaka NJ, Agampodi SB, Ranasinghe ORJC, Jayaweera PMED (Sri Lanka)  
   FC1.46 Major placenta praevia with or without accreta or increta  
   Purnima Deb, Shabana Muzaffar (UAE) | Meeting Room 9                                               |
| 1315 – 1415| GlaxoSmithKline Lunch Symposium             | Chair: Dr Raman Subramaniam                                              | Managing the Differing Opinions on Cervical Cancer Vaccines: An Interactive Session  
   1. Datuk Dr Abdul Aziz Yahya  
   2. Dr Quek Swee Chong  
   3. Dr Jeffrey Tan | Great Hall A                                               |
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<td>Chair: Prof Jamiyah Hassan</td>
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<td>Providing Contraceptive Options to Modern Women</td>
<td>Prof Johannes Bitzer</td>
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<td>Role of Gut Microflora and Its Impact on Health and Disease: Learnings from Babies Born by C-Section</td>
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<td>The role of antepartum transabdominal amnioinfusion in the management of oligohydramnios in pregnancy</td>
<td>Badreldeen Ahmed (Qatar)</td>
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<td>FC1.49</td>
<td>Using balloon tamponade technology to minimise blood loss during transfer of patients in the management of postpartum haemorrhage</td>
<td>C. Georgiou, Haris Suharjono, Soon Ruey, Carol Lim (Australia, Malaysia)</td>
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<td>Random urine protein to creatinine ratio as a diagnostic tool of significant proteinuria in pre-eclampsia</td>
<td>Ayesha Basharat, Samra Ayub, Asma Tanveer Usmani (Pakistan)</td>
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<td>FC1.51</td>
<td>Reducing the incidence of third degree tear in O&amp;G Department of Bintulu Hospital</td>
<td>Myat San Yi, Molen Ahua, Lily Dah, Chanic Bajat, Landsee Denis Madu, Juliana Dinda James, Abby Bunyie Saging (Malaysia)</td>
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<td>FC1.52</td>
<td>Pregnancy outcome following LLETZ: Twelve years retrospective study</td>
<td>Mohanty AK, Sibtain S, Sinha P, Zaidi J (UK)</td>
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| 1345 – 1615| **FC1.53** The impact of body mass index on maternal and neonatal outcomes: A retrospective study of 30,298 singleton pregnancies in a tertiary referral hospital in Northern Ireland, 2004-2011  
Scott-Pillai, R., Spence D., Cardwell C., Hunter A., Holmes, V.A. (UK)  
**FC1.54** A simple classification system for maternal traumatic injuries associated with second stage caesarean section  
P Angala, M Raja, A Ikomi, R Varma, (UK)  
**FC1.55** UK obstetrician's response to the NICE and RCOG guidelines on antenatal thrombo-prophylaxis – a survey and an audit  
Debarati Dutta, Kirsty Allen, Jim Thornton (UK)  
**FC1.56** Maternal medications & science of breastfeeding  
Mohammed Ilyas Khan, Hussein Sharara, Hani AlKlani, Mohammed Al Jusaiman, Mariam Sakka, Mohammed AlNoimi, Shaheen Manzoor, Huda Badran, Faiza Bahnas, Nadia Foukhri, Zeena Amara, Radia Laib, Tooba Khan, Shaima Sharara, Sumira Mubeen (Qatar)  
**FC1.57** An interdisciplinary analysis of emotions in the context of prenatal diagnosis of down syndrome and choice of medical termination of pregnancy: The perspective of couples and health care professionals  
Adeline Broussin Ducos (Canada)  | Great Hall A |
| 1415 – 1515| **Enrichment Lecture 2**  
**Chair:** Dr Gunasegaran Rajan  
Transformation – Business not as usual  
Y.B. Senator Dato' Sri Idris Jala  | Great Hall B |
| 1530 – 1615| **Free Communication 22: Fertility/Reproductive Medicine**  
**FC2.16** The outcome of primary repair in third and fourth degree perineal tears  
Rashda Imran, Humaira Nasir Izzat (Pakistan)  
**FC2.17** More HIV infections among housewives than sex workers in Malaysia  
Mohamed Najimudeen (Malaysia)  
**FC2.18** Endometrial thickness and pattern assessed at time of oocyte pickup (OPU) as a predictor of pregnancy after ICSI  
Pak Seng Wong (Malaysia)  
**FC2.19** The effect of maternal body mass index on preterm birth in women referring to health centers of Ardebil in 2010: Prospective study  
Mehraban Zahra (Iran)  | Great Hall B |
### Free Communication 23: Cancer

