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CUTTING EDGE



The College of Surgeons of Hong Kong Newsletter
香港外科醫學院簡報

November 2009
二零零九年十一月號

Editorial

At the time of writing this editorial, swine flu is still prevalent in Hong Kong; the cumulative number has gone beyond 10,000 on 27 August. The public medical service is under immense pressure. Not only the A&E departments and medical streams are kept very busy, the surgical service in HA is also affected; we have to cut beds and deploy manpower to support these departments. Many surgical units in HA now only perform day cases and cancer surgery. While the swine flu is definitely quite contagious, like many of you I just query whether HA should raise the crisis to such a high level, given its low mortality. Just wish the epidemic will fade out when school opens, and everything returns to normal. In the meantime, we should all continue to be vigilant on self-protection and stay healthy.

Last year the College decided to uphold the standard of surgical practice providing some guidelines for fellows. After months of meeting and consultation, Professor Philip Chiu from Department of Standard has come up with a set of guidelines for laparoscopic surgery, an important stream in this minimally invasive era. You'll find more from Professor Chiu's article.

The spot light on this issue falls on Professor James Lau. Professor Lau is a reputable vascular and GI Surgeon, and was elected councilor last year. I finally had a chance to interview him, finding out his enthusiasm and vision about the profession. Please refer to College Focus. You'll discover Professor Lau's commitment to serve us.

Lastly, I must thank Dr. WT Siu once again for providing photo for the front cover. Veress needle and Hason trocar undoubtedly mark the cornerstone of modern laparoscopic surgery. I am sure you'll agree with me that Dr. Siu is an excellent photographer.

Dr Cliff C C CHUNG
PYNEH

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Message from the President

Dear Fellows and Friends,

Some historic milestones have developed over the past few months and I am delighted to say that our College is going strong as it is striving ahead to celebrate its 20th anniversary very soon next year.

First, our College has entered a new phase of development as we have just accredited and recognized two leading surgical centres in Beijing - The Peking Union Medical College Hospital and Peking University People's Hospital jointly with the Royal College of Surgeons of Edinburgh. Formal Signing Ceremonies for Accreditation with the two surgical centres were held in Beijing on 19 and 20 September 2009. This marks a new era for our College as we embark to contribute to the advancement of surgical education in Mainland China. We are indeed delighted that our system and vision for surgical training, education and examination are very warmly accepted and supported by our colleagues from the most prestigious surgical centres in China. We shall continue to work closely with our brothers from the Mainland in promoting and safeguarding surgical standards. We are also glad to see further extension of our surgical fraternity in China as more leading surgical centres will be accredited in the near future.

Apart from the establishment of closer collaboration with leading surgical centres in Mainland China, we have also strengthened our friendship and fraternity with our close neighbour. For the first time in our College history, we had jointly held the Annual Scientific Meeting with our counterpart in Macau - the Macau Surgical Association on 5 - 6 September 2009. The scientific meeting was well attended by 334 delegates and generously supported by 17 industrial companies. The huge success of the meeting would definitely forge an enduring partnership with The Macau Surgical Association. We would be expecting another academic exchange conference in Macau in the near future.

After lots of hard work, our College has achieved major progress in the reform of our surgical education and training curriculum. Thanks to the concerted efforts especially by members of the Training and Curriculum Subcommittee and the Department of Development, led by Dr Moon-tong CHEUNG and Dr Hong FUNG respectively, we have now established a new structured training curriculum that embraces both a competency-based and modular approach (the "Matrix Approach"), with a new concept rather different from our traditional time-based approach. Core and key competencies that we regard as would be identified and incorporated in this new training curriculum. Apart from competencies in surgical knowledge, clinical skills, and operative skills that were conventionally regarded as important to a surgical trainee, other important attributes like communication skills, management skills collaboration skills and information / learning skills that would be important as a good surgeon for the 21st century will also be incorporated. Training courses and skills workshops would be organized in a structured manner with the various key modules for trainees to build up the necessary knowledge and skills. Further wide consultation would be made before the introduction of this new programme soon.

Our College is about to celebrate its 20th anniversary by next year, a whole series of exciting events would be organized to commemorate this very special year for our College. A monograph summing up the history of surgical development and milestones in Hong Kong would soon be released. The whole College is getting excited about the anniversary celebration and I would very warmly invite each of you to join us in the many coming exciting celebratory events. Furthermore, the College Council has resolved to start a new initiative in the collection of important historical surgical items. The establishment of such an archive would serve not only to pay tribute to our great surgical grandfathers and predecessors for their contribution development of surgery in Hong Kong, but will greatly benefit our next generation in allowing a better understanding on how surgery has evolved from a rather primitive past to a very sophisticated present. The collection could not start without your support, even an old photo counts and matters.

We live in a new era of changes with many difficult challenges lying ahead. On this very special occasion of the 20th Anniversary of our College, let us together restate the traditional values that we all cherish, strengthen our College fraternity and strive for a better future for surgery in our country.



Professor Chung-kwong YEUNG
President
The College of Surgeons of Hong Kong

Message from the Censor-in-Chief

Dear Fellows and Trainees,

With the increasing knowledge and advancement in technology, the Surgical Training Curriculum as well as Training Program has to be revisited. Under the Director of Developments, the future Surgical Training Directives was drawn. Emphasis was put on competencies training following the model of CanMed. Focus was also put on generic Basic Training, handling of emergencies and the impact of Minimal Invasive Surgery with simulation training. Basing on these recommendations, we are looking forward to a new Matrix model which is a combination of Competency and Time based model. We will keep all trainees well informed of the progress and there would be an adequate lead time before any change is made.

As for examination, the Membership and Fellowship Examination will remain. Only the format of Part 3 Membership Examination is under study and we are considering whether we should adopt the new OSCE format of RCSE. Again, any change will be well informed and with an adequate lead time.

We are also working jointly with RCSE to accredit training centers in Mainland China. This is in line with the pledge of Hong Kong Academy of Medicine to contribute to build up postgraduate medical training in China. Although it might be seen as we are moving too fast and might affect the interest of our Fellows; yet, this is something that has to be done. Firstly it is because of our commitment as a member College of Hong Kong Academy of Medicine. Secondly, if we don't participate now, we might be left out during the process of development and instead of having the leading role becomes followers.

In CME/CPD activities, we welcome suggestions from Fellows on interested topics for luncheon seminars. Fellows are also welcome to submit Multiple Choice Questions to Question Bank of Part 1 and Part 2 Membership Examinations. 1 active CME point will be awarded for every 3 questions being chosen by Examination Committee for entering into Question Bank. Please note the sample questions on our web site as reference.

The Department of standards is in the process of drawing some basic standards for Minimal Invasive Surgery. Views are most welcome and again this is something that has to be done as our College has the duty to answer to Public's enquiry on our standard of practice.

Our College is marching towards our twentieth anniversary in 2010. There are a number of functions, both social and academy to mark this memorable moment and we look forward to Fellows active participation. Details of events would be posted in College's web site.

