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# CUTTING EDGE



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

September 2007  
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# EDITORIAL



In this issue.....

You will find lots of new things happening. Many changes have happened in the last few months, and they happened fast. First, following the council election in June, we have 4 new members in the council. To let our fellows knowing these new councilors in greater depth, which I believe is one of the core functions of *Cutting Edge*, we'll introduce them one by one in the newsletter. This issue we'll start first with Dr W T Siu, specialist general surgeon in private practice lately, as well as Dr Enders Ng, Professor of Surgery from CUHK.

Congratulations to Professor C K Yeung, who was newly elected as the President of the College. In this era of crises and challenges we need a leader of strength and vision to put things in the right order and direction, and I am sure you'll agree, with his competence and experience, Professor Yeung is the person whom we can put our faith upon. Likewise, our new Censor-in-Chief, Dr H T Luk, is faced with the upcoming challenge of organizing our College's own examination in the near future. As this concerns every trainee in Hong Kong, trainees are encouraged to refer to the messages by both the President and Censor-in-Chief in this issue.

We must take this opportunity to thank the immediate past President, Dr Samuel Kwok, who indeed had worked himself very hard during his 3 years' presidency to strike for the benefits of the College and the fellows. Fellows will remember the many changes pioneered by Dr Kwok, including the establishment of the Department of Standard and the Department of Development. Dr Kwok had also made significant contribution to the organization of joint annual scientific meetings with overseas colleges in the last few years.

You'll notice that a new column, known as 'Close-up and Macro', appears in this issue. This column is intended to give a platform for fellows who would like to share with us on recently held activities or meetings related to surgery. Two meetings of interest are shared in this issue:

- (1) 15th Anniversary of the First Laparoscopic Colorectal Surgery in Hong Kong; and
- (2) 50th Anniversary of Hong Kong Surgical Forum

Fellows are welcomed to submit articles to this column. Once again the College needs your input and support.

Dr Cliff C C CHUNG  
PYNEH

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# Message from the President

I am proud and highly honoured to be elected as the President of The College of Surgeons of Hong Kong and have the opportunity to lead the College in this immensely changing era.

Our world is moving forward, and so as in the medical field. To seize opportunities and be well prepared for challenges become the most critical issue to our continuous development. Looking around our profession, various aspects are pending for reforms or changes in order to encounter the changing environment. Rome cannot be built in a day, a sole action is nothing for such an enormous process, to allow our profession stepping forward, and your participation is essential.

Training and Examination are the backbone of our service quality. In the past 30 years, we adopt the UK's (Edinburgh) and Australia's training and examination system, but with the revised curriculum in basic surgical training and cancellation of exit examination, it provides us a very good turning point to think about the actual need of Hong Kong surgeons. After detailed consultation and evaluation, we are glad to conclude that the surgical development in Hong Kong is mature and is the right time for us to have our own membership examination and training system. This brand-new membership examination is an independent membership examination and will from time to time get wide international recognition. This examination is not only the best tool to uphold our service standard and enhance our reputation in the international medical arena, but also contributes to train up our surgeons who will be more practical to deal with the local surgical needs.

Apart from getting recognition from overseas colleges, collaboration with Mainland medical units is our next focus. Under the Memorandum of Understanding signed between the Ministry of Health (MOH) of China and the HKAM, closer collaboration in postgraduate training and examination between the College and the MOH is to be promoted. The first batch of six candidates from Beijing participated in the MRCS Part 1 and 2 Examinations in Hong Kong in January 2007 even marked the milestone in Hong Kong surgical examination history. Upon the commencement of our local membership examination in the coming November, rooms for further exchange and cooperation between both Hong Kong and Mainland surgeons will be greatly enlarged. We, being the surgical pioneer in the Asia Pacific Region, have a mission to serve as a model as well as to provide our professional knowledge in practical techniques, training and organization framework to our country and for the betterment of surgery development in Mainland.

Quality and accuracy both are the major considerations in surgeons, thanks for the researchers and medical professionals to deliver us more and more advanced technology, but on the other hand we are facing increasing pressure in upholding our performances by seeing a lot of "new" in our profession.

In this connection, we started to look into the clinical guideline, audit systems, accreditation as well as certification strategies of surgical practice in both the public and private sectors, so as to consolidate the relevant information into a practical guideline for our trainees and fellows to follow. We do hope that the guideline can become our main manual to formulate and uphold our working procedure. The guidelines will also provide a clear picture to our trainees and fellow the minimal standard of the surgical practices, in order to minimize the possibility of making mistakes and eventually safeguard our practices.

As the College President, I hereby promise to try my best to facilitate and provide all possible support to our trainees and fellows in enhancing and upholding their skills and techniques in order to achieve the required standard.

The coming year will be a fruitful and exciting one, many major event will be organized round the calendar, the highlight will be the Conjoint Annual Scientific Congress 2008, co-organized by the College and the Royal Australasian College of Surgeons. We will also continue our effort to internationalize our exchange and cooperation with other surgical colleges worldwide. The College is able to make its mark in the field of surgical development within such a short span of time, it is totally resorts to our innovation and devotion, I sincerely invite you joining this exciting and rewarding journey with me, working together for the bright surgical development in Hong Kong for the years to come.

