



AMRAS

Advanced MIS, Robotic & Ablation Society of Gynaecologists Malaysia

Harvesting Wisdom

Cultivating Surgical Excellence

2nd International Congress of Advanced MIS, Robotic & Ablation Society of Gynaecologists Malaysia - by AMRAS - APAGE(YAG)

SOUVENIR PROGRAMME

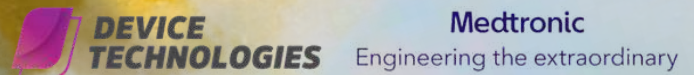
PRE-CONGRESS WORKSHOP | 5 JUNE 2026 Sarawak General Hospital
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MAIN CONGRESS | 6-7 JUNE 2026 Borneo Convention Centre Kuching

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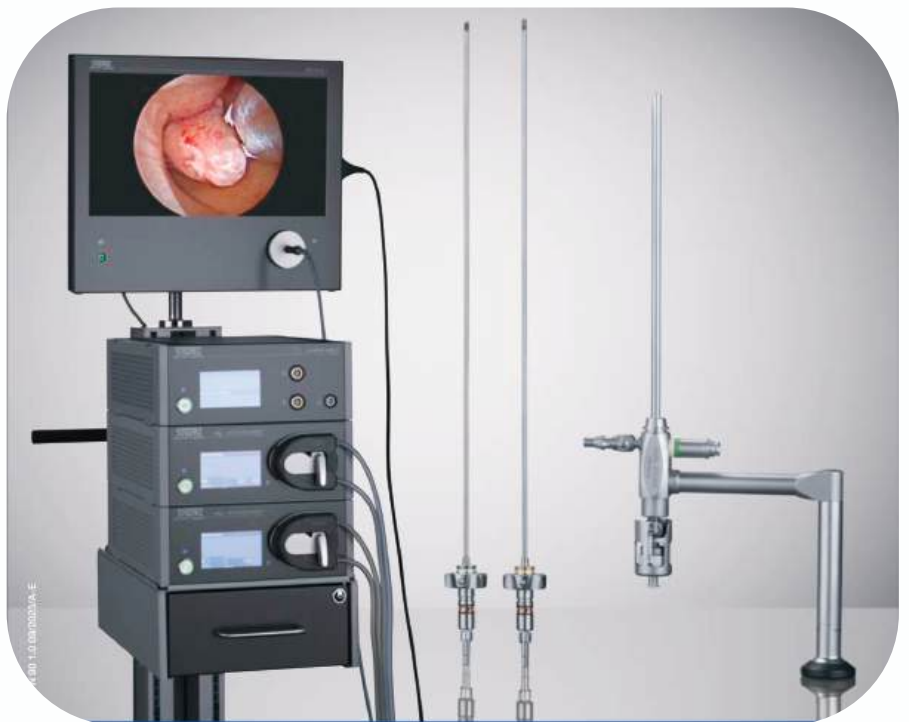
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Content

2nd International Congress of
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Society of Gynaecologists Malaysia
- by AMRAS - APAGE(YAG)

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2026
AMRAS

Welcome Note

President & Organising Chairman AMRAS 2026

It is my great honour and privilege to welcome you to the 2nd International Congress of the Advanced Minimally Invasive, Robotic & Ablation Society of Gynaecologists Malaysia (AMRAS) 2026, held here in the beautiful city of Kuching, Sarawak.

As we gather for this landmark event, we also celebrate a meaningful milestone—AMRAS enters its second year since its official establishment. In this short span, the society has grown with purpose and conviction, driven by a shared vision: to safeguard the responsible application of new and advanced medical technologies through continuous skill strengthening, structured training, and dedicated education.

Our mission remains clear and unwavering. As surgical innovation accelerates, it is our collective responsibility to ensure that technology is guided by expertise, refined judgement, and patient-centred care. Through AMRAS, we strive to bridge this gap—bringing together experts from Malaysia and across the world to share knowledge, exchange ideas, and elevate the standards of practice in minimally invasive and robotic gynaecologic surgery.

Aligned with this year's theme, "Harvesting Wisdom, Cultivating Surgical Excellence," this congress reflects our ongoing commitment to nurture both knowledge and skill. From foundational principles to advanced surgical mastery, the programme has been thoughtfully curated to empower surgeons at every stage of their journey. Ultimately, our goal is simple yet profound—to ensure that more women benefit from the wider adoption of advanced minimally invasive surgery, delivered with precision, safety, and excellence.

I would like to extend my deepest appreciation to all our sponsors for their generous support and unwavering commitment to AMRAS. Your contributions, whether through large-scale congress participation or smaller workshops and masterclasses, have been instrumental in enabling our educational mission and expanding our reach.

We are also sincerely grateful to our esteemed collaborators—APAGE, ASGRS, and Sarawak General Hospital—for their continuous guidance, partnership, and shared dedication to advancing women's health.

To our distinguished faculty of speakers from around the world, welcome to Kuching, Sarawak. Your presence and willingness to share your expertise enrich this congress beyond measure.

And to all our participants, I wish you a meaningful, inspiring, and fruitful conference. May this gathering ignite new ideas, strengthen collaborations, and inspire each of us to continue striving for excellence in the care of women.

Thank you, and welcome to Kuching, Sarawak and AMRAS 2026.

Dr. Sharifah Halimah Jaafar

President, AMRAS

Organising Chairman, AMRAS 2026 Congress



Welcome Note



Deputy Premier of Sarawak, Minister for Public Health, Housing and Local Government

It gives me great pleasure to welcome all of you to the 2nd International Congress of the Advanced MIS, Robotic & Ablation Society (AMRAS) of Gynaecologists Malaysia, held from 5th to 7th June 2026 in the beautiful city of Kuching, Sarawak.

The theme of this year's congress, "Harvesting Wisdom, Cultivating Surgical Excellence," resonates deeply with the spirit of Sarawak. As we celebrate the season of Gawai - a time of gratitude, harvest and renewal - it is fitting that we gather to honor the roots of medical wisdom while planting the seeds for future innovations in healthcare for women. Sarawak is proud to host a platform that gathers thought leaders, surgical innovators and passionate clinicians to share and inspire the practice of surgery for women across the region.

The rapid advancement of Minimally Invasive Surgery (MIS), robotic-assisted procedures and ablation techniques is not merely a technological triumph; it is a commitment to providing better recovery, precision and good outcomes for women. Through proper training, certification and evidence-based practice, AMRAS is ensuring that these advancements—including specialized areas like vNOTES, microwave ablation and sentinel lymph node mapping—translate into the highest standards of clinical care.

This congress serves as a vital junction where precision medicine meets surgical mastery. By integrating sophisticated imaging like IOTA ultrasound protocols with advanced operative interventions, we are moving toward a future of "surgery without scars" and organ-preserving treatments. These efforts are essential in tackling complex conditions such as deep endometriosis, adenomyosis and gynaecologic cancers, ensuring that our Malaysian healthcare landscape remains at the global forefront of surgical innovation.

To our industry partners, your presence is vital to this mission. This congress offers a unique opportunity to position your brands at the forefront of innovation, supporting surgical masterclasses and symposia that redefine the future of gynaecologic surgery.

I encourage all delegates to immerse yourselves in the rich scientific content, from the intensive pre-congress workshops at the Sarawak General Hospital and Borneo Cultural Museum to the dynamic plenaries at the Borneo Convention Centre Kuching (BCKK).

I wish to congratulate AMRAS and its partners for their dedication to professional development and for choosing Kuching as the backdrop for this transformative journey. May this congress inspire you to redefine the future of surgical practice through innovation, precision and collaboration.

Once again, welcome to Sarawak, the Jungle of the Borneo with our warmest “OooHaa!” Enjoy our hospitality and I wish you all a productive, impactful and successful congress.

The Honourable Datuk Amar Prof. Dr. Sim Kui Hian

Deputy Premier of Sarawak,

Minister for Public Health, Housing and Local Government



Welcome Note

National Head of Service for Obstetrics & Gynaecology, Ministry of Health Malaysia

On behalf of the Obstetrics and Gynaecology fraternity, I extend a warm welcome to all participants of the 2nd International Congress of AMRAS-APAGE (YAG) 2026.

In recent years, the landscape of gynaecologic surgery in Malaysia has shifted significantly towards precision and innovation. This evolution emphasizes the responsible adoption of technology through rigorous training, certification, and evidence-based practice. Following the success of the inaugural 2025 gathering, this year's congress in Kuching marks a milestone in the collective pursuit of surgical mastery and the elevation of women's healthcare standards across the region.

Our objective remains clear: to empower healthcare professionals to deliver the highest standards of care. With a scientific programme spanning VNOTES, robotic surgery, and advanced ablation techniques, this congress provides the "harvest" of our collective expertise. From the intensive pre-congress workshops at Sarawak General Hospital to the plenary sessions at BCCK, this event is designed to bridge the gap between budding specialists and senior experts.

I urge all delegates to take full advantage of this platform to share knowledge and strengthen professional networks. Together, we can ensure that every woman in Malaysia and beyond has access to the best surgical innovations available.

I wish everyone an enriching experience at AMRAS 2026.

Dr. Rafaie Bin Amin

National Head of Service for Obstetrics & Gynaecology,
Ministry of Health Malaysia

Welcome Note

Head of Department of Obstetrics & Gynaecology, Sarawak General Hospital

A very warm welcome to all of you to AMRAS 2026 and thank you for being here with us. On behalf of the Department of Obstetrics and Gynaecology, Sarawak General Hospital, it is truly a pleasure to have you join the Congress.

AMRAS has always been about people—colleagues and friends who are passionate about learning, sharing, and doing better for the women we care for. Minimally invasive surgery is a big part of that story. With each improvement in technique and technology, we can offer procedures that are gentler, safer, and more comfortable for our patients, helping them recover sooner and return to the lives that matter to them.

As our specialty continues to grow and change, we all know how important it is to keep an open mind and keep sharpening our practice. That's why the AMRAS 2026 programme is built to be practical, relevant, and forward-looking. Our pre-Congress workshops are thoughtfully put together to give you hands-on learning across a wide range of conditions—so you can pick up tips you can use right away, explore new approaches with confidence, and bring fresh ideas back to your teams.

More than anything, I hope you enjoy the experience—meeting fellow delegates, exchanging ideas, and leaving with new skills, new perspectives, and a renewed sense of purpose. May AMRAS 2026 encourage you to keep pushing boundaries and making a meaningful difference for the women and families you serve.

I look forward to welcoming you over the coming days and sharing the learning journey together. And of course, I hope you'll join us for the gala dinner—an evening to relax, connect, and celebrate our shared commitment to advancing women's health.

Warmest regards,

Dr. Christine Lee

Head of Department of Obstetrics & Gynaecology
Sarawak General Hospital



Welcome Note

Scientific Director AMRAS 2026

Dear friends and colleagues of AMRAS

I welcome you to the Second International Congress of the Advanced Minimally Invasive Surgery, Robotics & Ablation Society of Gynaecologists Malaysia (AMRAS), a collaboration between AMRAS and the Young APAGE Group.

AMRAS and APAGE YAG started the advanced MIS movement in year 2024 via the first International SAYGE workshop in Kuching, Sarawak from 9 - 11 June. This passion and desire for advancement later brought us to the establishment of AMRAS as a major society in Malaysia in August 2024. Since its inception, AMRAS has brought about educational programmes and workshops catering to various facets of the fraternity and membership has grown together with multiple international affiliations. The success story of AMRAS is one of collective effort: selfless people and progressive minds working in tandem tirelessly towards a singular aim of excellence and humanity. I am proud to be associated with both AMRAS and APAGE YAG, both at its core are sincerity in its purest form.

As surgeons, our trials and tribulations give us wisdom and it defines us; with wisdom, we train and build towards surgical excellence. This is a story that all of us can relate to and hence the theme: "Harvesting wisdom and cultivating surgical excellence." It is our objective to learn from the wisdom of our peers and together set a high benchmark for surgical care for our patients. Do visit the beautiful State of Sarawak, a culture-rich community and fascinating Gawai Dayak festivities await.

Thank you for joining us and helping make the congress a success.

Dr Chua Peng Teng

Scientific Director, AMRAS 2026

AMRAS Advanced MIS Committee Chairman, Robotic Surgery Vice-Chairman

APAGE YAG Chairman

Welcome Note

**President,
Asia-Pacific Association for Gynecologic
Endoscopy & Minimally Invasive
Therapy (APAGE)**

To the Organizing Committee, distinguished speakers, dear colleagues and young friends,

It gives me great pleasure to write this welcome message as we look forward to the upcoming 2nd International Congress of AMRAS, jointly held with APAGE YAG.