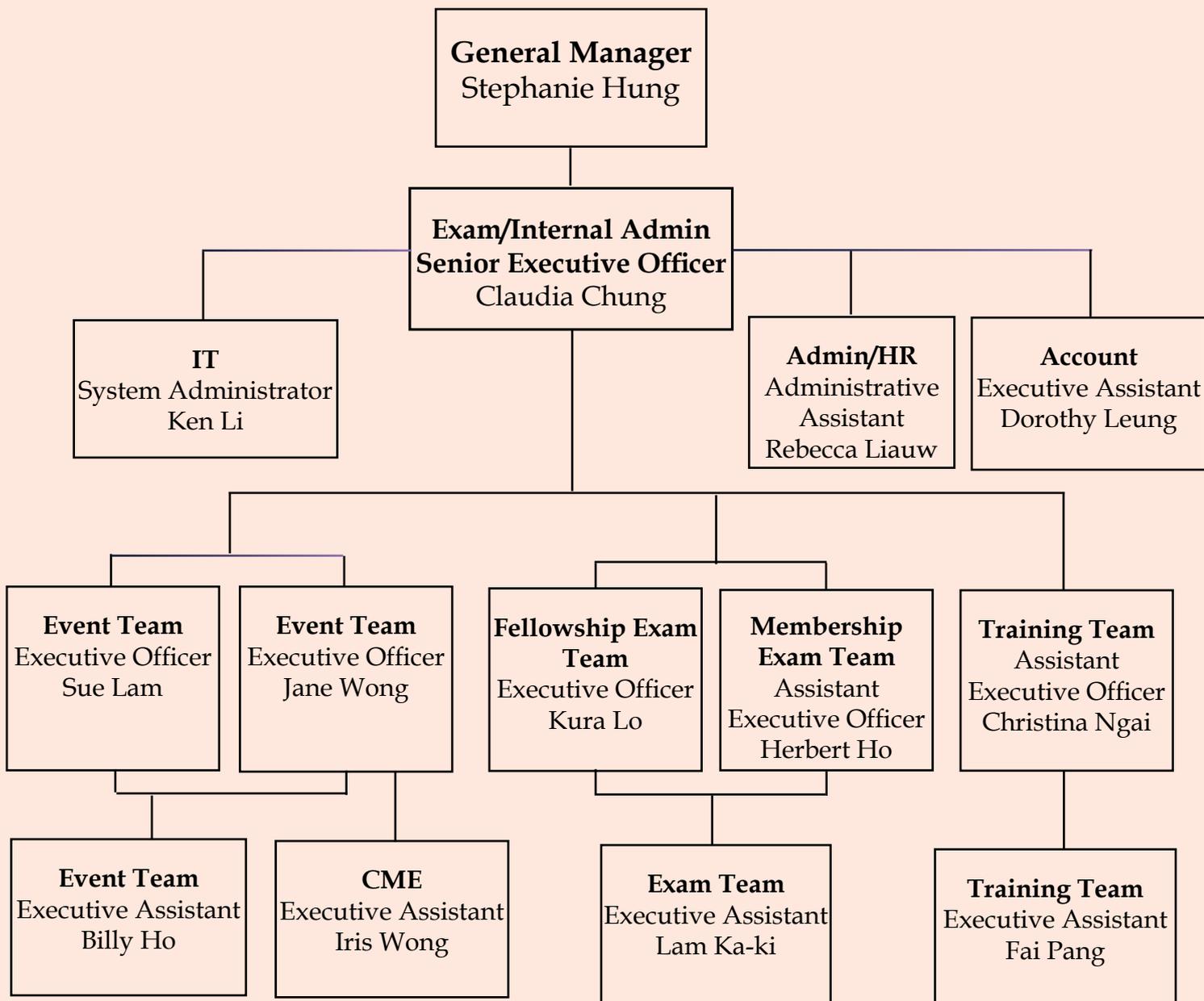


Dr Hung-to LUK
Censor-in-Chief
Princess Margaret Hospital

Message from the Honorary Secretary

Our College has expanded in an unprecedented pace in terms of organizational structure, activities and international collaboration. Riding with the fast-paced development, the manpower of the Secretariat was strengthened to cope with all spectra of College business. Cultivating a team-focused culture to the delivery of high quality service is essential for the administrative well-being of the College. Today, we have a young and vibrant Secretariat with a team of 14 people. With an advocacy for a stable, cohesive and committed team, I believe they will live up the expectations of the College fellows and members.

Organizational Chart of The Secretariat:



Message from the Honorary Secretary

Administrative Staff			
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Professor Wai-sang POON
Honorary Secretary
Prince of Wales Hospital

Message from the Honorary Treasurer

Elation prevailed in Hong Kong as the Hang Seng Index surged through twenty thousand shortly before close of July. That came as a response to improvements in corporate earnings and regional economic growth, data generally construed as sign that the downturn might be over. Auspicious signs of a similar note occurred in US economy as well but the response there was far more cautious. Guarded optimism would be a prudent line to take. Thanks to the efforts of Professor Enders Ng and the Business Development Team, the turn of tide in economy was well harnessed and support from sponsors in our coming academic activities are secure and robust. Our new Membership Examination is attracting such record number of candidates this year that covering examination expenditure is no longer an issue. The picture appears rosy but we must not be put off guard. Despite maintaining a healthy reserve the College recorded deficit first time for quite some years. Though the cause was chiefly non-recurrent, it is also true that our overhead is substantial. Investment in hard wares and manpower would be inevitable when the College assumes greater momentum in her endeavours as she grows out of her teenage (Happy Twenty next year!) However, all the staffs are aware of the importance of, and are assisting me in putting in place more vigorous checks to our spending. With their vigilance I am optimistic that expenditure for the coming year could be met, and not just barely.



"It's not difficult to meet expenses of the College; they are all here for you."

Dr Chi-wai MAN
Honorary Treasurer
Tuen Mun Hospital

News from the Specialty Boards

CARDIOTHORACIC SURGERY BOARD

The dates for the Exit Examination this year are 16th and 17th November with the Specialty Update Course being hosted in Singapore on 20th and 21st of that month. The curriculum for CTS is currently under review as a 'modular' as well as time based training in line with the CSHK. There is a vacancy for a HST in CTS for the next recruitment exercise and the post would commence at the Prince of Wales Hospital.

Professor MJ UNDERWOOD
Prince of Wales Hospital

PAEDIATRIC SURGERY BOARD

An inter-hospital clinical meeting was held on 12th June 2009 at Queen Mary Hospital and was well attended by Board Members and trainees. The next inter-hospital clinical meeting will be held sometime later this year in Queen Elizabeth Hospital. The exact date and venue will be announced in due course.

In the recent conjoint selection exercise for Higher Surgical Training in Paediatric Surgery, two BSTs were successful namely, Dr. Kenneth Chung and Dr. Kristine Pang currently stationed in Queen Elizabeth Hospital cluster and Prince of Wales Hospital cluster respectively.

Dr. Gloria Cheung has recently been admitted into our Board making the total number of board members to 28.

Our Board Committee meeting was held on 23rd July 2009. Dr. M T Cheung attended and discussed with our committee regarding the new basic surgical curriculum.

Dr Kelvin Kam-wing LIU
United Christian Hospital

PLASTIC SURGERY BOARD

There is a new introduction of MCQ session for the Plastic Surgery Board Fellowship Exit Examination this year. The MCQ will be held at the Academy on 12 September 2009 (Saturday morning) while the clinical examination will be organized at PWH on 19 September 2009.

Mr Chris Caddy, the Chairman of the Specialty Advisory Board in Plastic Surgery of the Edinburgh College will be invited to be the external examiner. He will also lecture on 18 September 2009 talking about "A Crucible for Training in Aesthetic Surgery" concerning the development and introduction of the Interspecialty Reconstructive Cosmetic Surgery Fellowship Program in England.

Dr Wing-yung CHEUNG
Kwong Wah Hospital

News from the Specialty Boards

UROLOGY BOARD

Congratulation to Dr. Tsu Hok Leung, James for being awarded the C.H. Leong Medal for his outstanding performance in the eighth conjoint Urology Fellowship Examination held on 11-12 September 2008.



The ninth conjoint Urology Fellowship Examination was held on 16-17 September 2009. All three candidates passed the examination. Congratulation to Drs. Chu Tin Yu, Ngai Ho Yin and Wong Chun Wing.



Congratulation to Drs. Cheung Man Hung and Law Man Chung on their successful application for Higher Surgical Training in urology. Both of them have started their training on 1 July 2009. Altogether, we have recruited five urology trainees in 2009. We believe they will contribute to the development of urology in Hong Kong.

Drs. John Fenn, Man Chi Wai and Wong Tak Hing, Bill will complete their three-year term of office at the coming Annual General Meeting (AGM), the three vacancies on the Urology Board Committee would be open for election / re-election. Professor Ng Chi Fai and Dr. Fan Chi Wai, co-opted committee members will also complete his term of office at the coming AGM. I would like to urge fellows interested in joining the Urology Board Committee to stand for election.