*Professor Chung-kwong Yeung*  
President

The College of the Surgeons of Hong Kong

# Message from the Censor-in-Chief

I would like to thank the Council Members giving me the opportunity to serve our College in the position of Censor-in-Chief.

We understand that there are lots of uncertainties and changes in terms of Surgical Training overseas. There is a great challenge ahead in organizing Surgical Training locally and so as to get international recognition. With the support of other local "Surgical" Colleges, our Council had made a decision in organizing a local Intermediate Examination to mark the end of Basic Training. We promise that this new examination would not be inferior to the previous examination and look forward to collaborate with overseas Colleges making this new examination up to International standard. As for Higher Training, our six Specialty Boards will take up the role to organize the Training Program and examine her Trainees towards the end of training and to award Fellowship to successful candidates. At present, all Specialty Boards are organizing Conjoint Exit Examination with Royal College of Surgeons of Edinburgh and end up in dual Fellowship with the exception of Plastic Board. As mentioned earlier, we expect a change in Training Program at United Kingdom and we are not certain at present what might happen to the Conjoint Fellowship Examination. It is our wish to maintain the link with Edinburgh College and perhaps including Plastic Board as well. We welcome opinions from Fellows and especially trainees on this issue.

The other task is on CME/CPD and it is the view of HKAM that CME/CPD points gained by Fellows should be more diversified meaning collection of CME/CPD points by participating in different activities. One important area is on clinical auditing. Our Education and Examination Committee will seriously look into this issue to facilitate our Fellows to accomplish the CME/CPD requirement.

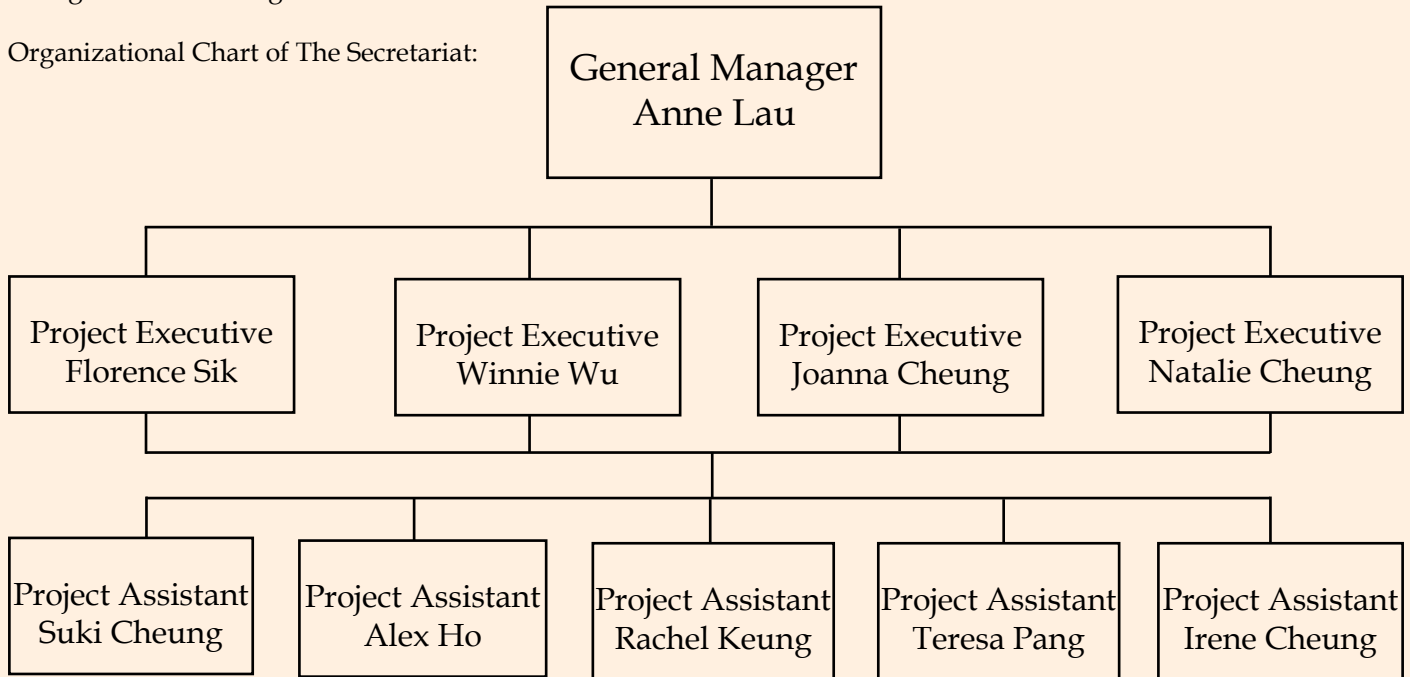
With your support, I am sure we can overcome challenges ahead and organize a good Training Program and assessment for our future generation of Surgeons.

*Dr Hung-to LUK*  
Princess of Margaret Hospital

# Message from the Honorary Secretary

The departure of Ms Tammy Hung and Ms Michelle Cheng early this year has created a transitional period to the College. I would like to take this opportunity to thank them for their untiring effort in establishing and maintaining a high standard of works in the past. During this difficult time, the remaining staff members and the Council have worked through till the establishment of the new Council. With the professional advice and support of Lillian Chan, our external consultant, we have reviewed and refined the existing practice of all spectra of College business including administration, training, examination, publication, finance and public relations. Today, we have established a 10-people secretariat, headed by Ms Anne Lau as General Manager with the support of four project executives, one computer programmer and four project assistants. This is the first time that the College Secretariat has a full team, ready for taking on new challenges of the future.

