

刀緣

THE COLLEGE OF SURGEONS
OF HONG KONG

CUTTING
EDGE

SEPTEMBER 2016
二零一六年九月號

NEWSLETTER

www.cshk.org



EDITORIAL

“.....Cutting Edge can also serve as a bridge between the College Council and our Fellows, to make things more transparent, and establish an atmosphere of mutual trust and respect.....”

The publication of the previous issue of the Cutting Edge (The 25th Anniversary special edition) is a landmark for both the College and our newsletter. We have received a number of valuable comments and suggestions on different aspects of our work. We promise that we will keep improving to make our newsletter more pleasurable to read.

I must admit that things did come to a short halt after we were relieved from the tremendous workload in preparing the previous issue, both for the staff and the editorial board. The current issue is therefore more of a slim version compared with the previous one.

In each issue of the Cutting Edge, we always have difficulty in identifying and reporting the surgically related conferences that our fellows have organized or attended in Hong Kong. All we can do is to report those officially organized by the CSHK, which we have no difficulty in obtaining details for publishing. For the rest, I'm afraid that we have to rely on our Fellows who have participated to voluntarily send us information for publishing.

While serving in the editorial board, I always wonder what the mission of our newsletter is. Is it just for reporting news or for announcing information? I believe we can do something more than that. I hope that the Cutting Edge can also serve as a bridge between the College Council and our Fellows, to make things more transparent, and establish an atmosphere of mutual trust and respect. After all, these are what we need now in Hong Kong!



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Message from the President

As my Presidency will soon come to an end, I would like to take this occasion to address our new Members and Fellows, who will be our future surgical leaders.

To our new Members and Fellows, you deserve from us recognition for undertaking the rigorous training and challenges over the years, your sustained endeavours and perseverance has yielded you the testaments to the standard you have achieved as a surgeon. Your hard work have earned you the credentials that are international recognized, admitting you into a prestigious surgical fellowship. Having come such a long way, there are some very important team players that have helped you get to where you are today. First and foremost are members of your family. They have walked silently with you through hardship, they deserve to share the accomplishments with you and your deep appreciation of their support. Our heartfelt congratulations to all new Members and Fellows and their families on the glory and success.

With the funding support from the Academy of Medicine, our Younger Fellows were attached to our accredited centres of their choices for clinical attachment programme every year. Likewise we receive

trainees from the mainland to our local hospitals for exchange. I do hope you will open yourselves to these learning opportunities and broaden your horizon.

I commend each of you on arriving at this momentous new beginning. You have worked hard and while it might seem that you have reached the end of your journey, far more importantly, you have a new beginning full of possibilities. I wish to share with you some of my thoughts as I came through this journey many years ago.

I truly believe surgery is the unique specialty that demands the highest discipline and skill. There can never be a greater satisfaction than coming out of an operation with triumph over the hardships. But we cannot dwell on our success in the past. The world is changing at an incredible speed; technology is evolving; and the requirements of a surgeon also change in response to these changes. You therefore need to commit to life-long learning to keep yourselves relevant, useful and satisfied.

It is a popular belief that a surgeon is born, not made. To be here today you must already have the breadth, dedication,

“Remember a poor physician is rarely a serious menace, but give him a scalpel and he is dangerous beyond measure. You must remember to make an unshakeable commitment of high ethical standards in everything you do.”

and an unwavering desire to succeed. But to be a truly great surgeon you can never afford be complacent. There has never been a greater demand on the life of a surgeon than now. You are expected to be more than mere technical experts, but also teachers, researchers, scientists, politician, and at the same time taking a balance to honor the vow to your family. Remember a poor physician is rarely a serious menace, but give him a scalpel and he is dangerous beyond measure. You must remember to make an unshakeable commitment of high ethical standards in everything you do.

During your professional life, you will come across numerous hurdles. Every hurdle is a challenge and every failure has a lesson. Remember every hurdle does not require confrontation. So do not curse your luck on an occasional failure but get up and start your work with a vigor. You must do what you like and love what you do. I am sure you will recognize the importance of rituals of medicine to both you and the patient. You will also find courage to face your own personal trials by learning from your patients’ courage. I hope you minister to your patients even as they minister to you. And one day you will discover as generations before you have, the great happiness and satisfaction inherent in the practice of surgery, despite everything. I wish you all the very best in your endeavors as you start a new chapter in your career.

It has been a memorable and meaningful three years working closely with colleagues here in Hong Kong, the Mainland and distinguished international

colleges, especially our Edinburgh Brothers to further advance the professionalism of surgery through improved training programs and monitoring the standards of conjoint examinations. We have learned from each other, and have developed very dear friendship and a strong fraternity. I sincerely hope that this international surgical bond can be further nurtured, and that there would be a collective effort from surgical colleges round the world to raise global surgical standards.

Finally, no occasion like this would be complete without a full appreciation of the efforts of all those who have worked so hard over the past 26 years to make the College the success it has. I am very fortunate to have surgical giants as my predecessors, our Founding President Dr CH Leong and all Past Presidents, paving the legacy which gave me the honor to be the President. We all pay homage to them and I am sure my successors will strive to preserve their legacy. I am indebted to our Office Bearers, the Councilors, Specialty Boards, Committees, Working Groups for their efforts to discharge the College’s objectives and goals with me, and of course I must thank Fellows and Members’ unflinching support all along. My profound and heartfelt thank you.

May the College scales new heights in all future endeavours and the surgical fraternity be strengthened with your continuous unstinted support!

Prof. Stephen WK CHENG
President
Queen Mary Hospital





Prof. CHENG delivering his welcoming speech in the Congress 2015



Prof. CHENG chit chatting with Dr Wing-man KO and Prof. Kent-man CHU in the Scientific Congress 2015



Prof. CHENG attending the 25th Anniversary RTHK Radio Programme with Prof. Paul LAI in 2016



Prof. CHENG congratulating Prof. London OOI at Diploma Ceremony 2014



Prof. CHENG attending the Specialty Council Dinner with (from left to right) Dr Heng-tat LEONG, Dr Kwok-leung CHEUNG, Dr Francis MOK, Prof. Peter MC-COLLUM, Mr William TENNANT, Dr Nam-hung CHIA & Dr David WONG in 2015



Prof. CHENG attending the task-force meeting of SC Marathon in 2015

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Message from the Honorary Secretary

The Medical Council Reform Fiasco & some personal reflections.

As curtains fell on the Legislative Council session this year a long overdue reform of Hong Kong Medical Council was left undone, in an over-politicized aura and to no party's advantage. The government, pushing to kick-start a reform by vote rather than by consensus, presented a reform package that appeared incomplete and occasioned rather than addressed concerns from the medical profession. The profession's image was tarnished, being interpreted as resistant to change and resistant to patient group participation at the Medical Council when they showed reluctance to shallow a half-baked reform package. The public missed the opportunity to effect change of the Medical Council through legislation for the first time since such reform was first called for in 1999. On the other hand, such termination of the first reform attempt does allow involved parties to cool down and reconsider how to take the matter forth again in a better way. It also allows me to voice my personal view more freely without being considered as taking side. I think that there are wider issues at hand and the government draft of the bill does not need to be the only way, and probably would be an inadequate way, to address the Medical Council's unappealing image of protectionism and inefficiency.