This prestigious academic gathering will take place in early June in the beautiful cultural city of Kuching, Sarawak, under the theme Harvesting Wisdom: Cultivating Surgical Excellence. With the careful preparation and tremendous efforts of the Malaysian organizing team, I firmly believe that this congress will run smoothly and achieve great success.

I would like to express my sincere gratitude to our Malaysian hosts and colleagues. Thank you for taking the initiative to organize this wonderful event, and for your dedication, thoughtful arrangements and warm hospitality. You have built a remarkable academic platform for gynaecological surgeons throughout the Asia-Pacific, enabling us to exchange the latest knowledge, share clinical experiences and strengthen friendships.

During the three-day congress, leading experts and young practitioners will gather to discuss cutting-edge advances in minimally invasive surgery, robotic techniques and ablation therapy. The APAGE YAG sessions will also provide a valuable opportunity for young surgeons to learn, communicate and grow.

I sincerely look forward to meeting all of you in Kuching. May we enjoy fruitful discussions, gain new insights, and jointly promote the development of minimally invasive gynaecology across the Asia-Pacific region.

I wish the AMRAS-APAGE YAG 2026 Congress a great success!

Professor Sun Jing
APAGE President





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Welcome Note

APAGE Chairman of Board of Trustee

Dear Esteemed Delegates, Colleagues, and Friends,

It is our great pleasure to warmly welcome you to the 2nd International Congress of the Advanced MIS, Robotic & Ablation Society of Gynaecologists Malaysia (AMRAS 2026), held in the vibrant city of Kuching, Sarawak.

Guided by this year's theme, "Harvesting Wisdom: Cultivating Surgical Excellence," this congress brings together leading experts, passionate practitioners, and emerging talents from around the world to share knowledge, exchange ideas, and advance the field of minimally invasive and robotic gynecologic surgery.

The congress will take place from 6–7 June 2026 at the Borneo Convention Centre Kuching (BCCK), preceded by a series of engaging pre-congress workshops on 5 June 2026 across selected venues in Kuching.

Over the course of the meeting, you can look forward to a comprehensive scientific program featuring plenary sessions, symposia, hands-on workshops, and the exciting AMRAS Cup, showcasing young surgical talent. These sessions are thoughtfully designed to foster learning, innovation, and collaboration across all levels of expertise.

Beyond the academic experience, we hope you will also enjoy the rich cultural heritage, warm hospitality, and natural beauty of Sarawak.

On behalf of the organizing committee, we thank you for being part of AMRAS 2026. We wish you a rewarding, inspiring, and memorable congress.

Warm regards,

Prof. Chyi-Long Lee

Chairman, Board of Trustees of APAGE



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Organising Committee

**2nd International Congress of
Advanced MIS, Robotic & Ablation
Society of Gynaecologists Malaysia
- by AMRAS - APAGE(YAG)
Organising Chairperson
Dr Sharifah Halimah Jaafar**



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Dr Chua Peng Teng

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Dr Tan Ee Ping

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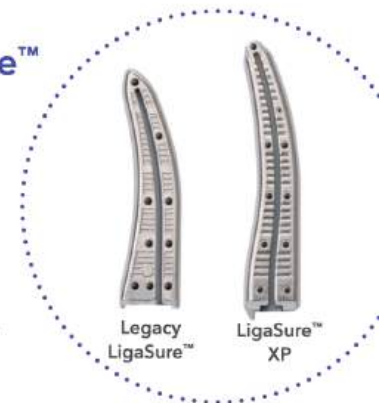
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4. Based on internal report #RE00372649 Rev A, Archer surgeon summative evaluation report. March 22, 2022. 5. Based on internal test report #RE00380832 Rev A, Thermal profile comparison with the LigaSure™ XP Maryland jaw sealer/divider, Aesculap Caiman™* 5 Maryland, Applied Medical Voyant™* Maryland Fusion, Ethicon Enseal™* X1 curved jaw, Ethicon Harmonic™* 1100, Sonicision™ 7 curved jaw ultrasonic, and LigaSure™ LF18XX and LF19XX devices. May 3-5, 2022. 6. Based on internal test report #RE00380826 Rev A, Acute porcine study comparison with the LigaSure™ XP Maryland jaw sealer/divider, Aesculap Caiman™* 5 Maryland, Applied Medical Voyant™* Maryland Fusion, Ethicon Enseal™* X1 curved jaw, Ethicon Harmonic™* 1100, Sonicision™



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2026



MRAS

Invited Faculty



Dr Bao Wei

Deputy Chief Physician and Associate Professor, Dept. Obstetrics and Gynecology, Shanghai First Maternity and Infant Hospital



Prof Jing Sun

President, Asia-Pacific Association for Gynecologic Endoscopy and Minimally Invasive Therapy (APAGE)



Dr Xiaoming Gong

Co-Founder and CMO of WEHEAL OBGYN



Prof Zhang Lian

Director of Chongqing Haifu Hospital



Dr Abishek Mangeshikar

Founder and Director of The Indian Centre for Endometriosis (ICE)



Dr Rooma Sinha

Founder & President, Association of Gynaecological Robotic Surgeons of India (AGRS)



Dr Tanvi Desai Wadia

Consultant Endoscopic Gynaecologist and Robotic surgeon



Dr Herbert Situmorang

Head, Reproductive Health Division, Department of Obstetrics and Gynaecology, Faculty of Medicine, Universitas Indonesia



Dr Mohammad Haekal

Vice Chairman, APAGE-YAG, Consultant of Obstetrician & Gynaecologist Head, Endocrine Reproductive & MIS Division Women and Children National Health Center

Invited Faculty



Dr Jimmy Nomura
Director of Urogynaecology
Center,
Kameda Medical Center



Dr Kensuke Tomio
Medical Director,
O&G Department of
National Center,
Global Health &
Medicine Hospital



Dr Tomonori Hada
Director,
Gynecology of Women's
Center,
Yotsuya Medical Cube, Tokyo,
Japan



Dr Toru Sasaki
Specialist & Supervisor, Japan
Society of Obstetrics and
Gynecology (JSOG) & Japan
Society of Gynecologic and
Obstetric
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Specialist & Proctor, Japan
Society of Gynecologic Robotic
Surgery (JSGRS)



Dr Toshiya Ito
Assistant Professor,
Department of Obstetrics
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Dr Ala Uwais
Associate Professor,
Head of Department,
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**Dr Ahmad Shuib Bin
Yahaya**
Consultant Obstetrician &
Gynaecologist and
Gynaecologist, Johor
Specialist Hospital



**Dr Andi Anggerina Andi
Asri**
Consultant Obstetrician &
Gynaecologist and
Gynaecological Oncologist,
Pusrawi Hospital



Dr Ang Hui Min
Consultant Obstetrician &
Gynaecologist, Johor
Specialist Hospital

Invited Faculty



Dr Angeline Wong Tze Yin
Consultant Obstetrician &
Gynaecologist, Sarawak
General Hospital



**Assoc Prof Dato Dr Aruku
Naidu**
Consultant Obstetrician &
Gynaecologist and
Urogynaecologist, Associate
Professor at UNIKL RCMP
Ipoh



**Dr Badrul Zaman bin Muda
@ Abdullah** Consultant
Consultant Obstetrician &
Gynaecologist,
Gynaecologist,
Council Member, Malaysian
Gynaecological Cancer
Society.



**Assoc Prof Dr Bahiyah
Abdullah**
Obstetrician & Gynaecologist
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Associate Professor Hospital
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Universiti Teknologi Mara
(UiTM)



**Prof Dr Basri Johan Jeet
Abdullah**
Consultant Radiologist,
Hospital Picaso



Dr Chew Shir Lynn
Obstetrician &
Gynaecologist, University
Malaya Medical Centre



Dr Chua Peng Teng
Consultant Obstetrician &
Gynaecologist, Mahkota
Medical Centre, Melaka
Chairman Of APAGE YAG
(Young APAGE Group)



Dr Chuah Joo Ngor
Consultant Obstetrician &
Gynaecologist, Hospital Seri
Botani



Dr Debbie Teh
Consultant Obstetrician &
Gynaecologist, Hospital
Picaso

Invited Faculty



Dr Ida Lilywaty Md Latar
Consultant Obstetrician & Gynaecologist and Urogynaecologist, Pantai Hospital Cheras



Dr Jamil bin Omar
Consultant Obstetrician & Gynaecologist and Gynaecological Oncologist, Head of Department at the National Cancer Institute, Malaysia



Dr Jeremy Joseph
Obstetrician & Gynaecologist, Hospital Cyberjaya



Dr Lee Chui Ling
Consultant Obstetrician & Gynaecologist, Regency Specialist Hospital



Dr Lim Yee Cherng
Consultant Obstetrics & Gynaecologist and Reproductive Medicine Specialist



Dr Low Kah Pin
Consultant Obstetrician & Gynaecologist, Island Hospital Penang



Prof Dr Mukhri bin Hamdan
Senior Consultant and Head of Department of Obstetrics and Gynaecology, University Malaya and University Malaya Medical Centre



Dr Ng Ying Shan
Consultant Obstetrician & Gynaecologist, KPJ Kuching Specialist Hospital



Dr Nirmala Chandralega Kampan
Consultant Obstetrician & Gynaecologist and Gynaecological Oncologist, Pantai Hospital Kuala Lumpur

Invited Faculty



Dr Sevellaraja Supermaniam

Consultant Obstetrician & Gynaecologist and Reproductive Medicine Specialist, Head of IVF and HIFU Centre, Mahkota Medical Centre, Melaka



Dr Sharifah Halimah Jaafar

Founder and President of AMRAS, Consultant Obstetrician & Gynaecologist, Hospital Picaso



Dr Sue Marie Cheng Kian Pei

Consultant Obstetrician & Gynaecologist, Timberland Medical Centre



Dr Sufian Hadi bin Tationo

Consultant Obstetrician & Gynaecologist, Pantai Hospital Batu Pahat



Dr Sukanda bin Jalil

Consultant Obstetrician & Gynaecologist and Urogynaecologist, Sarawak General Hospital



Dr Sundar Gugan Santhana Dass

Consultant Obstetrician & Gynaecologist, Hospital Sungai Buloh



Dr Tan Ee Ping

Founder and Vice President, AMRAS, Founder, ISOGA, Consultant Obstetrician & Gynaecologist, Hospital Picaso



Dr Tan Lee Na

Consultant Obstetrician & Gynaecologist and Fetal Maternal Specialist, Sarawak General Hospital



Dr Gladys G. Tanangonan

President of Philippine Society for Gynecologic Endoscopy (PSGE)

Invited Faculty



Dr Jennifer Marie B. José
*Chairperson of the
Philippine Board of
Gynecologic Robotic Surgery*



Dr Nelinda Catherine Perez-Pangilinan
*Past Chairperson, Asia &
Oceania Federation of O&G
Ultrasound Committee
(AFOG),
Section Head of Ob-Gyn
Ultrasound, Rizal Medical
Center, Philippines.*



Dr Regina Paz Tan-Espiritu
*Associate Professor,
UP College of Medicine,
Philippine General Hospital
Past President,
Philippine Society for
Gynecologic Endoscopy
(PSGE)*



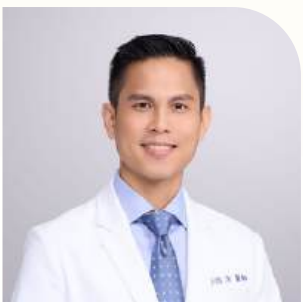
Dr Tong Shuang Ye Pearl
*Consultant Obstetrician and
Gynecologist at National
University Hospital (NUH)
Singapore*



Prof Chyi-Long Lee
*Chairperson,
Board of Trustees,
The Asia-Pacific Association
for Gynecologic Endoscopy
and Minimally Invasive
Therapy (APAGE)*



Prof. Dr. Kuan-Gen Huang
*President
Taiwan Association for
Minimally Invasive
Gynecology (TAMIG)*



Dr Li Yi Chieh
*Deputy Superintendent,
Lucina Women and Children
Hospital,
Kaohsiung, Taiwan*



Prof Dr Steven Shaw
*Director of Obstetrics,
Taipei Chang Gung Memorial
Hospital,
Taiwan*



Dr Sun Chung-Hsien
*Medical Deputy
Superintendent, and
Director of the Center of
Gynecologic Minimal
Invasive Surgery
Lucina Women and Children
Hospital, Kaoshiung*

Invited Faculty



Dr Yi-Chen Chuang
*Robotic Gynecologic Surgeon,
Far Eastern Memorial Hospital,
Taiwan*