Organizational Chart of The Secretariat:



## General Manager

Anne Lau                      2871 8797                      annelau@cshk.org

## Examination/Training/Research Committee/Congress:

Winnie Wu                      2871 8827                      winniewu@cshk.org

## Examination/Training/CME/Congress:

Joanna Cheung                      2871 8795                      joannacheung@cshk.org

## Publication/Annual Subscription/Finance/Congress :

Florence Sik                      2871 8798                      florencesik@cshk.org

## Public Relations/New Examination/Congress :

Natalie Cheung                      2871 8826                      nataliecheung@cshk.org

## IT / Website / Computer Programming:

Alex Ho                      2871 8796                      alexho@cshk.org

## Office Administration/Clerical Support :

Suki Cheung                      2871 8825                      sukicheung@cshk.org  
 Rachel Keung                      2871 8794                      rachelkeung@cshk.org  
 Teresa Pang                      2871 8799                      teresapang@cshk.org  
 Irene Cheng                      2871 8796

*Professor WS POON*  
 Prince of Wales Hospital

# News from the Specialty Boards

## GENERAL SURGERY BOARD

Prof. Stephen W K Cheng has taken up the position of General Surgery Board Chairman. We will organize the annual preparatory course for exit examination in early September. The Viva Part of Exit Examination will take place at Academy Building and Clinical Part of Exit Examination will be organized by University Surgical Department, Queen Mary Hospital in October.

A lunch symposium on "Update Management of Benign Anorectal Disease" was held on 6 August 2007 at St. Teresa's Hospital. It was very successful with more than 100 fellows/members did join us sharing the event.

*Dr Hung-to LUK*  
Princess Margaret Hospital

## PAEDIATRIC SURGERY BOARD

The Annual General Meeting of the Board of Paediatric Surgery was held on 21st May 2007. The following Board Committee has been elected:-

Chairman : Dr. Liu Kam Wing, Kelvin  
Vice-Chairman : Prof. Tam Kwong Hang, Paul  
Honorary Secretary : Dr. Kwok Wing Kin  
Committee Members : Dr. Lee Kim Hung  
Dr. Leung Wai Yip, Michael  
Dr. Man Wing Ki, David  
Dr. Ng Wai Tat, Jacob  
Dr. Tsui King Yiu

The term of the office will last for a period of three years.

The current Programme Director is Dr. Kwok Wing Kin

The last selection exercised in June 2007, Dr. Chung Ho Yu was admitted as HST in paediatric surgery with effect from July 2007. He is presently stationed in QMH.

Currently, there are four HSTs and one EEC working in the three training centres. The provisional date for the next exit examination in Paediatric Surgery is in March 2008.

There will be two candidates sitting for the examination.

*Dr Kelvin K W Liu*  
United Christian Hospital

# News from the Specialty Boards

## CARDIOTHORACIC SURGERY BOARD

The Conjoint Examination in Cardiothoracic Surgery will be held with examiners from the Royal College of Surgeons of Edinburgh on November 21st and 22nd (provisional). At this time the Edinburgh College will also perform an external inspection of the designated Cardiothoracic Training Units (Prince of Wales, Grantham and Queen Elizabeth Hospitals). There will be a Specialty Update Course on November 23rd and 24th immediately following the examinations. (<http://www.surgery.cuhk.edu.hk/ac-ssu2007/> ).

*Professor MJ Underwood*  
Prince of Wales Hospital

## PLASTIC SURGERY BOARD

The coming exit examination will be held in November this year. Dr. Gary Burget of The University of Chicago Medical Center has kindly accepted our invitation to be our external examiner. Four candidates will be sitting for this examination.

Drs Fiona Mak Yim Hung and Lawrence Liu Hin Lun have been admitted to our higher training program in July 2007. Currently, Dr Mak has taken the post in Kwong Wah Hospital while Dr Liu is in Queen Mary Hospital.

We have 8 HSTs in total and one EEC working in 4 training centers presently.

The present Board Committee is due for retirement. The election for a new Committee is now in progress. I would like to take this opportunity to thank the outgoing Committee members for their hard works in serving the Board from 2005 to 2007.

*Dr Lai-kun Lam*  
Private Practice

## UROLOGY BOARD

The Annual General Meeting of the Urology Board for the year 2007 was held on 30 July 2007. The newly elected office-bearers and Committee members of the Urology Board are as follows:

Chairman	: Dr. Po-chor TAM
Vice-chairman	: Dr. Shu-keung LI
Hon. Secretary	: Dr. Chi-wai MAN
Programme Director	: Dr. Ming-kwong YIU
Committee Members	: Dr. John FENN Dr. Richard LO Dr. Bill WONG Dr. Wai-sang WONG

Dr. Tim-fuk Yiu, our immediate past Vice-chairman and Programme Director, has decided to retire from the Urology Board Committee in the last AGM. Members of the Urology Board Committee would like to extend their heartfelt gratitude to him for his unrelenting support and dedication to the Urology Board in the past twelve years.