1. The increase in number of members does not need to be just 4 lay members. *The government can be more accommodating in the proposal to increase lay representation in the Medical Council.* By adding the same number of lay and professional members, the lay representation would still be increased. Adding only 4 lay members to the existing 4 lay members in an existing council of 28 members increase the lay representation from 14% to 25%. Adding 4 professional and 4 lay members to the existing council will still able to achieve an increase of lay representation to 22%. The equal increase in number of both lay and professional members will adequately address the concern of most practitioners and does not disturb the balance between elected and appointed representations, while achieving an absolute and relative increase in lay representation. There is actual need to increase the number of professional members to commensurate with the increase in number of doctors in Hong Kong throughout these years. More members, 36 instead of 32, will help to expedite handling of complaints.

2. *Just adding lay members would not adequately address the image of protectionism. Better public relation work may be more effective.* My personal impression was that Medical Council was ready to strike practitioners off list for anything less than ideal practice. No sensible practitioner would expect leniency from Medical Council. The

public perception that Medical Council is exercising protectionism to practitioners cannot be further from the truth. There must be figures relating to the verdicts handed down in hearings. There must also be trends of such figures with time. Medical Council should be more active in reassuring the public that it does not wait for a fully fledged reform to offer protection to the public against sub-standard practices. Controversial decisions such as the case involving use of mobile phone during endoscopy should have the reasoning behind clearly explained to public instead of just leaving it for misinterpretation to brew.

3. *Just adding lay members would not adequately address the image of inefficiency. Medical Council is not inefficient. It is just overwhelmed by the hefty increase in complaints from patient arising from their higher expectation and less trust on our profession.* Setting up more than one preliminary investigation committee as the government proposed requires the effort of more lay and professional members together. This would still be inadequate. The problem needs to be addressed at the source. The complainant and the doctor can have a meeting under guidance of professional mediators to see whether misunderstandings could be resolved. Medical Council can delegate preparatory works of preliminary investigations to non Council Members within the institution of Medical Council. Lawyers and doctors can be employed full time or part-time to share such work. This would immensely increase the throughput for preliminary investigations.

Medical Council should actually rethink over its role simultaneously as investigator, prosecutor and judge. It can consider delegating investigation to an outside institution, e.g., the Department of Health, and concentrates its effort in prosecution and judgement. In all these scenarios, the government must be prepared to invest substantial resources to expedite the investigations.

4. *The extension of limited registration from one to three years should not be reason for concern far as every practitioner need to renew their annual practicing certificate yearly.*

The government, the public and our profession share the common goal of upholding a high standard for medical practice in Hong Kong. If all parties can make use of this intermission to work on their common grounds and come up with a more accommodating and comprehensive package, the set back in legislation to reform the Medical Council this time might indeed turn out to be a blessing.

Dr Chi-wai MAN
Honorary Secretary
Tuen Mun Hospital





Paediatric Surgery

Dr Michael Wai-yip LEUNG
Queen Elizabeth Hospital

The Conjoint Fellowship Exit Examination in Paediatric Surgery was held in QMH on 17 March 2016. One candidate passed the exam.

In order to have a more objective assessment on the candidates' knowledge and standard, we had discussion with the Royal College of Surgeons of Edinburgh examiners on the change of format on exit examination. We decided to cancel the published paper MCQ session and replaced it by one extra oral exam session. Thus there will be four oral exam sessions on various topics in paediatric surgery, and two clinical sessions on paediatric surgery and paediatric urology. We are

working on the logistics on the format change and hope to implement the new exit examination format in the 2017 diet exam that will be held in PWH. Two candidates will sit for the exam.

There is one new trainee admitted to higher surgical training in July 2016. Currently there are 8 HSTs in Paediatric Surgery in three training centres. We will continue the rotation programme of trainees among the three training centres. The Board and RCSEd agree that we should work on a single paediatric surgery training curriculum in Hong Kong in response to the opening of Hong Kong Children's Hospital in 2018.

General Surgery

Dr Heng-tat LEONG
North District Hospital



Time flies. It feels like just yesterday that I took up the chairmanship of General Surgery Board. Over the past three years, the General Surgery Board had successfully implemented post-fellowship subspecialty training and first batch of successful trainees had obtained their certificates already. It is one of the major changes to General Surgery over the past decade but the direction of the further development of subspecialty training still needs discussion and review.

The General Surgery Board had also made changes to the Exit Examination preparatory course by inviting current examiners from Edinburgh College to serve as instructors and the change was welcomed by our trainees. The trainees had achieved the highest passing rate in the last diet of Exit Examination. Be it a direct consequence of the preparatory course, I am not sure.

It may seem that the GS Board had made achievement and can relax. However change is inevitable and we have to be responsible to the public, our fellows and trainees. We cannot be too complacent with the current situation. There are still a lot of challenges ahead of us. Credentialing, reform of the Exit Examination, formation of the GS board and the election of board chairman, formal teaching sessions for all trainees are just a few of the agenda items that I failed to address during my tenure of chairmanship. I have to apologize to the next board chairman for leaving him/her so many problems to solve. I am sure that we could find a suitable fellow to be the next GS board chairman and achieve what I cannot achieve over the past few years.

Urology

Dr Chi-wai MAN
Tuen Mun Hospital



5 training centres were reinspected in Sep 2015. The remaining 2 centres had their reinspection advanced to Mar 2016, together with the only accredited Mainland Urology training centre in Nanjing. The inspections of all urology centres will then be synchronized in Sep 2019.

Revision and update of question bank was started with the pool in 2010. Assessment of preparedness of candidates was introduced in Jul 2015 before the Sep 2015 diet and is now a regular process before our exit examination. The recommendation arising from the assessment is still voluntary before validity of the assessment could be established. Urology exit examination in 2016 had been advanced to March to allow participation of external urology examiners in the membership examination. The arrangement did not achieve its desirable effects and at the recommendation of the Urology Examiners' meeting in March 2016, subsequent diets from 2017 onwards will be held again in September, when the weather is much more to be preferred. In the same meeting, it was proposed to change regulation of urology exit examination such that there would be no compensation between MCQ and picture test in the written examination, and failing either of them would be considered failure in the whole written examination and thus disqualification from proceeding to viva examination. In each of the diets in Sep 2015 and Mar 2016, the top candidate achieved in the first attempt the level required for award of Leong Che Hung Medal. Both medals will be awarded at the College Conferment Ceremony in Sep 2016. Such award of two Leong Che Hung medals in the same ceremony would be unprecedented unlikely to be repeated.

Urology Board Committee agreed to add ATLS course as mandatory course for Urology Trainees for a trainee to sit in the Urology Exit Examination. This will apply to higher urology trainees enrolled on or after 1 Jul 2016. A surgical learning agreement for urology trainees basing on the UK Surgical Learning Agreement was introduced for higher urology trainees recruited on or after 1 Jul 2016. The agreement allows the trainee and trainer to document

for a particular period of training the objectives they set for learning, the actions they planned for such objectives, the review they made on the progress, and their proposals on further training. There will be more participation, reflection and feedback from the trainee as compared to current assessment forms, which will still need to be completed by other assessors. The learning agreement will take reference to the new Urology curriculum promulgated three years ago by our Board.