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<td>A study on human papilloma virus (HPV) genotyping in cervical carcinoma at the Central Women’s Hospital, Yangon, Myanmar</td>
<td>Myat Thazin Aung, Win Win Mya (Myanmar)</td>
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<td>Cervical cancer in young women – Bradford Royal Infirmary</td>
<td>Fatima Nathani, Cath Whelan, Adrain Fayre, Sue Calvert (UK)</td>
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<td>FC3.18</td>
<td>Knowledge and attitudes on pap smear test in Brunei Darussalam</td>
<td>Mohd Noh A Latip, Yong Pui Lim, Roselina Yaakub, Lin Naing, Dk Nurolaini Pg haji Muhd Kiffi (Brunei Darussalam)</td>
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<td>FC3.19</td>
<td>‘Select and Treat’: What factors can ensure that women referred with high-grade abnormality on pap smears are treated appropriately?</td>
<td>Zakaria AR, Wrede CDH, Tan J (Malaysia, Australia)</td>
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<td>FC3.20</td>
<td>Needle excision of the transformation zone: Morbidity and obstetric performance</td>
<td>Ia Yakasai, La Bappa (UK)</td>
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<td>FC3.21</td>
<td>Male HPV vaccine. What’s the outcome?</td>
<td>Mimita Magendra, Magendra R, Farouk A, Nurdiana A (Malaysia)</td>
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<td>Knowledge, attitude and perception of health professionals regarding cancer cervix and its screening in a cancer hospital in Kolkata, India</td>
<td>Begum Rokeya Anwar (Bangladesh)</td>
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<td>FC3.23</td>
<td>Surgical outcome of modified radical vulvectomy</td>
<td>G Mahmud, N Tasnim, S Fatima, K Javaid, A Shabbir (Pakistan)</td>
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<td>FC3.24</td>
<td>Primary clear cell carcinoma of the vagina – a rare case</td>
<td>Missdalia MK, Khong SY (Malaysia)</td>
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### Free Communication 24: Benign/Operative Gynaecology

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<td>Effect of homeopathy in women with heavy menstrual bleeding</td>
<td>Neha Sharma, Sadhana Sharma, Usha Shekhawat (India)</td>
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<td>FC4.14</td>
<td>Efficacy of intrauterine lignocaine gel (2%) as a supplement to a standard analgesia regimen for endometrial ablation</td>
<td>Rahul Savant, Taskin Hazarika, Mark Aldridge, Anthony Laxton (UK)</td>
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<td>FC4.15</td>
<td>Laparoscopic vaginoplasty with peritoneum</td>
<td>Usha BR, Somegowda, Jagannath P (India)</td>
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<td>FC4.16</td>
<td>Experience of labial reduction</td>
<td>Ayesha Mahmud, Surbhi Sharma, Nigel Davies (UK)</td>
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<td>FC4.17 Gender dysphoria: The role of the gynaecologist</td>
<td>Jennifer Hoh, Janani Iyer, Mira Bapir, Shamma Al-Inizi (UK)</td>
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<td>FC4.18 Obstructed hemivagina, uterus didelphys, ipsilateral renal agenesis syndrome – learning points</td>
<td>V Broderick, P Moore, M Cameron, YJayasinghe, S Grover (Australia)</td>
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<td>FC4.19 Role of chlamydial infection in ectopic pregnancy</td>
<td>Mridula A Benjamin, Roselina DP Yaakub, Mary Paul, Jaleha Hj Md Yusof, Osmali Osman (Brunei Darussalam)</td>
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<td>FC4.20 Manual vacuum aspirator versus surgical curettage for surgical treatment of first trimester incomplete miscarriage</td>
<td>Sufian Hadi Tationo, J. Ravichandran, Mohd. Shukri Othman (Malaysia)</td>
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<td>FC4.21 Establishing a combined gynaecology-haematology clinic for women with bleeding disorders</td>
<td>Susan Glew (UK)</td>
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<td>FC4.22 Subacute bowel obstruction: A 10-year review in a London teaching hospital</td>
<td>K Dharmarajah, R Navaratnarajah, K Papadakis, W Yoong (UK)</td>
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<td>FC4.23 Intravesical botox for overactive bladder: Our first experience</td>
<td>R. Rajagopal, K. Guerrero, J. Wilkens (UK)</td>
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<td>FC4.24 Improvement in faecal continence following a transobturator tape procedure – testing the integral theory</td>
<td>Leo RI Gurney, Janaka Mendis, Paul Ballard, Aethele Khunda (UK)</td>
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<td>Ahmed Yassin, Hossam Elsheikh (UK)</td>
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<td>FC4.26 Risk factors of peripheral venous catheterization thrombophlebitis</td>
<td>Wilkinson Tan Yoong Jian, Yeap Jo Wearn, Sharifah Sulaiha Syed Aznal (Malaysia)</td>
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<td>FC4.27 Laparoscopic tubectomy without CO2 insufflation – another safe options in low resource setting</td>
<td>Isdono Wisnu Tjahja (Indonesia)</td>
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<td>FC4.28 National inpatient diagnostic hysteroscopy survey</td>
<td>Sherif Tawfeek, Peter Scott (NZ, UK)</td>
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<td>FC4.29 Comparative study between levonorgestrel-releasing intrauterine system and thermal balloon endometrial ablation in the treatment of idiopathic menorrhagia</td>
<td>Mohamed Ibrahim Khalil, Hessa Aldohami, Gehan R Farid, Yasser H Habash (Saudi Arabia, Egypt)</td>
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<td>FC4.30 A prospective randomized study on vaginoscopy and H Pipelle versus traditional hysteroscopy and standard pipelle</td>
<td>Siew-Fei Ngu, Vincent Y.T. Cheung, Ting-Chung Pun (Hong Kong)</td>
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<td><strong>FC4.31</strong> Outcome of meshes in vaginal reconstructive surgery&lt;br&gt;Monika Vij, Kavita Goswami (UK)&lt;br&gt;&lt;br&gt;<strong>FC4.32</strong> Use of the levonorgestrel-releasing intrauterine system in renal transplant recipients: A retrospective case review&lt;br&gt;Tasneem Ramhendar, Paul Byrne (Ireland)&lt;br&gt;&lt;br&gt;<strong>FC4.33</strong> 24 Hour discharge following vaginal hysterectomy: How achievable is this in a district general hospital?&lt;br&gt;V Sivashanmurarajan, S Ralph, K Munro, A Bell, K Chegwidden, W Lodhi, F Babashola, F Evans, A Fakokunde, W Yoong (UK)&lt;br&gt;&lt;br&gt;<strong>FC4.34</strong> Vaginal hysterectomy and bilateral salpingo-oophorectomy in significant (&gt; 5cm) benign/adnexal masses&lt;br&gt;Cheng L Lee (UK)</td>
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<td><strong>BM Forum</strong>&lt;br&gt;Obstetric Haemorrhage: The London Experience&lt;br&gt;<strong>Chairs: Mr Ramesan Navaratnarajah, Mr Wai Yoong</strong>&lt;br&gt;&lt;br&gt;<strong>Lectures</strong>&lt;br&gt;1. Introduction&lt;br&gt;Mr Ramesan Navaratnarajah&lt;br&gt;2. Setting the Local Scenario: PPH in Malaysia&lt;br&gt;Dato’ Dr Ravindran Jegasothy&lt;br&gt;3. Structured Approach to PPH Management and Training&lt;br&gt;Messrs Shane Duffy and Rehan Khan&lt;br&gt;4. Management of Bleeding in Women who have No Access to Blood&lt;br&gt;Mr Matthew Hogg&lt;br&gt;5. Recent Advances in the Management of PPH&lt;br&gt;Mr Mahantesh Karoshi&lt;br&gt;6. Questions and Answers&lt;br&gt;Mr Wai Yoong&lt;br&gt;&lt;br&gt;<strong>Short videos</strong>&lt;br&gt;1. Uterine Compressions Sutures including the “Sandwich Technique”&lt;br&gt;Mr Wasim Lodhi&lt;br&gt;2. Uterine Tamponade&lt;br&gt;Ms Zeudi Ramsey-Marcelle&lt;br&gt;3. Estimation of Blood Loss&lt;br&gt;Mr Mahantesh Karoshi&lt;br&gt;4. Non-pneumatic Antishock Garment&lt;br&gt;Mr Wai Yoong&lt;br&gt;5. Abdominal Aortic Compression&lt;br&gt;Mr Mahantesh Karoshi&lt;br&gt;6. Questions and Answers&lt;br&gt;Mr Ramesan Navaratnarajah</td>
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<td><strong>Plenary 6</strong>&lt;br&gt;Chairs: Dr R Thakar (UK), Datuk Dr Abdul Aziz Yahya (Malaysia)&lt;br&gt;Urogynaecological Problems in Women – Neglected in this part of the World!&lt;br&gt;Prof L Cardozo (UK)</td>
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<td><strong>Enrichment Lecture 3</strong>&lt;br&gt;Chair: Assoc Prof Awi Idi (Malaysia)&lt;br&gt;Childbirth among Native Sarawakian Women: Customs and Taboos&lt;br&gt;Ms Dora Jok (Malaysia)</td>
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Social Programme