At the recent Education Committee and College Council meetings, it was agreed that the College would study the feasibility of having "a minimum of one exit examination per annum in all six surgical specialties". Currently, General Surgery, Cardiothoracic Surgery and Neurosurgery are already having yearly exit examination. It would not be too difficult for the specialty of Urology to achieve this, a target that the Urology Board has been trying to achieve for ten years.

The exodus of experienced urologists from public sector is continuing. It is putting a very heavy strain on the already overloaded public urological service. There has been a strong demand from Chief of Services and Urology Programme Supervisors to fill these vacancies by recruiting new trainees. We have recruited 6 urology trainees for higher surgical training in the last selection exercise. Together with the two trainees recruited in January, we have recruited 8 urology trainees this year, a figure higher than our estimation of 3-4 new trainees per year in replacing the turnover.

*Dr Po-Chor Tam*  
Queen Mary Hospital

# News from Department of Development

## Report on the Future of Surgical Training

As the Director of Development, I presented the Report on the Future of Surgical Training to the Council in its meeting in May 2007. This Report covers the work of the Department of Development since its formation in October 2005, with its initial recommendations on the directions for improving the future of surgical training.

In its deliberation, the Department adopted the following guiding principles as directions to improve surgical training:

1. There is clear delineation of the expected competency and skill development at different stages of surgical training for each specialty.
2. Common features and strengths in current training curriculum across different surgical specialties should be preserved.
3. The structuring of surgical training should be based on knowledge, attitude, competencies and skills disregarding the organizational and administrative constraints.
4. The re-structuring of the surgical training curriculum should allow flexibility for the trainees to acquire the necessary knowledge, competencies and skills across different specialties.

In the initial year of the Department, we solicited the views of the younger fellows to identify the current challenges in surgical training, conducted a survey on the trends and directions of surgical training among various overseas colleges, and developed a framework for revamping the future training curriculum based on a modular approach. In early 2007, the Council and the Specialty Boards were consulted on the proposed framework. Based on their input, the Department has formulated the following eight initial recommendations to serve as directions for the development of future surgical training:

1. Adopt an evolutionary approach in the organization of training and revision of training curriculum and maintain the strengths of the existing system.
2. Strengthen basic/ foundation training with regard to the generic core competencies required by the trainees to become competent doctors.

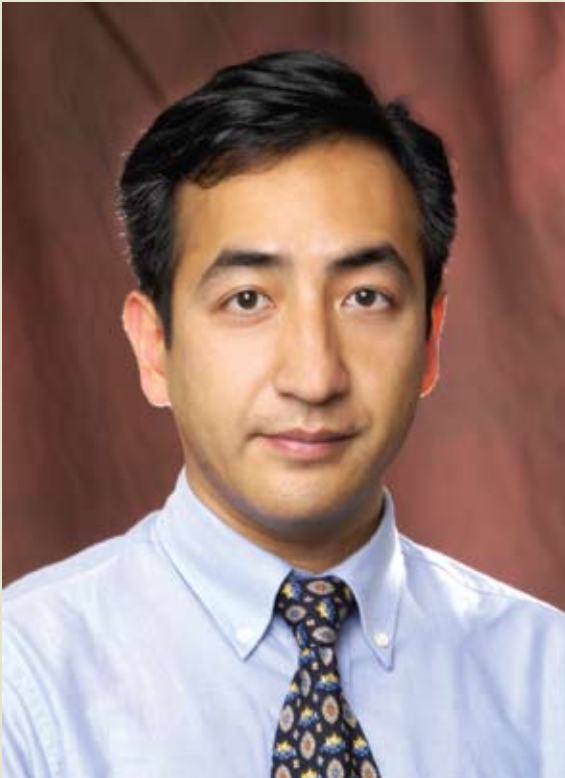
3. Review the purpose and organization of existing examinations in collaboration with international colleges.
4. Define competency requirements and develop assessment methods to complement assessment by examinations in line with international trends adopted by overseas colleges.
5. Fine tune the proposed framework for surgical training and develop the curriculum content for the training modules within each specialty.
6. Study the service implications and develop a mechanism to accredit training on a modular basis.
7. Explore in association with the Hospital Authority and the two universities on setting up facilities to expand the capacity for enhancing training by simulation and wet laboratory.
8. Consider the adoption of an aptitude test for accepting trainees into the basic/ foundation training program.

Under the current Council and President, the Department will work closely with all relevant boards and committees under the College, to further develop the modular arrangements for the future surgical training curriculum, and to support the College in establishing herself to become the international leader in surgical training.

*Dr Hong FUNG*  
Director of Development

# College Focus

Welcome to our new College Council member, Dr. W T Siu. Dr Siu is a close friend of mine. He graduated from CUHK in 1989 and received surgical training in PWH and PYNEH. He has just gone into private practice in July this year. Previously he was a Consultant Surgeon in PWH.



*in professional training and offer continuous medical education to our fellows and members through various channels.*

The last question is a personal question. You have worked in University institution, HA unit as well as private practice. Which bit you enjoy most and why?