Dr Po-chor TAM
Queen Mary Hospital

The Setting of Guidelines for Basic Laparoscopic Procedures

The upholding of surgical standards is the single most important goal of the College of Surgeons of Hong Kong. Surgical standards changes with the advancement of knowledge and technology. Hence, standard of practice is in an ever evolving situation. Today's surgical standard will never be the standard of practice in the future. Taking the example of cholecystectomy, where open cholecystectomy is the standard of practice in 1970s, it was quickly replaced by laparoscopic cholecystectomy in the 1990s. The Department of Standard strives to uphold and guard the standard of surgery in Hong Kong. In the past 2 years, we strived to set up the very first guidelines on basic laparoscopic procedures, which included diagnostic laparoscopy and peritoneal biopsy, laparoscopic appendectomy and laparoscopic cholecystectomy.

These guidelines served as a reference to all surgeons who are practicing these procedures in Hong Kong on the basic requirement for competence in performing these procedures. It is the first initiative of the Department to set basic requirement for laparoscopic surgery, and through this process of setting basic guidelines we aimed to lay a solid background in producing further guidelines for advanced laparoscopic procedures. In the past 6 months, the College had conducted two consultations to collect opinions from various parties on these guidelines. We received tremendous response and valuable opinions, and we are obliged to thank those who had submitted their comments to improve these guidelines. In general we received positive feedback from various parties, including public and private hospitals and surgeons from both public and private sectors. One of the important issues before implementing these guidelines is to set up mechanisms to assist in fulfilling these requirements. A working group was formed and discussed on the basic mechanism to assist fulfillment of these guidelines. For colleagues who would like to perform basic laparoscopic procedures, we recommend their participation in workshops accredited by College of Surgeons. A web-based video library will be formed to enhance on-line observations of various basic laparoscopic procedures. A board of proctors will be formed for basic laparoscopic procedures and the details of the proctorship program, including the logistics and assessment will be set. We will expect to implement the guidelines on basic laparoscopic procedures and start the proctorship program in the coming months.

Professor Philip Wai-yan CHIU
Prince of Wales Hospital

Introduction of new Council Member: Prof. James Yun-wong LAU



Prof. James Lau was elected as College council member at the last council election. I am sure many of you already know him before. Prof. James Lau is a reputable upper GI and vascular surgeon, and is currently Professor of Surgery in CUHK. I have known Prof Lau since I received surgery training in Prince of Wales Hospital. Prof. Lau is a capable surgeon, a friendly and easy-going colleague, and a very bright academician. It gives me great pleasure to chat with him in Cutting Edge.

James, you did not seem to be very enthusiastic about committee work in the past. Can you tell me why did you stand for election this time? As an academician, what can you contribute to the College?

Professor Andrew Van Hasselt, former Chairman to the Department of Surgery at the Chinese University of Hong Kong, encouraged me to seek election to the Council. I do not qualify as an academician, which is usually a title denoting a full member of a National Academy. I have always been interested in the design and execution of clinical trials that address controversies in clinical management. Through clinical trials, we can determine true merits of novel against those of standard techniques. Young surgeons in training should be inquisitive and be critical on existing surgical dogmas. Through research, we hope to advance surgical practice and bring about improved patients' care. I often aspire to other training systems in the world such as those of North America where research and clinical works are very much interwoven into a program. By joining the council, I hope to share with surgeons in training my experience in clinical research. In working with other council members, we hope to strengthen the discipline of training young surgeons in Hong Kong.

You have been in the council for nearly a year. What is your impression so far? Is there a big difference between what you experience and what you previously expected? Any changes you think the College or the council should make?

I am really just starting to settle into the council as a member. Under the College's governance structure, Council members serve in working parties and these can be broadly categorized into those in relationships, education and training, professional development and standards and resource utilization. As I learn during my apprenticeship, I am finding my role in these working areas. With time, I hope to contribute more in due course.

In recent years there is a significant shortage of HST post in surgery. Many BST cannot get an HST post even after they passed the entry exam at first attempt. Do you have any suggestions to overcome this problem? Since you are a general surgeon, let's just talk about HST post in general surgery.

There should only be one guiding principle in the provision of surgical training i.e. Training must be of highest possible quality. The outcome of surgical training is a function of both quality and quantity of training. The College owes to the community to ensure that surgeons in training are 'qualified' at the end of the production line. I insist that the selection for higher surgical training is an elite system. Only the best persons enter further training. This is in line with other countries and surgical colleges. The number of higher trainee positions is governed by caseloads for adequate exposure. Hong Kong is in itself a small city. I do not see an immediate solution but we should strive to improve quality and quantity of surgery. As trainers, we should engender a culture of supervised training. More cases are delegated to trainees and trainees are taken through their operations.

As you know the College is coming with some guidelines on laparoscopic surgery. Do you have confidence that our fellows who work outside institution will support and follow these guidelines? In other words, how do we obtain support from surgeons in private practice?

I have not performed regular laparoscopic surgery since I took up vascular surgery some years ago. As I understand, the guidelines aim for those without training in laparoscopy during their residency. I am sure that these guidelines will be welcomed by most including hospital administrators in private hospitals. Adequate training for surgeons already experienced in abdominal and biliary tract surgery can be acquired through preceptorship, courses in laparoscopic surgery with didactic instruction and live animal surgery, assisting with procedures in humans and being proctored and eventually certified competent by an experience laparoscopic surgeon. The process of training, credentialing and granting of clinical privileges is a cornerstone for safe practices. The College is in a unique position to ensure quality.

Dr Cliff C C CHUNG
PYNEH

Message from the Corporate Communication Subcommittee

I'm sure you must be wondering what is Corporate Communication Subcommittee (CCS). May I take this opportunity to introduce to you about this new section in our College.

Our mission

Our College is embraced with the vision to be a global leader in surgical education and practice through international collaboration and sharing. To make this possible, the College Council feels that we need to build a positive corporate image and maintain an effective internal and external communication.

The CCS was then established a few months ago, and it was my honour to be able to serve our College in this area. Our aim is to *“Enhance internal and external communication, and build a positive corporate image for our College.”*

What have we done?

Update Email Address

Over the past few months, we have updated all our fellows' email address. This is the first move in trying to keep in touch with our fellows effectively. Please let us know if you have a new email address or could not receive our message.

Introduce Council Highlight

Some fellows have expressed that they know very little about what is going on in the College Council. The introduction of the electronic Council Highlight aims to keep the fellows informed about the important issues in the Council. You should be able to receive it after every two Council meetings. Please feel free to give us comment, as we are still trying to improve the format.

Webpage revamp

Nowadays, an organization's website is one of the most important interfaces for both internal and external communication. Under the leadership of Prof. Wai-sang POON and Dr. Wing-tai SIU, our College website has been revamped and fitted with a modern and stylish outlook. It will be launched in late December this year. Please visit www.cshk.org and to have a look! A lot of effort has been paid to develop this new webpage. It is hope that in the future, our fellows can find most of the College's information in the website. Please let us know if you have any suggestion on the website.



COUNCIL HIGHLIGHT 2009
ISSUE APRIL TO JUNE

Dear Fellows and Members,

This Council Highlight is a newly introduced incentive to keep all Fellows and Members updated of the College news and development. It would be updated on a bi-monthly basis to let you receive the latest information of the College. Hope you all will enjoy reading it.
Let's look at the news of some important events of the College:

Corporate Communication Sub-committee



The Corporate Communications Sub-committee was established based on the mission to build the reputation of CSHK through trusted, timely, high quality dissemination of College-related news and information to fellows and members. Through effective means of internal and external communication, the image and reputation of the College as well as solidarity within the College will be enhanced. **The Chairman, Dr Chad Cheuk-wa TSE** would lead the sub-committee to achieve these goals. A strategic proposal of improvement on College communication was submitted by Dr Chad to the Council earlier in March.

