16TH HKL VASCULAR CONFERENCE

1-4, SEPTEMBER 2026
RENAISSANCE HOTEL | KUALA LUMPUR

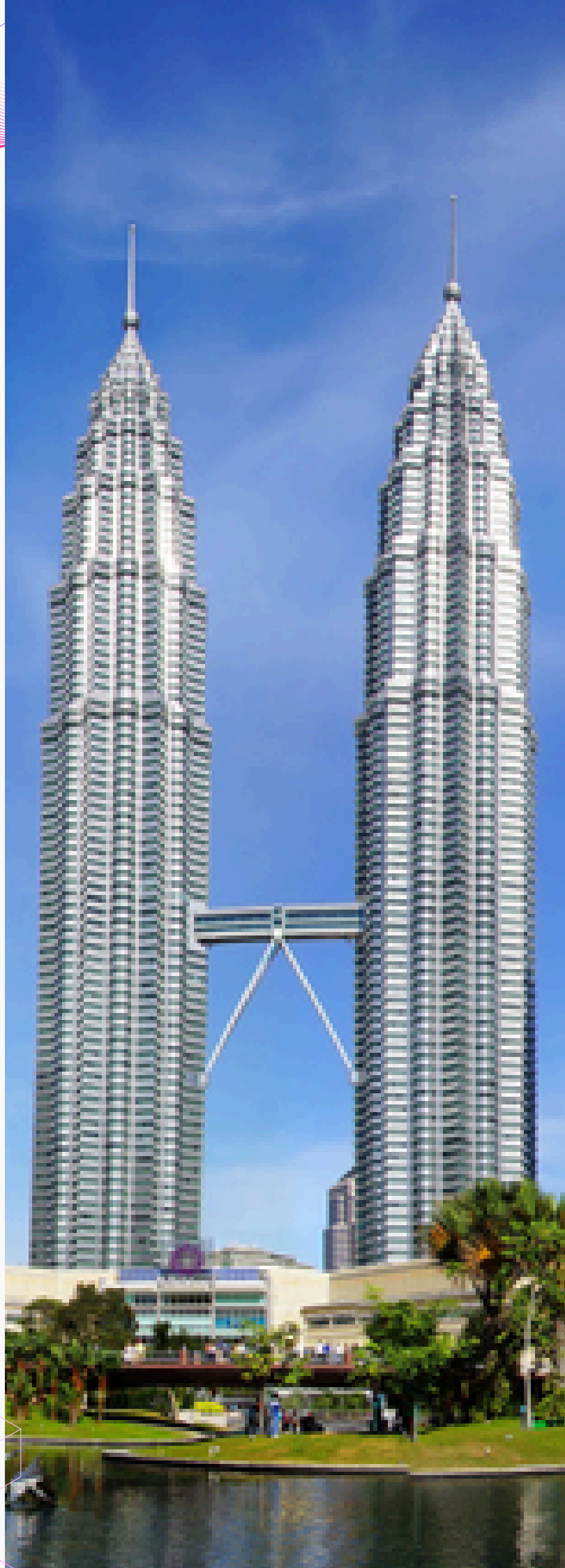
REDEFINING STANDARDS IN VASCULAR SURGERY

Organised by:

In collaboration with:

Supported by:

Table Of Contents



01

Welcome Message

Greetings from the Heart of Malaysia!

It gives me immense pleasure to warmly welcome all of you to the 16th Hospital Kuala Lumpur (HKL) Vascular Conference, which will be held at The Renaissance Kuala Lumpur from the 2nd to 3rd of September 2026.

The HKL Vascular Conference holds a special place within the Malaysian vascular fraternity. This esteemed tradition was first pioneered by the late Datuk Dr Zainal Ariffin Azizi and subsequently carried forward by Datuk Dr Hanif Hussein. 15 editions later, my team and I are deeply honoured and privileged to continue this legacy with the 16th HKL Vascular Conference.

We hope this conference will serve as your gateway to the very best in vascular surgery, with access to the advancements in clinical practices, groundbreaking research and not to mention hands-on learning opportunities. It is our privilege to host distinguished experts, both from within the region as well as our international counterparts. This year, we have curated a comprehensive academic programme encompassing key areas of vascular surgery. Beyond the lectures and discussions, we hope the conference will foster meaningful exchanges, encourage collaboration and inspire new ideas that translates into better patient care.

As you join this conference, you become part of a dynamic community committed to advancing vascular care through knowledge, innovation and collaboration. In a field that continues to evolve at an unprecedented pace, your engagement and contribution is more important now than ever.
On behalf of the Organising Committee of the 16th HKL Vascular Conference, I would like to express my sincere gratitude to all our faculty, delegates, partners and colleagues for being part of this journey and helping us keep this important tradition alive.
We look forward to welcoming you to Kuala Lumpur and making the 16th HKL Vascular Conference a truly remarkable experience.

Warm regards,
Dr. Putera Mas Pian
Chairperson, HKL Vascular Conference 2026

Introducing
2026 HKLVC Committee

The success of this conference is made possible through the collective efforts of a passionate and committed team. We proudly introduce the committee members who have worked tirelessly to bring the 16th HKL Vascular Conference to life.

Advisor
Datuk Dr Hanif Bin Hussein
Dr Kumaraguru V K Pillay

ORGANISING CHAIRMAN
Dr Putera Mas Pian

ORGANISING CO-CHAIRMAN
Dr Michael Arvind Edwin Leo

SCIENTIFIC COMMITTEE CHAIR
Dr Karthigesu Aimanan

SECRETARY
Dr Pradeep Chand Chandran

CO-SECRETARY
Dr Brentha Kandasamy

TREASURER
Mr Mohd Fakrullah Ab Rahman

CO-TREASURER
Dr Muhamad Aizat Tamlikha Bin Ismail

PRE-CONFERENCE WORKSHOP LEAD
Dr Koh Pei Fern
Dr Ahmad Al-Hafeez Bin Ahmad Zaidi
Dr Yurkdes Aran Sittampalam

MASTERCLASS LEAD
Dr Mohd Ammar Bin Ahmad

Meet Our Faculty

We are honoured to welcome our distinguished local and international faculty, comprising renowned clinicians, educators, and researchers who will share their expertise, experience, and the latest perspectives in vascular medicine and surgery, enriching the scientific programme of the 16th HKL Vascular Conference.

Local Faculty
Dr Chew Loon Guan

Local Faculty
Dr Kinagabran Sivananthan

Local Faculty
Dr Saw Siong Teng

Local Faculty
Dr Nor Hidayah Binti Zainool Abidin

Meet Our Faculty

Local Faculty
Dr Ng Wei Lin

Local Faculty
Dr Thomas Francis

Local Faculty
Dr Suryati Binti Yakob

Local Faculty
Dr Caroline Eng
Siew Yin

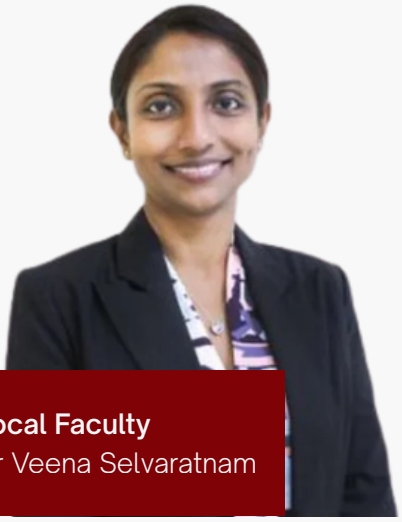
Local Faculty
Dr Sharhanin Binti
Bahrudin

Local Faculty
Dr Amy Khor
Cheng Mei

Meet Our Faculty

Local Faculty
Dr Ling Dao Yao

Local Faculty
Dr Mohd Abdul Hadi
Bin Mohd Anuar



Local Faculty
Dr Veena Selvaratnam

Local Faculty
Prof Rosnelifaizur
Bin Ramely

Local Faculty
Dr Saravana Kumar
Selvanathan

Local Faculty
Dr Mohd Norhisham Azmi
Bin Abdul Rahman

Meet Our Faculty

Local Faculty
Dr Hisham Arshad Bin Habeebullah Khan

Local Faculty
Dr Ahmad Firdaus Bin Ahmad Lutfi

Local Faculty
Dr Mohamad Azim Md Idris

Local Faculty
Dr Ahmad Rafizi Hariz Bin Ramli

Local Faculty
Dr Syazwan Arif Bin Saprudin

Local Faculty
Dr Feona Sibangun Joseph

Meet Our Faculty

Local Faculty
Datuk Dr Benjamin
Leong Dak Keung

Local Faculty
Dr Naresh
Govindarajanthran

Local Faculty
Dr Edward Choke
Tieng Chek

Local Faculty
Dr Kishen Raj
Chandra Sakaran

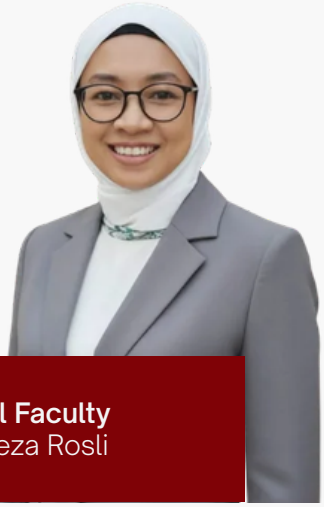
Local Faculty
Dr Muhammad
Syafiq Bin Idris