Opening Ceremony
Wednesday, 6 June 2012 (1700 - 1830 hours)
Venue: Great Hall A & B
Dress Code: Formal
Entry: Included in Registration

The Opening Ceremony will take place on the first day of the Congress. The ceremony will be officiated by the Right Honourable Chief Minister of Sarawak. Delegates will be greeted by a Welcome Drum performance followed by an opening act of local cultural troupes and an array of Sarawakian cultural performances. It will also feature the RCOG Admissions Ceremony and the presentation of awards.

1645 - 1700 hours     : Fellows, Delegates & Guests to be seated
1705 - 1710 hours     : Arrival of YAB Pehin Sri Haji Abdul Taib Mahmud & RCOG Council procession
1710 - 1715 hours      : Opening Remarks by Dr Gunasegaran PT Rajan
RCOG 2012 Organising Chairman
1715 - 1720 hours     : Welcome Address by Dr H. Krishna Kumar
President of the Obstetrical and Gynaecological Society of Malaysia
1720 - 1725 hours    : Welcome Address by Dr Tony Falconer
President of The Royal College of Obstetricians and Gynaecologists
1725 - 1800 hours    : Official Opening Ceremony of 10th RCOG International Scientific Congress
YAB Pehin Sri Haji Abdul Taib Mahmud
Chief Minister of Sarawak
1800 - 1825 hours     : Admission of Fellows
1825 - 1830 hours    : Sarawak Ethnic extravaganza
1830 hours               : Welcome Reception

Welcome Reception
Wednesday, 6 June 2012 (1830 - 2030 hours)
Venue: Exhibition Area
Entry: Included in Registration

The Welcome Reception will be held immediately after the Opening Ceremony in the Exhibition Area. It will provide delegates with the opportunity to meet with friends and colleagues in an informal setting and enjoy delicious local food and drinks with traditional live Sarawakian performances including Sape Music and Melanau alu-alu dances. The delegates will also enjoy an awesome display of fireworks at the end of the evening!

Charity Gala Dinner
Thursday, 7 June 2012 (1930 - 2300 hours)
Venue: Colosseum Ballroom, Pullman Kuching Hotel
Dress Code: Formal
Entry: By ticket only

The Charity Gala Dinner is a formal event with western cuisine amidst a rainforest theme. It will feature enticing and colourful fusion dances with the highlight being a live performance by AkashA, an international instrumental group offering ethnic fusion music. The dinner will provide an opportunity for delegates, guests and friends to network during a fun-filled memorable evening. Proceeds from the dinner will go towards supporting Sarawak Women for Women Society, the Semenggoh Wildlife Rehabilitation Centre (Orang Utan Sanctuary) and SMILE. Tickets can be purchased at the Registration Counter.