Business Development Sub-committee

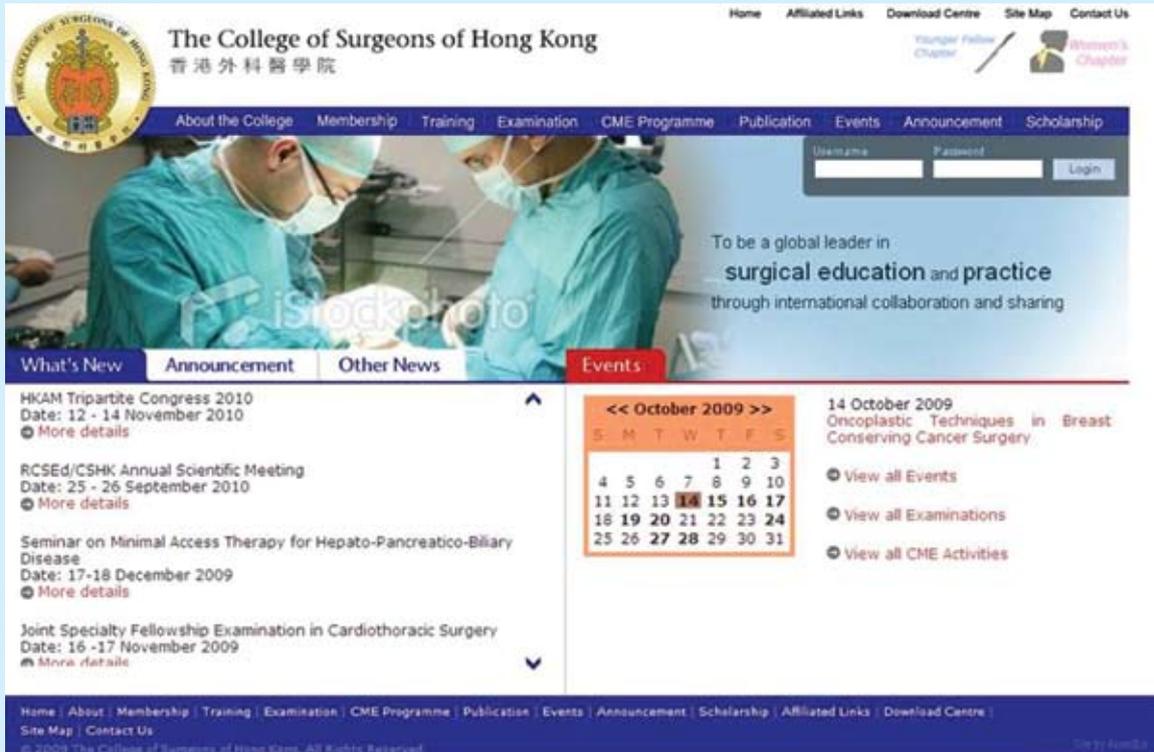
In view of the rapid expansion of structure and business of the College over the past year, the Business Development Sub-committee was formed to provide strategy in generating sponsorship from different financial sources in response to the increasing expenditure. **Prof. Enders Kwok-wai NG** was appointed the Chairman of the Sub-committee on this important task.



New curriculum

A taskforce mainly led by Dr Hung-to LUK, Dr Moon-tong CHEUNG and Dr Hong FUNG was set up to develop the curriculum for new Basic Surgical Education and Training. The new curriculum adopts a combination of time-based and matrix approaches of competency-based aiming to produce

Our new electronic Council Highlight



Under the leadership of Prof. Wai-sang POON and Dr. Wing-tai SIU, our College website has been revamped and fitted with a modern and stylish outlook

Coming up! The 20th Anniversary!!

2010 is the 20th Anniversary of our College. A number of events have been planned to celebrate this important year. You should have received our invitation for logo and slogan submission in the past few months. Thanks for the artistic design from Dr. David Tin-fung SUN, and the poetic slogan by Dr. Chi-wai MAN. Their artwork has been chosen as the logo for the 20th Anniversary. You will come across it a lot in the coming year.

We need your support

The list of things that can be done in corporate communication is endless. We need your input and support in order to make our College a better one. I would like to take this opportunity to invite you to join the CCS to contribute and serve our College. Please don't be surprised if you receive my call to recruit you! (Any comment or suggestion, please send to corpcomm@cshk.org or contact me at chadtse@cshk.org.)



ADVANCING OVER VICENNIIUM AND BEYOND
同跨廿載，共闡未來

Our 20th Anniversary logo! Slogan by Dr. Chi-wai MAN, Graphic by Dr. David Tin-fung SUN. Thanks a lot!

Dr. Chad Cheuk-wa TSE
Chairman of Corporate Communication Subcommittee
Queen Elizabeth Hospital



Robotic Surgery Workshop “Meet the Start-up Challenge”

On 15 Aug 09, PYNEH organized an urology robotic workshop “Meet the Start-up challenge.” This workshop was co-organized by Hong Kong Society of Endourology and supported by Hong Kong Urological Association. The aims of workshop were to help participants understand the infrastructure of robotic surgery, highlight the difficulties at the start of the robotic program and provide solutions to these problems. We were honored to have Professor Mohamad E. Allaf, Director of Robotic and minimal invasive surgery in Johns Hopkins Hospital, Professor Sidney Yip, Chief of Urology in the Chinese University of Hong Kong as our speakers. Mr. Allen Forney, experienced technician in Johns Hopkins Hospital, was our speaker in the theatre. We had 207 participants for this event.



Dr. CW Fan greeted Prof. Mohamad Allaf (second from the right) and Mr. Allen Forney (second from the left)

Professor Michael Li, Director of Minimal Access Surgery Training Centre, gave welcome address in the opening ceremony. He emphasized robotic surgery is now part of minimally invasive surgery. Robotic surgery offers 3D image and precise endowrist technology which conventional laparoscopic surgery could not provide.

Dr. CW Fan, consultant urologist in PYNEH and course director, shared his experience in the transition from open, laparoscopic to now robotic assisted surgery. Robotic surgery allowed better ergonomics and more precise operation.

Professor Mohamad E. Allaf introduced the requirements to the success of robotic program: 1) administrative support; 2) champion surgeon; 3) dedicated OR team. When the program starts, the center needs to train up the core team first, followed by training of more staff as the program grows. The surgeons require strong underlying skill set and need to have professional Golfer personality (keep cool when overcoming difficulty). The whole team require constant evaluation and keep tracking the data to improve the workflow.

Professor Mohamad E. Allaf had performed two live surgery demonstrations: robotic assisted radical prostatectomy and pyeloplasty. The demonstrations were excellent and each step was clearly explained.

Professor Sidney Yip, Chief of Urology in the Chinese University of Hong Kong, gave us many practical tips in robotic surgery, including bladder neck dissection and dorsal venous stitches to the anastomosis. The participants had a very clear picture and tips to each step of operation. Prof. Yip also emphasized collaboration with anesthetist is essential.



Prof. Mohamad Allaf delivered the talk on “ infrastructure and set up”

Close-up and Macro

Mr. Allen Forney introduced the layout of the robotic surgery setup and shared his experience in workflow of the operation.

I need to thank our local faculties to make this event a success: Dr. WS Wong, Dr. PC Tam, Dr. SM Hou, Dr. Steve Chan, Dr. Lysander Chau, and Dr. Dominic Tai.



Group photo with PYNEH robotic team. Prof. Mohamad Allaf is in the middle.



Robotic pyeloplasty performed by Prof. Mohamad Allaf in action.

Dr Berry Tat-chow FUNG
PYNEH



CSHK 20th Anniversary

ADVANCING OVER VICENNIUM AND BEYOND

同跨廿載, 共闖未來

Cutting Edge (Special Commemorative Edition)

In celebration of the College's 20th Anniversary, we are preparing a
Special Commemorative Edition of Cutting Edge.

You are invited to send us:

- (1) Memorable Photos taken in these 20 years (with captions within 30 words)
- (2) Non-academic Articles expressing your views and expectations towards the College
- (3) Congratulatory Remarks to the College

Selected submissions will be published at Special Commemorative Edition of Cutting Edge!