Local Faculty
Dr Sanjay Dev Singh
Dharshan Singh

Meet Our Faculty

Local Faculty
Dr Mohamed Afiq Muizz Bin Mohamed Rasidi

Local Faculty
Dato Dr Harikrishna K.R. Nair



Local Faculty
Dr Eleza Rosli

Local Faculty
Dr Neoh Yuen Woei

Local Faculty
Pn Norashikin Binti Mohamed Noor

Local Faculty
Pn Zuliehaiza Binti Kahairudin

Meet Our Faculty

Local Faculty
MA Mohd Shafiq Bin Ab Rani

Local Faculty
SN Muhammad Hafizuddin

Local Faculty
TBK Muhaini Binti Abdul Aziz

Local Faculty
MA Adam Bin Abu Kasim

Local Faculty
SN Nor Azianti Binti Mohamed

Meet Our Faculty

International Speaker
Dr Wittawat
Tantarattanapong

International Speaker
Associate Professor
Dr Jackie Ho Pei

International Speaker
Dr Yong Enming

International Speaker
Associate Professor
Dr Keerati Hongsakul

International Speaker
Dr Leoncio L Kaw

International Speaker
Adjunct Associate
Professor Dr Ng Jun Jie

Meet Our Faculty

International Speaker
Dr Liang Gang Zhu

International Speaker
Dr Veera Suwanruangsri

International Speaker
Dr Shaun Lee Qing Wei

International Speaker
Dr Sunil Siri Pathmanathan

International Speaker
Assistant Professor Dr Wuttichai Saengprakai

International Speaker
Dr Samuel Tsoon Wuan Lo

Meet Our Faculty

International Speaker
Dr Arada Kamsoontorn

International Speaker
Dr Yang Yi

International Speaker
Dr Taku Toyoshima

International Speaker
Dr Krishna Chaitanya KH

International Speaker
Dr Ashish Patel

04

Programme

Day 1 - 2nd Sep 2026

MAIN CONFERENCE PROGRAMME

Theme: Redefining Standards in Vascular Surgery

Renaissance Kuala Lumpur Hotel & Convention Centre (Main Hall)

TIME	PROGRAMME
07:30 - 08:00	Registration
08:00 - 09:00	Welcoming Address - Dr Putera Mas Pian Life as a Vascular Surgeon in Malaysia - Datuk Dr Hanif Bin Hussein Opening Ceremony and Officiation - Datuk Dr Mahathar Bin Abd Wahab
09:00 - 10:15	**SESSION 1: PERIPHERAL ARTERIAL DISEASE - REDEFINING ENDOVASCULAR STRATEGIES** **Moderators: Dr Putera Mas Pian, Dr Ng Jun Jie**
09:00 - 09:15	Endovascular-First vs Bypass-First: Translating Guidelines into Real-World Practice Dr Kinagabran Sivananthan
09:15 - 09:30	Drug Devices in PAD: Standard of Care or Selective Use? Dr Syazwan Arif
09:30 - 09:45	Complex endovascular interventions for lower limb Dr Ng Jun Jie
09:45 - 10:00	Beyond Kissing Stents: The Evolution of Aortoiliac Reconstruction with CERAB and New Technologies Dr Putera Mas Pian
10:00 - 10:15	Panel Discussion
10:15 - 10:45	**Industry Sponsored Coffee Symposium by Abbott** Topic - Transforming BTK Care, Esprit and Real-World Outcomes Speaker: Dr Ng Jun Jie, Moderator: Dr Michael Arvind

04

Programme

Day 1 - 2nd Sep 2026

MAIN CONFERENCE PROGRAMME

Theme: Redefining Standards in Vascular Surgery

Renaissance Kuala Lumpur Hotel & Convention Centre (Main Hall)

TIME	PROGRAMME
10:45 - 12:45	**SESSION 2: AORTIC DISEASE - EVOLVING STANDARDS IN AORTIC REPAIR** **Live Open Aortic Case - Dr Karthigesu Aimanan** **Moderators: Datuk Dr Hanif Hussein, Dr Michael Arvind**
10:45 - 11:00	EVAR or Open? From Guideline Recommendation to Local Clinical Decisions Dr Saw Siong Teng
11:00 - 11:15	Anaesthesia in Open AAA Repair: The Unsung Determinant of Success Dr Nor Hidayah Binti Zainool Abidin
11:15 - 11:30	Complex EVAR: Fenestrated and Branched Techniques Dr Wittawat Tantarattanapong
11:30 - 11:45	Managing Endoleaks: Contemporary Strategies Dr Ng Wei Lin
11:45 - 12:00	Iliac Branch Devices: Preserving Pelvic Flow in EVAR Dr Sharhanin
12:00 - 12:15	Mycotic Aneurysms: Challenges in Management Dr Mohd Ammar
12:15 - 12:45	Panel Discussion
12:45 - 13:30	**Industry Sponsored Lunch Symposium by Artivion** Inner Branch Technology to Treat Thoracoabdominal Aortic Pathologies Speaker: Dr Wittawat Tantarattanapong Aorto-Iliac Diseases, HKL's Experiences Speaker: Dr Michael Arvind
13:30 - 14:00	Lunch Break

04

Programme

Day 1 - 2nd Sep 2026

MAIN CONFERENCE PROGRAMME

Theme: Redefining Standards in Vascular Surgery

Renaissance Kuala Lumpur Hotel & Convention Centre (Main Hall)

TIME	PROGRAMME
14:00 - 15:45	**SESSION 3: VASCULAR ACCESS - OPTIMISING DIALYSIS ACCESS OUTCOMES** **Moderators: Dr Karthigesu Aimanan, Assoc/Prof Dr Jackie Ho Pei**
14:00 - 14:15	Planning the Ideal AVF: Preoperative Mapping and Patient Selection Assoc/Prof Dr Jackie Ho Pei
14:15 - 14:30	The Evolving Role of Nephrologists in AVF Management in Malaysia Dr. Suryati Binti Yakob
14:30 - 14:45	Managing AVF Dysfunction: Endovascular Solutions Assoc/Prof Dr. Keerati Hongsakul
14:45 - 15:00	Paediatric Dialysis Access Dr. Caroline Eng Siew Yin
15:00 - 15:15	Percutaneous AVF Thrombectomy: Should It Be the Standard of Care? Dr. Muhammad Aizat Tamlikha
15:15 - 15:30	Panel Discussion
15:30 - 16:00	**Industry Sponsored Tea Symposium by Boston Scientific** Are We Ready for Drug - Eluting Therapy as Standard of Care in Vascular Access Speaker: Assoc/Prof Dr. Keerati Hongsakul Moderator: Dr Karthigesu Aimanan

04

Programme

Day 1 - 2nd Sep 2026

MAIN CONFERENCE PROGRAMME

Theme: Redefining Standards in Vascular Surgery

Renaissance Kuala Lumpur Hotel & Convention Centre (Main Hall)

TIME	PROGRAMME
16:00 - 17:00	**SESSION 4 - CHALLENGING CASES: DIFFERENT MINDS, DIFFERENT STRATEGIES** **Panellist: Assoc/Prof Dr Jackie Ho Pei, Dr Putera Mas Pian, Dr Wittawat Tantarattanapong, Dr Leoncio L. Kaw, Prof. Dr Yang Yi, Dr Jihoon Kim**
16:00 - 16:15	Retained Foreign Body Dr Samuel Tsoon Wuan Lo
16:15 - 16:30	Vascular Surgery Beyond the Tertiary Centre: Challenges and Realities of District Hospital Practice in Thailand Dr Arada Kamsoontorn
16:30 - 16:45	Pulmonary Embolism Dr Muhammad Syafiq Idris
16:45 - 17:00	Thoracoabdominal Aortic Aneurysm Dr Kishen Raj Chandra Sakaran
17:00 - 17:15	Preliminary Clinical Experience in the Initial Application of TCAR Prof. Dr Yang Yi
17:15 - 17:30	Chronic Limb Threatening Ischemia Dr Koh Pei Fern
19:00 - 23:00	FACULTY DINNER
	End of Day 1

Programme

Day 2 - 3rd Sep 2026

MAIN CONFERENCE PROGRAMME

Theme: Redefining Standards in Vascular Surgery

Renaissance Kuala Lumpur Hotel & Convention Centre (Main Hall)

TIME	HALL 1	HALL 2 / ALLIED HEALTH
07:30 - 08:00	Registration	Registration
08:00 - 09:15	**SESSION 5: THORACIC AORTA** **Moderators: Dr Michael Arvind, Dr Liang Gang Zhu**	**ALLIED HEALTH**
08:00 - 08:15	Blunt Traumatic Aortic Injury Dr Ling Dao Yao	Concept of Wound Healing Dr Yurkdes Aran Sittampalam
08:15 - 08:30	Acute Aortic Syndrome Beyond Dissection: Intramural Haematoma and Penetrating Aortic Ulcer Dr Hisham Arshad	
08:30 - 08:45	Arch Repair: Does Modern Technology Translate into Better Outcomes? Dr Liang Gang Zhu	Advances in Wound Care Dato' Dr Harikrishna K.R. Nair
08:45 - 09:00	Open Surgery in the Endovascular Era: Indications Where It Still Prevails Dr Thomas Francis	
09:00 - 09:15	Panel Discussion	

