

A First for KPJ in Lung Care Innovation



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Dr Muhammad Redzwan shares the experiences that shaped his path in respiratory medicine. He led KPJ's first Endobronchial Valve (EBV) procedure, a milestone in expanding treatment options and subspecialty care across the Group.

What drew you to respiratory medicine and what made you stay?

I was drawn to respiratory medicine early in my training, especially seeing how relieving breathlessness could change a patient's entire outlook. While working at Queen Elizabeth Hospital in Kota Kinabalu, I managed complex cases like drug-resistant tuberculosis, pleural infections and malignant effusions. I was also exposed to advanced techniques such as rigid bronchoscopy, airway stents and medical thoracoscopy, which were still new in Malaysia at the time.

Under the mentorship of Dr Jamalul Azizi and Dr Kannan, two senior respiratory physicians at QE Hospital, I developed a deeper interest in pleural disease and lung cancer. That led me to pursue a one-year fellowship in Perth with Prof Gary CY Lee, a leading expert in pleural disease, which cemented my path in pleural disease and interventional pulmonology.

What have been some key challenges or turning points in your career?

Volunteering in a rural Sabah district for two years was a defining early experience that shaped how I approach medicine. Another challenge came during my overseas fellowship where I gained tremendous experience and clinical exposure but upon returning home, I failed the first exit subspecialty exam. Still, I gained resolve, worked harder and passed the next time around.

Transitioning into private practice in 2016 at JSH was another turning point. Working solo as a respiratory consultant came with greater responsibility, higher expectations and higher medicolegal risks. I've always aimed to make clinical decisions ethically and offer patients a broad range of treatment options.

How is interventional pulmonology (IP) changing lung care and what excites you most about it?

IP is growing rapidly in Malaysia, including in the private sector. What excites me most is the potential to diagnose and treat early-stage lung cancer in a single endoscopic session.

Advances such as navigational bronchoscopy, robotic techniques, radial and linear EBUS, airway stenting and endobronchial valves are making this vision increasingly possible. More hospitals are now exploring these innovations and I believe KPJ is well positioned to lead in this space.

How does this milestone reflect JSH's direction in lung care and what advice would you give to aspiring doctors?

We've introduced advanced techniques like rigid bronchoscopy and the EBV procedure. These efforts support JSH's journey in developing a Heart and Lung Centre of Excellence, part of its broader commitment under the KPJ Health System to expand subspecialty services.

It reflects our focus on better outcomes through clinical care, education and research, supported by structured planning, training and continued investment in equipment.

Equally important is mentoring the next generation of specialists. My advice to young doctors is to build a strong foundation in anatomy, physiology and diagnostics. Work well with colleagues across specialties, stay curious, stay kind and find joy in what you do. A healthy work-life balance is essential to avoid burnout.



A First in KPJ

EBV Insertion for Persistent Air Leak

JSH achieved a Group-first by performing its inaugural EBV insertion to treat a persistent air leak caused by secondary spontaneous pneumothorax.

Led by Visiting Interventional Pulmonologist Dr Jamalul Azizi and supported by Dr Muhammad Redzwan, the team opted for EBV after less invasive treatments proved ineffective. The patient was not a surgical candidate, making this minimally invasive procedure the most viable approach.

Using real-time bronchoscopic guidance, the team inserted four one-way endobronchial valves into the right lower lobe, allowing the lung to re-expand while preventing further air inflow.

"This success shows our commitment to advancing endoscopic lung interventions at KPJ," says Dr Redzwan. "It's a step towards better outcomes for complex cases without surgery."

Dr Redzwan adds that this should serve as a launchpad for KPJ Healthcare in pursuing Centre of Excellence status. "I'm confident other KPJ centres will rise to the challenge and drive innovation in respiratory care within their own settings."