To submit, please send to corpcomm@cshk.org
Deadline of submission: 24 December 2009

Do you realise our 20th Anniversary's Logo & Slogan?

SPECIAL THANKS to everyone for submitting your creative and meaningful slogan & Logo! The Committee spent days reviewing the submissions... and finally adopted:

LOGO by Dr. David Tin-fung SUN

SLOGAN by Dr. Chi-wai MAN

Congratulations!



CSHK 20th Anniversary

ADVANCING OVER VICENNIUM AND BEYOND 同跨廿載, 共闖未來

Ignite a Spark, Create a Legacy Calling for Mentors: CSHK Women's Chapter

The Women's Chapter is introducing a new mentorship scheme for both female and male medical students from both universities.

Aims:

- to reinforce the connection between medical students and women surgeons
- to introduce surgery and provide assistance to medical students
- let medical students explore the daily routine and lives of surgeons

Eligibility for being a mentor:

- all female trainees / members / fellows of the College of Surgeons of Hong Kong
- a willingness to share, listen, and provide advice in a flexible relationship shaped by the needs of the mentee
- a passion for the profession and a willingness to spend some time developing a relationship with your mentee

Rewards :

- engaging in a meaningful volunteer work
- extending your professional and social network
- gaining personal satisfaction in bringing up young medical students
- experience professional and personal growth and renewal

Both the mentor and mentee will be given a questionnaire, and we will match you to a mentee based on your personal profile and common interests and expectations. Mentees and Mentors are free to make their own arrangements, and these can include clinical attachments in the private clinic / hospital setting, research opportunities, sporting activities and family gatherings.

For this program to succeed, we need you to join us as mentors, the Women's Chapter will organize a series of activities to foster the relationship between mentors and mentees, these include an inauguration ceremony cum dinner, hiking activities and charity work.

The official launch of the program will take place in March 2010. Sign up today. Ignite a spark, create a legacy!

Interested members please send email to wsc@cshk.org or contact Mr Billy Ho at 2871 8775 for further information.

Dr Ada Tsui-lin NG
Queen Mary Hospital

Kiang Wu Hospital Visit

In early summer, Younger Fellows Chapter (YFC) organized a visit to Kaing Wu Hospital (KWH) in Macau. The trip was from 18th to 19th July 2009. Aim of it was to introduce our group to fellow surgeons in Macau.



Delegates of Younger Fellows Chapter and Staff of Kiang Wu Hospital

The schedule was very packed so 13 of us left Hong Kong early, at 8am. The program was started by a welcome speech by the vice-superintendent of KWH, Dr Chan Tai Ip. He introduced new development of the hospital including oncology service, magnetic resonance machine, and opening of Dr Henry YT Fok Specialist Medical Center. Then Dr Cheong Hai Shuen, chief of department of surgery, enlightened us on the 'new era of surgical management in KWH'. The service provided was all-rounded, covering all the disciplines including general surgery, cardiothoracic surgery, pediatric surgery, plastic surgery and urology. We were glad to have Dr Lei Man Sang, executive director of Macau Surgical Association (MSA), to brief us on the history of MSA.

From our side, Dr Henry Kwan introduced the concepts of setting up of younger fellow chapter. Dr Chad Tse, the founding chairman, talked about career development of surgeons in Hong Kong. Finally, Dr Lai Cheuk Sin, president of MSA, gave his heartfelt advice to fellow surgeons on how to survive in this competitive field and marked the end of this sharing session.

In the afternoon, we visited endoscopic training center, suites for private patients, day surgical center and new operating rooms. All these facilities were fully equipped. They were prepared to cope with the increasing demand of patients for more sophisticated surgical care. We were inspired by the vision of development.

Younger Fellows Chapter



Living room of a suite for private patient



Fellows from HK was doing a simulated endoscopy in endoscopic training center

To show our gratitude to the warm hospitality, we had dinner with local surgeons in a Portuguese restaurant in that evening. We tried local dishes and wine. There was laughter throughout the dinner. In a relaxed environment, we shared experience in life and work.



Time to relax



Exchange of souvenir: Dr HS Cheong (right), Chief of Surgery of KWH and Dr Henry Kwan (left), Chairman of YFC

Evaluation of this visit was on the next day. Every one of us was glad to have come. Apart from making new friends, it was also an eye-opening experience. The sincerity of surgeons in Macau left us warm memory. We are looking forward to see them in the coming annual scientific meeting.

Dr Vana Suk-har CHAN
Kwong Wah Hospital

Achievements

Congratulations to Dr Yiu-kai AU who had been awarded the Hong Kong Humanity Award 2009.

With at least two decades of community services in Hong Kong, Dr Au has a strong record of serving regularly and consistently for the vulnerable population in our society.

Dr Au started serving the society since 1980s. He has been an outreach volunteer doctor since 1987. He and his family have been providing regular monthly free medical services to those retired old miners and their families on Ma On Shan Village. Starting from 1997, Dr Au has set up the Hong Kong Wheelchair Aid Service with his other colleagues to provide assistance to those disabled and elderly on wheelchairs.

Since 2002, he has stepped up his commitment to the global community by participating in various global emergency medical operations in conflict and disaster areas. He has been the medical volunteer of both Hong Kong Red Cross and Medecins Sans Frontiers. These medical humanitarian missions have brought him to serve distressed population in countries such as Liberia, Indonesia, South Sudan, Thailand and mainland China. It is important to highlight working environments in disaster zones can be daunting as there are a generally lack of resources and support, constant time constraint and most important of all, unpredictable security concerns. Nevertheless, despite of these challenges, volunteers such as Dr Au put themselves forward and make access to lifesaving health care possible.

Dr Au is never shy from offering his network to support training and placement of young doctors and health care workers so as to enhance their field effectiveness when joining missions with humanitarian groups such as ICRC, IFRC, MSF and others. He serves as a career and training mentor for young clinical and health workers who are interested to pursue a career in medical humanitarian work.

Over the years, Dr Au has given over half-hundred sharing sessions in different education and health institutes. It is his greatest ambition to spread the message of love and humanity among these young ones.

Announcements

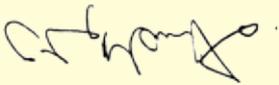
Dear Higher Surgical Trainee,

**RE: THE COLLEGE OF SURGEONS OF HONG KONG
RESEARCH GRANT**

To promote research activities, the Council of the College of Surgeons of Hong Kong has decided to establish Research Grants under the aegis of the Research Committee. Two Research Grants each year will be awarded to higher surgical trainees to support their research projects.

Research Grants will be allocated on a competitive basis and invitation is now made for all higher surgical trainee to apply by submitting research project proposals. The closing date for application is 31 December 2009. Application form and Guidance Notes are now available from the College's website : www.cshk.org.

Yours sincerely,



Professor Chung-mau LO
Chairman
Research Committee

Dear Higher Surgical Trainee,

**RE: THE COLLEGE OF SURGEONS OF HONG KONG
RESEARCH AWARDS 2008**

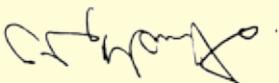
Congratulation to the following candidates who received the Research Award 2008 in recognition of their outstanding research projects submitted during higher surgical training:

1st Prize
Dr Wai-ki YIU

2nd Prize
Dr Ada Tsui-lin NG
Dr James Tak-kwan FUNG

Their award-winning research works are published in the following pages.

Yours sincerely,



Professor Chung-mau LO
Chairman
Research Committee



DOES ENDOVASCULAR REPAIR OF ABDOMINAL AORTIC ANEURYSM AFFECT RENAL FUNCTION ?