04

Programme

Day 2 - 3rd Sep 2026

MAIN CONFERENCE PROGRAMME

Theme: Redefining Standards in Vascular Surgery

Renaissance Kuala Lumpur Hotel & Convention Centre (Main Hall)

TIME	HALL 1	HALL 2 / ALLIED HEALTH
09:15 - 10:00	**SESSION 6: VASCULAR DEBATE** **Moderators: Dr Chew Loon Guan, Dr Karthigesu Aimanan**	**ALLIED HEALTH**
09:15 - 09:40	Uncomplicated TBAD: To intervene or not to intervene Dr. Veera Suwanruangsri, Datuk Dr Benjamin Leong Dak Keung	Diabetic Foot Ulcer management Dato' Dr Harikrishna K.R. Nair
09:40 - 10:05	CLTI in the BEST-CLI Era: Endovascular vs Open bypass Dr. Edward Choke Tieng Chek, Dr Leoncio L. Kaw	Management of Arterial Ulcers SN Muhammad Hafizuddin
10:05 - 10:30	**Coffee Symposium by Emed Health** The Pursuit of Bloodless Thrombectomy Speaker: Dr Karthigesu Aimanan Moderator: Dr Kinagabran Sivananthan	
10:30 - 12:15	**SESSION 7: EVIDENCE AND GUIDELINES - SETTING NEW STANDARDS** **Moderators: Dr. Mohamad Azim Md Idris, Dr Mohd Norhisham Azmi, Assoc/Prof Dr Faizur Ramely**	**ALLIED HEALTH**
10:30 - 10:45	Carotid Revascularization - Current Evidences and Controversies Dr Ahmad Al-Hafeez	Vascular Wound Assessment MA Mohd Shafiq Bin Ab Rani
10:45 - 11:00	Chronic Venous Ulcers: Standardising Care Pathways for Healing Dr Ahmad Firdaus	

04

Programme

Day 2 - 3rd Sep 2026

MAIN CONFERENCE PROGRAMME

Theme: Redefining Standards in Vascular Surgery

Renaissance Kuala Lumpur Hotel & Convention Centre (Main Hall)

TIME	HALL 1	HALL 2 / ALLIED HEALTH
11:00 - 11:15	Antithrombotic Therapy in Vascular Disease: What Should We Do Today? Dr Veena Selvaratnam	Managing Chronic Venous Ulcer in Primary Care Dr Eleza Rosli
11:15 - 11:30	Central Venous Diseases Dr Mohd Norhisham Azmi	
11:30 - 11:45	Open, Endovascular, or Hybrid? The Evolving Management of Acute Limb Ischemia Dr Amy Khor Cheng Mei	Negative Pressure Wound Therapy Dr Naresh Govindarajanthran
11:45 - 12:00	Occupational Hazards in Vascular Surgery Dr Mohd Abdul Hadi	
12:00 - 12:15	Panel Discussion	
12:15 - 13:00	**Industry Sponsored Lunch Symposium by Nipro** Beyond Vessel Expansion: Precision Plaque Modification in EVT - A Practical “Scoring PTA” Approach for Durable Outcomes Speaker - Dr Toyoshima Covered Stents in Peripheral Vascular Intervention: Current Evidence, Indications, and Clinical Experiences with Solaris SX Speaker - Dr Krishna Chaitanya K H Moderator: Dr Mohd Abdul Hadi	
13:00 - 13:40	**Industry Sponsored Lunch Symposium by BD** DVT Management with Venous Stenting Post Thrombectomy Speakers: Dr Wuttichai Saengprakai, Dr Pradeep Chand Chandran Moderator: Dr Muhammad Aizat Tamlikha	

04

Programme

Day 2 - 3rd Sep 2026

MAIN CONFERENCE PROGRAMME

Theme: Redefining Standards in Vascular Surgery

Renaissance Kuala Lumpur Hotel & Convention Centre (Main Hall)

TIME	HALL 1	HALL 2 / ALLIED HEALTH
14:00 - 15:00	**SESSION 8: YOUNG INVESTIGATORS AWARD PRESENTATION** **Moderators: Dr Saravana Kumar, Dr Muhammad Syafiq Idris, Dr Kishen Raj, Dr Guo Jianming, Dr Ashish Patel**	**ALLIED HEALTH**
14:00 - 14:10	Presenter 1	Rehabilitation Medicine and Wound Care Dr Neoh Yuen Woei
14:10 - 14:20	Presenter 2	
14:20 - 14:30	Presenter 3	
14:30 - 14:40	Presenter 4	Physiotherapy for Wound Care Pn Norashikin Binti Mohamed Noor
14:40 - 14:50	Presenter 5	
14:50 - 15:00	Presenter 6	
15:00 - 15:30	**Industry Sponsored Tea Symposium by Medtronic** Pushing Boundaries of Standard EVAR, How Far Can We Go? Speaker: Dr Veera Suwanruangsri Moderator: Dr Karthigesu Aimanan	

Programme

Day 2 - 3rd Sep 2026

MAIN CONFERENCE PROGRAMME

Theme: Redefining Standards in Vascular Surgery

Renaissance Kuala Lumpur Hotel & Convention Centre (Main Hall)

TIME	HALL 1		HALL 2 / ALLIED HEALTH
15:30 - 16:30	**SESSION 9: RAPID FIRE VASCULAR PEARLS** **Moderators: Assoc/Prof. Dr. Ahmad Faidzal Othman, Dr Michael Arvind**	**Allied Health**	**E-POSTER ORAL COMPETITION** **Dr Benjamin Leong, Dr Ahmad Rafizi Hariz, Dr Sunil** **ALLIED HEALTH**
15:30 - 15:40	Crossing Difficult CTO Lesions, Practical Tips Dr Shaun Lee Qing Wei	Ultrasonic-Assisted Wound Debridement Mr Dave Tan Sin Kim	
15:40 - 15:50	Approach to Difficult Vascular Access: Tips and Techniques Dr Feona Sibagun Joseph		
15:50 - 16:00	Stepwise Approach for Carotid Endarterectomy Dr Michael Arvind	Nutrition in Wound Healing Pn Zuliehaiza Binti Kahairudin	
16:00 - 16:10	Middle-of-the-Night Vascular Consults: What You Should Never Miss Dr Sanjay Dev Singh		
16:10 - 16:20	Evolution & Reflection: The Vascular Surgeon I Wish I'd Been Dr Naresh Govindarajanthran	Compression therapy Mr Felix Koh	
16:20 - 16:30	Panel Discussion		
16:30 - 16:40	Lucky Draw		
16:40 - 16:50	Best Presentation Award		
16:50 - 17:00	Closing Ceremony		
	End of Day 2		

05

Abstract
Young Investigator Award

ID12 Combined Topical Oxygen and Negative Pressure Wound Therapy for Diabetic Foot Ulcers: A Pilot Study

SAW SIONG TENG | SITI RASYIDAH SAMPAH | VIKRAM VIJAYAN SANNASI

Ng Teng Feng General Hospital, Singapore

Backgound:
Diabetic foot ulcers (DFUs) are associated with delayed healing, recurrent infection, and increased risk of amputation. Combining topical oxygen therapy (TOT) with negative pressure wound therapy (NPWT) may enhance wound-bed preparation and oxygen-dependent tissue repair. This observational pilot study evaluated 12-week wound healing outcomes following combined TOT and NPWT use, with extended follow-up to complete closure or amputation, in patients with DFUs.

Methods:
This was a longitudinal, single-arm, prospective observational pilot study with enrolment and follow-up from April 2024 to June 2026. Twenty subjects with DFUs following minor amputation or surgical wound debridement received combined TOT (Natrox™) and NPWT (UltraVac™) as part of non-randomised, real-world clinical practice. Wound area and granulation tissue coverage were assessed weekly over 12 weeks using conventional manual planimetry. Patients were subsequently followed until complete wound closure or major amputation. Statistical analysis was performed using SPSS version 32.

Results:
Among 20 subjects, 18 (90.0%) were male, with a mean age of 67.4 ± 6.9 years. Mean HbA1c was 7.6 ± 1.9%, and 19 (95.0%) had WIfI stage 4 DFUs. Mean wound duration before combination therapy was 18.8 ± 19.1 days, mean baseline wound area was 53.4 ± 43.6 cm², and mean transcutaneous oxygen pressure was 29.4 ± 19.9 mmHg. Sixteen subjects (80.0%) underwent concomitant lower-limb revascularisation angioplasty, and seven (35.0%) underwent transverse tibial transport as part of their clinical management.
Linear mixed-effects modelling demonstrated a significant reduction in wound area over 12 weeks, with an estimated 76.1% reduction from baseline (95% CI 66.1–83.2%; $p<0.001$). Granulation tissue coverage increased by 44.9 percentage points (95% CI 35.8–54.0; $p<0.001$). At week 12, 10/20 patients (50.0%) achieved >75% wound closure. On extended follow-up, complete wound closure was achieved in 12/20 patients (60.0%) at a mean of 201.0 ± 86.4 days. Recurrent infection requiring below-knee amputation occurred in 4/20 patients (20.0%).