The Chairman made a presentation at the Health Panel of the Legislative Council on 27 Apr 2015 commenting on a proposed Human Reproductive Technology legislation that would tighten the control of advertisement over gender selection service.

The Urology Board submitted to Cancer Expert Working Group on 6 Aug 2015 comments on their new draft of a pamphlet on Prevention and Screening for Prostate Cancer. The Concept of early detection for prostate cancer was emphasized.

During a meeting on core standards for regulated ambulatory facilities, it was noted that cystoscopy and biopsy had been listed as high risk procedure contrary to the recommendation from Urology Board. The Chairman had issued a letter in Feb 2016 to Assistant Director of Department of Health requesting action to rectify such inappropriate listing. The letter had been directed to the taskforce on endoscopic procedures.

A web-based British Journal of Urology International Knowledge platform was presented by our Board and was approved by the E&EC in Jun 2016 for self learning that would accrue 1 active CME/CPD point per module. The CME/CPD summary on the platform can be accepted as proof of self-learning. College secretariat is now proceeding to register the BJUI Knowledge platform with CME/CPD Committee of our College for formal pre-approval.



Plastic Surgery

Dr David Sau-yan WONG
Prince of Wales Hospital

Towards the end of the current term of office of the College and Board Committees, it is timely to reflect upon the past and look into the future.

Plastic surgery is a specialty that has proved itself to be innovative in being able to develop many new techniques and methods since its inception and over the course of its evolution. Many of these techniques have not faded and gone obsolete with the times but have actually added into the overall armamentarium of surgery. Thus, the demands of nasty and awful wounds called for approaches that were unavailable during the world wars. Subsequently, tissue transfer evolved adding robustness and versatility to earlier methods. Better understanding of blood supply of the body, and the popularisation of microsurgical techniques later, further enhanced the scope of reconstructive possibilities.

It is a fact that many of the developed methods became so effective and successful in their clinical applications that they were gradually adopted by, and then 'absorbed' into, disciplines which are specialized in other surgical fields. They then became standard practice of those other

specialties and so boundaries gradually became blurred. The latest trend in this, of course, is that many cosmetic procedures are being performed on the public by even non-medical personnel, and the proper regulation of such activities and protection of patient safety are coming to a head in most parts of the developed world.

It is indeed this feature of plastic surgery that makes it unique in its own right - supplementing other disciplines and enhancing treatment outcomes for patients. Often referred to, in a humorous sense, as the 'specialty of difficult surgery', there is certainly a degree of truth in this label.

Against this background, it is natural to infer that plastic surgery as a younger specialty would continue to thrive and be contributory to the welfare of human kind if and only if its Fellows keep two important guiding principles constantly in their mind: to continue to be innovative and creative in their work, and always to work hand in hand with colleagues in other disciplines in a collaborative manner.

The Board Chairman would also like to express his gratitude to the Committee Members for their service and support throughout the term.

Cardiothoracic Surgery

Prof. MJ UNDERWOOD
Prince of Wales Hospital



The Conjoint Examination in Cardiothoracic Surgery will be held with examiners from the Royal College of Surgeons of Edinburgh and Academy of Medicine Singapore on December 3rd and 4th in Queen Elizabeth Hospital Hong Kong. This will be followed by the Hospital Inspection programme run by the RCSEd.

Specialty Board representative are working with members of the Malaysian Association for Cardiothoracic Surgery and exploring the possibility of including Malaysia in the Summative Assessment process run jointly by CSHK, Singapore and RCSEd.

Mandatory Educational Contracts and Procedure-Based Assessment have been added to the training requirements by the CTS Specialty Group and endorsed by CSHK. All updated information is on the CSHK website.

Trainees who are interested in a career in Cardiothoracic Surgery should contact Board Chairman (Professor MJ Underwood) or local Head of Service to discuss career opportunities.

COLLEGE FOCUS

In each issue, Cutting Edge interviews one of our Council Members so as to allow our Fellows & Members to know more about this group of representatives. We are thankful that Dr Kam-hung KWOK, sub-specialty on colorectal surgery in Department of Surgery, Queen Elizabeth Hospital, has taken time during his busy schedule to write this article for us.

I was very much delighted when the editorial board invited me to write a short article in Spotlight in this issue of Cutting Edge.

I am very privileged and honored to be elected the councilor of the College in year 2014. After serving two third of my current term, I am deeply moved by the devotion and enthusiasm of our surgical fraternity. We have been striving for provision of high quality surgical care to our community through continuous training, sharing and promoting advancement of knowledge. For the past 26 years, our College has been the corner stone for achieving these objectives. When I started my surgical training, it was kind of apprenticeship.

Young surgeons will be trained mostly in a single hospital unit and take their fellowship examinations after years of working experience mostly in the public sector. Then they will go for overseas training with a certain sub-specialty interest. We saw major restructuring in postgraduate surgical training in the past 2 decades when different training units were accredited, rotation between these units became mandatory in the general surgical training curriculum. Continuous involvement in academic activities was encouraged in all units, implementation of CME/CPD program, launching of structured training courses for basic and higher surgical training were

gradually incorporated. Thanks to the vision of our forefathers, the gurus of our local surgical community, all these changes have met great success.

Change is inevitable. Sometimes we will lead as what our forefathers have done. Many a time we are being dragged into. The immense increase in free flow of information, the improving quality of medical service as a whole have much impact on the expectation of general public and our fraternity. With increasing transpar-

“Change is inevitable. Sometimes we will lead as what our forefathers have done. Many a time we are being dragged into.”

ency, mounting expectation from public, we met with development of proctorship program, further sub-specialty-based training in general surgery. With globalization, closer collaboration with overseas Colleges and development of ties with our mainland surgical communities become inevitable. By maintaining these close liaisons, it help to ensure the quality we are striving for is upheld.

Change is inevitable as it seems, we are all part of it and our involvement and dedicated efforts make it happen. We as fellows or members of our College have helped to mould the future of our surgical community. The im-

plementation of subspecialty training in general surgery, proposed re-structuring of public subspecialty surgical service all need our fellows' input and participation. In recent years, we are also seeing changing expectations from our surgical trainees. I believe the course we take is a balance, a delicate balance indeed, between all stakeholders. As councilor, I find myself a link between our fellows and members with our College.

The path we choose help to shape our future to echo the theme of our coming RCSEd / CSHK Conjoint Scientific Congress 2016 “Making Wise Choices in Surgery”.

I am writing this article whilst typhoon NIDA is drawing near, when we are bearing its gust and gale. Challenges are ubiquitous and we will stand up to them. I would like to ask for your participation and involvement because this will shape the future of our College.

I would like to take this opportunity to thank the President, Office bearers, fellow councilors and subspecialty board chairpersons of the College of Surgeons of Hong Kong for the relentless support and patience they rendered to me in the past 2 years.