Dr Noppamart Whangteeranon
*Vice Chairman of Young APAGE Group (YAG), Head of O&G Department
Bangsaphan Hospital*



Dr Veerapol Khemarangsarn
*Director,
Training Committee,
Bangkok Metropolitan Endoscopic Training Center,
Thailand*

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Pre-
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Workshop

2026

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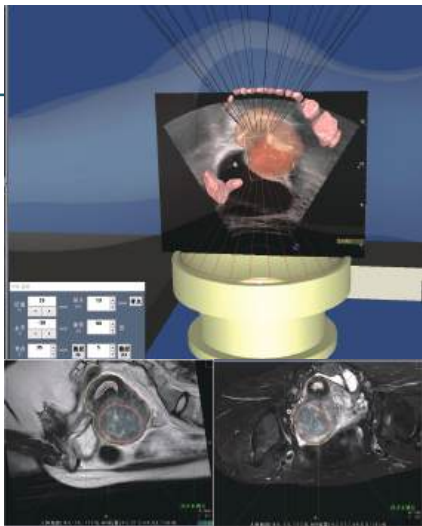
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Pre-Congress Workshop

Masterclass in Gynaecologic Ultrasound: From Anatomy to Pathology

5th June 2026

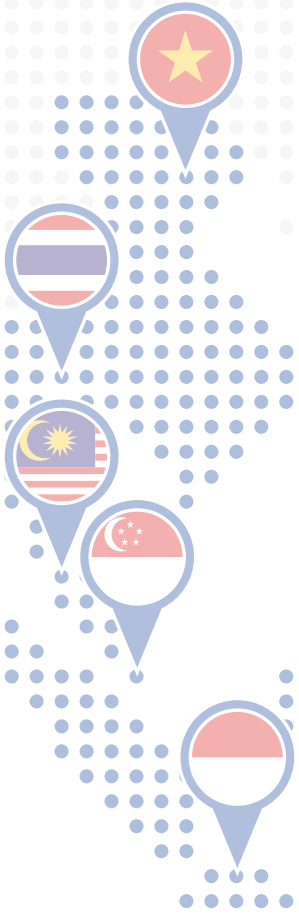
Venue: Sarawak General Hospital



| Time | Topics | Faculty |
|-------|--|---------------------------------------|
| 08:00 | Registration | |
| 08:10 | Welcome & Introduction | |
| 08:20 | Methodology and Tricks to Scan the Pelvis (TAS & TVS) | Dr Nelinda Catherine Perez-Pangilinan |
| 08:45 | Ultrasound Settings and Techniques for Gynaecology Scans (TAS & TVS) | |
| 09:10 | 3D Ultrasound in Gynaecology - Mullerian anomalies, fibroids, polyps | |
| 09:35 | Detection of Isthmocele and Caesarean Scar Defects | |
| 10:00 | Break | |
| 10:30 | IOTA Ultrasound: A Structured Approach to Adnexal Mass Evaluation | Dr Ng Ying Shan |
| 10:55 | Ultrasound in Adenomyosis – The MUSA Reporting | Dr Angeline Wong Tze Yin |
| 11:20 | IETA Ultrasound Scoring System | Dr Nelinda Catherine Perez-Pangilinan |
| 11:40 | Quiz | |
| 12:00 | Live demonstration of advanced ultrasound | All faculty |
| 13:00 | Sponsored Talk | |
| 13:20 | Lunch | |
| 14:00 | Enzian Classification: Mapping Endometriosis | Dr Ng Ying Shan |
| 14:25 | The IDEA protocol for Ultrasound Imaging in Endometriosis | Dr Nelinda Catherine Perez-Pangilinan |
| 15:00 | Quiz | |
| 15:10 | Live demonstration of advanced ultrasound | All faculty |
| 16:30 | Feedback & Closing | |



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Pre-Congress Workshop

vNOTES Workshop: AMRAS-SAYGE Certificate in vNOTES - Step 1

5th June 2026

Venue: Borneo Cultural Museum

2

| Time | Topics | Faculty |
|-------|---|---|
| 07:30 | Registration | |
| 08:00 | Introduction to vNOTES pre-congress and ASC programme | Dr Chua Peng Teng |
| 08:15 | Female Pelvic Anatomy: The vNOTES perspective | Dr Chua Peng Teng |
| 08:45 | vNOTES Hysterectomy | Dr Tomonori Hada |
| 09:45 | vNOTES Adnexal Surgery | Dr Tomonori Hada |
| 10:15 | Near live surgical video, topics of interest 1.vNOTES Hysterectomy video + smile sign 2.Potential complication 3.Practical points 4.vNOTES in Previous Caesarean 5.Q&A | Dr Tomonori Hada Dr Sundar Gugan Dr Chua Peng Teng Dr Chuah Joo Ngor |
| 12:00 | Sponsored Talk | |
| 13:00 | Lunch | |
| 14:00 | Dry lab demonstration & briefing | Dr Tomonori Hada |
| 14:30 | Hands on vNOTES stations: Hysterectomy | All Faculty |
| 16:00 | Exam - Post test | All Faculty |
| 16:30 | Evaluations by examiners | All Faculty |
| 16:45 | Feedback & Closing | All Faculty |

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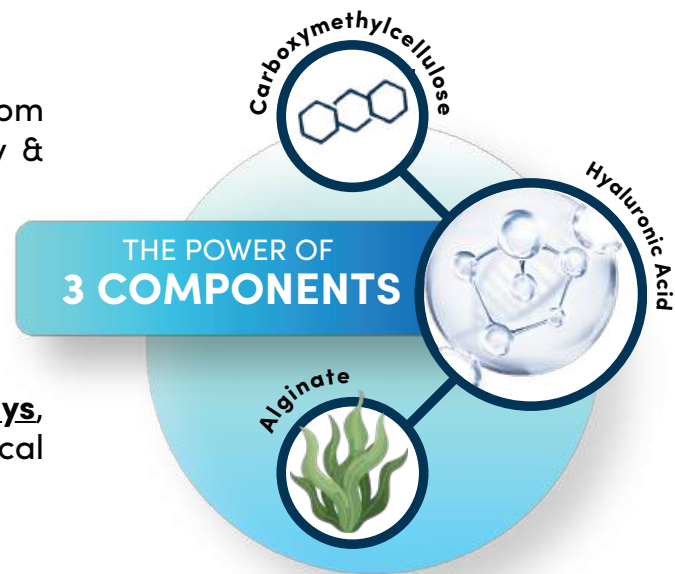
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Reference:

1. Kim, Tak, et al. "A Randomized, Multi-Center, Clinical Trial to Assess the Efficacy and Safety of Alginate Carboxymethylcellulose Hyaluronic Acid Compared to Carboxymethylcellulose Hyaluronic Acid to Prevent Postoperative Intrauterine Adhesion." Journal of Minimally Invasive Gynecology, vol. 19, no. 6, 2012, pp. 731-36.



Pre-Congress Workshop

Advanced Anatomy for MIS & Robotic Gynaecologic Surgeons

5th June 2026

Venue: Borneo Convention Centre Kuching



| Time | Topics | Faculty |
|-------|---|-------------------------------|
| 08:00 | Registration | |
| 08:15 | Welcome & Pre-test | Dr Sharifah / Dr Tan Gi Ni |
| 08:30 | Live surgery from Picaso Hospital | Dr Tan Ee Ping |
| 11:00 | Port Entry and Trocar Injury Complications | Dr Debbie Teh |
| 11:30 | Anterior Compartment Anatomy & Safe Dissection | Dr Jennifer Marie B. José |
| 12:00 | Lateral Pelvic Spaces & Vascular-Nerve Landmarks | Prof Dr Nirmala Kampan |
| 12:30 | Sponsored Talk | |
| 13:00 | Lunch | |
| 14:00 | Posterior Compartment & the Frozen Pelvis | Dr Sharifah Halimah Jaafar |
| 14:30 | The Bowel Anatomy in Gynaecologic Surgery | Dr Abishek Mangeshikar |
| 15:00 | Surgical Strategy for Bowel Endometriosis: From Shaving to Segmental Resection | Dr Abishek Mangeshikar |
| 15:30 | Tackling the Difficult Hysterectomy (Large Uterus/Distorted Anatomy) Robotically | Dr Rooma Sinha |
| 16:00 | Robotic Myomectomy for multiple or large fibroids, along with deep intramural or posterior wall fibroid removal | Dr Rooma Sinha |
| 16:30 | Post test, Q&A, closing | All Faculty |

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Pre-Congress Workshop

Advanced MIS & Robotic Workshop for Paramedic

5th June 2026

Venue: Borneo Convention Centre Kuching

4


| Time | Topics | Faculty |
|-------|---|---------------------|
| 08:30 | Registration & Welcome | |
| 09:00 | The Basic: Fundamentals of Minimally Invasive Surgery | Dr Ang Hui Min |
| 09:30 | The Tools: Instrument & Tower Setup | Ummi Surgical (TBC) |
| 10:00 | The Power: Energy use in MIS | J&J (Joey) |
| 10:30 | Q&A | |
| 10:45 | Break | |
| 11:00 | The People: Role of OT Scrub Nurse in MIS | Dr Jeremy Joseph |
| 11:30 | The Robot: Robotic Surgery - Introduction | DTG |
| 12:15 | Q&A | |
| 12:40 | Sponsored Talk | |
| 13:00 | Lunch | |
| 14:00 | The Connection: Docking and Instrument handling for the Da Vinci System | DTG |
| 14:30 | The Fear: Overcoming Challenges in MIS | Dr Low Kah Pin |
| 15:00 | Break | |
| 15:15 | The Scenarios: Skill Stations Rotation | All Faculty |
| 16:30 | Feedback & Closing | All Faculty |

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Pre-Congress Workshop

Hands-on Diagnostic & Operative Hysteroscopy Workshop (AMRAS-SAYGE Certificate in Diagnostic & Operative Hysteroscopy - Step 1)

5th June 2026

Venue: Borneo Cultural Museum



| Time | Topics | Faculty |
|-------|--|--------------------|
| 08:00 | Registration | |
| 08:15 | Welcome & Introduction | |
| 08:30 | Pre-test | Dr Chew Shir Lynn |
| 09:00 | Setting The Stage: Fundamental of Operative Hysteroscopy | Dr Sufian Hadi |
| 09:30 | The Surgical Roadmap: Uterine & Cervical Anatomy in Hysteroscopy | Dr Lim Yee Cherng |
| 10:00 | Break | |
| 10:15 | The Toolbox: Mastering Hysteroscopic Tissue Removal System | Dr Mohammad Haekal |
| 10:45 | Tackling the Complex Cases: Septum, Asherman's Syndrome and Large Fibroids | Dr Li Yi Chieh |
| 11:15 | When Things Go Wrong: Complication Prevention & Management | Dr Lee Chui Ling |
| 11:45 | Post Test (Theory Assessment) | Dr Chew Shir Lynn |
| 12:40 | Sponsored Talk | |
| 13:00 | Lunch | |
| 14:00 | Hands-on Session | All Faculty |
| 15:00 | Practical Assessment | All Faculty |
| 16:45 | Feedback & Closing | |



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Pre-Congress Workshop

Minimally Invasive Surgery in Urogynaecology

5th June 2026

Venue: Sarawak General Hospital

6

| Time | Topics | Faculty |
|-------|---|--|
| 08:00 | Registration | |
| 08:30 | Welcome & Introduction | |
| 08:50 | Laparoscopic Sacrocolpopexy- Introduction, Patient selection, Preparation & Technique | Dr Jimmy Nomura |
| 09:20 | Live Surgery 1: Laparoscopic Sacrocolpopexy | Dr Jimmy Nomura |
| 12:40 | Sponsored Talk | |
| 13:00 | Lunch | |
| 14:00 | Mid-Urethral Sling: Principles, Practice and Outcomes | Dr Sukanda Jalil |
| 14:30 | Live Surgery 2: TVT TVT-O | Dr Jimmy A/P Bahiyah Abdullah Dr Ida Lilywaty Md Latar Dr Sukanda Jalil |
| 16:45 | Feedback & Closing | |



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References: 1. Ferinject, Malaysia Product Insert, Revised Dec 2021-2; Kambak R. Bioavailability. Am J Drug Deliv Ther. 2022;9:141. 3. Yin W, et al. Transfusion. 2008;9(12):2719-28. 4. Bergman C, et al. J Perinat Med. 2012;25(4):443-453. 5. Prazmoler et al. Arch Gynecol Obstet. 2016; 236(1):75-82. 6. Seid M, et al. Am J Obstet Gynecol. 2008;199(6):433-437. 7. Ferrati B, et al. PLoS One. 2014;9(4):e94217. 8. Funk F, et al. Accademia Nazionale dei Lincei. 2010;66(6):345-53.