Conclusion:
In this real-world observational pilot cohort, combined TOT and NPWT was associated with significant improvement in wound area reduction and granulation tissue coverage by 12 weeks. Larger controlled studies are required to confirm efficacy and safety.

Abstract
Young Investigator Award

ID42 Early Embolectomy or Early Referral? Acute Limb Ischaemia Outcomes in a Centralised Vascular Referral Network

AMY KHOR CHENG MEI | KARTHIGESU AIMANAN | MICHAEL ARVIND A/L EDWIN LEO | PUTERA MAS PIAN

Hospital Kuala Lumpur, Malaysia

Backgound:
Acute limb ischaemia (ALI) requires urgent revascularisation, yet access to specialist vascular services in Malaysia is highly centralised. Referring hospitals must balance the risk of transfer delay against the limitations of local open embolectomy. We evaluated outcomes and treatment pathways for ALI within a tertiary vascular referral network.

Methods
A retrospective review was performed of 92 patients with ALI who underwent intervention over a one-year period. Patients were classified as in-house patients treated at Hospital Kuala Lumpur (HKL), patients transferred from referring hospitals for intervention at HKL, or patients treated at referring hospitals without an on-site vascular surgeon. Presentation characteristics, transfer times, mode of intervention, early reintervention and 30-day major amputation were analysed.

Results
Of 92 patients, 28 were treated in-house, 46 were transferred and treated at HKL, and 18 underwent intervention at referring hospitals. Overall 30-day major amputation was 27.2% (25/92), occurring in 14.3% (4/28) of in-house patients, 34.8% (16/46) of transferred patients and 27.8% (5/18) of patients treated at referring hospitals. Although 38.0% of referring hospitals had an estimated travel time of <1 hour and only 10.9% were >4 hours away, 57.4% of transferred patients required >4 hours to reach the vascular centre. Open embolectomy was the most common intervention (48.9%), while the remainder required endovascular, hybrid, catheter-directed thrombolysis, bypass or interposition grafting. Approximately 22% of patients undergoing open embolectomy required reintervention within 24–48 hours.

Conclusion
ALI management within a centralised vascular system is challenged by substantial transfer delays and the limitations of embolectomy alone. Patient selection criteria are needed to identify those suitable for immediate local embolectomy and those who would benefit from early transfer for definitive vascular intervention.

Abstract
Young Investigator Award

ID27

Evolution of Management Strategies for Ruptured Abdominal Aortic Aneurysms: An Eight-Year Experience from a Malaysian Tertiary Vascular Centre

ATIQAH NAJWA BINTI ABD WAHAB | FONG YEE MUN | KARTHIGESU AIMANAN

Hospital Kuala Lumpur, Malaysia

Backgound:
Ruptured abdominal aortic aneurysm (AAA) is a leading cause of emergency vascular mortality. Its emergency management, particularly endovascular aneurysm repair (EVAR) in Southeast Asian settings, remains poorly characterised. We report an eight-year single-centre experience of evolving management strategies and outcomes.

Methods
We retrospectively reviewed consecutive patients undergoing emergency repair for ruptured AAA at a Malaysian tertiary vascular centre. Patients were stratified into two eras, before 2024 and from 2024 onwards, to characterise the transition in treatment strategy, including the introduction of complex endovascular repairs.

Results
A total of 126 patients (mean age 68±10 years, 93.7% male) underwent emergency repair. Overall 30-day mortality was 34.1%. Endovascular utilisation increased significantly from 12.8% before 2024 to 40.6% from 2024 onwards ($P<0.001$). Mycotic aneurysms accounted for 19.8% of cases, with 80.0% managed using an endovascular-first strategy and showing lower 30-day mortality than degenerative cases (16.0% vs. 38.6%; $P=0.04$). Compared to open repair, endovascular repair was associated with lower 30-day mortality (16.0% vs. 38.6%; $P=0.04$), shorter median ICU stay (2 vs. 5 days; $P<0.001$), shorter median hospital stay (8 vs. 12 days; $P=0.01$), and higher 12-month survival (76% vs. 55%; log-rank $P=0.04$).

Conclusion
Endovascular repair, including complex adjuncts such as ChEVAR and PMEG, was used with increasing frequency over the study period and was associated with numerically better early outcomes than open repair. Given the retrospective design and overlap between treatment era and treatment modality, these findings should be interpreted cautiously alongside randomised evidence showing no clear survival benefit with an endovascular-first strategy. Nevertheless, they support the cautious expansion of endovascular capabilities, complemented by prospective and risk-adjusted evaluation of treatment outcomes.

Abstract
Young Investigator Award

ID50

Association Between Postprocedural Pedal Arch Completeness and Major Amputation After Lower-Extremity Endovascular Revascularization: A Retrospective Cohort Study

Elvina Damayanti | Tasya Nabiila Edlin | Irene Yasmina Vilado | Nyityasmono Tri Nugroho

Universitas Indonesia, Dr. Cipto Mangunkusumo National General Hospital

Background
Pedal arch integrity may influence distal perfusion and limb salvage after lower-extremity revascularization, yet real-world evidence regarding postprocedural pedal arch completeness and major amputation remains limited. This study evaluated clinical outcomes according to postprocedural pedal arch status after endovascular revascularization for peripheral artery disease.

Methods
This retrospective cohort included patients undergoing lower-extremity arterial angioplasty between 2023 and 2025 with evaluable postprocedural pedal arch anatomy. The treated limb was the primary unit of analysis. Pedal arches were classified as complete or non-complete, with incomplete and absent arches combined as non-complete. The primary outcome was major amputation within 365 days. Secondary outcomes included minor amputation, same-limb revascularization, target lesion revascularization, and all-cause mortality. Kaplan–Meier analysis and Firth penalized Cox regression were used for major amputation.

Results
Seventy-one patients contributed 76 treated limbs; 51 (67.1%) had a non-complete pedal arch and 25 (32.9%) had a complete arch. Seven major amputations occurred, all in the non-complete group (13.7% vs 0%). Freedom from major amputation was lower in the non-complete group (log-rank p=0.028), with estimates of 81.2% at 90 days and 74.5% at 365 days versus 100% in the complete group. Non-complete pedal arch was associated with increased major-amputation hazard in univariable Firth Cox regression (HR 10.60, 95% CI 1.27–1380.05; p=0.025). After adjustment for baseline gangrene, the association remained directionally consistent but attenuated (adjusted HR 7.72, 95% CI 0.86–1021.19; p=0.073). Secondary outcomes did not differ significantly between groups.

Conclusion
Postprocedural non-complete pedal arch status was associated with a substantially higher hazard of major amputation after endovascular revascularization. Although the adjusted association remained large, precision was limited by sparse events. Pedal arch completeness may serve as a marker of limb prognosis after revascularization and warrants validation in larger prospective cohorts with standardized limb-severity assessment and longer follow-up periods.

Abstract
Young Investigator Award

ID37 Taming the Hostile Neck: Early and Mid-Term Outcomes of Endosuture Aneurysm Repair. A Single Centre Experience

Nabila A Jalil | Nurhidayah binti Ahmad Fuad | Muhammad Syafiq Idris | Ahmad Rafizi Hariz Ramli | Lee Limi | Jazree Jamaluddin

Universiti Malaya Medical Centre, Malaysia

Background
Hostile proximal aortic neck anatomy remains a challenge in endovascular aneurysm repair (EVAR), increasing the risk of inadequate proximal seal, Type Ia endoleak and endograft migration. Endosuture aneurysm repair (ESAR) using EndoAnchors may enhance proximal fixation in anatomically challenging abdominal aortic aneurysms (AAA). We evaluated the early and mid-term outcomes of ESAR in patients with hostile aortic neck anatomy.

Methods
A retrospective single-centre study was conducted involving consecutive patients undergoing ESAR between September 2022 and January 2025. Demographics, aneurysm and neck morphology, procedural outcomes and postoperative surveillance were reviewed. Primary outcomes were technical success and Type Ia endoleak. Secondary outcomes included 30-day mortality, perioperative complications, endograft migration, reintervention and aneurysm-related mortality.

Results
Twelve male patients underwent ESAR, with a mean age of 70.9±6.1 years. Mean AAA diameter was 7.4±1.3 cm. Hostile neck features included neck length <10 mm, angulation of 70–90° or greater, conical or reverse-conical morphology, mural thrombus and calcification. EndoAnchor deployment was successful in all patients, with 8–16 anchors used where documented. Minimal completion Type Ia endoleak occurred in one patient (8.3%). There was no 30-day mortality, major perioperative complication or endograft migration. During follow-up of up to three years, two Type II endoleaks and one late Type Ia endoleak at 2 years. No aneurysm-related reintervention or mortality was recorded.

Conclusion
ESAR demonstrated high technical success and favourable mid-term outcomes despite challenging proximal neck anatomy. Larger studies are required to establish its long-term durability.