*I treasure the working experience and training opportunities in academic and public institutions. Working in public sector with the state of the art facilities, academic research and team support is really enjoyable. In private practice, I experience more freedom in terms of patient management. I enjoy most the intimate direct contact with patient which I might not be able to maintain in public institutions. However, my attitude towards patients and decision in patient care will not change in different healthcare settings.*

*Dr Cliff C C Chung  
PYNEH*

Siu, what made you stand for election this time? As council member of the College, what do you think you can contribute to surgery in HK?

*Being one of the “younger” fellows of the college, I feel myself responsible to stand out and represent the group. As a frontline worker, I hope I could represent my co-workers and help to bring along some new ideas to the college. I also hope to protect the rights of frontline colleagues.*

What challenges do you think our young surgeons are facing at the moment? Do you think anything the College can do for them?

*The challenges ahead for the young surgeons include the imbalance between career recognition and escalating workload in public sector, and the change in professional examinations system for surgeons in training. The College can provide updated information*

# College Focus

Welcome to Dr Enders K W Ng, our second new College Council member. Again Dr Ng is my classmate. He graduated from CUHK in 1989 and received surgical training in PWH. He is currently holding an academic post in the Department of Surgery in CUHK - one of the very few in my class. He is also the new director of the CUHK Jockey Club Minimally Invasive Surgical Skill Centre.

Enders, why did you stand for election this year? What is your expectation towards the College and what contribution do you think you can make?

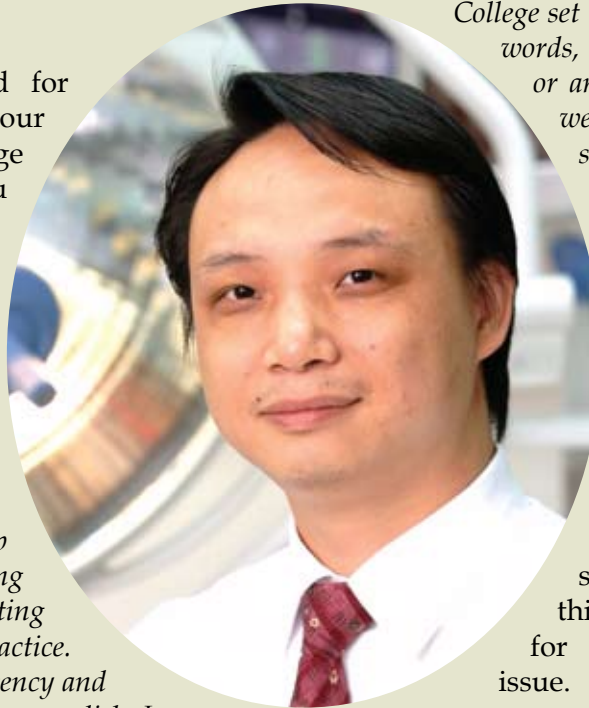
*As stated in my election campaign, the College is now facing a list of unprecedented challenges, which include revision of training curriculum, organization of our own membership and fellowship examinations, restriction of working hours in public sectors, and setting up of guidelines for standard of practice. All these tasks are of pressing urgency and demand lots of time and effort to accomplish. I feel obliged to contribute and hope that I can serve to represent the opinions and needs of our fellows, in particular the frontline colleagues who are having considerable stress and sentiments under the current antagonistic working environment. I do hope that the College can make good use of the advantages of this batch of new blood - being energetic and enthusiastic - in their upcoming projects and development.*

What is your viewpoint on sub-specialization? What potential problems are there in implementing subspecialization in Hong Kong? And how do you think we can overcome these hurdles?

*Subspecialization is the way to go. Today, information is being distributed in terms of seconds. Technology and skills are evolving so fast that one cannot keep abreast of everything. To a certain extent, subspecialization will guarantee the quality of care given, and may reduce the opportunity of mistakes and complications, especially in more complex major cases. To me, the difficulties of implementing subspecialization lie on 1) professional inertia, 2) lack of consensus on the definition of subspecialty*

*centres, and 3) design of the training programme. A task force was established under the directorship of Prof CM Lo more than 1 year ago. Being a member in this task force, I have observed gradual resolution of the problems, and hopefully it can come up with a proposal to the council soon.*

*I know that the College is coming up with some guidelines on surgical standards. In your opinion, should the College set the standard high or low? In other words, shall we set a minimum standard or an optimal standard? And how do we achieve quality control in private sector?*



*I think the College should set a reasonable standard, and that will be the minimum that we and the public should demand on a surgical practitioner if he or she is embarking on a certain type of procedures. Many overseas colleges have already set their standard code of practice and I think our College has no excuse for skipping such an important issue.*