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Pre-Congress Workshop

Sentinel Lymph Node Mapping and Minimally Invasive Staging in Endometrial and Cervical Cancer

5th June 2026

Venue: Borneo Cultural Museum

| Time | Topics | Faculty |
|-------|---|--|
| 08:00 | Registration | |
| 08:30 | Opening Remarks & Workshop Overview | |
| 08:40 | Evidence-Based Role of Sentinel Lymph Node Mapping in Gynae-oncology | Dr Ahmad Shuib |
| 09:00 | Injection Techniques and Tracers: Optimizing SLN Mapping in the Pelvis | Dr Tong Shuang Ye Pearl |
| 09:20 | Anatomical Landmarks and Lymphatic Pathways – What Every Surgeon Must Know | Dr. Andi Anggeriana |
| 09:40 | Pathologic Ultrastaging, Interpretation, and Impact on Adjuvant Therapy | Dr. Badrul Zaman bin Muda |
| 10:00 | Case-Based Discussion: SLN Mapping Challenges and Pitfalls (Interactive Panel) | All faculty |
| 10:30 | Tea break | |
| 11:30 | Pre-recorded 4K Video: SLN Mapping in Endometrial Cancer via Laparoscopic Approach | Dr Tong Shuang Ye Pearl |
| 12:00 | Modified Radical Hysterectomy with SLN Mapping for Early Cervical Cancer (Video) | Dr. Andi Anggerina |
| | Q&A | |
| 12:40 | Sponsored Talk | |
| 13:00 | Lunch | |
| 14:00 | Interactive Case Discussion & Quiz: 1. Pelvic Nodes Dissection: Laparotomy & Robotic 2. ICG Injection Techniques & Uterine Cervix Mapping on Models 3. Retroperitoneal Anatomy & Lymph Node Dissection Techniques 4. Fluorescence Imaging – Equipment Handling & Real-Time Mapping Simulation | All faculty Dr. Badrul Zaman bin Muda |
| 16:30 | Feedback & Closing | All faculty |

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References:

1. Depypere H and Inki P. The levonorgestrel-releasing intrauterine system for endometrial protection during estrogen replacement therapy: a clinical review. *Climacteric* 2015;18:470–48. 2. Brotherstone J. Contraception meets HRT: seeking optimal management of the perimenopause. *Gen Pract* 2015; DOI: 10.3399/ bjgp15X686689. 3. NAMS Position Statement. *Menopause*, Vol. 24, No. 7, 2017. 4. Mirena SmPC. 5. Ewies A A, A Ifhaily F. Use of levonorgestrel-releasing intrauterine system in the prevention and treatment of endometrial hyperplasia. *Obstet Gynecol Surv* 2012 ; 67 : 726 – 33. 6. Somboonporn W, Panna S, Temtanakitpaisan T, et al. Effects of the levonorgestrel-releasing intrauterine system plus estrogen therapy in perimenopausal and postmenopausal women: systematic review and meta-analysis. *Menopause* 2011; 18 : 1060 – 6.

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Main Congress Programme

2026

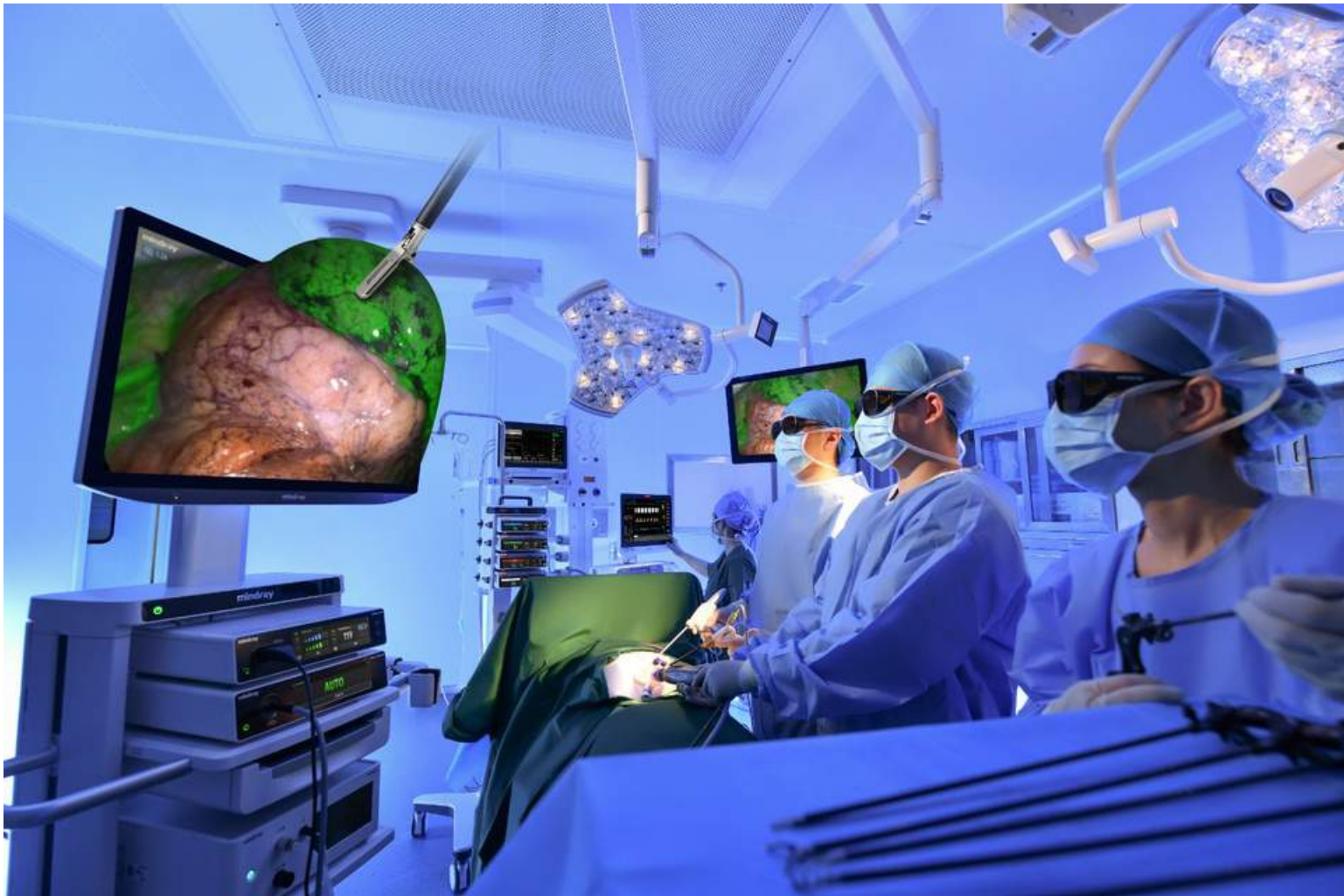
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Main Congress Day 1

Congress Programme Day 1 | 6th June 2026 (Saturday)

Borneo Convention Centre Kuching (BCCK)

Main Conference

| Time | Hall 1 | Hall 2 |
|-------|---|--|
| 08:00 | Registration | |
| | Plenaries | |
| | Plenary 1 | |
| 08:30 | Redefining Vaginal Reconstruction: Innovations in Lee's Neovaginoplasty Prof Lee Chyi Long, Taiwan Moderator: Dr Toratomo Tsuji | |
| | Plenary 2 | |
| 09:00 | Not just hands- The mindset of a successful surgeon Dr. Rooma Sinha, India (President ASGRS) Moderator: Dr Tanvi Desai | |
| | Plenary 3 | |
| 09:30 | Minimally Invasive Trend for Gynae-Oncology – Malaysia Perspective Past, Present and Future Dr Jamil Bin Omar, Malaysia Moderator: Dr Ong Zhong Wei | |
| 10:00 | Opening Ceremony by the Guest of Honour | |
| 10:30 | Tea Break | |
| | Symposium 1 | Symposium 2 |
| | vNOTES & Single Incision Laparoscopy | Gynae-Oncology MIS |
| | Innovations and Expanding Indications in Natural Orifice and Single-Incision Surgery | Precision, Paradigm Shifts, and Progress: The Role of Minimally Invasive Surgery in Modern Gynaecologic Oncology |
| | Moderators: Dr Ang Hui Min Dr Marcus Chiang | Moderators: Dr Chuah Joo Ngor Dr Ahmad Shuib |
| 11:00 | How to overcome difficult points in vNOTES Hysterectomy Dr Tomonori Hada, Japan | Application of Robotic Surgery in Endometrial Cancer – Crucial techniques and practical considerations Dr Kensuke Tomio, Japan |
| 11:20 | vNotes Adnexal Surgery - a review of techniques Dr Veerapol Khemarangsarn, Thailand | Rethinking Radicality: Evolving Surgical Paradigms in Early-Stage Cervical Cancer Dr Jamil bin Omar, Malaysia |
| 11:40 | Reimagining Gynecologic Surgery: The vNotes Era Begins Dr Tan Ee Ping, Malaysia | Minimally Invasive Surgery for Ovarian Cancer: Where Do We Stand? Dr Badrul Zaman b. Muda, Malaysia |

Main Congress Day 1

Congress Programme Day 1 | 6th June 2026 (Saturday)

| Time | Hall 1 | Hall 2 |
|-----------------------|--|--|
| 12:00 | When LESS is More: A review of Single Incision techniques in Gynaecologic Laparoscopy Dr Bao Wei, China | Fluorescence-Guided Surgery: Sentinel Nodes, Margins and Beyond Dr Tong Shuang Ye Pearl, Singapore |
| 12:20 | Q&A | Q&A |
| Sponsored Talk | | |
| 12:40 | Conservative Management of Adenomyosis Dr Gong Xiao Ming, China | |
| 13:00 | Lunch | |
| | Symposium 3 Adenomyosis & Fibroids Redefining the Future of Adenomyosis and Fibroid Management | Symposium 4 Hysteroscopic Surgery Advancing Reproductive Outcomes Through Targeted Intrauterine Surgery |
| | Moderators: Dr Low Kah Pin Dr Debbie Teh | Moderators: Dr Herbert Situmorang Dr Lim Yee Cherng |
| 14:00 | Uterine Artery Embolization: Evolving Role and Relevance in Contemporary Gynaecology Prof Dr Basri Johan Jeet Ab, Malaysia | Seeing the Unseen: Hysteroscopic Clues in the Silent Uterus Dr Ng Ying Shan, Malaysia |
| 14:20 | Complications of ablation therapy, lessons in the past 16 years Dr Gong Xiao Ming, China | Minimally invasive resection of caesarean scar niche pregnancy / Isthmocele repair Dr Yi-Chen Chuang, Taiwan |
| 14:40 | Predictors of HIFU Success: Imaging Biomarkers and Selection Criteria Dr Sevellaraja Supermaniam, Malaysia | Office-Based Hysteroscopy: Expanding Boundaries from Diagnosis to Operative Care Dr Li Yi Chieh, Taiwan |
| 15:00 | Real-Time Monitoring & Technological Innovations in HIFU Prof Zhang Lian, China | Advanced Hysteroscopic Myomectomy: Tackling Type 2 Submucosal Fibroids with New Tools & Techniques Dr Mohammad Haekal, Indonesia |
| 15:20 | Panel discussion How to Choose the Right Therapy: UAE, HIFU, Ablation or Surgery? | Panel Discussion |