Abstract
Young Investigator Award

ID15

Effect of Preoperative Low-Molecular-Weight Heparin on Arteriovenous Fistula Maturation and Patency: Interim Results of a Quasi-Experimental Study

Lee Lian Wei | Ahmad Faidzal Othman | Mohd Norhisham Azmi Abdul Rahman | Mohd Fahmi Abd Aziz | Muhammad 'Adil Bin Zainal Abidin | Soraya Ismail

Sultan Ahmad Shah Medical Centre @IIUM, Malaysia

Background
Failure of arteriovenous fistula (AVF) maturation remains a major obstacle to successful haemodialysis and resulting in repeated interventions, increased healthcare costs, and delayed dialysis initiation. Despite advances in surgical techniques, an effective pharmacological strategy to enhance AVF maturation remains elusive. Low-molecular-weight heparin (LMWH) may reduce perioperative thrombosis and improve early fistula outcomes; however, clinical evidence remains limited. This interim analysis evaluates the efficacy and safety of a single preoperative LMWH injection during AVF creation.

Methods
A prospective quasi-experimental study enrolled patients undergoing AVF creation who received either standard care (control, n=68) or a single preoperative LMWH injection (experimental, n=50). The primary outcome was AVF maturation; secondary outcomes were AVF patency, surgical site infection (SSI), and postoperative haematoma. Outcomes were analysed using Chi-square or Fisher's exact tests, with relative risks (RRs) and 95% confidence intervals (CIs) calculated. Interim analysis was performed after 113 of 118 recruited patients completed follow-up.

Results
AVF maturation was achieved in 67.4% of patients receiving LMWH compared with 51.5% in the control group, representing a 31% higher relative risk but was not statistically significant (RR 1.31, 95% CI 0.96–1.79; $p = 0.10$). Similar findings were observed for AVF patency. Importantly, LMWH was not associated with an increased risk of postoperative complications. SSI rates were comparable between groups (4.0% vs. 4.4%; $p > 0.99$), while haematoma occurred less frequently following LMWH administration (2.0% vs. 5.9%; $p = 0.64$).

Conclusion
Preoperative LMWH demonstrated a clinically meaningful trend towards improved AVF maturation and patency without increasing bleeding or infective complications. These interim findings support the potential role of perioperative LMWH as a simple, low-cost adjunct to optimise vascular access outcomes. Completion of patient recruitment and follow-up will determine whether these encouraging trends translate into statistically significant clinical benefit.

Abstract
Best E-Poster Presentation

ID16 Comparative Effectiveness of Contemporary Aortic Arch Repair Strategies for Acute Type A Aortic Dissection: A Systematic Review and Network Meta-analysis

Naveen Nischal Nagaraju | Yip Hui Ran Adeline | Goh Zi Yong | Viishnu S/O Thambiraja | Chong Xin Yee | Neville Yong Min Jen

Manipal University College Malaysia, Melaka, Malaysia | University of Glasgow, Glasgow, United Kingdom | IMU University, Bukit Jalil, Kuala Lumpur, Malaysia | Queen's University Belfast, Belfast, United Kingdom

Background
The optimal extent of aortic arch repair for acute type A aortic dissection (ATAAD) remains controversial. We performed a systematic review and network meta-analysis comparing contemporary repair strategies.

Methods
A systematic review was conducted according to PRISMA, PRISMA-P, and PRISMA-NMA recommendations. MEDLINE, Embase, Scopus, Web of Science, and Cochrane CENTRAL were searched (2015–2026) for comparative studies evaluating contemporary aortic arch repair strategies for ATAAD. Random-effects pairwise meta-analysis synthesized direct comparative evidence, while a frequentist random-effects network meta-analysis integrated direct and indirect comparisons among CA, FET, HYB, and LR. Primary outcomes were early mortality and postoperative stroke. Secondary outcomes included spinal cord injury (SCI) and acute kidney injury (AKI).

Results
Fourteen comparative studies involving 6,360 patients were included. Pairwise meta-analysis demonstrated no significant differences in early mortality (RR 0.94, 95% CI 0.77–1.14; I^2=28.6%) or postoperative stroke (RR 1.00, 95% CI 0.67–1.50). However, FET-based repair was associated with a significantly increased risk of postoperative SCI (RR 2.08, 95% CI 1.43–3.03; I^2=0%).
Network meta-analysis demonstrated no statistically significant differences in early mortality, stroke, or AKI among CA, FET, HYB, and LR. HYB achieved the highest ranking for early mortality (SUCRA 84.9%), whereas FET ranked highest for stroke prevention (SUCRA 72.2%). CA demonstrated the most favourable ranking for SCI (SUCRA 83.2%), while LR ranked highest for AKI (SUCRA 80.3%). Compared with CA, FET was associated with significantly higher odds of SCI (OR 2.35, 95% CI 1.47–3.76; P=0.0004).

Conclusion
Contemporary aortic arch repair strategies demonstrated comparable early survival following ATAAD repair, with no operative strategy showing statistically significant superiority for mortality. However, clinically important differences in postoperative morbidity were observed. Although FET achieved the highest ranking for stroke prevention, it was associated with an increased risk of spinal cord injury, whereas LR demonstrated the most favourable renal outcome ranking. These findings support individualized operative strategy selection based on patient anatomy, operative objectives, and the anticipated risks of neurological and renal complications.

Abstract
Best E-Poster Presentation

ID 19 Impact of Cardiovascular Risk Factors on Quality of Life Outcomes Post-Endovascular Revascularization in Peripheral Arterial Disease: A VascuQoL-6 Study

Defri Heryadi | Dedy Pratama

Faculty of Medicine, University of Indonesia

Background
Peripheral arterial disease (PAD) substantially impairs lower extremity functional capacity and health-related quality of life (HRQoL). Although endovascular revascularization successfully restores hemodynamic arterial perfusion, the degree to which baseline cardiovascular risk factors modulate subjective post-procedural functional recovery remains incompletely characterized in clinical practice.

Objective
To evaluate 1-month HRQoL improvements using the validated VascuQoL-6 questionnaire and investigate the prospective impact of key cardiovascular risk factors on QoL trajectories in PAD patients undergoing successful endovascular revascularization.

Methods
This prospective observational study evaluated 32 consecutive PAD patients undergoing successful endovascular revascularization at Dr. Cipto Mangunkusumo Hospital between January and April 2026. Objective hemodynamic status, measured via Ankle-Brachial Index (ABI), and subjective HRQoL, measured via VascuQoL-6, were evaluated pre-procedurally and 1-month post-procedure. Total score changes (ΔVascuQoL-6) and individual domain shifts (activity, symptoms, pain, emotional state, social functioning, overall health) were analyzed against baseline cardiovascular risk profiles (diabetes mellitus, hypertension, dyslipidemia, and smoking status) using non-parametric Wilcoxon signed-rank and Mann-Whitney U tests.

Results
Endovascular intervention yielded significant hemodynamic restoration, with mean ABI rising from 0.751 ±0.053 pre-procedure to 0.848 ±0.043 post-procedure ($p < 0.001$). Median VascuQoL-6 total score increased significantly from 14 (interquartile range [IQR]: 12–16) to 18 (IQR: 17–21) ($p < 0.001$), representing a mean change of 4.63±1.29 points. Statistically significant improvements were demonstrated across all six individual domains ($p < 0.001$), predominantly driven by physical activity (+1.19 ± 0.40) and pain relief (+1.06±0.35). Although overall {ΔVascuQoL-6} did not differ significantly across diabetes, hypertension, or dyslipidemia profiles ($p > 0.05$), non-smokers achieved a significantly higher rate of post-procedural favorable QoL outcomes compared to active/former smokers (94.4% vs. 64.3%, $p = 0.043$).

Conclusion
Endovascular revascularization significantly improves objective hemodynamics and disease-specific QoL in PAD patients across diverse baseline cardiovascular risk profiles. However, non-smoking status is a vital determinant for achieving optimal post-procedural QoL, highlighting the critical necessity of aggressive smoking cessation programs alongside percutaneous vascular interventions.
Keywords Peripheral Arterial Disease; Endovascular Revascularization; VascuQoL-6; Quality of Life;

Abstract
Best E-Poster Presentation

ID 25 Long-Term Outcomes of Extra-Anatomical Venous Bypass for Central Venous Occlusion in Haemodialysis Patients: A Single-Centre Experience

Saranyia Segar | Karthigesu Aimanan | Michael Arvind | Muhammad Aizat Tamlikha | Putera Mas Pian | Hanif Hussein

Hospital Kuala Lumpur

Background
Central venous occlusion (CVO) is a challenging complication of haemodialysis vascular access that may threaten an otherwise functional arteriovenous fistula (AVF). When endovascular options are exhausted, extra-anatomical vein-vein bypass offers a surgical strategy for access preservation. This study evaluated long-term patency, intervention burden and predictors of primary patency loss.

Methods
A retrospective review was conducted of patients undergoing cephalic vein to external iliac vein bypass for symptomatic CVO at a tertiary vascular centre between 2016 and 2025 following failed or unsuitable endovascular intervention. Kaplan–Meier analysis estimated primary, assisted-primary and secondary patency and freedom from thrombosis. Cox proportional hazards regression was used to identify predictors of primary patency loss.