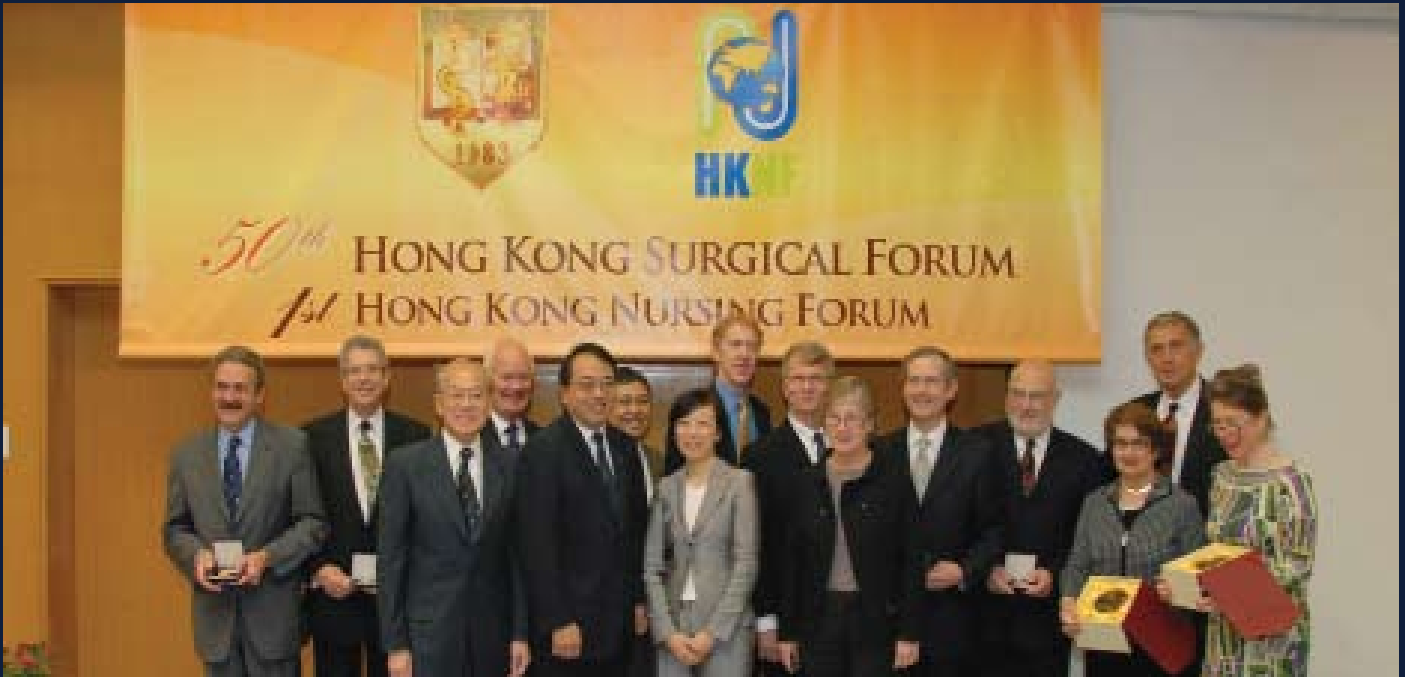
*I do not like the word "quality control". After all, quality control is not the core business of our College. I think "quality assurance" is a better term and that is exactly what the College should do. Setting a standard for a special operation is a passive move. I believe that quality assurance is indeed an interactive process, and data collection is the first step. Of course, it requires the cooperation among colleagues, hospitals, and the College. It will be even better if the data can be digitalized at the outset. With data, we can analyze where our current standard is, including the strengths and the weaknesses. After that, we can make improvement by implementing necessary actions, such as conducting education programmes, training courses, etc.*

Dr Cliff C C CHUNG  
PYNEH



# Close-up and Macro

## 50th Hong Kong Surgical Forum



The Department of Surgery of The University of Hong Kong Li Ka Shing Faculty of Medicine and the Hong Kong Chapter, American College of Surgeons have successfully organised the 50th Hong Kong Surgical Forum, a significant landmark for both the Department of Surgery and The University of Hong Kong on 12 - 14 July 2007 at the Underground Lecture Theatre, Queen Mary Hospital.

of The University of Hong Kong, was the officiating guest. Important government officials and leading figures in the medical community such as Professors York Yat- Ngok Chow, Edward Che-Hung Leong, Grace Tang, Dr. William Ho, Mr. Anthony Wu and Mr. Peter Ong were special guests.



A wide range of themes such as advanced minimally invasive surgery; bleeding in surgery; the economics of health care delivery; discussions on working hours, surgical education, surgical oncology, future of surgery,

From the pioneering event of January 1984, the Department of Surgery has been hosting the Hong Kong Surgical Forum on a bi-annual basis. The 50th Forum was an important milestone. To commemorate this remarkable occasion, thirteen world-renowned surgeons were invited to participate. They included Jacques Belghiti, Kenneth Boffard, the newly appointed Minister of the Department of Health, United Kingdom - The Lord Ara Darzi of Denham, Richard Finley, Yuman Fong, John Hunter, Jonas Johnson, Masaki Kitajima, Anne Kolbe, Fabrizio Michelassi, Carlos Pellegrini, Nathaniel Soper, and Donald Trunkey.



An Opening Ceremony was held in the morning of 12 July 2007, and Professor Lap-Chee Tsui, Vice Chancellor

as well as highlights of the Department of Surgery of The University of Hong Kong were covered in the two and a half-day programme. It was a tremendous success and there were over 300 delegates.



The 50th Forum was followed by the 12th Joint Shanghai / Hong Kong Surgical Convention held at Rui Jin Hospital, School of Medicine, Shanghai Jiaotong University, on 15 – 16 July 2007. This coincided with the 100th Anniversary of the Rui Jin Hospital and was also a memorable event.