Closing Ceremony
Friday, 8 June 2012 (1615 - 1645 hours)
Venue: Great Hall A & B

The Closing Ceremony will feature remarks by the RCOG and OGSM Officers and presentation of Free Communication prizes. Details of the next Congress will be announced.
Smile a lot, enjoy everything. Because your little one feels everything you feel.

The bond you have with your little one is deeper than you think. As long as he lives in you, he senses and reacts to everything you do and feel. That’s why staying healthy and happy is important during your pregnancy. Friso® Mum Gold contains P2 Dual System, a combination of prebiotic and probiotic. This helps fight bad bacteria in the digestive system, building the foundation for natural body resistance for both of you.1,2 Because for now, the best way to take care of him, is to take care of you.

About Malaysia & Sarawak

Malaysia is one of the most vibrant countries in Asia with a colourful potpourri of races and cultures. The Federation of Malaysia comprises Peninsular Malaysia and the states of Sabah and Sarawak on the island of Borneo. The country is divided into 13 states and 3 Federal Territories.

Sarawak is the largest Malaysian state situated in the north-west of the island of Borneo. It is well-known for its astonishing biodiversity and colourful cultures boasting 27 ethnic groups with 45 languages and dialects.

**Area**
329,758 sq km

**Population**
28.3 million

**Capital City**
Kuala Lumpur

**People**
Malaysia boasts a multi-ethnic population comprising Malays, Chinese, Indians and other indigenous races.

**Currency**
The currency is the Malaysian Ringgit (MYR). Foreign currencies can be converted at banks and money changers. Credit cards including VISA and Master Card are widely accepted.

**Language**
The official language of Malaysia is Bahasa Malaysia (Malay). However, English is widely spoken.

**Religion**
Islam is the official religion. Other religions are practiced freely.

**Climate**
Malaysia enjoys sub-tropical weather conditions throughout the year with temperatures ranging from 28 to 30 degree Celsius.

**Local Time**
The standard Malaysian time is eight hours ahead of GMT.

**Telecommunications**
International Direct Dial (IDD) telephone service is provided by most of the hotels. Country Code for Malaysia is 60 while International Outgoing Code is 00.

**Working Hours**
- **Government Offices:** Mondays to Fridays from 8 – 5pm
- **Banks:** Mondays to Fridays from 9.30am – 3.30pm
- **Shopping Centres:** Daily 10am – 9.30pm

**Useful Contact Numbers**
- **Emergency Call** 999 / 911 / 994
- **Police** +6082 241 222
- **Fire Station** 994/+6082 417 712
- **Sarawak General Hospital** +6082 276 666
- **Kuching International Airport** +6082 454 242
- **BB call taxi** + 6082 343 343
- **Taxi service** + 6082 480 000
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YAZ is the only ultra-low dose 24/4 OC with drsp benefits

- Less hormonal fluctuation
- 3 additional days to deliver drsp benefit
- Ultra low dose 20mcg EE
- 24/4 regimen improves compliance
- Positive effect on skin
- Stable body weight

ABBREVIATED PRESCRIBING INFORMATION

Brand name of product: YAZ Tablets
Approved names of the active ingredients: 24 hormone-containing light pink film-coated tablets, each containing 0.020 mg ethinylestradiol (as betadex clathrate), 3 mg drospirenone. 4 hormone-free white film-coated tablets.

Indications:
- Oral contraception.
- Treatment of moderate acne vulgaris in women seeking oral contraception.
- Treatment of symptoms of premenstrual dysphoric disorder (PMDD) in women who choose to use an oral contraceptive as their method of contraception.

Dosage and method of administration:
- Tablets must be taken in the order directed on the package every day at about the same time with some liquid as needed. Tablet taking is continuous. One tablet is to be taken daily for 28 consecutive days. Each subsequent pack is started the day after the last tablet of the previous pack. Withdrawal bleeding usually starts on day 2-3 after starting the hormone-free white film-coated tablets (last row) and may not have finished before the next pack is started. For more details on how to start YAZ, please refer to full prescribing information.

Contraindications:
- The product should be stopped immediately should any of the following conditions appear:
  - Presence or a history of venous or arterial thrombotic/thromboembolic event or of a cerebrovascular accident, presence or history of prednisolone of a thrombosis. The presence of a series or multiple risk factors for venous or arterial thrombosis may also constitute a contraindication.
  - History of migraine with focal neurological symptoms; Diabetes mellitus with vascular involvement; Severe hepatic disease as long as liver function values have not returned to normal; Severe renal insufficiency or acute renal failure; Presence or history of liver tumors; Known or suspected sex-steroid influenced malignancies; Undiagnosed vaginal bleeding; Known or suspected pregnancy; Hypersensitivity to the active substances or to any of the excipients.

Special warnings and special precautions for use:
- Warnings: If any of the conditions/risk factors mentioned below is present, the benefits of COC use should be weighed against the possible risks for each individual woman and discussed with the woman before she decides to start using it.
  - Circulatory Disorders; Tumours; Other conditions – for more details, please refer to full prescribing information.