Dr Kam-hung KWOK
Queen Elizabeth Hospital



THE DEPARTMENT OF DEVELOPMENT – SIMULATION TRAINING

Due to work hour reform, the clinical exposure of young surgeons has been reduced. In order to provide more hands-on experience for them and maximize their learning opportunities while minimizing the risks to patients, The Department of Development has organized the Train the Trainer Course for Simulation Training – Acute Abdomen Training Course at the HKAM Jockey Club Building on Thursday, 12 May 2016. This allows more trainers to be nurtured for organizing more simulation programme in the future. The course received very positive feedback and was well attended by a total of 33 trainers and 4 speakers.



UPDATE on SUBSPECIALTY TRAINING

The College subspecialty training programme begins in 2013, and the first batch of trainee has already completed their training in 2014. Uptill now, there are altogether 12 Training Centres accredited with Subspecialty Training in Breast Surgery, Colorectal Surgery, Endocrine Surgery, Head and Neck Surgery, Hepatobiliary & Pancreatic Surgery, Upper Gastrointestinal Surgery and Vascular Surgery. Currently there are 42 trainees enrolled in the programme.

Training Centre	Subspecialty Training Programme Accredited	No. of Accredited Posts	Trainee Completed the Programme
HKSH	Breast surgery	1	
KWH	Breast surgery	2	Yolanda HY CHAN; Tak-man WONG & Genevieve CY CHEUNG
	Colorectal Surgery	1	
NDH	Breast surgery	2	Yee-kei TSOI & Wai-ting NG
	Colorectal Surgery	1	
PMH	Breast surgery	1	
POH	Breast surgery	1	Man-yi CHAN
PWH	Colorectal Surgery	2	
	HBP Surgery	1	
	Vascular Surgery	1	
PYNEH	Breast surgery	1	
	Colorectal Surgery	1	
QEH	Breast surgery	1	
	Colorectal Surgery	2	
	Endocrine Surgery	1	Dora KC TAI
	Head and Neck Surgery	1	
QMH	Upper GI	1	
	Breast surgery	2	Lorraine CY CHOW & Kwok-kuen MA
	Colorectal Surgery	2	
	Endocrine Surgery	1	Kai-pun WONG
	HBP Surgery	3	
	Upper GI	2	
TMH	Vascular Surgery	2	
	Upper GI	1	
	Colorectal Surgery	2	
UCH	Breast surgery	1	
	Colorectal Surgery	1	
	Head and Neck Surgery	1	
	Upper GI	1	Siu-king LAW
YCH	Breast surgery	1	Sze-hong LAW
	Colorectal Surgery	1	

TOPIC on FILM

Topic on film aims at promulgating surgically related activities in Hong Kong which are organized by bodies other than CSHK.

THE HONG KONG SOCIETY OF PAEDIATRIC SURGERY Inauguration and First Annual Scientific Meeting



Council members of the Hong Kong Society of Paediatric Surgery (from left to right): Dr Kenneth L Y CHUNG; Dr Ivy H Y CHAN; Dr Edwin K W CHAN; Dr Jennifer D Y SIHOE; Dr Kelvin K W LIU; Dr Peter Y H TAM; Dr Michael W Y LEUNG; Prof. Kenneth K Y WONG

The Hong Kong Society of Paediatric Surgery is formed by a group of paediatric surgeons in Hong Kong. The main objectives are to enhance the professionalism and competence of paediatric surgeons and child health related professionals and to consolidate comradeship.

The Inauguration and First Annual Scientific Meeting was held on 20th March 2015. We had the honour of having Dr Wing-man KO, Secretary of Food and Health Bureau, the Honorable Dr Ka-lau LEUNG, Legislative Councilor, Prof. Prem PURI, President of the National Children's Research Centre of Ireland, Mr. Alan DICKSON, Consultant Paediatric Urologist of Royal Manchester Children's Hospital and many distinguished guests to attend the meeting and ceremony. Prof. PURI delivered a lecture on "Research Opportunities for Paediatric Surgeons" and Mr. Alan DICKSON gave a talk

on "Service provision of Paediatric Surgery in United Kingdom and its training".

During the first council meeting, Dr Kelvin K W LIU was elected as President and Dr Peter YH TAM as Vice-President. The other office-bearers were Dr Kenneth LY CHUNG (Hon. Secretary), Dr Jennifer DY SIHOE (Hon. Treasurer) and Dr Michael W Y LEUNG, Dr Edwin K W CHAN, Prof. Kenneth K Y WONG and Dr Ivy HY CHAN as council members.

Our Society is committed to provide a platform for promoting the highest ethical and clinical standard in paediatric surgery. A series of activities and educational meetings have been planned. A website will soon be developed to provide updated information regarding our society.



Prof. Prem PURI & Mr. Alan DICKSON's lecture at the Inauguration (from left to right)

LUNCH SYMPOSIUM "Update on Cardiothoracic Surgery"



(From left to right) Dr Randolph WONG, Prof. David CHEUNG, Dr Wing-shun CHAU & Dr Innes WAN

Over 50 fellows attended the lunch symposium which was held on 29 April 2016 in the Conference Hall, 9/F, Main Block, St. Teresa's Hospital. Topic of the programme this time was "Update on Cardiothoracic Surgery". Thank you Prof. David CHEUNG for chairing the event and Dr Randolph WONG, Dr Wing-shun CHAU & Dr Innes WAN for delivering the presentation. The next lunch symposium will be held on 26 August 2016 on "Management of Gastrointestinal Tumours with Complication – Haemorrhage, Obstruction and Perforation". We look forward to your attendance next time.



ENDOCRINE HEAD AND NECK SYMPOSIUM 2016

The Endocrine Head and Neck Symposium was held on 19-20 May 2016 at the HKEC Training Centre for Healthcare Management and Clinical Technology at Pamela Youde Nethersole Eastern Hospital.

The main focus of the symposium was to explore the latest techniques of endocrine surgery such as robotic transaxillary thyroidectomy, robotic bilateral axillo-breast approach to thyroidectomy, transoral endoscopic thyroidectomy and parathyroidectomy, robotic neck dissection, robotic adrenalectomy and endoscopic management of paragangliomas.

Renowned overseas experts including those from Italy, Korea, Taiwan, Thailand, United States of America, as well as local faculty were invited to participate.

In addition to listening to their thought-provoking lectures and intense discussions between the

speakers and the audience we had the privilege of witnessing live demonstrations on various endocrine operations which were both inspiring and stimulating.

Ultimately the entire course exceeded our expectations and we were not only able to visualize how far we have come in the techniques of endocrine surgery but also broadened our horizons in the potential of surgical management of endocrine diseases in the future.



Dr Dora TAI
Queen Elizabeth Hospital



THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH
THE COLLEGE OF SURGEONS OF HONG KONG

Dear Fellows and Members,

You are cordially invited to join

*Conjoint Diploma Conferment Ceremony
& Annual Dinner 2016*

17 September 2016, Saturday, 6:00 p.m.
Run Run Shaw Hall, 1/F
Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road
Aberdeen, Hong Kong



2015 MHKICBSC Part 3 exam

The MHKICBSC Part 3 exam was successfully held on 16 – 17 March 2015 at the Queen Mary Hospital. 59 candidates enrolled in the exam in which 19 of them passed the exam. The passing rate is 32.2%.