The 24th Digby Memorial Lecture entitled “Surgical Approaches and Public Administration” was delivered by Professor York Chow on 13 July 2007. In his lecture Professor Chow detailed how his training as a surgeon helped him master the duties of an official of the Hong Kong SAR Government. The ability to make prompt decisions and responses, the skill to manage expectations of the public and various stakeholders, the capability of team work, were invaluable attributes of a surgeon. The numerous crises in the HKSAR that Professor Chow handled were important lessons for all, and he demonstrated to us how crises were turned into moments of opportunities. The lecture was well received by an audience of more than 300 invited guests and colleagues.



The Digby Memorial Lecture was followed by dinner in Professor Chow’s honour. Formalities of the dinner were enlivened by an amusing introduction of the after-dinner speeches speakers by Professor Chung-Mau Lo. The speeches were delivered by Professor The Lord Ara Darzi of Denham and Professor Carlos Pellegrini, The Henry N Harkins Professor and Chairman, Department of Surgery, University of Washington, U.S.A.



# Close-up and Macro

## 15th Anniversary of the First Laparoscopic Colorectal Surgery in Hong Kong

To commemorate the 15th Anniversary of the First Laparoscopic Colorectal Surgery in Hong Kong, a symposium was held on 19 - 20 April 2007. This was jointly organized by Minimally Invasive Surgery Training Centre, Kwong Wah Hospital (KWH MISTC) & Colorectal Division, Department of Surgery, Prince of Wales Hospital, The Chinese University of Hong Kong. Dr. William C S Meng and Dr. Janet F Y Lee co-chaired the symposium.

The Hong Kong story for the development of laparoscopic colorectal surgery was an interesting one. It all started on 9 April 1992 when the first laparoscopic sigmoid colectomy was performed in Prince of Wales Hospital. The surgeon was Professor Joseph W Y Lau and Dr. Jeremy Tate. This subspecialty was further developed by Dr. Samuel Kwok and his team including Dr. K L Leung, Dr. C C Chung and Dr. William Meng.



Mr Michael LI  
Minimal Access Surgery Training Centre (MASTC)  
Pamela Youde Nethersole Eastern Hospital (PYNEH)



Dr Samuel KWOK  
Minimally Invasive Surgery Centre  
United Christian Hospital (UCH)



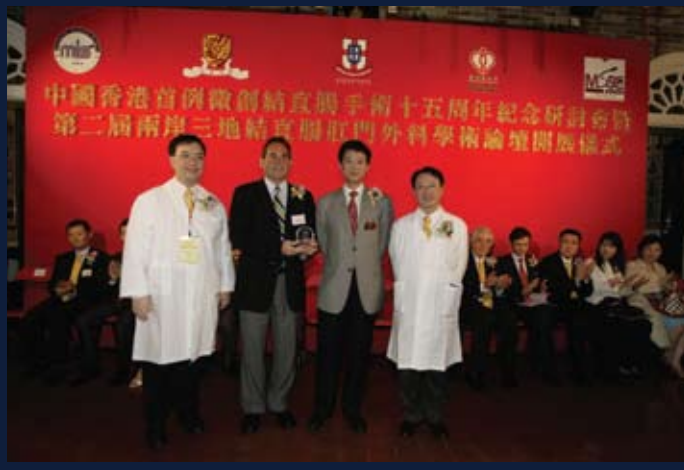
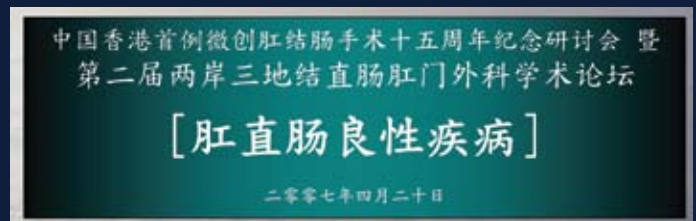
Dr William MENG  
Minimally Invasive Surgery Training Centre  
Kwong Wah Hospital (KWH)



At first, the surgical community was sceptical about this new technique with severe criticisms on resection margin, port site metastasis...etc. However, favourable short-term results with less pain, shorter hospital stay and earlier return to work were confirmed in our local studies. Finally, our Hong Kong prospective randomized controlled trial confirmed the comparable oncological clearance and long-term survival as in conventional surgery.

Surgical technique achieved excellence and was spread through symposium and workshops held by surgeons from various MIS training centres, namely: Mr. Michael Li of Pamela Youde Nethersole Eastern Hospital (PYNEH), Dr. Samuel Kwok in United Christian Hospital (UCH) and Dr. William Meng in Kwong Wah Hospital (KWH). Not only did we train ourselves, many surgeons from mainland China received their proctorship in HK too.

In the symposium, live surgery demonstrations were performed by Dr. K W Chu, Dr. Steve C W Lam and Dr. Janet Lee on Laparoscopic Total Mesorectal Excision (TME). We also have Professor Emanuele Lezoche sharing his trials on Transanal Endoscopic Microsurgery (TEM).



Left to right: Dr William MENG (KWH), Prof. C A Van HASSELT (CUHK), Mr. Peter ONG (TWGHs) & Dr C H TANG (KWH)

The symposium was concluded with a look into the future. Dr. William Meng shared his experience of training of TEM and Dr. Simon Ng touched on the development of Robotic Colorectal Surgery. We cherish our brotherhood in the Colorectal community in Hong Kong & hope that we can join hands in the future development of Colorectal Surgery.