Main Congress Day 1

Congress Programme Day 1 | 6th June 2026 (Saturday)

| Time | Hall 1 | Hall 2 |
|-------|---|---|
| | <p>Symposium 5 Surgical techniques in MIGS Refining Surgery Mastery: Techniques, Innovations, and Strategies for Complex Minimally Invasive Gynaecologic Surgery</p> <p>Moderators: Dr Gladys Tanangonan Prof Huang Kuan Gen</p> | <p>Symposium 6 Maternal & Fetal Endoscopy Minimal Invasive Interventions in Pregnancy: Expanding Horizons in Maternal and Fetal Surgery</p> <p>Moderators: Dr Teo Wan Sim Dr Jeremy Joseph</p> |
| 15:40 | <p>Integrating Pre-emptive Lap/Robotic Superior Hypogastric Plexus Block in Complex Gynae Surgery for Enhanced Recovery</p> <p>Dr Sharifah Halimah Jaafar, Malaysia</p> | <p>Advanced Laparoscopic Abdominal Cerclage: Indications, Techniques, and Outcomes</p> <p>Dr Sevellaraja Supermaniam, Malaysia</p> |
| 16:00 | <p>Reduced port access in Robotic Surgery</p> <p>Dr Toru Sasaki, Japan</p> | <p>Minimally Invasive Management of Cesarean Scar Pregnancy: Surgical Strategies and Outcomes</p> <p>Dr Herbert Situmorang, Indonesia</p> |
| 16:20 | <p>Tips for TLH and VNOTES Hysterectomy in patients with a Previous Cesarean Section</p> <p>Dr Noppamart Whangteeranon, Thailand</p> | <p>Fetoscopic Laser Therapy: Current Indications and Technical Considerations</p> <p>Dr Tan Lee Na, Malaysia</p> |
| 16:40 | <p>Panel Discussion</p> | <p>Fetoscopic Repair of Spina Bifida: Techniques, Challenges, and Clinical Outcome</p> <p>Prof Dr Steven Shaw, Taiwan</p> |
| 17:00 | <p>AGM</p> | <p>Panel Discussion</p> |
| 18:00 | | <p>End - <i>transfer back to hotel</i></p> |
| 19:00 | | |
| 22:00 | <p>Gala Dinner @ KANTIN at the Granary</p> | |

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Main Congress Day 2

Congress Programme Day 2 | 7th June 2026 (Sunday)

Borneo Convention Centre Kuching (BCKK)

Main Conference

| Time | Hall 1 | Hall 2 |
|-------|--|---|
| 08:00 | Registration | |
| | Plenaries | |
| | Plenary 4 | |
| | Optimizing Medical Treatment in Endometriosis: Navigating Around Progesterone Resistance | |
| 08:30 | Dr Gladys Tanangonan, Philippines (President PSGE) | |
| | Moderator: Dr Sue Marie | |
| | Plenary 5 | |
| | Fertility Protection in Young Women with Endometriosis: A standard practice | |
| 09:00 | Prof Mukhri Hamdan, Malaysia | |
| | Moderator: Dr Chew Shir Lynn | |
| | Plenary 6 | |
| | Fertility-Preserving approaches in Endometriosis Treatment | |
| 09:30 | Prof Jing Sun, China (APAGE President) | |
| | Moderator: Dr Pei-Chen Li | |
| 10:00 | Tea Break | |
| | Symposium 7 | Symposium 8 |
| | Surgical Management of Endometriosis Spectrum | SAYGE Young Surgeon Symposium |
| | Balancing Radicality, Safety, and Functional Outcomes | |
| | Moderators: | |
| | Dr Lee Chui Ling Dr Sufian Hadi | |
| | Systematic approach to Parametrial dissection in MIS | |
| 10:30 | Dr Chua Peng Teng, Malaysia | |
| | Surgical Aggression in Bowel Endometriosis: Does It Always Improve Outcomes? | |
| 10:50 | Dr Abishek Mangeshkar, India | |
| | Lighting the Dark: ICG-Guided Robotic Surgery for Endometriosis & Adenomyosis | |
| 11:10 | Dr Tanvi Desai, India | |
| | Surgical approach to the frozen-cul de sac | |
| 11:30 | Dr Sun Chung Hsien, Taiwan | |
| | | AMRAS Cup |
| | | Surgical video competition for Young MIS surgeons |

Main Congress Day 2

Congress Programme Day 2 | 7th June 2026 (Sunday)

| Time | Hall 1 | Hall 2 |
|----------------|--|---|
| 11:50 | Panel discussion Radicality vs Function - Where do we draw the line? | |
| 12:10 | Industrial Symposium Before and After the Knife: Medical Treatment as the Crucial Partner in Endometriosis Surgery Dr Regina Paz A. Tan-Espiritu Philippines | |
| 12:30 12:50 | Industry Symposium Strengthening PBM Strategies in Gynaecological Surgery with Ferric Carboxymaltose Assoc Prof Dato Dr Aruku Naidu, Malaysia | |
| 13:00 | Lunch | |
| | Symposium 9 Uro-Gynaecology Restoring Pelvic Support and Function: Advanced Techniques in Minimally Invasive Uro-Gynaecologic Surgery | Symposium 10 Complications in MIS & Robotic Surgery When Things Go Wrong: Prevention, Recognition, and Management |
| | Moderators: A/P Dr Bahiyah Abdullah Dr Albert Tan | Moderators: Dr Tan Gi Ni Dr Vindu Nirumal Kumar |
| 14:00 | Industry Symposium Enhancing Safety and Efficacy in Uterine Surgery: Evidence for the TruClear System Dr Tan Ee Ping, Malaysia | |
| 14:20 | Uterus and Vault suspension technique in vNOTES Dr Jimmy Nomura, Japan | Complication, Prevention and Risk Reduction in Advanced MIS: A Step-by-Step Approach Dr Angeline Wong Tze Yin, Malaysia |
| 14:40 | Robotic Sacrocolpopexy Dr Toshiya Ito, Japan | Vascular Injury in Endometriosis Surgery Dr Sun Chung Hsien, Taiwan |
| 15:00 | Approach to Recurrent Prolapse After Mesh or Native Tissue Repair Dr Jennifer Marie B. José, Philippines | Inadvertent Cystotomy in Laparoscopic Hysterectomy for patients with previous caesarean Dr Chua Peng Teng, Malaysia |

Main Congress Day 2

Congress Programme Day 2 | 7th June 2026 (Sunday)

| Time | Hall 1 | Hall 2 |
|-------|---|--|
| 15:20 | Assessing Success: Functional Outcomes and Quality of Life after Prolapse Repair Dr Ida Lilywaty Md Latar, Malaysia | Controversies in leiomyoma morcellation – Do & Don't Dr Sundar Gugan Santhana Dass, Malaysia |
| 15:40 | The Future of Pelvic Floor Surgery: Robotics, Mesh Alternatives and Regenerative Technique Dr Jimmy Nomura, Japan | Devascularisation techniques in Laparoscopic Hysterectomy Dr Ala Uwais, Jordan |
| 16:00 | Panel Discussion | Panel Case Discussion – What Would You Do? |
| 16:20 | Closing and Award Presentation | |



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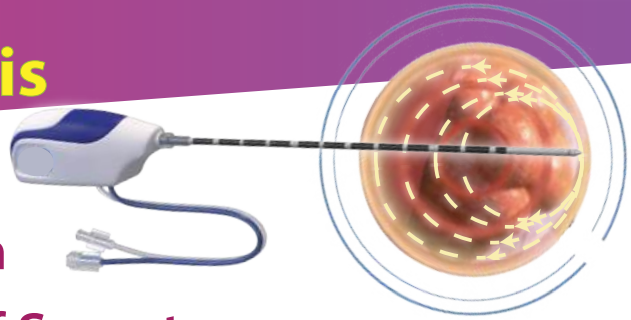
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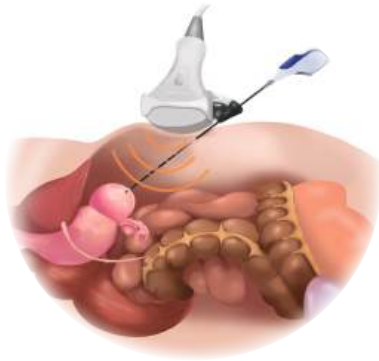


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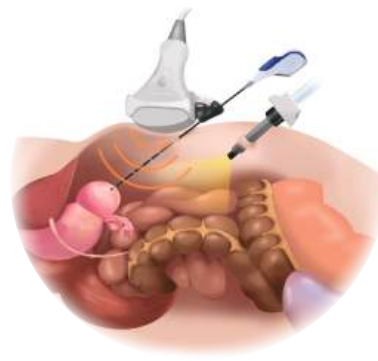


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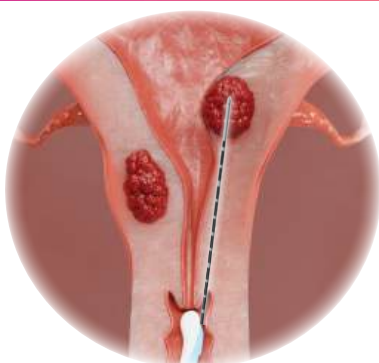
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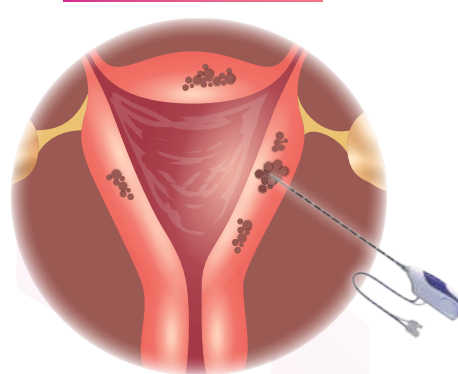
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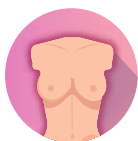
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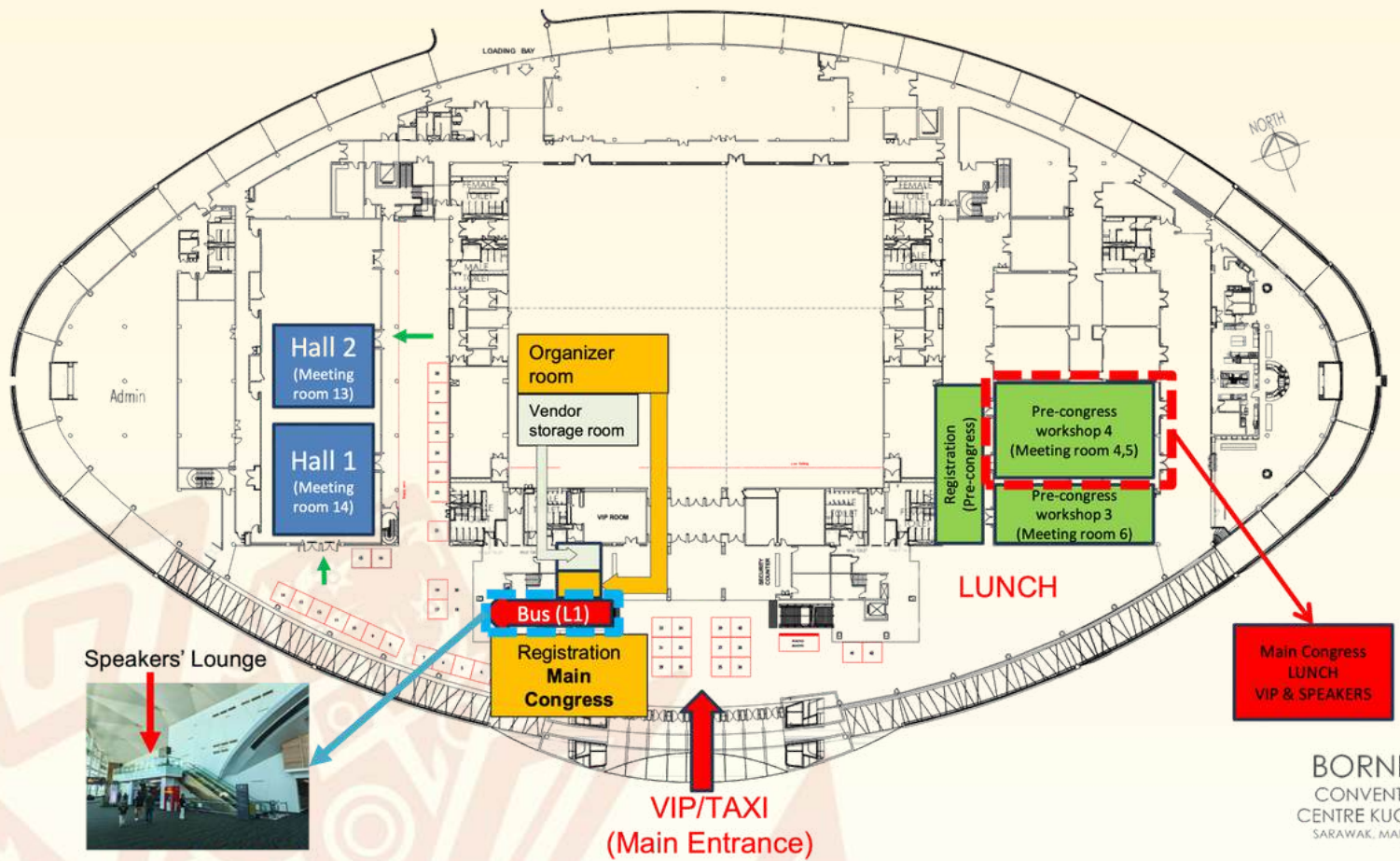
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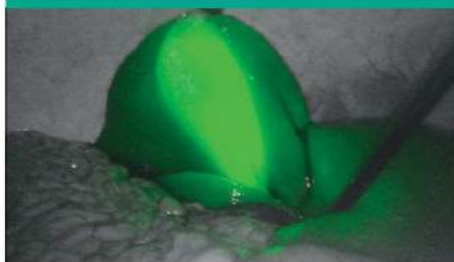
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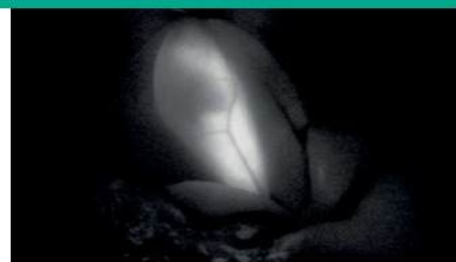
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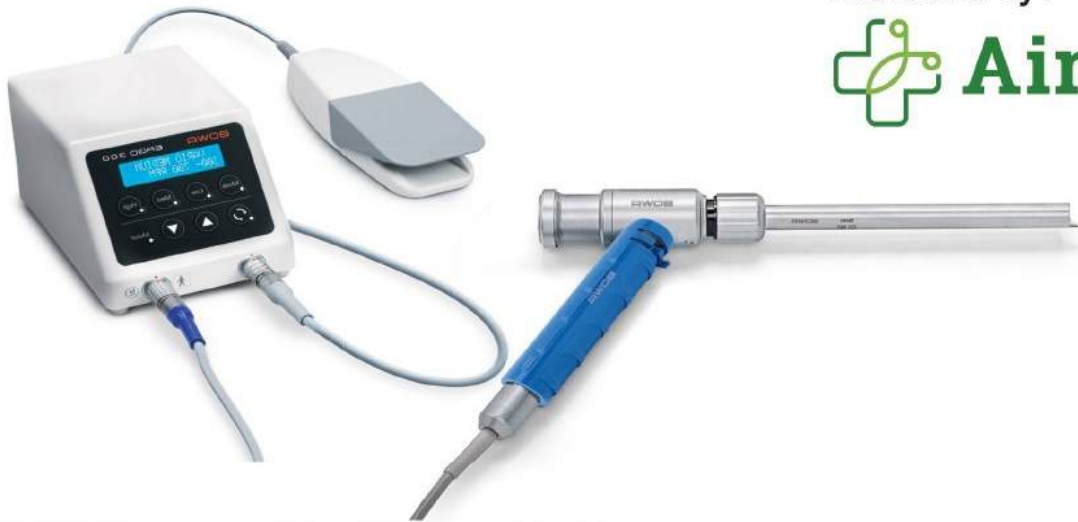