2015 MHKICBSC Part 3 exam

The MHKICBSC Part 3 exam was successfully held on 15 – 16 September 2015 at the Prince of Wales Hospital. 49 candidates enrolled in the exam in which 30 of them passed the exam. The passing rate is 61%.

MEMBERSHIP EXAMINATION

2016 MHKICBSC Part 3 exam

The MHKICBSC Part 3 exam was successfully held on 14 – 15 March 2016 at the Queen Mary Hospital. 82 candidates enrolled in the exam in which 47 of them passed the exam. The passing rate is 57.3%.



The Joint Specialty Fellowship Examination in Paediatric Surgery in March 2016

The Joint Specialty Fellowship Examination in General Surgery in March 2015

2015 EXAMINATION CORNER 2016

2015 General Surgery

The Joint Specialty Fellowship Examination in General Surgery was successfully held on 12 – 14 March 2015 at the Queen Mary Hospital. 31 candidates enrolled in the exam in which 20 of them passed the exam. The passing rate is 64.5%.

2015 Urology

The Joint Specialty Fellowship Examination in Urology was successfully held on 8 – 9 September 2015 at the HKAM JC Building. 7 candidates enrolled in the exam in which 7 of them passed the exam. The passing rate is 100%.

2016 General Surgery

The Joint Specialty Fellowship Examination in General Surgery was successfully held on 10 – 12 March 2016 at the Pamela Youde Nethersole Eastern Hospital. 37 candidates enrolled in the exam in which 31 of them passed the exam. The passing rate is 83.7%.

2016 Urology

The Joint Specialty Fellowship Examination in Urology was successfully held on 22 -23 March 2016 at the HKAM JC Building. 6 candidates enrolled in the exam in which 6 of them passed the exam. The passing rate is 100%.

2015 Paediatric Surgery

The Joint Specialty Fellowship Examination in Paediatric Surgery was successfully held on 19 March 2015 at the Queen Elizabeth Hospital. 5 candidates enrolled in the exam in which 4 of them passed the exam. The passing rate is 80%.

FELLOWSHIP EXAMINATION

2015 Neurosurgery

The Joint Specialty Fellowship Examination in Neurosurgery was successfully held on 25 – 26 September 2015 (25 Sept 2015 at the HKAM JC Building; 26 September 2015 at the Prince of Wales Hospital). 6 candidates enrolled in the exam in which 5 of them passed the exam. The passing rate is 83.3%.

2016 Paediatric Surgery

The Joint Specialty Fellowship Examination in Paediatric Surgery was successfully held on 17 March 2016 at the Queen Mary Hospital. 1 candidate enrolled in the exam in which passed. The passing rate is 100%.



The Joint Specialty Fellowship Examination in General Surgery in March 2016



Young fellow chapter 2015-2017 Committee

(from left to right) Dr Miu TSUI, Dr Arthur CHAN, Dr Emily LAI, Dr Calvin MAK, Dr Micah CHAN, Dr Anson FUNG (not in photo) Dr Tommy LAU

Younger Fellows Forum in Canungra, Queensland Australia. It was a three-day-two-night event, providing an environment for young fellows from Australia, New Zealand, Hong Kong, Singapore, United Kingdom and Malaysia to address issues relevant to collegiate life and professions through discussions, focus group and games. This year's theme was "The Many Professional Hats of a Modern Surgeon".

The most recent activity is the Conjoint Mentorship Programme 2016, co-organized by Younger Fellows Chapter and Women's Chapter. In view of the success last year, we aim to recruit more mentors to share their daily lives and routines as surgeons, to inspire medical students in developing future career. The recruitment shall end by mid-August. Interested colleagues please do not miss the chance.



Dr Miu TSUI

Upcoming events of the Chapter include Dinner party with sharing by Médecins Sans Frontières surgeons in November 2016, exam-oriented tutorials for higher surgical trainees as well as visit to Hospitals in Mainland in 2017. We are looking forward to have support from all young fellows as well as other College members.

Structure of YFC 2015-2017

Chairlady	Dr Emily Yat-ling LAI (QEH)
Vice Chairman	Dr Calvin Hoi-kwan MAK (QEH)
Treasurer	Dr Chun-fai LAU (CMC)
Secretary	Dr Micah Chi-king CHAN (PMH)
Internal Affairs	Dr Anson FUNG (QEH)
Research	Dr Arthur Wai-hei CHAN (QEH)
Publication	Dr Tsun-miu TSUI (YCH)
Advisor	Dr Wai-keung CHAN (QMH)

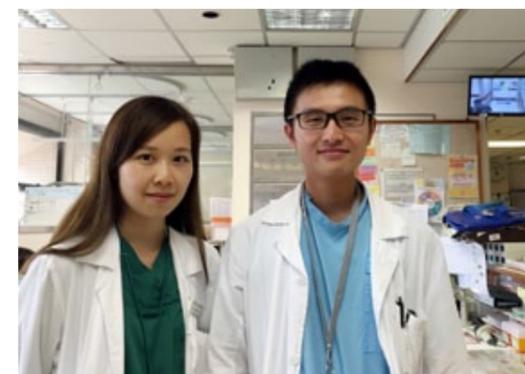
YOUNGER FELLOWS CHAPTER

Our new committee of Younger Fellows Chapter 2015-2017 was being elected on 15 February 2016. The committee comprises of young surgeons from various hospitals and subspecialties including Head and Neck, Neurosurgery, Upper GI, Lower GI, Vascular and Hepatobiliary Surgery.

Our first activity was to hold a booth in Hong Kong Museum of Medical Sciences 20th Anniversary Community Fun Fair on 16 & 17 April 2016. During the two-day event, we presented the training pathway of a surgeon, the structure and history of the College

of Surgeons of Hong Kong to the public. We also organized a mini-workshop about tying knots and suturing on bananas. Teaching kids was much more challenging than teaching basic trainees. We were surprised by our youngest participant- a five year old girl who managed to complete the instrumental tie upon first attempt! It was indeed a meaningful volunteer work, which could build up good images of surgeons among the public. We received encouraging feedback from the public as well as the organizers.

In May 2016, Dr Charing CHONG (HBP surgeon, PWH) has represented the Chapter to join the RACS



Dr Emily LAI and her mentee (Mentorship programme 2015) Dr Leo CHAU, whom becomes her intern in QEH Department of Surgery.



Dr Emily LAI
Queen Elizabeth Hospital



WOMEN'S CHAPTER



3D ROSE CAKE BAKING EVENT

A total of 18 lady surgeons, friends and family members attended this cake making workshop on Sunday 24th July 2016. Under the instruction of experienced baker Mr Lee, all participants successfully made a professional 3D rose cake. Fragrant aroma and laughter filled the studio during the whole baking process. The highlight of the process was decorating the 3D cake with pink chocolate petals. Please share our joy through the the photos taken

during the day. We trust everyone had an enjoyable and rewarding Sunday afternoon.



Dr Ada NG
Queen Mary Hospital



OFF-THE-SCALPE

Prof. Leo SC CHAN and his Skin to Skin Band



L: Prof. Leo SC CHAN

E: Editorial

E: Could you please tell us some details of your “Skin to Skin Band”? When is it established? What triggered its establishment? Why is it called “Skin to Skin”?