Undesirable effects:
- Common adverse drug reactions reported include: Gastrointestinal disorders: Nausea; Nervous system disorders: Migraine; Psychiatric disorders: Emotional lability, Depression/depressive mood; Reproductive system and breast disorders: Breast pain, Unscheduled uterine bleeding, Genital tract bleeding not further specified.

REFERENCES:

For more information, please contact:
Bayer Co. (Malaysia) Sdn Bhd
T1-14 Jaya 33, 3 Jalan Semangat, Seksyen 13, 46200 Petaling Jaya, Selangor, Malaysia.
Tel: +603 6209 3088 Fax: +603 7955 1724 Website: www.bayerhealthcare.com
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<td>22, Jalan Pemaju U1/15, Sekayen U1, HICOM-Glenmarie Industrial Park 40150 Shah Alam Selangor Malaysia Tel: +603 5566 3388 Fax: +603 5566 3240</td>
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<td>B. Braun Medical Supplies Sdn Bhd</td>
<td>Crown Pethouse, Plaza IBM 8 First Avenue, Persiaran Bandar Utama 47800 P. Jaya Selangor Malaysia Customer Care Centre: 1 800 88 8455 Website: <a href="http://www.bbraun.com">www.bbraun.com</a></td>
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<tbody>
<tr>
<td>Boehringer Ingelheim (Malaysia) Sdn Bhd</td>
<td>Suite 15-5 Level 15 Wisma UOA Damansara II No 6 Jalan Changkat Semantan Damansara Heights 50490 Kuala Lumpur, Malaysia Tel: +603 2092 0086 Fax: +603 2095 2818</td>
</tr>
<tr>
<td><strong>Boehringer Ingelheim</strong></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Exhibitor Details</th>
<th>S06</th>
</tr>
</thead>
<tbody>
<tr>
<td>Celcom Axiata Berhad</td>
<td>21st Floor, Menara Celcom 82, Jalan Raja Muda Abdul Aziz 50300 Kuala Lumpur, Malaysia Tel: 603 2688 3939 Fax: 603 3630 8889 Website: <a href="http://www.celcom.com.my">www.celcom.com.my</a></td>
</tr>
<tr>
<td><strong>Celcom Axiata Berhad</strong></td>
<td><strong>is Malaysia’s most experienced and premier mobile telecommunications provider with close to 12 million customers. We are a leading provider of corporate mobile services and wireless business solutions in Malaysia. Through strategic partnerships and leveraging on the latest technologies, Celcom solutions makes headway progress across target business segments by offering intelligent integrated solutions, products, services, delivering greater business efficiency and cost savings for specific industries and company sizes. For further details, please visit <a href="http://www.celcom.com.my/biz">www.celcom.com.my/biz</a></strong></td>
</tr>
<tr>
<td>Company</td>
<td>Location</td>
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<tr>
<td><strong>Cook Medical</strong></td>
<td>A06 &amp; A07</td>
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<td><strong>Danone Dumex (Malaysia) Sdn Bhd</strong></td>
<td>Silver (A21, A22, A25 &amp; A26)</td>
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<td><strong>Danone Dumex (Malaysia) Sdn Bhd</strong></td>
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<td><strong>DKSH Malaysia Sdn Bhd</strong></td>
<td>A47 &amp; A48</td>
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Fonterra is the world's largest exporter of dairy products, and the leading provider of the widest range of adult and maternal dairy products, yoghurt and ingredients tailored to meet the needs of consumers and professional food service operators in over 140 countries around the world.

Fonterra is also recognized for its high quality practices throughout the entire production process - from source of supply to the consumer. The company's dedication to quality is validated by the standard management system, which embraces a comprehensive range of monitoring and audit processes, including ISO9000 independent certification, audits by regulatory agencies and major customers as well as its own internal audit procedures.

In Malaysia, Fonterra Foodservices is a market leader in the local foodservices industry. Carrying a flagship brand such as Anchor, Mainland and Perfect Italiano, it is the largest dairy products and ingredients supplier to the local bakery and casual dining channels. Butter, cheese and UHT creams are amongst its top selling products.

All of Fonterra dairy products here in Malaysia are Halal certified by both the Department of Islamic Development Malaysia (JAKIM) and the New Zealand the Islamic Meat Management & New Zealand Islamic Processed Food Management.

Leading consumer brands under Fonterra include Anmum, Fernleaf, Anlene and Chescale.

Royal FrieslandCampina is a multinational dairy company that produces and markets natural, nutritional and high-quality dairy products and ingredients. The product range consists of consumption milk, powdered and concentrated milk, milk-based drinks, yoghurts, cream, coffee enrichers, baby and infant food, cheese, butter and ingredients. Well-known FrieslandCampina brands are Dutch Lady, Friso, Frisian Flag, Foremost.

GE Healthcare

For more information about GE Healthcare, visit our website at www.gehealthcare.com

Healthymagination is GE's $6 billion commitment to bring high-quality health care at lower cost to more people around the world through our advanced technologies, and research and development capabilities. Just as Ecomagination applies our scale and innovation toward tackling environmental challenges, healthymagination offers dramatic new investments toward achieving sustainable health.

GlaxoSmithKline Biologicals, GlaxoSmithKline's vaccines business, is one of the world's leading vaccine companies and a leader in innovation. The company is active in vaccine research, development and production with over 30 vaccines approved for marketing and 20 more in development - both in the prophylactic and therapeutic fields. Headquartered in Belgium, GSK Biologicals has 14 manufacturing sites strategically positioned around the globe. In 2010, GSK Biologicals distributed 1.43 billion doses of vaccines to 179 countries in both the developed and the developing world.