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| 1 | Transvaginal Natural Orifice Transluminal Endoscopic Surgery (vNOTES) Left Ovarian Cystectomy Authors: Devendran Davidas ¹ , Sundar Gugan ¹ Affiliations: ¹ Obstetrics and Gynaecology Department, Hospital Sungai Buloh, Malaysia |
| 2 | Redefining Surgical Boundaries in a District Hospital: Delivering Minimally, Achieving Maximally in Advanced Laparoscopic Myomectomy for a 20-week Multiple Fibroids Uterus Authors: Ming Cheng Chai ¹ , Sheron Albert ¹ Affiliations: ¹ Department of Obstetrics and Gynaecology, Sarikei Hospital, Malaysia |
| 3 | Tips for In-Bag Extraction in Robotic Hysterectomy For Large Uterus Authors: Saki Ikeuchi, Kensuke Tomio, Reika Kato, Sawa Kashibuchi, Misa Kusumoto, Rikako Moroda, Mitsuki Tsurusawa, Yuri Ogata, Yuka Inoue, Tomoko Arakawa, Fumi Misumi, Misao Nakanishi, Hajime Oishi Affiliations: Department of Obstetrics and Gynecology, National Center for Global Health and Medicine |
| 4 | Laparoscopic treatment of giant ovarian cystic tumors in adolescents: Video presentation Authors: Shu Shien Yong, Zheng Yaw Lim, Jen Tau Li, Daniel Roza Bin Duski, Leek Mei Lim Affiliations: O&G department Hospital Sultan Ismail, Johor Bahru. Malaysia |
| 5 | Rectal endometriosis – from shaving to disc excision to segmental resection Authors: Shi Jinghua; Dai Yi; Li Xiaoyan; Leng Jinhua Affiliations: Peking Union Medical College Hospital |

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| 6 | <p>Robotic Strategies for Managing Complex Endometriosis in the Setting of a Müllerian Anomaly Authors: Hielmi Shamsuddin¹, Chou Phay Lim¹</p> <p>Affiliations: ¹Endometriosis Hertfordshire, East and North Hertfordshire NHS Trust, Stevenage, United Kingdom</p> |
| 7 | <p>Microwave Ablation for Retained Placenta Accreta Authors: Dr Sundar Gugan A/L Santhana Dass, Dr Cheong Earn Shin, Dr Vilasani A/P Subramaniam</p> <p>Affiliations: ¹Obstetrics and Gynaecology Department, Hospital Sungai Buloh, Malaysia</p> |
| 8 | <p>Minimally invasive surgery under spinal anesthesia: beyond general anesthesia Authors: Chai Bin Shen ¹, Sundar Gugan ¹, Tan Gi Ni ¹</p> <p>Affiliations: ¹Obstetrics and Gynaecology Department, Hospital Sungai Buloh, Malaysia</p> |
| 9 | <p>Stepwise Laparoscopic Uterosacral Ligament Suspension: Technical Considerations to Minimize Recurrence. Authors: Nor Fadzilah Noor Affendi ¹, Jimmy Nomura¹, T Hayashi¹, R. Fukushima¹, M Nagae¹, S Tokiwa¹, Ma anecta Dayo¹, Janice Anonuevo¹, Eduardo Anonuevo¹.</p> <p>Affiliations: ¹Kameda Medical Center , Kamogawa Chiba,Japan.</p> |
| 10 | <p>Safer Alternative to Vaginal Hysterectomy Author: Dr Bhavani Stalin</p> <p>Affiliations: Aster CMI Hospital & Shridevi Institute of Medical Sciences, India</p> |



Transvaginal Natural Orifice Transluminal Endoscopic Surgery (vNOTES) Left Ovarian Cystectomy

Presenter: Dr Devendran Davidas

Authors

Devendran Davidas¹, Sundar Gugan¹

¹Obstetrics and Gynaecology Department, Hospital Sungai Buloh, Malaysia

Introduction/Objective

To demonstrate the surgical technique, safety and feasibility of ovarian cystectomy via the vNotes approach, emphasizing the benefits of a “scarless” abdominal surgery and enhanced pelvic visualization

Methods/Surgical Technique

The procedure was performed with the patient in the lithotomy position under general anesthesia.

This case involved an elective vNotes cystectomy in a young patient. Pre-operative transabdominal and transvaginal ultrasound demonstrated a normal size uterus measuring about 4cm x 6cm, a huge solid cystic mass arising from left ovary measuring 8.4cm x 6.7cm located near the pouch of Douglas with minimal free fluid and a positive sliding sign. Tumour markers normal. UPT is negative. CT TAP shows left ovarian mature cystic teratoma. vNotes left cystectomy for left dermoid cyst was performed under general anaesthesia.

Results/Outcomes

The total operative time was 40 minutes, minimal blood loss. The patient was discharged on postoperative day 1 with pain score 1-2. There were no intra-operative or postoperative complications. Follow-up at 2 weeks showed a well-healed vaginal vault and high satisfaction regarding the lack of abdominal incisions.

Conclusion/Key Takeaway

vNotes left ovarian cystectomy is a reproducible and effective technique that combines the benefits of traditional vaginal surgery with the superior visualization of laparoscopy. This surgery demonstrates that with proper patient selection and surgical training, the vNotes approach can be a primary option for benign adnexal pathology, offering an aesthetic, “scarless” outcome and rapid recovery.

Keywords

vNotes, Ovarian cystectomy, Natural Orifice Surgery, Minimally invasive Surgery

Redefining Surgical Boundaries in a District Hospital: Delivering Minimally, Achieving Maximally in Advanced Laparoscopic Myomectomy for a 20-Week Multiple Fibroids Uterus

Presenter: Dr Chai Ming Cheng

Authors

Ming Cheng Chai, Sheron Albert
Department of Obstetrics and Gynaecology, Sarikei Hospital, Malaysia

Introduction: Laparoscopic myomectomy for large uterus with multiple fibroids remains technically demanding and is often considered unsuitable in non-tertiary centres. Many patients with large uteri are frequently advised laparotomy due to anticipated surgical complexity and risk of haemorrhage. We present a case demonstrating the feasibility and safety of laparoscopic myomectomy in a district hospital setting with meticulous planning and surgical expertise.

Case Description & Surgical Techniques: A 43-year-old nulliparous woman presented with menorrhagia secondary to a 20-week size uterus due to multiple uterine fibroids. She had sought opinions from several medical centres, most of which recommended laparotomy because of the anticipated technical difficulty and risk of haemorrhage.

At our centre, comprehensive clinical evaluation was performed, including detailed ultrasound mapping of fibroid number, size, and anatomical distribution. Following structured counselling regarding the risks and benefits of laparoscopic versus open surgery, she was deemed a suitable candidate for total laparoscopic myomectomy. Shared decision-making and thorough preoperative discussion established strong patient trust and informed consent.

Preoperative optimisation included tranexamic acid and haematinics to improve her haemoglobin levels. Gonadotropin-releasing hormone (GnRH) analogue therapy was intentionally avoided to preserve the natural cleavage planes and facilitate intraoperative fibroid enucleation.

Intraoperatively, significant challenges were encountered, including distorted pelvic anatomy, reduced working space, and the risk of substantial blood loss. These were addressed through meticulous preoperative planning, including manual anatomical sketching of fibroid distribution, which was displayed intraoperatively as a visual reference.

A systematic, stepwise approach was employed:

- Lee-Huang point was selected for camera port.
- Systematic mapping, strategic sequencing and prioritisation of fibroid enucleation
- Intra-myometrial vasopressin infiltration to minimise blood loss
- Precise dissection along the correct myometrial planes
- Careful multilayer closure of the myometrium and serosa to ensure haemostasis and restoration of uterine integrity

Results: Total of seven uterine fibroids were removed entirely laparoscopically without conversion to laparotomy. Although the estimated blood loss was 900mls, haemostasis was achieved without the need for blood transfusion.

Postoperatively, the patient experienced only mild pain and had an uneventful recovery. She was discharged well on postoperative day two.

Subsequent follow-up at 5-month demonstrated complete resolution of symptoms with high patient satisfaction. The uterus was no longer clinically palpable, and there was no ultrasound evidence of fibroid recurrence.

Conclusion / Key Takeaways: This case highlights that laparoscopic myomectomy for large, multiple fibroid uterus is feasible and safe in a district hospital with adequate expertise, structured planning, and sound surgical principles.

Our increasing number of advanced laparoscopic procedures in a district setting reflects the growing capability of minimally invasive gynaecological surgery outside major referral hospitals. Passion for minimally invasive surgery, continuous skill development, and patient-centred counselling are key drivers in expanding surgical boundaries beyond tertiary centres.

Keywords: District hospital, laparoscopic myomectomy, large fibroid uterus, minimally invasive surgery, advanced laparoscopy



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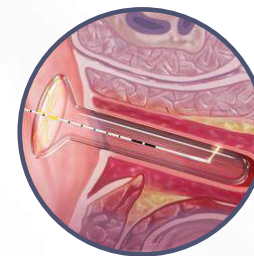
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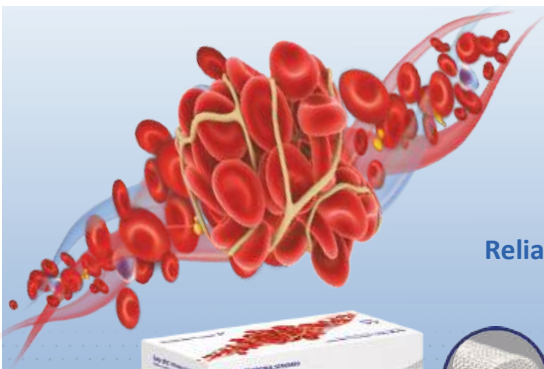


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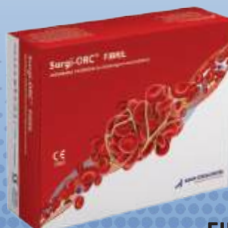
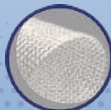
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Tips for in-bag extraction in robotic hysterectomy for large uterus

Presenter: Dr Saki Ikeuchi

Authors: Saki Ikeuchi, Kensuke Tomio, Reika Kato, Sawa Kashibuchi, Misa Kusumoto, Rikako Moroda, Mitsuki Tsurusawa, Yuri Ogata, Yuka Inoue, Tomoko Arakawa, Fumi Misumi, Misao Nakanishi, Hajime Oishi
Department of Obstetrics and Gynecology, National Center for Global Health and Medicine

Introduction: In gynecologic MIS, extraction of large uterus is commonly performed. Although without-bag extraction is technically simpler, it may increase the risk of retained tissue or accidental injury to intra-abdominal organs, so in-bag extraction is generally recommended to reduce these risks. However, due to the technical difficulty of placing the uterus within the bag, this method is often avoided in cases of extremely large uterus. This presentation introduces a reproducible technique for efficiently placing and extracting extremely large uterus into the bag during robot-assisted simple hysterectomy (RASH).

