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29<sup>th</sup> January 2021

**To Whom It May Concern:**

**Re: Dr Marios Mamalis**

This is to confirm that Dr Marios Mamalis has completed a two-year Training Fellowship in Fetal Medicine. He started the post on 21<sup>st</sup> January 2019 and finished on 29<sup>th</sup> January 2021.

Dr Mamalis received extensive training and obtained the following Certificates of Competence by the Fetal Medicine Foundation:

- The 11-13 weeks scan. This involves detailed examination of the fetus in the first-trimester of pregnancy to diagnose any major fetal abnormalities and to assess the risk for trisomy 21 and other chromosomal defects by measurement of fetal nuchal translucency thickness, assessment of the nasal bone, Doppler assessment of flow across the tricuspid valve and the ductus venosus.
- The 20-23 weeks scan. This involves detailed examination of the fetus in the second-trimester of pregnancy to diagnose congenital abnormalities, including hydrocephalus, spina bifida, facial defects, pulmonary tumours and cysts, renal and gastrointestinal defects, skeletal dysplasia, and markers of chromosomal abnormalities. Competence in both the diagnosis and further management of fetal abnormalities.
- Cervical assessment: Transvaginal ultrasound scan for measurement of cervical length in the prediction of preterm delivery.
- Doppler assessment of flow in the uterine arteries to predict the subsequent development of preeclampsia and assessment of flow in the umbilical arteries, fetal middle cerebral artery and Ductus venosus for the assessment fetal oxygenation.

- Fetal echocardiography. Ultrasound examination in the first and second-trimester of pregnancy for assessment of cardiac anatomy and function. Competence in both in the diagnosis and management of fetal cardiac defects.
- Invasive intrauterine procedures. Competence in carrying out chorionic villous sampling and amniocentesis.

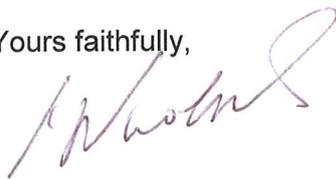
He has also observed:

- Cordocentesis for fetal blood transfusions in red blood cell isoimmunisation and platelet transfusions in alloimmune thrombocytopenia.
- Pleuro-amniotic shunting in cases of pleural effusions.
- Endoscopic laser coagulation in severe twin-to-twin transfusion.
- Endoscopic endotracheal placement of a balloon in fetuses with diaphragmatic hernia.

Dr Mamalis is a hard-working doctor and he carried out all his duties with enthusiasm, responsibility and efficiency. He demonstrated a great interest and competence in Fetal Medicine.

Should you require any further information, please do not hesitate to contact me.

Yours faithfully,



Kypros Nicolaides

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