Results
Forty-six patients were included with a median follow-up of 75.4 months. Primary patency at 1, 2 and 5 years was 76.1%, 45.7% and 19.6%, respectively. Assisted-primary patency was 91.1%, 79.7% and 43.7%, while secondary patency remained 98.0%, 92.9% and 90.4% at the corresponding time points. Reintervention for AVF or graft-vein anastomotic stenosis was required in 39 patients (84.8%). Bypass thrombosis occurred in 23 (50.0%); all underwent thrombectomy, with successful salvage in 16 (69.6%). Graft infection occurred in four patients (8.7%), all requiring explantation, while six (13.0%) required fistula ligation for recurrent cannulation-site bleeding. Overall, permanent access loss occurred in 17 patients (37.0%). Longer dialysis vintage was independently associated with reduced primary patency loss (adjusted HR 0.87/year, 95% CI 0.77–0.97; p=0.016), while pre-operative access flow was not predictive.

Conclusion
Extra-anatomical cephalic vein to EIV bypass provides durable long-term access preservation in selected haemodialysis patients with CVO refractory to endovascular treatment. Despite declining primary patency and a substantial reintervention burden, secondary patency exceeding 90% at five years demonstrates that these bypasses remain highly salvageable. These findings support surgical venous bypass as an important access-preserving strategy when conventional endovascular options have been exhausted.

Abstract
Best E-Poster Presentation

ID 26 Microorganism-Specific Outcomes in Infective Native Aortic Aneurysm: A Comparative Analysis of Salmonella, Melioidosis, and Culture-Negative Disease in a Tropical Tertiary Centre

Yeemun F | Aimanan K | Tamlikha MA | Michael Arvind | Putera Mas Pian | Hanif Hussein

Vascular Surgery, Hospital Kuala Lumpur

Background
Infective native aortic aneurysm (INAA) carries substantial morbidity, and its microbiological spectrum varies geographically. Salmonella predominates in East Asian series, while Burkholderia pseudomallei is an additional endemic pathogen in tropical Southeast Asia whose clinical behaviour in INAA remains poorly characterised.

Methods
Retrospective cohort study of patients treated for INAA at a Malaysian tertiary vascular centre, 2018–2024. Patients were classified into four microbiological groups — culture-negative, Salmonella, B. pseudomallei, and other organisms — and compared for baseline characteristics, treatment, perioperative complications, and three-year overall survival (Kaplan-Meier, log-rank test).

Results
86 patients were included (29 culture-negative, 27 Salmonella, 15 B. pseudomallei, 15 other organisms). Melioidosis patients were younger (58±10 years; p=0.041), more often diabetic (80.0%; p=0.038), and had the highest pre-operative CRP (median 188 mg/L; p<0.001). Thirty-day mortality was uniformly low (0–6.7%; p=0.62). Persistent post-operative sepsis (33.3%; p=0.047), infection-related complications (46.7%; p=0.049), and aneurysm-related death (26.7%; p=0.044) were significantly higher with melioidosis. Three-year overall survival was 95% (95% CI 76–99%) for Salmonella, 82% (64–93%) for culture-negative, 67% (41–86%) for other organisms, and 50% (26–74%) for B. pseudomallei (log-rank p=0.083).

Conclusion
B. pseudomallei-caused INAA is a clinically and prognostically distinct entity marked by severe systemic inflammation, high infection-related complication rates, and substantially worse long-term survival. Microbiological phenotype should inform risk stratification and post-operative management in endemic settings.

Abstract
Best E-Poster Presentation

ID 44 Establishment of Pulmonary Embolism Response Team (PERT) : Early Experience of a Multidisciplinary Pathway for Intermediate-High-Risk Pulmonary Embolism

Nabila A Jalil | Muhammad Syafiq Idris | Muhammad Aizat Tamlikha Ismail | Ahmad Rafizi Hariz Ramli | Lee Limi | Jazree Jamaluddin

General surgery department, Vascular Surgery division, University Malaya Medical Center

Background
IPulmonary Embolism Response Teams (PERT) is proven to provide a structured multidisciplinary approach to facilitate rapid risk stratification, consensus decision-making and access to advanced reperfusion therapies as recommended in latest 2026 AHA/ACC guideline. PERT was established at University Malaya Medical Centre in November 2025, integrating 6 different subspecialties through a protocol-driven activation pathway. We describe our early experience of this newly established PERT and evaluate its activation-to-reperfusion workflow and early clinical outcomes.

Methods
A retrospective review of three consecutive patients with intermediate-high-risk acute PE as per protocol, managed through our institutional PERT pathway in 2026. Patients underwent protocolised risk stratification following diagnosis of PE. Patient characteristics, PERT activation-to-decision-to reperfusion time, reperfusion strategy, ICU and hospital length of stay, ventilation requirements, RV function, bleeding risk, 30-day mortality and readmission were evaluated.

Results
All three patients were classified as intermediate-high-risk PE, underwent catheter-directed mechanical thrombectomy following multidisciplinary PERT assessment. The FlowTriever mechanical thrombectomy system was used in two patients, while the Penumbra aspiration thrombectomy system was used in one. Multidisciplinary treatment decisions were reached within 2–2.5 hours of PERT activation. Intervention was performed within 7 hours in two patients, while another experienced a 27-hour diagnosis-to-reperfusion interval related to insurance approval. All three patients required three days of ICU care and demonstrated favourable early clinical recovery, as were successfully weaned to room air by the second post-procedural day. In the patient with available post-procedural echocardiography, pre-intervention RV strain resolved following thrombectomy. No major bleeding, 30-day mortality or readmission was observed. One patient developed a small access-site haematoma without pseudoaneurysm.

Conclusion
Our early institutional experience demonstrates the feasibility of a structured multidisciplinary PERT pathway in facilitating rapid consensus and coordinated access to advanced reperfusion therapy, with favourable short-term outcomes. Establishing a multidisciplinary PERT may provide a practical and reproducible model for centres seeking to streamline the management of complex acute PE. Larger prospective studies are required to evaluate its impact on treatment efficiency and clinical outcomes.

Abstract
Best E-Poster Presentation

ID 58 Symptom to Scalpel: Timeliness and Outcomes in Carotid Intervention at Hospital Kuala Lumpur

Navindra Shamugam | Yeoh Movinraaj | Brentha Kanthasamy | Michael Arvind Edwin Leo | Putera Mas Pian

Vascular Unit, Department of General Surgery, Hospital Kuala Lumpur

Background
IInternational guidelines recommend carotid revascularisation within 14 days of symptom onset in symptomatic stenosis, as stroke recurrence risk is highest early. Whether this standard is achievable in a resource-constrained tertiary setting, and what obstructs it, is poorly characterised in Malaysian practice.

Methods
All carotid interventions at HKL (June 2025–May 2026, n=11) were reviewed against a structured framework capturing symptom onset, imaging, referral, multidisciplinary decision-making, operation and outcome. Two acute non-atherosclerotic cases (ICA coiling, iatrogenic carotid injury) were analysed separately, leaving nine elective revascularisations for timeliness analysis. Delay intervals were mapped stage-by-stage to localise bottlenecks.

Results
Nine patients underwent elective revascularisation (7 CEA, 2 CAS). In cases analysed to date, symptom-to-operation intervals substantially exceeded the 14-day target, ranging from three weeks to over two months. Delay accrued predominantly before vascular referral — through fragmented cross-institutional pathways, repeated and sometimes discordant imaging, and cardiac optimisation in comorbid patients. Postoperative morbidity included return to theatre for wound complication.

Conclusion
Timeliness, not technical outcome, appears the principal weakness in this pathway. Targeting pre-referral delay offers the greatest opportunity for improvement.

Abstract
E-Poster Presentation

Poster ID: 1
Topic: Retrospective Analysis Of Arteriovenous Fistula Service In Hospital Tuanku Fauziah Perlis
Authors: Muslim M[1], Sakeena A[1]
Department of General Surgery
Hospital Tuanku Fauziah, Perlis

Poster ID: 3
Topic: Approach to Early Post Brachiocephalic Fistula Creation Pseudoaneurysm In District Settings
Authors: Muhammad Muslim
Department of General Surgery
Hospital Tuanku Fauziah, Perlis

Poster ID:4
Topic: Covered Stent Assisted Coil Embolisation of A Rare Splenomesenteric Artery Aneurysm – A Case Report
Authors:Han You Jin, Joel Jia Yi Soon, Derek Chunyin Ho, Pei Shi Lew, Qing Wei Shuan Lee, Vascular and Endovascular Service, Department of Surgery, Changi General Hospital, Singapore
Jasmine Ming Er Chua, Department of Vascular and Interventional Radiology, Singapore General Hospital, Singapore

Poster ID: 5
Topic: Transient Distal Dermal Microembolisation Following Phoenix Atherectomy in Chronic Limb-Threatening Ischaemia: A Two-Case Series
Authors: Ng Jing Hui

Poster ID : 6
Topic: Giant Brachial–Radial Artery Pseudoaneurysm in an Elderly Patient Managed Under Regional Anaesthesia: A Case Report
Authors: Siyamni Dhevi Velayutham
Hospital Pulau Pinang