Wai-ki YIU, MBBS., MRCS., Albert CW TING, MB, BS, MS FRCS, Stephen WK CHENG, MB, BS, MS, FRCS

Division of Vascular Surgery, Department of Surgery, University of Hong Kong Medical Centre, Queen Mary Hospital, Hong Kong, China

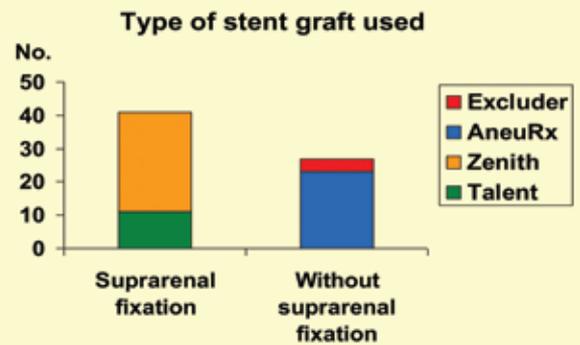
ABSTRACT

Background: Renal dysfunction may be a possible complication after endovascular repair of abdominal aortic aneurysm. This aim of this study was to investigate whether endovascular repair would affect the renal function of patients and identify any risk factors causing renal dysfunction.

Material and methods: Between May 1999 to May 2004, 70 consecutive patients undergoing endovascular repair of infrarenal abdominal aortic aneurysm at Queen Mary Hospital were studied. Baseline demographic data and preoperative risk factors were analysed. Serum creatinine levels were recorded one day before operation and at postoperative day 7 and six months. Routine precautions were taken in patients with pre-existing renal impairment including administration of acetylcysteine 600mg twice daily for 2 days starting one day before operation, avoidance of nephrotoxic drugs preoperatively and adequate rehydration perioperatively. Pre-existing renal impairment was defined as preoperative serum creatinine equal or greater than 130 $\mu\text{mol/L}$. Postoperative renal dysfunction was defined as an increase of creatinine level by at least 30 percent over baseline. Patients were divided into two groups based on the presence of postoperative renal dysfunction at one week. Co-morbid conditions, intraoperative contrast volume used and the type of stent graft used were compared. Incidence of persistent postoperative renal dysfunction within 6 months were also studied.

Results: Two patients were excluded from the study because of incomplete data and severe renal dysfunction requiring renal dialysis before operation, leaving 68 patients for analysis. There were 61 males (89.7%). The mean age was 74 ± 6.7 years. Forty-four patients (64.7%) had normal preoperative renal function. Forty-one patients (60.29%) received stent grafts with suprarenal fixation. The mean contrast volume used was 169.1ml ranging from 55 ml to 360ml.

Postoperative renal dysfunction was observed within 1 week in 9 of 68 patients (13.2%). Persistent postoperative renal dysfunction within 6 months was noted in 5 of 68 patients (7.3%). All these five patients demonstrated transient postoperative renal dysfunction at one week. No significant difference was demonstrated in the mean preoperative serum creatinine level between the patients who received stents grafts with or without suprarenal fixation (106.52 $\mu\text{mol/L}$ vs. 111.85 $\mu\text{mol/L}$, $p > 0.05$). However, the mean postoperative serum creatinine level within 1 week was significantly higher in patients with suprarenal fixation (136.49 $\mu\text{mol/L}$ vs. 155.95 $\mu\text{mol/L}$, $p < 0.05$). No significant difference was noted in the two groups with regard to the contrast volume used (181.85ml vs 160.73ml, $p > 0.05$).



	No postoperative renal dysfunction N=59	Postoperative renal dysfunction N=9	p
Gender (Male)	53 (90%)	8 (89%)	NS
Aneurysm size (cm)	6.2	6.63	NS
Smoking	24 (41%)	3 (33%)	NS
Hypertension	41 (70%)	8 (89%)	NS
Preoperative renal impairment	21 (36%)	3 (33%)	NS
Diabetes mellitus	3 (5%)	2 (22%)	NS
Mean contrast volume used (ml)	168.5	173.3	NS
Without suprarenal fixation	24	3	NS
Suprarenal fixation	35	6	

	Mean preoperative serum creatinine level ($\mu\text{mol/L}$)	Mean postoperative serum creatinine level ($\mu\text{mol/L}$)	p
Without suprarenal fixation	106.52	111.85	NS
Suprarenal fixation	136.49	155.95	<0.05

	Postoperative renal dysfunction N=9		p
	Transient Postoperative renal dysfunction (one week) N=4	Persistent postoperative renal dysfunction (6 months) N=5	
Preoperative renal impairment (Cr \geq 130 $\mu\text{mol/L}$; N=24)	2 (8.3%)	1 (4.1%)	NS
Contrast volume used (ml)	197.5	154.0	NS

Conclusion: Endovascular repair of infrarenal abdominal aortic aneurysm may lead to transient renal dysfunction in small proportion of patients only.



CLINICOPATHOLOGICAL FEATURES AND OUTCOME OF PAPILLARY CARCINOMA IN MULTINODULAR GOITER

Ada Tsui Lin NG, MB,BS, MRCS, Brian Hung Hin Lang, MB, BS, MS, FRACS, Chung Yau LO, MB, BS, MS, FRCS

Division of Endocrine Surgery, Department of Surgery, University of Hong Kong Medical Centre, Queen Mary Hospital, Hong Kong, China

ABSTRACT

Background: Studies have shown that irrespective of the number of nodules within a thyroid gland, the chance of harboring malignancy in a multinodular goiter (MNG) is similar to that of a solitary thyroid nodule (STN). The study was aimed at comparing the clinicopathological features and survival outcome between PTC in MNG and PTC in STN.

Methods and patients: From 1999 to 2007, a total of 247 patients who underwent a thyroidectomy for PTC in our institution were recruited into the study. Patients with occult PTC were not included. Of these, based on ultrasonic and / or pathological criteria, 81 patients were defined as having MNG (Group 1) and 166 were defined as having STN (Group 2). All clinicopathological and follow up data were prospectively collected. Survival endpoints were recurrence-free (RFS) and cancer-specific survivals (CSS).

Results: Patients in Group 1 were significantly older on presentation (median age: 54.1 years old vs 41.2 years old, $p < 0.001$) and had a higher incidence of tumor multifocality (48.1% vs 35.0%, $p = 0.05$) than in Group 2. The median MACIS score was also higher in Group 1 than Group 2 (5.4 vs 4.5, $p = 0.005$). However, although not significant, patients in Group 2 tended to have slightly larger tumors (median size: 2.0cm vs 1.5cm, $p = 0.10$) and a higher incidence of lymph node metastases (49.4% vs 37.0%, $p = 0.068$). As a result, despite a lower MACIS score, patients in Group 2 were more likely to receive radioiodine ablation than in Group 1 (86.4% vs 63.5%, $p < 0.001$). In terms of preoperative FNAC accuracy, Group 1 had a significantly lower diagnostic accuracy than Group 2 (50.0% vs 66.0%, $p = 0.021$). The 5-year and 10-year RFS in Group 1 and 2 were similar (90.4% vs 84.2% and 78.3% vs 73.3%, respectively, $p = 0.23$). The 5-year and 10-year CSS in Group 1 and 2 were also similar (98.0% vs 98.7% and 98.0% vs 98.7%, respectively, $p = 0.79$).

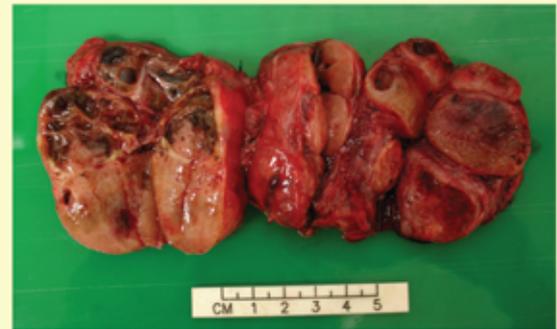


Figure 1 PTC in MNG



Figure 2 PTC in STN

	Group 1 MNG	Group 2 STN	p value
MACIS score	5.4	4.5	0.005
Tumor multifocality	48.1%	35.0%	0.05
Size of tumor (cm)	1.5	2.0	0.10
LN metastasis	37.0%	49.4%	0.068
Adjuvant RAI	63.5%	86.4%	0.001

Table 1 Pathological features

	Group 1 MNG	Group 2 STN	p value
Accuracy	50.0%	66.0%	0.021

Table 2 Accuracy of FNAC

		Group 1 MNG	Group 2 STN	p value
RFS	5 yr	90.4%	84.2%	0.23
	10 yr	78.3%	73.3%	
CSS	5 yr	98.0%	98.7%	0.79
	10 yr	98.0%	98.7%	

Table 3 survival

Conclusions: When PTC in MNG and PTC in STN were compared, there were significant differences in age of diagnosis, tumor size, incidence of tumor multifocality and lymph node metastases and MACIS score. FNAC was significantly less accurate in diagnosing PTC in MNG. Despite their clinicopathological differences, RFS and CSS appeared similar in the two groups.