L: This was an ad hoc band, a group we formed and debuted at our College’s Silver Jubilee Ceremony & Annual Dinner held in September 2015. When I received a call from the College about the event, I thought I was being asked to give a lecture on liver transplantation. After all, there was a scientific meeting of the College over that period. But in the discussion with Professor Anthony TEOH (surgeon-musician-sound engineer), I realized that I had been commissioned to provide some musical input during the dinner.

Right, I have played in college bands and wedding bands. I was even a house band player in pubs prior to the invention of Karaoke. For this college event, I arranged a lineup consisting of surgeons who play various instruments. Most practically, I teamed up with a group I had jammed with before. The group’s guitarist was consultant cardiothoracic surgeon Dr. Barnabe ROCHA. The bass player was Ken and the drummer Sai-hung SETO, both ROCHA’s classmates when they studied in the UK. This group’s main genre was fusion and jazz, covering numbers from jazz standards to Herbie Hancock and Weather Report. Well, these would be fine as background music for the dinner but certainly would not attract the attention of the dinner guests. As we were to play hit songs, we needed a singer. It was an easy decision recruiting the wildly recognized diva from our Department of Surgery, Dr Sherby

We all know that Prof. Leo C.S. CHAN is a renowned and well-respected expert in liver transplantation. But how many of you know that he is also an experienced and enthusiastic guitarist? The melodious performance of his band in the 2015 College’s Annual Dinner was one of the greatest spotlight in the event! For those who missed that performance, grab this chance to know more about Prof. CHAN and his band with the interview below.

PANG, a plastic surgery final year trainee. She was known to be a trustable and versatile vocalist.

In order to communicate with the organizer and to be identified, we created a name. Since three out of the five members were surgeons, the name Skin to Skin seemed appropriate. Also, the name stemmed from a subconscious intention of not developing any complication while playing a song, as what we would like with an operation. The name should also provide those with imagination with room to interpret as they would like.



E: We know that you are having many different positions and responsibilities. How do you balance between work and leisure life?

L: During the years when I was in medical school as a mature student (dental graduate) earning a second degree and when I was a young surgical resident, I almost completely abstained from musical activities. The medical curriculum was tight, and I moonlighted in oral surgery (a subspecialty of dentistry) to feel less guilty about becoming a student again.

Since I started serving full time at the Division of Liver Transplantation 14 years ago, I have developed a habit of checking the first blood test results of transplant recipients after their transfer to the ICU. The best pastime after a long surgical operation like liver transplantation is playing the midnight blues, or simply noodling on guitar watching TV without using too much energy.

Playing with liver transplant recipients in their bands was also fun. Between outpatient followup appointments I was able to tell if their serum tacrolimus level was too high, which manifested as finger tremor. This clinical sense exercised even during band sessions clears my patients’ worry that I am not a real fulltime clinician.

E: How will you compare a band stage performance with surgery operation?

L: “Life is a lot like jazz It’s best when you improvise” George GERSHWIN. I truly believe this not only applies to life, it also applies to live donor liver transplantation. For both elective and emergency cases, a lot of planning is done before donor and recipient operations. Even so, at times, improvisation is required. In a recent liver transplant, a man required a right liver graft from one daughter and a left liver graft from another daughter. We planned to include the middle hepatic vein for both the right and the left liver grafts, but due to an anatomical aberrant situation, the middle hepatic vein was not included in the left liver graft. Implantation of one graft followed by the other is a universal practice but a cumbersome operation. At operation, we improvised a new way of doing the implantation: we conjoined the two grafts to form a whole liver before implanting it. A world’s first.

Improvisation is exciting and stimulating, and takes a life’s time to master. Jazz improvisation in particular is an art form of handling and harnessing tension and resolution of musical notes, chords, and progressions. The interplay of harmony and disharmony brings life to music. Same for work, and certainly same for life.



(from left to right) Mr Ken, Prof. Leo SC CHAN, Dr Sherby SY PANG, Dr Barnabe ROCHA & Mr Sai-hung SETO

E: Any advice to the younger surgeons?

L: Our graduates remains the cream of high school graduates. The majority of them have no problem in their training. Surgical training has become more civilized in recent years. The protected time (off call) can be well utilized for professional training and research. I however never regret spending time and energy nurturing an interest in music. Doing more of what you already do well yields only incremental advancement. To do appreciably better, one has to work on complementary skills, i.e. nonlinear development. Music is sports exercise as well as relief for the soul. I get more invitations to international meetings also because I can play in the gala dinners, just for example.

E: Any other information or stories that can be shared.

L: I used to play in bands and groups on the performance stage of Luke Yew Hall before entering University of Hong Kong. Little had I knew, after 3 decades, I stepped on the same stage at the conferment of LI Shu Fan Endowed Professor of Surgery in 2013. In 2015, I played again, also on the same stage, at the 20th Anniversary of the Class Medic 95. Life can be interesting

It is a blessing being able to play music not as a professional, as it is even more enjoyable.

ACHIEVEMENT



Congratulations to Prof. Chung-mau LO, JP, for being awarded the BBS in 2016 for his distinguished achievement in medical education and research, particularly in liver transplantation, as well as his valuable contributions to the medical and health sector. His significant contributions to Hong Kong and the community are highly appreciated.

May the College once again extend our felicitations to Prof. LO on his accomplishment!

ANNOUNCEMENT

Update of Personal Particulars to the College

It is important for Fellows and Members to update the College of their contact information. The information is vital to ensure that Fellows and Members would receive the most up-to-date information and to be informed of the College's developments, examination information, revision of regulations and guidelines, CME programmes and activities, and other issues that you may concern.

Should you have any updates on personal particulars, please fill out the attached update of personal form and submit to us via info@cshk.org or by fax at 2515 3198.

Annual General Meeting 2016

Date : 17 September 2016
 Venue : Function Room 1, 2/F
 HKAM Jockey Club Building
 99 Wong Chuk Hang Road
 Aberdeen, Hong Kong
 Time : 1530-1600

THANK YOU NOTE

Simulation Train-the-trainer course, 2016 May

The College of Surgeons of Hong Kong has been bearing the missions of conducting postgraduate training, examination and accreditation of surgeons in Hong Kong and providing continuing medical education for them. In order to have any of these to be achieved successfully, support from many different parties are necessary. The College hereby would like to extend our sincere appreciation and gratitude to the Examiners and Trainers for their selfless contribution to the junior surgeons. Special thanks to the Examiners in the recent MH-KICBSC Part 3 exam, Fellowship exams and Trainers in the Research Training Workshop and Simulation Training. Their efforts have enabled smooth and efficient programs to be attained.

We wish in a heartfelt way that this kind of dedication can be passed down as a legacy of our College!