Poster ID : 7
Topic: Robotic-Assisted Bilateral Femoral Vein-to-Inferior Vena Cava Bypass as Salvage Therapy for Recurrent Double-Barrel Iliocaval Stent Thrombosis in a Patient with May-Thurner Syndrome and Factor V Leiden Mutation: A Case Report
Authors: Naveen Nischal Nagaraju, Manipal University College Malaysia, Bukit Baru, Melaka 75150, Malaysia
Alagu Patmini a/p Subramanian, Perdana University, Bukit Damansara, 50490 Kuala Lumpur, Malaysia
Alagu Lakshmi, University of Malaya, 50603 Kuala Lumpur, Malaysia
Amir Arsyad bin Azmi, UCSI University, Bandar Springhill, Mukim Jimah, 71010 Port Dickson, Negeri Sembilan, Malaysia
Hassan Aldailami, Mitri Khoury, Richard Rogers, Tiziano Tallarita
HonorHealth Scottsdale Shea Medical Center, 9003 E Shea Blvd, Scottsdale, AZ 85260, United States

Abstract
E-Poster Presentation

Poster ID : 8
Topic: Calciphylaxis Presenting as Bilateral Necrotic Leg Ulcers in End-Stage Renal Disease
Authors: Goh Zi Yong, Chong Xin Yee
International Medical University, Malaysia
Syama Prasad Menon, Liew Ngoh Chin
Subang Jaya Medical Centre, Malaysia

Poster ID: 9
Topic: Acute limb ischaemia: The importance of early diagnosis.
Authors: Nurul 'Amirah Mustafa, Aimir Ma'rof
Hospital Sri Aman, Sarawak

Poster ID: 10
Topic: Femoral Pseudoaneurysm in Immunocompromised Patient: Successful Stenting
Authors: Nur Syazila Binti Rizan,
HRPZ II/HPUSM

Poster ID: 11
Topic: Dysphagia Lusoria Presenting with Severe Weight Loss in a Middle-Aged Adult
Authors: Wei Hoong Yee, Department of Surgery, Faculty of Medicine, University of Malaya, Malaysia
Shong Sheng Tan, Department of Surgery, Sarawak General Hospital, Kuching, Sarawak, Malaysia
Limi Lee, Department of Surgery, Faculty of Medicine, University of Malaya, Malaysia

Poster ID: 13
Topic: Dual Pathology: Concurrent Symptomatic Common Iliac Artery Pseudoaneurysm and Sigmoid Colon Cancer
Authors: Lee Mem Tim, Rosnelifaizur Ramely, Andee Dzulkarnaen Zakaria, Muhammad Zaim Mohammad Yusoff,
Department of Surgery, School of Medical Sciences, Health Campus, Universiti Sains Malaysia, 16150, Kubang Kerian, Kelantan, Malaysia

Poster ID: 14
Topic: Impending Ruptured Aneurysm with Calcified Aorta: Dodging the bullet with Extraanatomical Graft Bypass
Authors: Lee Mem Tim, Rosnelifaizur Ramely, Department of Surgery, School of Medical Sciences, Health Campus, Universiti Sains Malaysia, 16150 Kubang Kerian, Kelantan, Malaysia

Abstract
E-Poster Presentation

Poster ID: 17
Topic: Chemoport Catheter Disconnection and Intravascular Migration: A rare Complication managed by Percutaneous Retrieval
Authors: Nuur Mohamad Helmi Bin Mohamad Rasidi, Rosnelifaizur Bin Ramely, Mohamed Afiq Muizz Bin Mohamed Rasidi, Muhammad Ikram Bin Ishak
Department of Surgery, School of Medical Sciences, Universiti Sains Malaysia, Kota Bharu, Kelantan, Malaysia
Hospital Universiti Sains Malaysia, Kota Bharu, Kelantan, Malaysia

Poster ID: 18
Topic: From Flossing to Fracturing: Subintimal Intravascular Lithotripsy for Recoil Stenosis Modification Prior to Interwoven Stent Implantation in a Patient with Chronic Limb-Threatening Ischemia
Authors: Ow Yeong Yu Xiang
Tan Tock Seng Hospital Vascular Surgery

Poster ID: 20
Topic: Endovascular Angioplasty in Chronic Mesenteric Ischemia: From Postprandial Pain to Symptom Resolution
Authors: Heng Hian Ee
Vascular Surgery Unit, Hospital Kuala Lumpur / UMMC

Poster ID: 21
Topic: The Iliac Solution to an Aortic Problem: Repurposing IBD Stents in Complex Infected Aneurysms
Authors: Ammar Ahmad, Ling DY, Feona SJ, Benjamin LDK
Vascular Unit, Department of Surgery, Hospital Queen Elizabeth II, Kota Kinabalu, Sabah, Malaysia

Poster ID: 22
Topic: Lipectomy as Superficialization of Primary Matured Deep-seated Arteriovenous Fistulas: a Case Series and General Surgeon Experience
Authors: Vannese Wong Phey Jia, Teoh Zhan Huai
Department of General Surgery, Hospital Sultanah Bahiyah, Kedah, Malaysia

Poster ID: 24
Topic: Salvaging of Impending Rupture of a Giant Brachiocephalic Fistula in a Long-term Hemodialysis Patient: A Case Report.
Authors: Gan Choon Hui, Dinesh Alogoo, Nur Farehah Johari, Wan Zainira Wan Zain, Ikhwan Sani Mohomad, Rosnelifaizur Ramely
Hospital Pakar Universiti Sains Malaysia

Abstract
E-Poster Presentation

Poster ID: 28
Topic: Delayed Endovascular Intervention for Chronic Iliofemoral Deep Vein Thrombosis Secondary to May-Thurner Syndrome: Is It Too Late?
Authors: Atiqah Najwa Binti Abd Wahab, Muhammad Aizat Tamlikha, Michael Arvind, Karthigesu Aimanan, Putera Mas Pian
Hospital Kuala Lumpur

Poster ID: 29
Topic: Endovascular Salvage of Recurrent PTFE Bypass Graft Thrombosis
Authors: Kayalvili P, Muhammad Aizat Tamlikha, Karthigesu, Putera Mas Pian
Hospital Kuala Lumpur

Poster ID: 30
Topic: Hemorrhagic Bullae Following Cannulation of An Immature Arteriovenous Fistula: A Limb-threatening Complication
Authors: Muhammad Nur Syamim bin Che Johan, Department of Surgery, School of Medical Sciences, Universiti Sains Malaysia, Kelantan, Malaysia, Department of Surgery, Faculty of Medicine and Health Sciences, Universiti Malaysia Sabah, Kota Kinabalu, Sabah, Malaysia Rosnelifaizur Ramely, Mohamed Afiq Muizz, Wan Zanira Wan Zain
Department of Surgery, School of Medical Sciences, Universiti Sains Malaysia, Kelantan, Malaysia

Poster ID: 31
Topic: A Hidden Cause of Chronic Venous Hypertension in Young Adults: Congenital Infrarenal Inferior Vena Cava Atresia
Authors: Kayal Vili, Sharhanin, Putera Mas Pian
Hospital Kuala Lumpur

Poster ID: 32
Topic: Catheter-Free Repair of a Giant Brachiocephalic Fistula Aneurysm Using Strategic Posterior Aneurysmorrhaphy and Axillary Vein Outflow Bypass
Authors: Muhammad Aizat Tamlikha Ismail, Dr Jazree Jamaluddin, Dr Lee Limi, Dr Muhammad Syafiq Idris, Dr Ahmad Hariz Rafizi Ramli
Universiti Malaya Medical Centre

Poster ID: 33
Topic: Stanford Type B Aortic Dissection in the Postpartum Period: A Case Report
Authors: Shanmuga Thevan, Pradeep Chand, Michael Arvind, Putera Mas Pian, Karthigesu Aimanan, Hanif Hussein
Hospital Kuala Lumpur

Abstract
E-Poster Presentation

Poster ID: 34
Topic: Late Iliac Stent Infection Presenting as Peri-aortic Abscess: Successful Salvage with CERAB Reconstruction
Authors: Muhammad Ikram Ishak, Ammar Azizi, Rosnelifaizur Ramely, Mohamed Afiq Muizz

Poster ID: 35
Topic: When the Filter Won't Come Out: Iliocaval Reconstruction Through an Irretrievable IVC Filter in Severe Post Thrombotic Syndrome : A Case Report
Authors: Muhammad Aizat Tamlikha Ismail, Dr Muhammad Syafiq Idris, Dr Jazree Bin Jamaluddin, Dr Lee Limi, Dr Ahmad Rafizi Hariz Ramli
University Malaya Medical Centre, Malaysia

Poster ID: 36
Topic: Arteriovenous Fistula Creation in a District Hospital: Early Outcomes and Challenges
Author: TAMARAI SELVI
Department of Surgery, Hospital Tanjong Karang

Poster ID: 38
Topic: Extracranial Carotid Artery Aneurysm: A Case Report
Authors: Eleanor Felsy Philip, Shandiga Subramaniam, Nabeelah binti Ahmad Murad, Tiong Vun E
Hospital Tengku Ampuan Rahimah, Klang

