

HEPATOPANCREATOBILIARY SURGERY SERVICES IN MALAYSIA: AN ESSENTIAL SURGICAL SERVICE IN GLOBAL SURGERY INITIATIVE PERSPECTIVE

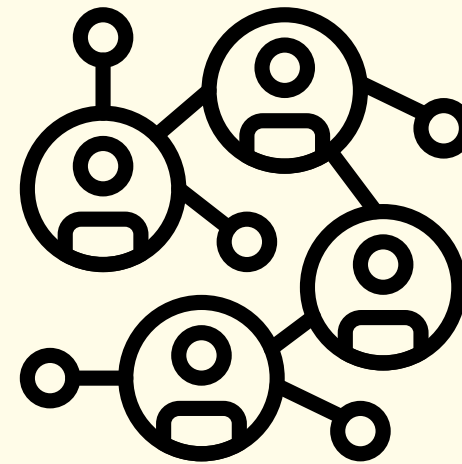


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INTRODUCTION

Since its pioneering days in the 1969 spearheaded by Professor Dr Balasegaram Manickavasager, hepatopancreatobiliary (HPB) surgery services in Malaysia has been growing from strength to strength. Despite the dampening effect of the recent Covid-19 pandemic, HPB surgery team lead by the current National Head of HPB Surgery Service, Dr Manisekar K Subramaniam has been working diligently to deliver service to all corners of Malaysia including several district hospitals. Hereby we present a summary of essential HPB surgery services in Global Surgery Initiative perspective.



DISCUSSION

Currently, there are 5 main centers offering HPB surgery services - 3 in West Malaysia and 2 in East Malaysia. In West Malaysia, Hospital Sultanah Bahiyah lead by 2 senior consultants is covering 6 other hospitals scattered in the Northern region. Hospital Selayang lead by 4 senior consultants is responsible for 10 hospitals in the Central region. Hospital Sultanah Aminah lead by 1 junior consultant is delivering service to 3 other hospitals in the Southern region. Meanwhile in East Malaysia, Hospital Umum Sarawak lead by 1 senior consultant is visiting 3 other hospitals, as far as 816 km away. Similarly, Hospital Queen Elizabeth lead by 1 junior consultant is covering 4 hospitals. Kindly refer to infographic for more details on the related services and workloads.

Hospital Sultanah Bahiyah (Alor Setar) Networking

- A. Hospital Tuanku Fauziah (Kangar): Since 2017, EL: 1-2 cases/4 months, EM: 1-2 cases/3 months
- B. Hospital Pulau Pinang: Since 2017, EL: 1-2 cases/month, EM: 1-2 cases/month
- C. Hospital Seberang Jaya: Since 2000, EL: 2 cases/3 months, EM: 3-5 cases/month
- D. Hospital Kulim: Since 2017, EL: 1-2 cases/5 months, EM: 1 case/4 months
- E. Hospital Taiping: Since 2017, EL: 2 cases/4 months, EM: 1-2 cases/4 months
- F. Hospital Raja Permaisuri Bainun (Ipoh): Since 2017, EL: 1-2 cases/6 months, EM: 1 case/5 months

Hospital Selayang Networking

- A. Hospital Seri Manjung: Since 2022, EL: 1 visit/month
- B. Hospital Teluk Intan: Since 2022, EL: 1 visit/month
- C. Hospital Tengku Ampuan Afzan (Kuantan): Since 2021, EL: 4 cases/month, Clinic: 15 cases/month, ERCP: 5 cases/month
- D. Hospital Temerloh: Since 2021, 1 visit/month, Clinic: 4 cases/month, ERCP: 5 cases/month
- E. Hospital Ampang: Since 2021, EL: 2-3 visits/month, EM 2 visits/month
- F. Hospital Kuala Lumpur: Since 2021, EL 2-3 visits/month, EM 1 visit/month
- G. Hospital Tengku Ampuan Rahimah (Klang): Since 2020, EL: 3-4 visits/month, EM: 3-4 visits/month
- H. Hospital Shah Alam: Since 2021, EL 2 visits/month
- I. Hospital Putrajaya: Since 2022, EL 1 visit/month, EM 1 visit/6 months
- J. Hospital Serdang: Since 2021, EL 2 visits/month

Hospital Sultanah Aminah (Johor Bahru) Networking

- A. Hospital Sultan Ismail: Since 2019, EL: 3-4 cases/month
- B. Hospital Kluang: Since 2022, EL: 3-4 cases/month
- C. Hospital Batu Pahat: Since 2019, EL: 3-4 cases/month

Hospital Umum Sarawak (Kuching) Networking

- A. Hospital Sibul: Since 2018, EL: 3-4 cases/month, Clinic 15-20 cases/month, ERCP: 5-10 cases/month
- B. Hospital Miri: Since 2019, EL: 3-4 cases/month, Clinic 25-30 cases/month, ERCP: 3-5 cases/month
- C. Hospital Bintulu: Since 2023, EL: 3-4 cases/2 months, Clinic 8-15 cases/2 months, ERCP: 4-5 monthly, EM: 1 case/6 months

Hospital Queen Elizabeth (Kota Kinabalu) Networking

- A. Hospital Keningau: Since 2022, EM: 1/year
- B. Hospital Duchess of Kent (Sandakan): Since 2022, ERCP 1/year
- C. Hospital Tawau: Since 2021, EL: 1/year, EM: 1/year
- D. Hospital Lahad Datu: Since 2021, 1-2/year

CONCLUSION

Main challenges in HPB surgery services in Malaysia resonate with what other subspecialties are similarly facing - ensuring accessibility to HPB surgery services in the face of expected attrition in term of experienced and trained manpower. Hence, not only a robust succession plan is needed, developing other effective strategies to deal with reasons for attrition will secure a sustainable long term services, ensuring we are able to not only maintain current high quality service but also further expand it in the near future.