Faculty Name	Hospital
Prof. Chung-kwong YEUNG	PP
Dr Joe Kin-man FAN	QMH
Dr Yuk-wah LIU	PWH
Dr Cyrus Tak-yin TSE	TMH

Trainers Name	Hospital
Dr Hau-yee CHAN	QMH
Dr Yun-lam CHAN	PP
Dr Tsz-yeung CHAN	QEH
Dr Edmond Cheung-yan CHEUK	PP
Dr Yue-sun CHEUNG	PWH
Dr Deon Hoi-man CHONG	TMH
Dr Lap-bun CHUI	YCH
Dr Joseph Hon-ping CHUNG	QMH
Dr Ho-yu CHUNG	QMH
Dr Thomas Kam-man CHUNG	PP
Dr Chak-wah KAM	TMH
Dr Keith Chi-wah KO	PP
Dr Matthew Gim-hong KOH	PP
Dr Shu-yan KWOK	KWH
Dr Man-chung LAW	CMC
Dr Michael Wing-yan LEE	PYNEH
Dr Yiu-kee LEE	PP
Dr Ka-lun LO	NDH
Dr Irene Lai-oi LO	QEH
Dr Wilfred Lik-man MUI	PP
Dr Tsz-ki NG	PP
Dr Alphonse On-shing POON	PP
Dr Wong-hoi SHE	QMH
Dr Pak-ho TSANG	PP
Dr Chad Cheuk-wa TSE	QEH
Dr Violet Yee-kei TSOI	NDH
Dr Tsun-miu TSUI	PWH
Dr Jason Yiu-kin WAT	PP
Dr Danny Chi-tak WONG	PP
Dr Albert Sin-hang WONG	KWH
Dr Kam-fai YIP	PP
Dr Christopher Chi-pang YIU	PP

Research Training Workshop Speaker list (2016 Feb)	Hospital
Dr Raymond King-yin TSANG	QMH
Dr Vincent Chi-hang LUI	HKU
Dr Yiu-che CHAN	QMH
Dr Daniel Yee-tak FONG	HKU
Dr Albert Chi-yan CHAN	QMH

THANK YOU NOTE

General Surgery JSF Exam Examiner List (2016 Mar)	Hospital
Dr Lap-chun CHONG	TKO
Prof. Paul Bo-san LAI	PWH
Dr Siu-kee LEUNG	TMH
Dr Francis Pik-tim MOK	POH
Dr Sharon Wing-wai CHAN	UCH
Dr Miranda Chi-mui CHAN	KWH
Prof. Kwok-hung LO	PWH
Dr Chin-cheung CHEUNG	TMH
Dr Tak-wing LAI	PMH
Dr Cliff Chi-chiu CHUNG	PP
Dr Tam-lin CHOW	UCH
Prof. Simon Ying-kit LAW	QMH
Prof. Michael Ka-wah LI	PP
Dr Frances Ka-yin CHEUNG	PYNEH
Dr Nam-hung CHIA	QEH
Dr Hung-to LUK	PP
Dr Heng-tat LEONG	NDH&AHNH
Mr. Michael LAVELLE-JONES	RCSEd
Prof. Peter MCCOLLUM	RCSEd
Mr. Euan MUNRO	RCSEd
Mr. KL CHEUNG	RCSEd
Mr. Raaj Praseedom	RCSEd
Prof. London Lucien Ooi	Singapore Examiner
Prof. Alexander Chung	Singapore Examiner
Prof. Krishnakumar Madhavan	Singapore Examiner

Urology JSF Exam Examiner List (2016 Mar)	Hospital
Dr Bill Tak-hing WONG	PP
Dr Chi-wai MAN	TMH
Prof. Po-chor TAM	QMH
Prof. Anthony Chi-fai NG	PWH
Dr Chi-wai FAN	PYNEH
Dr Ming-kwong YIU	QMH
Dr Hing-shing SO	UCH
Prof. Sidney Kam-hung YIP	PP
Dr Peggy Sau-kwan CHU	TMH
Prof. Samuel McClinton	RCSEd
Mr. Ken Anson	RCSEd
Mr. Neil Burgess	RCSEd

Paediatric Surgery JSF Exam Examiner List (2016 Mar)	Hospital
Dr Kim-hung LEE	PWH
Dr Michael Wai-yip LEUNG	QEH
Dr Yuk-him TAM	PWH
Dr Edwin Kin-wai CHAN	PWH
Dr Kenneth Kak-yuen WONG	QMH
Mr. Alan DICKSON	RCSEd Examiner
Mr. Chris DRIVER	RCSEd Examiner

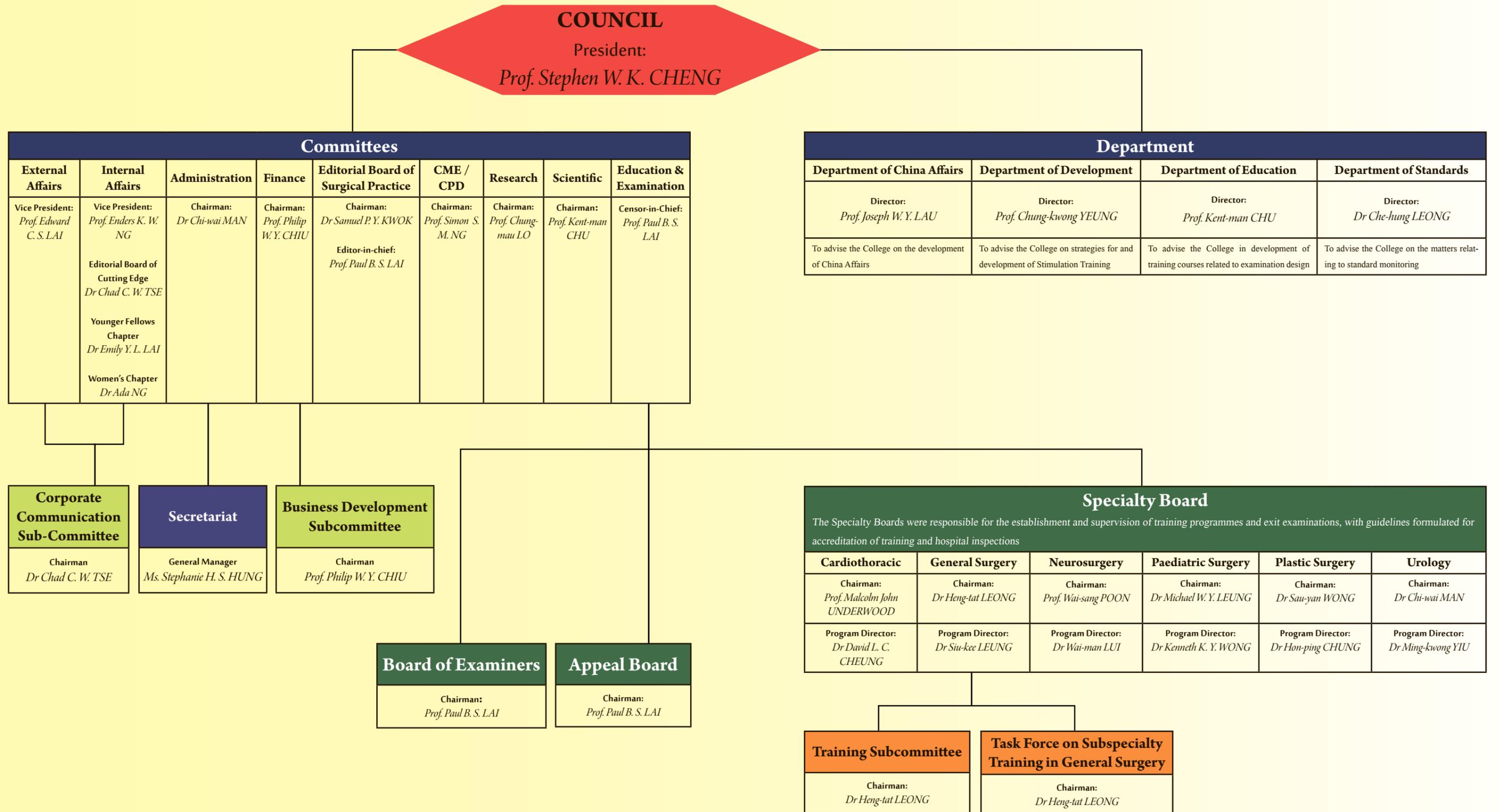
MHKIBSC Part 3 Examiners List (2016 Mar)	Hospital
Dr Sharon Wing-wai CHAN	UCH
Dr Wai-lam CHAN	KWH
Dr Yiu-che CHAN	QMH
Dr Hang-cheong CHENG	UCH
Dr Wing-yung CHENG	PP
Dr Lap-chun CHONG	TKOH
Mr. Chris DRIVER	RCSEd
Prof. Kent-man CHU	QMH
Mr. Euan MUNRO	RCSEd
Dr Chi-wai FAN	PYNEH
Dr Chiu-ming HO	PP
Mr. K L CHEUNG	RCSEd
Prof. Paul Bo-san LAI	PWH
Dr Tak-wing LAI	PMH
Dr Chi-wai LAU	PYNEH
Dr Yuen-lun LEE	TKOH
Dr Heng-tat LEONG	NDH
Dr Irene Lai-oi LO	QEH
Dr Chi-wai MAN	TMH
Mr. Mike LAVELLE-JONES	RCSEd
Dr Francis Pik-tim MOK	POH
Dr Bobby Kin-wah NG	PWH
Prof. N G PATIL	QMH
Prof. Peter McCOLLUM	RCSEd
Mr. Raaj PRASEEDOM	RCSEd
Mr. Simeon BRUNDELL	RCSEd
Dr Albert Chi-wai TING	QMH
Dr Chi-keung WONG	PYNEH
Dr John WONG	PWH
Dr Wai-chun Maket WONG	KWH
Dr Renny Ling-chu YIEN	PP