Poster ID: 39
Topic: Safeguarding Colonic Perfusion During Open Aortoiliac Aneurysm Repair: A Case of Selective Inferior Mesenteric Artery Reimplantation
Authors:Farah Wahidah Sazali , Department of General Surgery, Universiti Kebangssan Malaysia, Mohd Abdul Hadi bin Mohd Anuar, Department of Vascular Surgery, Hospital Kuala Lumpur, Michael Arvind, Putera Mas Pian, Department of Vascular Surgery, Hospital Kuala Lumpur

Poster ID: 40
Topic: Iatrogenic Vascular Injuries During Central Line Placement – Case Series In Hospital Tuanku Fauziah 2025.
Authors:Sayidatul Sakeena binti Ahmad
Hospital Tuanku Fauziah

Poster ID: 41
Topic: Outcomes of Second-Stage Brachiobasilic Arteriovenous Fistula Surgery: A Single-Center Retrospective Study
Authors: Ong Juwei, Neogh Kok Boon, Nurullisa binti Rashid, Kaillash Kumar, Mohamad Bazli bin Ghazali
Hospital Seberang Jaya

Abstract
E-Poster Presentation

Poster ID: 43
Topic: Beyond Bacteremia: Non-Typhoid Salmonella-Associated Mycotic Infrarenal Aortic Aneurysm In An Elderly Man
Authors: Izzat Fadhli bin Maralan, Mr Putera Mas Pian

Poster ID: 45
Topic: The Silent Threat Behind a Warm Limb: A Case Report of Approach To Blunt Traumatic Popliteal Artery Thrombosis
Authors: Ahmad Shukri Mohamad, Ahmad Firdaus Ahmad Lutif, Rosnelifaizur Ramely, Khairul Mustaqim Mazlan, Theoann Lycia Daniel, Chang Wei Ye, Mohd Norhafizi Abdul Halim
Vascular Unit, Department of Surgery, Hospital Pakar Universiti Sains Malaysia

Poster ID: 46
Topic: Hybrid Revascularization for Traumatic External Iliac Artery Thrombosis: A Case Report
Authors: Wai Nam Chok, University of Kebangsaan Malaysia, Kuala Lumpur, Hospital Kuala Lumpur, Muhammad Aizat Tamlikha Bin Ismail, Putera Mas Pian, Datuk Dr. Hanif Hussein, Karthigesu Aimanan, Michael Arvind A/L Edwin Leo, Hospital Kuala Lumpur, Kuala Lumpur

Poster ID: 47
Topic: Role of 18-FDG PET-CT Scan In Postoperative Antibiotic Duration In Patients With Infective Native Aortic Aneurysm (INAA)
Authors: Zulfakar Arif Zulkarnain, Ahmad Rafizi Hariz Ramli, Mohammad Nazri Md Shah, Universiti Malaya

Poster ID: 48
Topic: Ischaemic Neuropathy Following Brachiocephalic Fistula Creation: Thrombosis, Steal, and the Cost of a Missed Postoperative Window
Authors: Nurul Emani
Hospital Sultan Haji Ahmad Shah

Poster ID: 49
Topic: Does Post-operative Thrill Predict Successful Cannulation of Arteriovenous Fistulae? A Single-Centre Retrospective Review
Authors: Nurul Aida Anis Mohd Anwar, Loh How Peow, Ling Li Fan, Looi Kar Hui
Hospital Raja Permaisuri Bainun, Ipoh

Abstract
E-Poster Presentation

Poster ID: 51

Topic: Arteriovenous Fistula Outcomes in a Non-Vascular Centre: A Two-Year Retrospective Audit

Authors: KH Looi, Mohd Anwar, HP Loh, LF Lin, Department of Surgery, Hospital Raja Permaisuri Bainun, Ipoh, Perak, Malaysia , Nurul Aida Anis, Department of General Surgery, Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia

Poster ID: 52

Topic: Beyond the Stent: Palma Bypass as a Salvage and Potential Cost-Effective Strategy for Chronic Venous Occlusion in May-Thurner Syndrome

Authors: Tasya Nabiila Edlin, Elvina Damayanti, Nyityasmono Tri Nugroho
Division of Vascular and Endovascular Surgery, Department of Surgery,
Faculty of Medicine, Universitas Indonesia, Dr. Cipto Mangunkusumo National General Hospital, Jakarta, Indonesia ² Universitas Indonesia Hospital, Depok, Indonesia

Poster ID: 53

Topic: From Vein to Lifeline: 6 Months of AVF Creation Experience at Port Dickson

Authors: Palaniappa Meiyappan Palaniappan, Nur Zawani Binti Zainudin, Department of General Surgery Port Dickson General Hospital, Zaidah Bt Mohd Ali, Department of General Surgery, Tuanku Ja'afar Hospital Seremban

Poster ID: 55

Topic: Beyond a Single Intervention: The Role of Repeated Image-Guided Sclerotherapy in the Staged Management of an Extensive Pediatric Buccal Venolymphatic Malformation

Authors: Tasya Nabiila Edlin, Elvina Damayanti, Nyityasmono Tri Nugroho
Division of Vascular and Endovascular Surgery, Department of Surgery,
Faculty of Medicine, Universitas Indonesia, Dr. Cipto Mangunkusumo National General Hospital, Jakarta, Indonesia ² Universitas Indonesia Hospital, Depok, Indonesia

Poster ID: 56

Topic: Brachial Artery Pseudoaneurysm in Neurofibromatosis Type 1: A Rare Vascular Complication

Authors: Yeoh Movinraaj, Department of General Surgery, Hospital Kuala Lumpur
Michael Arvind Edwin Leo, Karthigesu Aimanan, Putera Mas Pian
Vascular Unit, Department of General Surgery, Hospital Kuala Lumpur

Abstract
E-Poster Presentation

Poster ID: 57
Topic: The Great IVC Masquerade: A Rare Paraganglioma Requiring Radical Resection and Complex Vascular Reconstruction
Authors: Tee Shi Ting
Universiti Malaya Medical Centre

Poster ID: 59
Topic: Salvaging the Threatened Dialysis Access - A Two Case Series
Authors: Chang Wei Ye, Theoann Lycia Daniel, Ahmad Shukri Mohamad, Mohd Norhafizi Abd Halim, Rosnelifaizur Ramely, Ahmad Firdaus Ahmad Lutfi
Department of Surgery, School of Medical Sciences, Universiti Sains Malaysia, Kubang Kerian, Kelantan

Poster ID: 60
Topic: At the Thrombotic–Hemorrhagic Crossroads: Open Venous Thrombectomy for Extensive Iliofemoral Deep Vein Thrombosis in Lung Adenocarcinoma With Multisite Thrombosis: A Case Report
Author: Elvina Damayanti, Tasya Nabiila Edlin, Nyityasmono Tri Nugroho
Division of Vascular and Endovascular Surgery, Department of Surgery, Faculty of Medicine, Universitas Indonesia, Dr. Cipto Mangunkusumo National General Hospital, Jakarta, Indonesia ² Universitas Indonesia Hospital, Depok, Indonesia

Poster ID: 61
Topic: IVUS-Guided Endovascular Salvage of a Thrombosed Axillary–Iliac Vein Bypass for Central Venous Occlusion in Hemodialysis
Authors: Brentha Kandasamy, Pradeep Chand Chandran, Muhammad Aizat Tamlikha, Karthigesu Aimanan
Hospital Kuala Lumpur

Poster ID: 62
Topic: From Soil T0 Artery: Mycotic Aneurysm Caused By Bukholderia Pseudomallei
Authors: Mohd Norhafizi Bin Abdul Halim
Universiti Sains Malaysia

Abstract
E-Poster Presentation

Poster ID: 63
Topic: Acute Upper Limb Ischaemia Secondary to Arterial Thoracic Outlet Syndrome Associated with Bilateral Cervical Ribs: A Case Report
Authors: Atiqah Najwa Binti Abd Wahab, Pradeep Chand Chandran, Karthigesu Aimanan, Putera Mas Pian
Hospital Kuala Lumpur

Poster ID: 64
Topic: Beyond Bacteria: Candida Albicans as a Rare Cause of Mycotic Abdominal Aortic Aneurysm
Authors: Kesavan C, Fahmi A, Norhisham A, Faidzal O, Department of Surgery, Sultan Ahmad Shah Medical Centre @IIUM, Kuantan, Pahang

Industrial Partners

PLATINUM

ARTIVION

NIPRO

BD

GOLD

Abbott

EMEDHEALTH

Boston Scientific
Advancing science for life™

EXZA MEDICAL
A COMMITMENT FOR LIFE

Medtronic

SILVER

OrbusNeich
Pioneers in life-changing technologies

H&A Medical Supply Sdn Bhd

Penumbra

DYNA MEDICARE

ParagonCare
Enabling Healthcare

INTERMEDECO

medi-life
When Quality Healthcare Matters

INFINITY
MEDICAL

BEST CONTACT
(M) SDN BHD 293091-M

B BRAUN
SHARING EXPERTISE

LeMaitre

MAIKURO
TECHNOLOGIES

AVROMEDICAL

Thank You

for your participation