Surgical Technique: At our institution, RASH routinely performs in-bag extraction even for large uterus. We utilize the Alexis Contained Extraction System, which incorporates a wound-retractor to maintain a stable mini-laparotomy incision at the umbilicus, enabling controlled extraction under containment. In RASH, the uterus can be extracted via the vaginal route or through a mini-laparotomy incision. Vaginal extraction offers the advantage of less abdominal incision, but it is limited in nulliparous women or patients with an anatomical narrow vagina and may prolong the steep head-down position time. Mini-laparotomy is suitable for such patients and can shorten the head-down position time. In recent years, as the proportion of nulliparous women increases in Japan, extraction through a mini-laparotomy incision is becoming more common at our institution. The primary technical steps demonstrated in the video are as follows: (1) Expand the bag over the pelvic floor; (2) Lift the bag's rim sufficiently; (3) Fully unfold the bottom of the bag; (4) Pull out the bag's rim rhythmically—gently pulling the drawstring ring ensures secure containment after large uterus encasement is achieved.

Outcomes: From January 2024 to January 2026, we performed 10 RASH procedures on uterus weights ≥ 1000 g. The mean operative time was 6 hours 12 minutes, the mean specimen weight was 1529 g, and the mean extraction time (interval from bag placement to complete removal) was 1 hour 18 minutes. Extended operative time correlated with severe endometriosis or adenomyosis, while extraction time was influenced by the size of the abdominal incision.

Key Takeaway: In-bag extraction of large uterus is technically challenging and often avoided, but with proper steps, it can be reliably accomplished by surgeons of any skill level, reducing the risk of remaining lesions and accidental injury to intra-abdominal organs. This video presentation demonstrates a practical and reproducible approach to in-bag extraction. This technique is also useful when uterine extraction via the vagina is difficult (e.g., nulliparous women or narrow vagina), when the duration of head-down position needs to be shortened, or when preoperative GnRHa therapy is not feasible and reduction of fibroids or adenomyosis cannot be achieved. It contributes to enhancing the reliability and safety of MIS.

Keywords: Robotic Hysterectomy, In-bag retrieval, Large uterus

Laparoscopic treatment of giant ovarian cystic tumors in adolescents: Video presentation

Presenter: Dr Yong Shu Shien

Authors: Shu Shien Yong, Zheng Yaw Lim, Daniel Roza Bin Duski, Leek Mei Lim
O&G department Hospital Sultan Ismail, Johor Bahru. Malaysia

Introduction:

Giant ovarian cystic tumors are rarely reported in adult women and even rarer in adolescent. A 12-year-old girl was referred to us for abdominal distension for the past 2-3 months, associated with on off abdominal pain. She aware clothes getting tight despite weight lost 2kg (60kg to 58kg). On physical examination, the patient's abdomen was distended, a mass similar size of term size pregnancy. CECT showed very large cystic pelvic mass with an eccentric mural nodule and thin septation, likely from right ovary 16 cm × 23 cm × 33cm, causing mass effect and right hydronephrosis and moderate right hydronephrosis. All tumour markers are normal. Patient was co-managed with Paediatric surgeon, performed a Mini laparotomy decompression and laparoscopy cystectomy, revealed a huge cystic tumor originated from the left ovary with benign histopathology.

Surgical technique/ methods:

A detail preop assessment was done to measure the exact depth of skin to cyst . Under general anesthesia, the patient was placed in a supine position. Incision was made at umbilicus base 10mm vertically (Hassan method) with careful dissection to avoid tumor puncture, cyst visualised. Filmy adhesion between cyst surface and anterior abdominal wall. Adhesiolysis done via blunt dissection. The surrounding was packed with ribbon gauze as well. Purse ring suturing done on cyst surface, stab incision done and laparoscopic suction catheter inserted to decompress the cyst while tightening preplace purse ring suturing without intracorporeal leakage. 10mm Primary port inserted at umbilicus, pneumoperitoneum created with operating pressure 14mmHg. 3 accessories 5mm port inserted at left lumbar, left iliac fossa and right lumbar abdominal region. Bilateral ureters identified. Left ovarian cystectomy done. Cyst wall removed via endobag through 10mm port. Ovarian reconstruction done. Peritoneal wash out with 1.5 L Normal Saline. Hemostasis secured. All ports removed under direct vision. 10mm umbilical port site rectus closure with novosyn 1; 5mm port sites closure subcuticularly.

Outcomes:

Despite technically challenged, the ovarian cyst was completely resected, and the ovaries were repaired with operative time less than 3hrs. Great care was taken to protect the surrounding tissues and organs intraoperatively. Recovery period and hospital stay was short (1 day) , lower pain score and early mobilisation .Postoperative pathology showed benign ovarian cysts, mucinous cystadenoma.

Conclusion/ key to takeaway

Huge ovarian cyst management is always a clinical challenge especially in adolescent and young adult where clinicians need to weigh the risk of malignancy vs fertility. Approach of surgery is imperative as it one need to balance the risk of tumor rupture leading to upstaging the disease vs a huge laparotomy scar which is not only visually unpleasant but hinder the post op recovery. Laparoscopic surgery is an safe treatment option, has great advantages for adolescents, with less damage/ scarring, and faster recovery

Keywords:

mini laparotomy decompression , laparoscopic surgery, ovarian cyst in adolescent



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2. Schweppe KW. Maturitas. 2009;65 Suppl 1:S23–S27.

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Rectal endometriosis – from shaving to disc excision to segmental resection

Presenter: Dr Shi Jinghua

Authors

Shi Jinghua; Dai Yi; Li Xiaoyan; Leng Jinhua
Peking Union Medical College Hospital

Introduction

The surgical management of bowel endometriosis is complex and might be related to severe postoperative complications. Shaving, disc excision, and segmental resection are three main surgical procedures. Choosing the right surgical treatment is quite difficult.

Methods and Surgical Technique

This is a 41-year-old female with a 4-month history of hematochezia during menstruation. Colonoscopy revealed stenosis of the intestinal lumen, and pathological biopsy indicated chronic inflammation. The rectal ultrasound probe could not pass through the stenosis; however, a partial mass measuring approximately 3 cm in size was visualized. Physical examination revealed a hard nodule measuring 4 cm on the anterior wall of the rectum, with no active bleeding. We performed laparoscopic surgery in this video. Shaving was performed at first, however, as the lesion infiltrated into the mucosal layer of the rectum, we tried to disc resection. After respecting part of the lesions, we found the lesions were too large that stricture of the intestinal lumen may occur after intestinal repair and suture. At last, we decided to proceed with resection of the affected intestinal segment, adenomyoma was removed at the same time.

Outcomes

Postoperative pathology indicated rectal endometriosis involving the submucosa and lamina propria, with negative margins. The patient kept fasting without water for 5 days post-surgery, after which the diet gradually advanced. Body temperature remained normal; mild anemia was noted. The patient received 3 doses of GnRHa, followed by long-term oral Dienogest. At 1-year follow-up, bowel and bladder functions are normal, and there is no sign of recurrence.

Conclusion

Imaging studies and/or endoscopic biopsies may not fully reveal the extent of the lesion. Hematochezia during menstruation and intestinal lumen stenosis may indicate the need for segmental resection. Long-term pharmacological management is necessary following non-curative surgery to alleviate symptoms and minimize the risk of recurrence.

Keywords

Laparoscopy; rectal endometriosis; shaving; disc excision; segmental resection

Robotic Strategies for Managing Complex Endometriosis in the Setting of a Müllerian Anomaly

Presenter: Dr Helmi Shamsuddin

Authors

Helmi Shamsuddin¹, Chou Phay Lim¹

¹Endometriosis Hertfordshire, East and North Hertfordshire NHS Trust, Stevenage, United Kingdom

Introduction / Objective: Complex endometriosis in the presence of Müllerian anomalies presents significant anatomical and surgical challenges. Distorted pelvic planes combined with variant uterine anatomy may increase operative risk and require a structured, strategy-driven approach. This video demonstrates key robotic principles for safely managing advanced endometriosis in a patient with a unicornuate uterus (ESHRE/ESGE U4a) and a non-communicating rudimentary horn.

Methods / Surgical Technique: A 31-year-old para 1 with a known right hemi-uterus and ipsilateral renal agenesis presented with longstanding severe unilateral cyclical pelvic pain. MRI performed four years earlier confirmed a non-communicating rudimentary horn and absence of the left kidney and ureter. She initially declined surgery but represented acutely 4 years later and ultrasound demonstrated progression to a complex left tubo-ovarian endometriotic mass. Definitive surgery was undertaken electively following GnRH analogue downregulation.

Examination and hysteroscopy confirmed a single vagina and cervix with no communication between the rudimentary horn and functional uterine cavity. Robotic-assisted laparoscopy was initially commenced using a three-arm configuration to assess anatomy and restore exposure. We rarely utilise a bedside assistant port. Severe adhesive disease with distortion of normal pelvic planes was encountered.

A structured stepwise strategy was adopted: restoration of exposure, development of normal anatomical planes beginning with pararectal space dissection, and controlled decompression of the hydrosalpinx and endometrioma to improve visualisation. As dissection complexity increased, a fourth robotic arm was introduced and an EndoWrist® suction irrigator was employed that also act as an effective traction instrument, facilitating precise tissue handling during adhesiolysis and rectal shaving.

Following safe bowel demarcation, rectal shaving was completed and definitive excision of the rudimentary horn with salpingo-oophorectomy was performed where minimal viable ovarian tissue remained. Bladder reflection was undertaken with careful delineation of margins prior to horn excision. Specimen retrieval was performed vaginally via posterior colpotomy. A free tissue retrieval bag was used for containment of endometriotic tissue, followed by a larger endobag system to enable en bloc removal of the rudimentary horn and adnexal structures, thereby avoiding mini-laparotomy. The colpotomy was closed robotically using barbed suture.

Results / Outcomes: The procedure was completed robotically without intraoperative complications. Bowel and bladder integrity were preserved. Histology confirmed endometriosis, endometrioma, adenomyosis within the rudimentary horn, and hydrosalpinx. The patient was discharged on the very same day and remained symptom-free.

Conclusion / Key Takeaway: Management of advanced endometriosis in altered Müllerian anatomy requires meticulous preoperative planning, precise identification of variant structures, and disciplined adherence to normal surgical planes. Robotic assistance enhances exposure and dexterity, enabling safe and effective treatment of dual anatomical complexity.