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	Kam-hung KWOK	Queen Elizabeth Hospital
	Simon Y K LAW	Queen Mary Hospital
	Heng-tat LEONG	North District Hospital
	Chi-fai NG	Prince of Wales Hospital
	Simon S M NG	Prince of Wales Hospital
	Wai-sang POON	Prince of Wales Hospital
	Wing-tai SIU	Hong Kong Sanatorium & Hospital
	Po-chor TAM	Private Practice
	Chad C W TSE	Queen Elizabeth Hospital
	Andrew W C YIP	Private Practice
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2017

In echo with the support by fellows and members to the CSHK Marathon Team in Standard Chartered HK Marathon over the past years, let us unite again to exhibit our perseverance, endurance and extraordinary team spirit by joining the CSHK Marathon Team.

We would like to solicit your support to form our Marathon Team in advance for the Standard Chartered Hong Kong Marathon 2017 which will be held on 12 February 2017. In order to be eligible for group registration, we need to have at least 100 runners to form a team before the official registration.

Please refer to the announcement on our official website later for details. For inquiry, please contact Miss Ariel LAM at 2871 8825 or Mr Eric LAI at 2871 8791.

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- Greater 24 hrs acid control than esomeprazole³
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- Once daily, taken with or without food⁴



For further information, consult full prescribing information

References: 1. Behm BW & Peura DA. Expert Rev. Gastroenterol. Hepatol. 2011;5(4):439-445. 2. P&T Product Profile. 2012;3(7); Section 2. 3. Kulkarni M et al., Clin Exp Gastroenterol. 2011;4:213-20. 4. Dexilant Package Insert (D001147940). 5. Howden CW et al., Aliment Pharmacol Ther. 2009;30:895-907. *96% of patient on dexlansoprazole 60mg achieved 24 hr heartburn-free days¹

Dexilant abbreviated prescribing information

PPI: DR cap 30 mg x 14; 60 mg x 14; C: Dexlansoprazole 1. Healing & maintenance of all grades of erosive esophagitis. Treatment of heartburn associated w/ symptomatic non erosive GERD. D: Erosive esophagitis 60 mg once daily for 8 wk. Maintenance: 30 mg once daily. Symptomatic non erosive GERD 30 mg once daily for 4 wk. A: Swallow whole. Alternatively cap may be opened & entire contents sprinkled in a tsp of applesauce. Swallow immediately w/o chewing. C: Hypersensitivity & anaphylaxis, S¹: Gastric malignancy, bone fracture, symptomatic or asymptomatic hypomagnesemia, increased risk of GI infections. Pregnancy & lactation. Childen <18 yr. AD: Diarrhea, abdominal pain, nausea, upper resp tract infection, vomiting & flatulence. DI: Ataxia, ampicillin esters, digoxin, Fe salts, ketoconazole, warfarin, tacrolimus.



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Tel : 2133 9800 Fax : 2656 2726

Reference:

1. Entyvio HK prescribing information (ENY0215PHK1) 2. Feagan BG et al., N Engl J Med.2013;369(8):699-710 3. Sandborn WJ et al., N Engl J Med.2013;369(8):711-721 4. Colombel JF et al., Gut 2016;0:1-13. Doi:10.1136/gutjnl-2015-311079

Abbreviated Prescribing Information:

P/P: 300mg x1 vial powder for concentrate for solution for infusion. **C:** Vedolizumab I: treatment of adult patients with moderately to severely active Crohn's disease/Ulcerative colitis who have had an inadequate response with, lost response to, or were intolerant to either conventional therapy or a tumour necrosis factor-alpha (TNF α) antagonist. **D:** For UC/CD: Entyvio 300mg IV infusion over 30 minutes at 0th, 2th week and 6th week then every 8 weeks thereafter. For UC patients who experience a decrease in their response may benefit from an increase in dosing frequency to Entyvio 300mg every 4 weeks. For CD patients who have not shown a response may benefit from a dose at week 10 and continue every 8 weeks from week 14 in responding patients. **CI:** Hypersensitivity, active severe infections and opportunistic infections. **SP:** Infusion-related reactions, infections, malignancies, live and oral vaccines. **AR:** Nasopharyngitis, bronchitis, gastroenteritis, upper respiratory tract infection, influenza, sinusitis, pharyngitis, headache, paraesthesia, hypertension, oropharyngeal pain, nasal congestion, cough, anal abscess, anal fissure, nausea, dyspepsia, constipation, abdominal distension, flatulence, haemorrhoids, rash, pruritus, eczema, erythema, night sweats, acne, arthralgia, muscle spasms, back pain, muscular weakness, fatigue, pyrexia. **DI:** No interaction studies have been performed.

* In 52 weeks

For further information, consult full prescribing information