MAMMOGRAPHIC DETERMINATION OF BREAST VOLUME BY ELLIPTICAL CONE ESTIMATION

JAMES TK FUNG¹, SHARON WW CHAN¹, ANNIE NK CHIU¹, POLLY SY CHEUNG², SH LAM¹

¹ KEC BREAST CENTRE, DEPARTMENT OF SURGERY, UNITED CHRISTIAN HOSPITAL; ² BREAST AND ENDOCRINE SURGERY CENTRE, CENTRAL HONG KONG SAR CHINA.

BACKGROUND

Breast volume estimation helps us to objectively evaluate the aesthetic effect of various breast surgeries on women, and guide us in choosing the best modality of treatment. Mammographic determination is a convenient means for estimation. It also allows pre-operative estimation of breast volume.

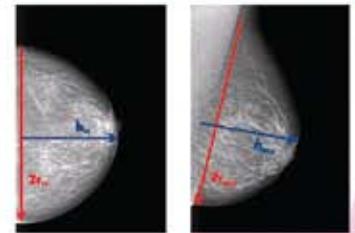
OBJECTIVE

Traditionally, mammographic breast volume estimation could be attained by Katariya's method, which calculates breast volume by applying breast measurements on craniocaudal mammogram to a circular cone formula. We proposed a new formula for estimation, in which breasts are treated as elliptical cones based on measurements from both craniocaudal and medio-lateral oblique view mammograms. We compared the elliptical cone (EC) method with the original Katariya's (CC) method in terms of accuracy and reproducibility of results.

OBJECTIVE

Patients who underwent mastectomy in the period between Jan 2005 and Dec 2006 with recorded breast weight and available preoperative mammographic films were included. Two surgeons independently measured breast height and width in the preoperative craniocaudal and mediolateral oblique mammograms. Height of breast (h) and width of breast base (2r) were determined by direct measurement on the mammograms. Height of breast from both craniocaudal (CC) view (h_{cc}) of medial-lateral-oblique (MLO) view (h_{mlo}) of mammogram was defined as the longest perpendicular distance from pectoralis major to skin adjacent to nipple. Width of breast was defined separately for mammograms of CC view and MLO view. Width in CC view ($2r_{cc}$) was the maximum horizontal distance from the medial to lateral side of the breast as recorded on mammogram. Width in MLO view ($2r_{mlo}$) was the distance from lateral thoracic artery to where the skin crosses the pectoralis major.

Breast volume was calculated as circular cone in craniocaudal (CC), and as elliptical cone (EC) in both craniocaudal and mediolateral oblique mammograms. The accuracy of each method was determined and compared using linear regression analyses. Interobserver variability was assessed by bivariate correlation.



$2r_{cc}$: width of breast base in craniocaudal view
 $2r_{mlo}$: width of breast base in mediolateral-oblique view
 h_{cc} : height of breast in craniocaudal view
 h_{mlo} : height of breast in mediolateral-oblique view

RESULTS

	MEAN VOLUME	MEAN ERROR
EBV _{cc}	517cm ³ (SD=245)	-51.3cm ³ (SD=182)
EBV _{ec}	572cm ³ (SD=246)	3.8cm ³ (SD=133)

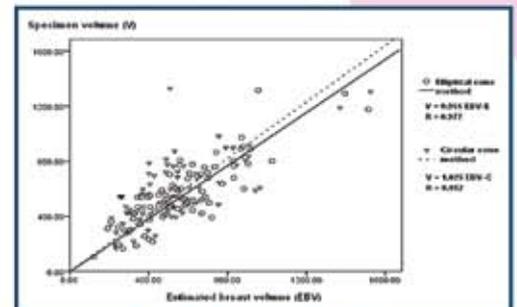
EBV_{cc} : Estimated breast volume by Circular cone method
 EBV_{ec} : Estimated breast volume by Elliptical cone method

BREAST MEASUREMENTS	MEAN DIFFERENCE BETWEEN OBSERVERS	
	In centimeters	In percentage
H_{mlo}	0.42 (SD=0.68)	2.78%
H_{cc}	1.22 (SD=1.19)	3.93%
H_{mlo}	0.23 (SD=0.25)	1.80%
R_{cc}	0.57 (SD=0.71)	1.68%

Eighty-three cases were available for analysis. The mean estimated breast volume using CC formula and EC formula was 517cm³ and 572cm³ respectively. The mean error of estimated volume from specimen volume was -51.3cm³ (SD 182) by CC formula. It was 3.8cm³ (SD 133) by EC formula.

We used linear regression to analyze the relationship between the actual and estimated breast volume. The correlation coefficient (R) of the estimated breast volume using EC formula was 0.977, and that using the CC formula was 0.952. The regression equation from both estimation methods was also obtained. They both have slope approaching 1 (1.025 for CC formula, and 0.966 for EC formula).

A higher percentage difference is noted between observers in all breast measurement made under MLO view mammograms in compare with CC view mammograms. Significant correlations between the estimated breast volumes of the two observers was noted (p<0.001). The Pearson correlation coefficient of the estimations using Katariya's method was 0.949, while that using elliptical method was 0.926



Graph 1 - Linear correlation of estimated breast volume and specimen volume

DISCUSSION

The mathematical principle behind the Katariya's method for mammographic breast volume estimation was assuming breasts as circular cones. This method is based on measurements made on CC view mammograms, which are more consistent between different observers. However, for women with large breasts, the base of breast could sometimes be missed in CC view mammograms, leading to under-estimation in both the height and width of breast¹². In addition, experience from measuring the mastectomy specimens showed that the base of breasts looks more as ellipses rather than circles. These observations inspired us to modify the original Katariya's method with reference to an elliptical cone model, in order to address these issues.

The accuracy of both the original and elliptical estimations was assessed in this study. Both method of estimation achieved very good correlation with the specimen volume, with Pearson correlation coefficients above 0.95. For error of estimation, the mean error using the elliptical cone method was 3.8cm³ in compare with -51.3cm³ using the circular cone method. This indicates that the estimations using elliptical cone method is slightly more accurate.

A greater inter-observer percentage difference was noted in measurements made on MLO view mammograms. The correlation of results between the two observers using both estimation methods was also noted, with slightly inferior correlation noted using elliptical cone method. These findings suggest that our estimation using EC formula was slightly less reproducible.

CONCLUSION

Breast volume can be accurately determined by making measurements on mammograms. The new proposed EC formula calculating breast volume in both craniocaudal and mediolateral oblique mammograms may be more accurate; as the horizontal and vertical dimension of the breast are not always the same. Reproducibility of measurement can be further enhanced by better defining the point of measurements and training.