Keywords Robotic surgery; Müllerian anomaly; Unicornuate uterus ; Complex Endometriosis

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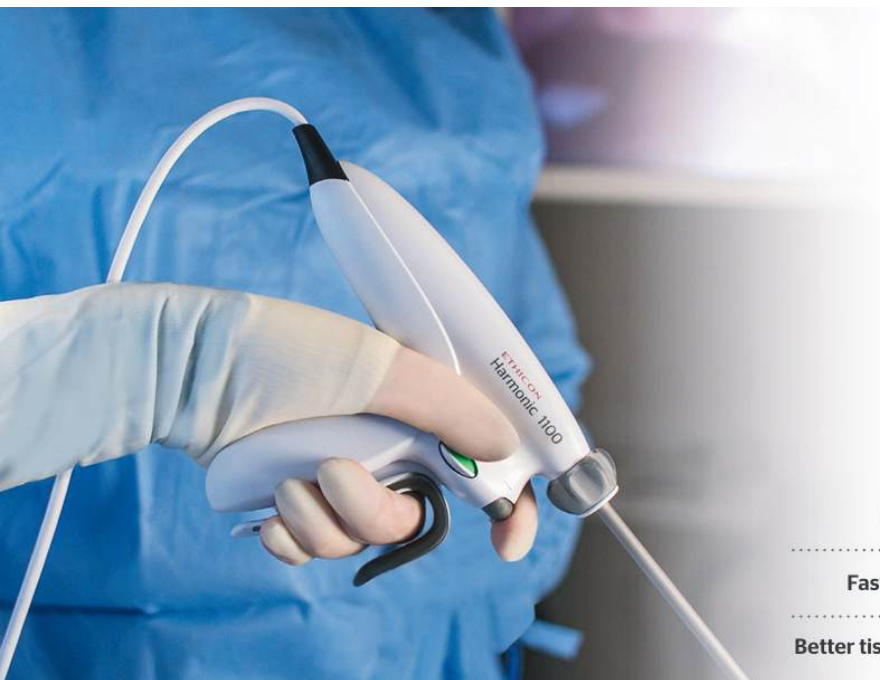
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Microwave Ablation for Retained Placenta Accreta

Presenter: Dr Vilasani A/P Subramaniam

Authors

Dr Sundar Gugan A/L Santhana Dass, Dr Cheong Earn Shin, Dr Vilasani A/P Subramaniam

Introduction / Objective: The incidence of placenta accreta spectrum has been on the rise, leading to higher rates of hysterectomy. Various conservative measures have been attempted but resulted in concerning rate of endometritis and secondary postpartum haemorrhage. Microwave Ablation (MWA) has been utilised on benign gynaecological conditions. We are excited to showcase the inaugural use of MWA in managing a case of secondary postpartum haemorrhage due to retained placenta accreta, aiming for conservative management and fertility preservation.

Clinical Background: FCL, 33 years old low risk primigravida, was induced at 39 weeks for fetal growth restriction. She underwent vacuum-assisted delivery for fetal distress. Delivery was uneventful with blood loss of 400ml. The immediate postpartum period was unremarkable with the patient reporting physiological lochia.

However, on day 45 postpartum, she presented with sudden increase in vaginal bleeding for a week, without any systemic symptoms. On assessment, the abdomen was soft, no mass palpable. Vaginal examination was normal. Transabdominal scan revealed an echogenic mass (4.1x2.7cm) at the lower part of the uterus, with high-velocity flow on colour doppler. A working diagnosis of arterio-venous malformation (AVM) was made. Computed tomography angiogram (CTA) pelvis showed features of uterine AVM without active bleed. Therefore, she was scheduled for pelvic angiogram and embolization.

Two weeks later, a repeated transabdominal ultrasound showed a well circumscribed, vascularised echogenic mass attached anteriorly at the lower part of the uterus. A revised diagnosis of retained product of conception (POC), possibly adherent placental tissue was made. She was then scheduled for diagnostic hysteroscopy and MWA.

Methods / Surgical Technique: We performed a diagnostic hysteroscopy using 4mm continuous flow working channel scope. The uterine wall was filled with remnants of POC evident by placental tissue and fetal vernix. There was a mass at the anterior part of the uterus, 4x3cm, morphologically resembling placenta. Biopsy was taken under direct visualisation. Subsequently MWA was done under ultrasound guidance via 14G antenna, starting from 30W for 1 minute, then 50W for 2 minutes. The surgery was uneventful with minimal blood loss.

Results / Outcome : Postoperatively, the patient was well and completed a course of antibiotics before discharged home. During her weekly follow up, she remained well, with a reduced trend of bleeding. Transabdominal scan showed smaller intrauterine mass; blood parameters revealed static haemoglobin and normal inflammatory markers.

Histopathological evaluation confirmed the diagnosis of retained POC, evident by degenerated and partially degenerated chorionic villi, surrounded by hyalinised stroma and necrotic debris. Combining the results from ultrasound, CTA and intraoperative findings, we can deduce that the POC is likely retained placenta accreta.

Conclusion/Key Takeaway: This case highlighted the importance of hysteroscopy as both diagnostic and therapeutic modalities in managing complex cases with diagnostic ambiguity. By having the advantage of direct visualisation of the pathology, it enables the clinician to offer optimal treatment to patients. MWA can be an effective solution for patients with placenta accreta aiming for a more conservative and fertility sparing approach, as it avoids direct evacuation that may lead to catastrophic haemorrhage and hysterectomy.

Keywords

Microwave Ablation, Retained Placenta Accreta, Hysteroscopy

Minimally invasive surgery under spinal anesthesia: beyond general anesthesia

Presenter: Dr Chai Bin Shen

Authors

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Presenter: Chai Bin Shen

Introduction / Objective: Minimally invasive surgery is conventionally performed under general anaesthesia with standard pneumoperitoneum pressures and Trendelenburg positioning. However, selected patients may benefit from spinal anaesthesia when airway manipulation or extreme positioning poses additional risk. This video presentation demonstrates the feasibility of performing minimally invasive gynaecologic procedures under spinal anaesthesia using low pneumoperitoneum pressure, across varied clinical settings.

Methods / Surgical Technique:

Two contrasting cases are presented to highlight adaptability.

The first case involved an emergency ectopic pregnancy in a young woman with an active upper respiratory tract infection. Pre-operative transabdominal and transvaginal ultrasound demonstrated an empty uterus, a mobile left adnexal ectopic pregnancy located near the pouch of Douglas, absence of free fluid, and a positive sliding sign. Emergency VNOTES salpingectomy was performed under spinal anaesthesia.

The second case involved an elective single-incision laparoscopic salpingo-oophorectomy for a symptomatic benign ovarian cyst in a patient with significant cervical spine disease and spinal canal stenosis, where neck extension during intubation was undesirable. Pre-operative ultrasound showed a thin-walled ovarian cyst measuring approximately 5 × 6 cm, a normal contralateral ovary, a positive umbilical sliding sign, and limited uterosacral mobility.

In both cases, spinal anaesthesia was employed with low pneumoperitoneum pressure not exceeding 8 mmHg, minimal Trendelenburg positioning, and continuous real-time assessment of patient comfort in close collaboration with the anaesthesiologist.

Results / Outcomes: Both procedures were completed successfully without conversion to general anaesthesia. Adequate surgical exposure was achieved despite low insufflation pressures and limited Trendelenburg positioning. Patients remained comfortable and haemodynamically stable throughout surgery. No intra-operative complications occurred, and post-operative recovery was uneventful.

Conclusion / Key Takeaway: Low-pressure laparoscopy under spinal anaesthesia is feasible in carefully selected gynaecological cases. With appropriate patient selection and technical modification, both emergency and elective procedures can be performed safely while preserving the benefits of minimally invasive surgery.

Keywords: Laparoscopy, Minimally invasive surgery, Spinal anaesthesia



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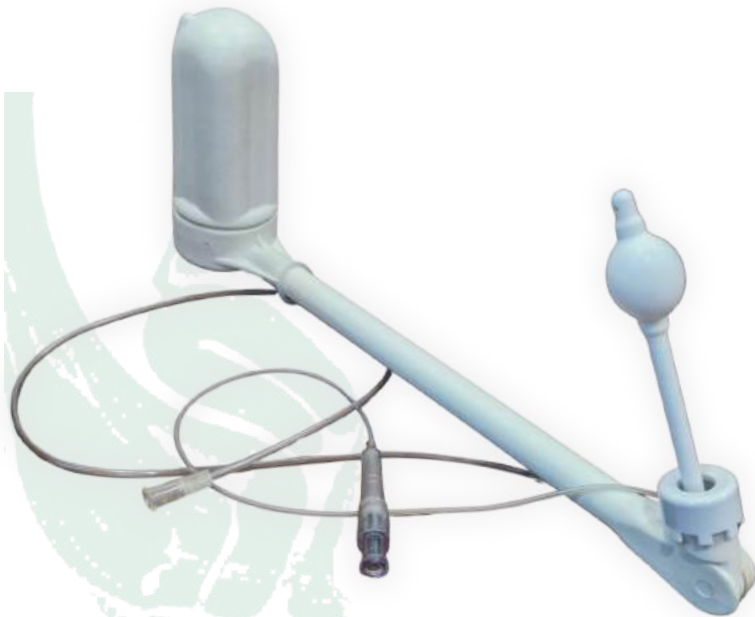
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References: 1 Matteo M et al. Eur J Obst Gynecol and Reprod Biol 2006;126(1):77-80. 2 Kang J et al. Gynecol Obstet Invest 2010;69(2):73-77.



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Stepwise Laparoscopic Uterosacral Ligament Suspension: Technical Considerations to Minimize Recurrence.

Presenter: Dr Norfadzilah Noor Affendi

Authors

Nor Fadzilah Noor Affendi¹, Jimmy Nomura¹, T Hayashi¹, R. Fukushima¹, M Nagae¹, S Tokiwa¹, Ma anecta Dayo¹, Janice Anonuevo¹, Eduardo Anonuevo¹.
1 Kameda Medical Center , Kamogawa Chiba, Japan.

Introduction

The uterosacral ligament (USL) is the main structure of physiological apical support. It is commonly used as native tissue repair in pelvic reconstruction surgery transvaginally or laparoscopically. However, as the ligament itself is difficult to identify and knowing native tissue will weaken by ages, recurrence is always reported. Laparoscopic will improves the visualization however exposure of ligaments and technique are important in minimalised the recurrence.

Method/ Surgical techniques

In this study we reported a step-by -step instructions videos and technical consideration to minimise the recurrence. The key techniques are shown as follows:1. If hysterectomy needed, subtotal hysterectomy is done to spare the distal anatomical attachment of USL at cervicovaginal junction, 2. continuous running sutures from the proximal part of USL towards cervix bilaterally,3. multiple laparoscopic anterior plications of pubocervical fascia from the bladder neck to the cervical stump 4. Incorporate level I and II deLancey pelvic support by suturing the anterior colporrhaphy plication sutures to cardinal ligament and USL posteriorly.

Result

18 patients have undergone this modified USL since August 2025 , none of them had serious complication and 1 reported anterior stage 2(5%), recurrence at 6 months follow up. No apical or posterior recurrence up to date.

Conclusion

Using this technique, the USL suspension offers alternative meshless support towards pelvic organ especially apical support. It is more secured, effective and safe.

Keywords

POP surgery, laparoscopic NTR , laparoscopic USLS

Safer Alternative to Vaginal Hysterectomy

Presenter: Dr Bhavani Stalin

Aim

To compare the outcomes of the first 30 cases of Total Laparoscopic Hysterectomy (TLH) with that of Vaginal Natural Orifice Transluminal Endoscopic Surgery - Hysterectomy (VNOTES-H) performed by a single surgeon.

Material and methods

Clinical and outcome data for the first 30 cases of TLH and the first 30 cases of VNOTES hysterectomy performed by the same surgeon were collected prospectively in a medical college tertiary referral center. The information regarding duration of surgery, comorbidities, diagnosis, estimated blood loss, intra-op and post-op complications, pain score on post-op days 0, 1 and 7, duration of admission, re-admission and number of days to resume regular activities was noted.

Results and analysis

VNOTES-H pain scores were 2-3 (on the scale of 10) on POD-1 compared to 5-6 with TLH. With VNOTES-H, analgesic requirements were 60% lesser, and postoperative PV bleeding or spotting was 70% lesser compared to TLH. Abdominal distension, flatulence and belching were 90% less, and blood loss was 72% less in VNOTES compared to TLH. No readmissions or adjacent organ injuries were noted in the VNOTES cohort. In the TLH cohort, 3 patients developed organ injuries. A patient developed a vesicovaginal fistula on POD 7 and was managed conservatively. Another developed a mid-ureteric stricture and needed ureteric stenting. The third patient in the TLH group sustained a bladder injury and repaired intraoperatively. There were no post-op infections, blood transfusions or ICU admissions in either modality of hysterectomy.

Take Home Message:

VNOTES hysterectomy appears to be a superior mode for surgery in selected cases, resulting in a lower rate of postoperative complications, reduced operative time and intraoperative blood loss and lesser postoperative pain and requirement for analgesia.

The superior outcomes in VNOTES-H can be achieved with a shorter learning curve for the surgeon with no external scar for the patient.



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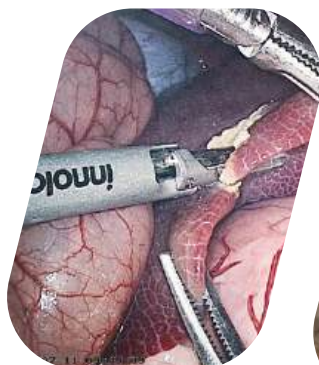
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