Through its accomplished and dedicated workforce, GSK Biologicals applies its expertise to the discovery of innovative vaccines that contribute to the health and well-being of people of all generations around the world.

GlaxoSmithKline – one of the world's leading research-based pharmaceutical and healthcare companies – is committed to improving the quality of human life by enabling people to do more, feel better and live longer.
### Hangzhou Kangji Medical Instrument Co., Ltd.

**Address:**
No.298 Meilin Road  
Economic & Development Zone, Tonglu  
Hangzhou, Zhejiang, China  
311501, China  
Tel: +86-571-69900059  
Fax: +86-571-69900067  
Email: david_cheng@kangjimedical.com  
cheng_wang@kangjimedical.com  
Website: www.hzkangji.com

As a leading medical technology company, KangJi Medical designs, manufactures, and markets affordable and high-quality products for minimally invasive surgical procedures. We offer a comprehensive portfolio of reusable and disposable instruments for laparoscopy, thoracoscopy, gynecology, urology, gastroenterology and ENT specialties. Please visit our website at www.hzkangji.com to learn more about our company.

We are also capable of developing and manufacturing a comprehensive range of products for endosurgical, electrosurgical and endoscopic applications. We strive to achieve excellence and continually embrace innovative approaches to design, develop and manufacture high-quality medical devices in order to provide better ODM and OEM services.

### Inex Innovations Exchange Pte Ltd

**Address:**
71 Ayer Rajah Crescent  
#01 - 22  
Singapore 139951

**Website:** www.infinitymed.com.my

Infinity Medical is a leading provider of excellent medical devices since 2003. Their company offers gold standard ultrasound systems at competitive prices ranging from 2D to 4D imaging for General, OB/GYN, Cardiology, Vascular and Anesthesia Critical Care Applications. Through a strong partnership with Mindray Medical International Limited today, Infinity Medical has been growing steadily and has an excellent track record of over 600 installation sites all across Malaysia.

### Invida Malaysia

**Address:**
Level 2, No 10 Jalan Bersatu 13/4  
46200 Petaling Jaya  
Selangor, Malaysia

### Johnson & Johnson Medical Malaysia

**Address:**
Ground Floor, G.01, Block B  
10, Jalan Bersatu 13/4  
46200 Petaling Jaya  
Selangor, Malaysia

### Karl Storz Endoscopy Asia Marketing Pte Ltd

**Address:**
No 8, Commonwealth Lane  
#03 - 02 Singapore  
149555

### KPJ Healthcare Berhad

**Address:**
202-A Jalan Pahang  
53000 Kuala Lumpur  
Malaysia  
Tel: +603 4022 6222  
Website: http://www.kpjhealth.com.my/

Since our inception in 1981, KPJ Healthcare Berhad (KPJ) has cemented a reputation as one of the leading healthcare providers in the region with more than 20 specialist hospitals in Malaysia and 2 in Indonesia providing promotive, preventive and curative medical services. KPJ’s education arm has been awarded a University College status in 2011.

### LabIVF (M) Sdn Bhd

**Address:**
B-8-4 Megan Avenue II  
No 12 Jalan Yap Kwan Seng  
50450 Kuala Lumpur
<table>
<thead>
<tr>
<th>Company</th>
<th>Location</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laerdal Malaysia Sdn Bhd</td>
<td>1st Floor Kompleks Penchala No 50, Jalan Penchala Section 51 46050 Petaling Jaya Selangor Malaysia</td>
<td></td>
</tr>
<tr>
<td>LEO Pharma™</td>
<td>Lot 6.2, 6th Floor, Menara Lien Hoe 8, Persiaran Tropicana, 47410 Petaling Jaya Selangor Malaysia Tel: +603 7880 8710 Fax: +603 7880 3170</td>
<td></td>
</tr>
<tr>
<td>Founded in 1908, LEO Pharma™ is an independent research-based pharmaceutical company based in Ballerup, Denmark. LEO Pharma™ is wholly owned by the LEO Foundation and is one of the world’s leading companies within the treatment of dermatology (psoriasis, skin infections, eczema and actinic keratosis) as well as critical care (anticoagulation, nephrology and supportive treatment of cancer). LEO Pharma™ develops, manufactures and markets competitive, safe and efficacious drugs globally. 96 per cent of the company’s turnover is generated outside Denmark, where LEO Pharma’s products are sold in more than 100 countries.</td>
<td></td>
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</tr>
<tr>
<td>Malaysian Healthcare Sdn Bhd (Maycare)</td>
<td>10, Jalan Anggerik Vanilla Q31/Q Kota Kemuning 40460 Shah Alam Selangor Malaysia Tel: +603 8073 0888 Fax: +603 8073 0889 Website: <a href="http://www.maycare.com">www.maycare.com</a> E-mail: <a href="mailto:info@maycare.com">info@maycare.com</a>, <a href="mailto:maycare@po.jaring.my">maycare@po.jaring.my</a></td>
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<tr>
<td>Maycare is currently one of the market leaders specializing in healthcare and hospital equipment and supplies in Malaysia. Maycare is focused on its core business of medical equipment, supplies and furniture under a broad spectrum of medical disciplines namely cardiac surgery and cardiology, operation theatre and intensive care, medication infection control disposables and physiotherapy and occupational therapy. In addition, we also have a well equipped Technical Services Division to provide prompt and reliable after sales services to our customers. The efficient and timely distribution of its products is conducted through a broad network of eight sales offices and ten rehabilitation and homecare retail outlets throughout Malaysia.</td>
<td></td>
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</tr>
<tr>
<td>Mederis Sdn Bhd</td>
<td>Lot 17, Jalan BRP9/1B Bukit Rahman Putra Industrial Park 47000 Sungai Buloh Selangor Malaysia</td>
<td></td>
</tr>
<tr>
<td>Merck Sharp &amp; Dohme (MSD) Malaysia</td>
<td>For more information, visit <a href="http://www.msd-malaysia.com">www.msd-malaysia.com</a></td>
<td></td>
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<tr>
<td>Today’s MSD is a global healthcare leader working to help the world be well. MSD is a trademark of Merck &amp; Co., Inc., with headquarters in Whitehouse Station, N.J., U.S.A. Through our prescription medicines, vaccines, biologic therapies, and consumer care 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 healthcare through far-reaching policies, programs and partnerships. We made our first steps towards meeting the needs of patients in Malaysia almost 45 years ago, in 1966. Today, Malaysia is one of 13 subsidiaries within the MSD Asia Pacific region.</td>
<td></td>
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</table>
Nutrition has been a cornerstone of Nestlé since the company was founded by Henri Nestlé in 1867. It is Nestlé's ambition to be recognized as a leading Nutrition, Health & Wellness company.