JOINT SURGICAL SYMPOSIUM

◆ 2-YEAR INTERACTIVE PROGRAM ◆

Date & Time: **First Friday, 8:00 – 9:00 a.m.**

Venue : **Auditorium
4/F, Li Shu Pui Block Phase II
Hong Kong Sanatorium & Hospital
Happy Valley, Hong Kong**

Block II

Date	Specialty	Topic	Speaker
2 October 2009	Upper Gastrointestinal Surgery	Esophageal perforation & gastroparesis	Professor Simon Law Dr. Chan Siu-Yin
6 November 2009	Head and Neck Surgery	Complications – avoidance & management	Professor William I. Wei Dr. Ambrose Ho
4 December 2009	Endocrine Surgery	Striving toward zero morbidity in thyroid surgery	Dr. Brian Lang Dr. Chow Man-Po
1 January 2010	<i>Public holiday</i>		
5 February 2010	Hepatobiliary and Pancreatic Surgery	Complications of cholecystectomy	Dr. Ng Kwok-Chai Dr. Chok Siu-Ho
5 March 2010	Vascular Surgery	Update in vascular surgery	Dr. Ting Chi-Wai Dr. Wong Chiu-Cheuk
2 April 2010	<i>Public holiday</i>		
7 May 2010	Plastic and Reconstructive Surgery	To cover the uncovered	Dr. Chung Hon-Ping Dr. Liu Hin-Lun
2 July 2010	Colorectal Surgery	Reducing complications in colorectal surgery	Professor Law Wai-Lun Dr. Joe Fan
6 August 2010	Breast Surgery	Complications of breast surgery	Dr. Ava Kwong Dr. Dacita Suen

***No meeting in June 2010. The Head and Neck Course 2010 organized by the Department of Surgery, The University of Hong Kong will be held on 3-4 June 2010 in Queen Mary Hospital.*

Theme of Each Block

Block I
Latest developments

Block II
Postoperative complications

Block III
Recurrences and late failures

Q&A periods and written questionnaires are included.
For each session, active CME is accredited.

R.S.V.P. Tel: 2835 8698 or Fax: 2892 7511

Calendar of International Surgical Meeting

Date	Event	Website
20-26 Sept 2009	11th Congress of ESPRAS, European Society of Plastic Reconstructive and Aesthetic Surgery Island of Rhodes, Greece	http://www.espras2009.gr/1/article/english/1/15/index.htm
1-3 Oct 2009	American Association for the Surgery of Trauma Annual Meeting, Pittsburgh, United States	http://www.aast.org/AnnualMeeting/dynamic.aspx?id=866
11-15 Oct 2009	American College of Surgeons 95th Annual Meeting, Chicago, United States	postmaster@facss.org
11-15 Oct 2009	37th Annual Meeting of the International Society for Pediatric Neurosurgery, Los Angeles, United States	gmcomb@chla.usc.edu
14-16 Oct 2009	The 3rd International Symposium on Hereditary Breast and Ovarian Cancer, Montreal, Canada	http://www.odon.ca/brca/
15-17 Oct 2009	5th International Congress of Asia Pacific Hernia Society (APHS), Bali, Indonesia	www.aphs2009.com/
4-6 Nov 2009	19th World Congress of the World Society of Cardio - Thoracic Surgeons, Buenos Aires, Argentina	http://www.wscts2009.org
12-14 Nov 2009	Istanbul Multidisciplinary Breast Cancer Symposium	http://www.breastcancer2009.org/
13-16 Nov 2009	37th ICS World Congress, Beijing, China	
25-27 Nov 2009	International Joint Meeting on Thoracic Surgery Barcelona, Spain	www.thoracicsurgery2009.org/
17-21 Jan 2010	The International Symposium on Endovascular Therapy, Florida, USA	http://www.iset.org/
17-23 Jan 2010	4th International Hokkaido Trauma Conference Rusutsu, Japan	http://www.hokkaidotrauma.com/
25-27 Jan 2010	The Society of Thoracic Surgeons 46th Annual Meeting, Fort Lauderdale, United States	sts@sts.org
27-31 Jan 2010	2010 American Academy Cosmetic Surgery 26th Annual Scientific Meeting, Orlando, United States	http://www.cosmeticsurgery.org/conference10/index.cfm
6-9 Feb 2010	10th Annual International Symposium on Congenital Heart Disease, St. Petersburg, United States	http://guest.cvent.com/EVENTS/Info/Summary.aspx?e=9003ad0f-82eb-4141-9c76-02e942c7a594
11-13 Feb 2010	AUSTRAMA 2010 Trauma, Critical Care and Emergency Surgery Conference, Sydney, Australia	http://www.austraumaconference.org/
28 Feb - 4 Mar 2010	International Congress XXIII on Endovascular Interventions, Scottsdale, United States	http://www.endovascularcongress.org/
4-7 March 2010	The Society of Surgical Oncology Cancer Symposium 2010, St Louis, United States	MtgReg@surgonc.org
28-30 March 2010	5th European Multidisciplinary Colorectal Cancer Congress 2010, Nice, France	http://www.colorectal2010.org/

Calendar of International Surgical Meeting

Date	Event	Website
14-17 Apr 2010	12th World Congress of Endoscopic Surgery Landover, Maryland, United States	http://www.sages.org/meetings/annual_meeting/2010/
18-22 April 2010	9th World Congress of the International Hepato-Pancreato-Biliary Association	www.ihpba-ba2010.com
22-28 Apr 2010	2010 Annual Meeting of the American Society for Aesthetic Plastic Surgery (ASAPS) Washington, United States	asaps@surgery.org
28-29 Apr 2010	American Head & Neck Society Annual Meeting Las Vegas, United States	http://www.headandneck-cancer.org/meetings/index.php
1-5 May 2010	American Association Thoracic Surgery 90th Annual Meeting, Toronto, Canada	http://www.aats.org/annualmeeting/index.html
1-6 May 2010	Digestive Disease Week 2010 New Orleans, United States	http://www.ddw.org/wmspage.cfm?parm1=850
1-6 May 2010	78th American Association of Neurological Surgeons Annual Meeting Philadelphia, United States	info@aans.org
4-7 May 2010	Annual Scientific Congress, Perth, Australia	www.surgeons.org
14-19 May 2010	ATS 2010 International Conference, New Orleans, United States	atsinfo@thoracic.org / drichardt@thoracic.org
15-19 May 2010	American College of Colon and Rectal Surgeons Annual Meeting, Minneapolis MN USA	http://www.fascrs.org/annual_meeting/
16-19 May 2010	11th European Congress of Trauma and Emergency Surgery, Brussels BELGIUM	http://eurotrauma2010.org/
25 May – 3 June 2010	American Urological Association Annual Meeting, San Francisco, United States	http://www.aaa2010.org/
2-5 June 2010	11th European Congress of Pediatric Surgery Berne, Switzerland	direktion.kchk@insel.ch
10-13 June 2010	International Pediatric Endosurgery Group: 19th Annual Congress for Endosurgery in Children Waikoloa, United States	admin@ipeg.org
21-24 June 2010	British Association of Urological Surgeons 2010 Annual Meeting, Manchester, United Kingdom	http://www.baus.org.uk/baus_annual_meeting.phtml
21-25 June 2010	15th Congress of the International Society for Burn Injuries, Istanbul TURKEY	15th Congress of the International Society for Burn Injuries
21-24 July 2010	British Association of Paediatric Surgeons 57th Annual Congress, Aberdeen, Scotland, United Kingdom	
1-4 Sept 2010	Society of Laparoendoscopic Surgeons: 19th SLS Annual Meeting and Endo Expo 2010, New York, United States	conferences@sls.org

Council of the College

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Ex officio Councillor	Samuel Po-yin KWOK	Private Practice



Structure of the College

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- Corporate Communications Subcommittee

Internal Affairs Committee

- Editorial Board of Cutting Edge
- Younger Fellows Chapter
- Women's Chapter

Administration Committee

- Website Development

Finance Committee

- Business Development Subcommittee

CME & CPD Committee

Editorial Board of Surgical Practice

- Editor-in-chief

Research Committee

Education & Examination Committee

- Specialty Boards
 - Cardiothoracic Surgery Board
 - General Surgery Board
 - * Training Subcommittee
 - * Hong Kong Regional Subcommittee
 - Neurosurgery Board
 - Paediatric Surgery Board
 - Plastic Surgery Board
 - Urology Board
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The College of Surgeons of Hong Kong CSHK Souvenir Mail Order Form



College Tie (B)
2008 version



College Tie (A)
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PPI	Major Metabolic Pathway	Impact of Genetic Polymorphism on Acid Control
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References

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Pariet for the Management of Acid-Related Diseases



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