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Singapore Government

MEDIA RELEASE

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SPEECH BY MINISTER FOR HEALTH, MR LIM HNG KIANG, AT THE CONGRESS DINNER OF THE 7TH WORLD CONGRESS OF ENDOSCOPIC SURGERY AT THE SHANGRILA SINGAPORE ON FRIDAY 2 JUN 2000 at 8.10 PM

Good evening,
Distinguished Guests,
Ladies and Gentlemen

It is a pleasure for me to be present this evening at the Congress Dinner of the 7th World Congress of Endoscopic Surgery. I would like first of all to congratulate and commend the Endoscopic and Laparoscopic Surgeons of Asia or ELSA, and the International Federation of Societies of Endoscopic Surgery or IFSES for jointly organising this prestigious event in Singapore.

2 The World Congress of Endoscopic Surgery is the main event on the calendar of the IFSES. It serves as the showcase for the latest techniques and state-of-the-art technologies in endoscopic surgery.

3 Organised bi-annually, the World Congress has in recent years progressed to become one of the premier meetings of the surgical disciplines. It is now recognised as the most important and influential meeting for endoscopic surgery

in the world. As such, world leaders and distinguished experts in Endoscopic Surgery are attracted to the event. Singapore is honoured to host the Congress.

4 One of the most important changes to the practice of medicine over the past two decades has been the reduction in wound trauma inherent in all surgical interventions. Since 1987, Minimally Invasive Surgery or MIS has revolutionised and transformed the surgical landscape. Surgeons are now able to perform the same operation through smaller and fewer openings.

5 Today, Minimally Invasive Surgery is well established in most branches of surgery. It has been successfully developed for almost every single conventional surgical procedure to the extent that some of these new approaches have completely replaced the need for open surgery. Many conventional surgical procedures have become MIS procedures because of technological advances in laparoscopic instrumentation, which have helped endoscopic surgeons accomplish major operative procedures through strategically placed “key holes”. Examples of these include laparoscopic procedures for gall bladder surgery, gastro-esophageal reflux disease and adrenal gland excision.

6 What is the significance of MIS to patients? Patients experience less pain and disability with laparoscopic procedures as compared with open surgery. They recover more quickly. This reduces hospital stay and facilitates their return to full activity and work. Because of these benefits, more patients are also amenable to treatment.

7 I understand that in some centres, removal of the kidney from the living related donor is done laparoscopically and this has resulted in the enlargement of the pool of donors for living related kidney transplants.

8 MIS is evolving further. Computer-driven image reconstruction systems, novel energy sources and local activation of drugs and genes will soon form the foundation of the future of MIS. New technologies that are currently being developed such as robotics and image guided surgery will give surgeons the ability to perform single-handedly some surgical procedures which surgeons are currently not able to perform. Like radiologists, robotics and telesurgery will soon enable surgeons to work from locations remote to the patient, carrying out highly specialised tasks by remote control. This is indeed an exciting and challenging time for surgeons.

9 However, there are limits to what can be accomplished safely by doing

traditional procedures through small incisions under video guidance. It is, therefore, important to consider and be aware of the situations when the risks and disadvantages outweigh the benefits.

10 It is prudent to note that there have been occasions when new and potentially important techniques were implemented widely but subsequently discovered to afford no advantage, or were even found to be less effective than those that they were intended to replace. There is, therefore, a need for an objective assessment of the safety, efficacy and cost-effectiveness of a new technique and technology before implementation.

11 It is also equally important to ensure that surgeons are appropriately trained and their skills assessed and credentialled on a regular basis. In this regard, Singapore has been sending its doctors to training centres of repute in Australia, Europe and the United States for clinical attachments and skills development as part of their specialist training. Events such as the World Congress, Asian Congress and the Asia-Pacific MIS Courses, which provide live demonstrations and workshops, can also serve to complement the structured training programme for doctors specialising in MIS.

12 Singapore has played a leading role in Asia in the development of laparoscopic surgery during the last decade. We have also participated actively in training and research in various aspects of MIS. Presently, our doctors are working hand-in-hand with the Centre for Biomedical Materials Application and Technology at the National University of Singapore on a project to design new generation endoscopic appliances aimed at simplifying laparoscopic surgery in the new millennium. My Ministry will continue to encourage the development of this field in Singapore.

13 In conclusion, let me once again congratulate and commend the ELSA and the IFSES for organising the 7th World Congress of Endoscopic Surgery. I wish all participants a fruitful and successful Congress and an enjoyable stay in Singapore.

Thank you.