Nutrition early in life especially in the first 1500 days has a major impact on a child's later health. Nestlé "Start Well Stay Well™" is an integrated nutritional programme of products, information and services that supports a mother's journey from pregnancy through lactation to when her child reaches 1500 days.

Nycomed Malaysia Sdn Bhd, a Takeda company, located in Kuala Lumpur, is the Malaysian marketing and sales organization of Takeda Pharmaceutical Company Limited.

As the largest pharmaceutical company in Japan, Takeda's mission is to strive toward better health for patients worldwide through leading innovation in medicine.

Pantai Holdings Berhad (Pantai) is Malaysia's leading healthcare group with a network of eleven multi-disciplinary hospitals throughout Malaysia under two brands, Pantai Hospitals and Gleneagles Hospitals. These hospitals are located strategically in Kedah, Penang, Perak, Selangor, Kuala Lumpur, Melaka and Johor. Collectively, the Group has a total of more than 2,000 beds, with over 150,000 admissions a year. The Group is anchored by a pool of clinical professionals, consisting of more than 700 doctors and 2,000 nurses.

Pantai also provides ancillary healthcare services including comprehensive laboratory and rehabilitation services.

Pantai is part of Parkway Pantai Limited, a subsidiary of Integrated Healthcare Holdings Sdn Bhd (IHHSB).
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, as well as a wide range of Nutritional products.

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 500 colleagues throughout the country work to advance wellness and make a difference for all who rely on us.

Wyeth is now a wholly owned subsidiary of Pfizer Inc. The merger of Wyeth Malaysia and Pfizer Malaysia entities may be pending in various jurisdictions and integration is subject to completion of various local legal and regulatory obligations.

Worldwide, cervical cancer affects approximately 500,000 women annually and, after breast cancer, is the second-most-common malignancy found in women. Since the cause of cervical cancer – HPV – is known and women who have it can be identified, it is a highly preventable and treatable. The “gold standard” in testing for high-risk types of human papillomavirus (HPV) is the Digene HPV Test.

Royal College of Obstetricians and Gynaecologists (RCOG) The RCOG is a registered charity in the UK. Today, there are approximately 11,000 members of the College of whom over 50% are international. The RCOG encourages the study and advancement of the science and practice of obstetrics and gynaecology. This is conducted through postgraduate medical education and training development, and the publication of clinical guidelines and reports on aspects of the specialty and service provision. The RCOG International Office works with other international organisations to help lower maternal morbidity and mortality in under-resourced countries.
<table>
<thead>
<tr>
<th>Company</th>
<th>Code</th>
<th>Address</th>
<th>Contact Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Samsung Medison</td>
<td>Gold (G03)</td>
<td>42, Teheran-ro 108-gil, Gangnam-gu, Seoul 135-851, Korea</td>
<td>Spencer Chung</td>
</tr>
</tbody>
</table>

It was established in 1985 named ‘Medison’ the pioneer of 3D technology, ‘Medison’ had the world first 3D medical ultrasound system. And, now Samsung Medison has developed a wide range of medical ultrasound diagnostic imaging devices; BW portable up to Premium 3D wheel based.

Samsung Electronics having no.1 business of TV, Memory, and Mobile with more than 10 units owns a huge number of patents 2nd ranked in U.S., and stands in 17th brand value in the world.

Samsung Electronics has been interested in healthcare business. The HME (Healthcare & Medical Equipment) department of Samsung Electronics decided to merge Medison to advance the healthcare business.

Samsung will be the no.1 brand in medical diagnostic devices industry.

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<tr>
<th>Company</th>
<th>Code</th>
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<tr>
<td>Sanofi</td>
<td>A03</td>
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Sanofi is a diversified global healthcare leader, focused on patients’ needs. Sanofi has a diversified offering of medicines, consumer healthcare products, generics, animal health and is a world leader in human vaccines. Backed by a world class R&D organization, Sanofi operates in more than 110 countries with 105,000 employees.

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<tr>
<th>Company</th>
<th>Code</th>
<th>Address</th>
<th>Contact Person</th>
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<tr>
<td>Servicom Medical Sdn Bhd</td>
<td>A32</td>
<td>43, Jalan Gasing 46000 Petaling Jaya Selangor Malaysia</td>
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</tbody>
</table>

Servicom medical (Malaysia) was established in 1995 and has over 15 years healthcare industry experience in business development, marketing, sales, engineering and after sales service.

Serving the Community. This is our culture that has helped us to carve a distinctive in competitive business environment. The positive progress in Malaysia inspired in the establishment of subsidiaries in Singapore, Indonesia and Vietnam. We achieved ISO 13485 in September 2010. This certification has helped compliment our commitment to quality and high standards.

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<th>Company</th>
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<th>Contact Person</th>
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<tr>
<td>Surgymatrix</td>
<td>A05</td>
<td>Unit No. 25-7, No 38 Jalan Ang Seng 3 50470, Kuala Lumpur Wilayah Persekutuan Malaysia</td>
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<th>Company</th>
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<tr>
<td>Transmedic Healthcare Sdn Bhd</td>
<td>A10</td>
<td>B4-1-1, Solaris Dutamas No 1, Jalan Dutamas 1 50480 Kuala Lumpur Malaysia</td>
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</table>

Transmedic is an equipment distributor, which aspires to play a key role in bringing first world healthcare benefits to an increasingly affluent Asia. The company has grown from a 30-strong workforce to its present size of 223 and is now associated with many big names in the medical device industry. Today, it is a leading specialty partner of healthcare institutions and professionals.
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<tr>
<th>Company Name</th>
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<td>Unam Pharmaceutical (M) Sdn Bhd</td>
<td>A01</td>
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<tr>
<td>Letter Box 116</td>
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<tr>
<td>30th Floor, UBN Tower</td>
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<tr>
<td>No 10 Jalan P. Ramlee, Kuala Lumpur</td>
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<td>Malaysia</td>
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<tr>
<td>Vifor Pharma Asia Pacific Pte Ltd</td>
<td>A17 &amp; A30</td>
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<tr>
<td>89 Amoy Street</td>
<td></td>
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<tr>
<td>Singapore 069908</td>
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<tr>
<td>VIGILENZ Medical Devices Sdn Bhd</td>
<td>A18</td>
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<td>No 2A, LPBM 2</td>
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<td>Taman Perindustrian Bukit Minyak</td>
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<td>14100 Penang</td>
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<td>Malaysia</td>
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<tr>
<td>Website: <a href="http://www.vigilenzmd.com">www.vigilenzmd.com</a></td>
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<tr>
<td>Email: <a href="mailto:enquiry@vigilenzmd.com">enquiry@vigilenzmd.com</a></td>
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</table>

VIGILENZ, a wholly owned Malaysian company, established in 2002, is a manufacturer of surgical sutures, hernia mesh, infection control products and other medical devices. VIGILENZ is ISO 13485, certified with CE mark for most of its products. VIGILENZ has made tremendous inroads into the local and global market solely on its Quality, Reliability and Customer Service.
MSD: Committed to Women’s Health and helping to protect against diseases caused by human papillomavirus (HPV)
Think Long Term, Think Cervarix™

ABBREVIATED PRESCRIBING INFORMATION FOR CERVARIX™

Human Papillomavirus Vaccine Types 16 and 18 (Recombinant, AS04 adjuvanted) Indications: CERVARIX™ is indicated in females from 10 to 45 years of age for the prevention of persistent infection, pre-malignant cervical lesions and cervical cancer caused by human papillomavirus types 16 and 18. Immunogenicity studies have been conducted in females aged 10 to 14 years and 26 to 45 years to link efficacy in females aged 13 to 25 years to other populations (See Precautions and Clinical Trials).

Contraindications: Hypersensitivity to any vaccine component. Precautions: Cervarix™ is not intended for the treatment of persistent infection or lesions present at the time of vaccination or to prevent the progression of established lesions. CERVARIX™ may not prevent HPV infection and related clinical outcomes due to other oncogenic HPV types. Vaccination is not a substitute for regular cytological screening or for precautions against exposure to HPV and sexually transmitted diseases. Other Precautions: acute severe febrile illness; thrombocytopenia; bleeding disorders; impaired immune system; intradermal, intravascular or subcutaneous administration; pregnancy (Category B2). Location: Intramuscular injection. Interactions: Systemic immunosuppressive medications; use separate sites for concomitant administration of CERVARIX™ with other vaccines. Dosage and Administration: Shake well before use. The primary vaccination course consists of three doses (intramuscular injection in the deltoid region). The recommended vaccination schedule is 0, 1, 6 months. If flexibility in the vaccination schedule is necessary, the second dose can be administered between 1 month and 2.5 months after the first dose and the third dose between 5 and 9 months after the first dose. The necessity for a booster dose has yet to be established. Storage: CERVARIX™ must be stored between +2°C and +8°C. DO NOT FREEZE. Please read the full prescribing information prior to administration, available from: GlaxoSmithKline Pharmaceutical Sdn Bhd (3277-U) Level 6, Quill 9, 112, Jalan Semangat, 46300 Petaling Jaya, Selangor Darul Ehsan, Malaysia. Abbreviated Prescribing Information based on Cervarix PI Issue 2AUMal prepared October 2011.

References:

FOR USE BY MEDICAL AND HEALTHCARE PROFESSIONALS ONLY

Please refer full prescribing information prior to administration.