Dr William MENG performing the live surgery demonstration of TEM in china



1st row (left to right): Prof. LEZOCHE (Italy), Prof. H S WU (Taiwan), Dr Barry HO (Taiwan), Dr K W CHU, Dr Samuel KWOK, Dr William MENG, Dr Janet LEE, Prof. Simon NG.  
2nd row (left to right): Dr Patrick LAU, Dr James WONG, Dr C C CHUNG, Dr Y M LEE, Dr Clement LAM, Dr Steve LAM

A satellite symposium on "Benign Colorectal Disease" with presentation in Chinese was held with surgeons coming from mainland China, Taiwan and Hong Kong. We also held a half-day hands-on animal workshop in the Prince of Wales Hospital.

# Younger Fellows Chapter

## “The Future of our Profession”

On 29th May 2007, the Younger Fellow Forum provided a platform for the fellows, representative from the Department of Development (Dr Fung Hong) and our Immediate Past President of the College (Dr Samuel Kwok) to express their views on various aspects. The forum was held in the Kowloon Cricket Club under a very relaxing atmosphere, it was well attended by our younger fellows.

still working in the Hospital Authority, in terms of manpower and post-fellowship training. Dr Fung Hong, being the Cluster Chief Executive of New Territories East and the Director of Development of our College addressed the issues on “The Hospital Authority’s Policy and its Impact on the Development of Surgery in HK”. Topics on reduction of work hours, introduction of contract jobs and promotion opportunities were discussed. The difficulties that young fellows are facing are recognized, but solutions are not easily and shortly available.



A chance to meet!



Enjoying the drinks....

Dr Samuel Kwok, the first speaker of the night and having tasted some wine, frankly shared with us the College’s vision on the “Future Development of Surgery in Hong Kong”. One of the main issues is sub-specialization training. The Department of Development has recruited fellows from various subspecialties to look into this issue. A clear training timetable on general surgery followed by subspecialty training has to be made carefully to ensure the fellow’s competency on both aspects. The other major issue is the relationship of our College with overseas Colleges. Many of us have experienced serial changes in the assessment programme as a result of the collaboration with overseas Colleges. Upon the maturity of our Academy and College, we may have our own training and assessment modules in the future, yet the College will fight for a worldwide recognition .



The organizing committee Szeto SHEK, YM LEE, Chad TSE, Micheal Leung, KC CHAN, Philip CHIU

In recent years, the efflux of fellows into private practice

Survey, also took this opportunity to present the topic “How do the Younger Fellows consider their future?”, which is the result of the survey on fellows’ perception of their future.



Chad Tse with the speakers Fung Hong, Samuel Kwok, Szeto Shek

Dear Younger Fellows,  
We have chosen a very tough way to fulfill our achievement. I hope that the challenges and difficulties ahead will only shape us to brighter surgeons. On behalf of the College, we would like to express our sincere thankness to Tyco Healthcare for their kind sponsorship on food and beverage of the night.

Dr. Lee Yee Man  
Organizing Committee  
(Private Practice)

## RACS examination in PYNEH

The clinical part of the last Conjoint Exit Examination of the College of Surgeons of Hong Kong and the Royal Australasian College of Surgeons took place on 19 - 22 March 2007 in the Pamela Youde Nethersole Eastern Hospital. This time we had three candidates and all of them passed! Congratulations!



Dr PY Ha, coordinator of the clinical examination, PYNEH:

*"I am glad that the examination was smooth. It was the first conjoint exit examination organized outside the University setting. I had to confess that I was a bit nervous before the exam, as I didn't want to let anybody down. Luckily, everything went smooth and we had a 100% passing rate this time! I would like to thank Dr Francis Mok, the convenor as well as an examiner of this examination in helping me to co-ordinate everything. In fact, patient selection is of paramount importance in making the event successful. This cannot be done without the input from examiners. Of course, I have to thank all the wonderful nursing and administrative staff as well."*



Dr Tsang (another successful candidates):  
*"Perhaps the only criticism is the expensive examination fee!"*

In the past, candidates went home after the examination, with a puzzled and anxious mind. The results will only be announced on the RACS's web site, usually takes several days but not more than a week. This year, the examiners meeting was conducted right after the examination and results were announced on the same evening. This made the examination even more interesting. And the exciting atmosphere was pushed to its extreme when successful candidates tasted their glass of Sherry wine, probably the best glass in their life! Most importantly, every single candidate tasted the Sherry!

*Dr James CH Wong*  
Pamela Youde Nethersole Eastern Hospital



Dr Check (one of the successful candidates):

*"The RACS examination is a knowledge demanding and multi-facets assessment. Patients were appropriately selected. The logistics was smooth. I would say though it was too exciting for me, retrospectively I did enjoy it."*

## *I run, therefore I am - Dr Hong FUNG*

I have been off the scalpel for over 18 years, working on a different type of surgery for our health care system, with no scalpel, no suture, no blood. The road to health care reform seems ceaseless. It's so long. We could not even remember when it started.

The road for marathon is on the other hand much better defined. The distance is always 42.195km for a standard marathon race. There are other long distance races also called "marathons", some on mountains, some on roads, some in woods, some in deserts, some last for hours, some last for days. The word "marathon" is equated with something long, something requires endurance, and something requires great determination. For all these races, there is always a start, and always with an end.

I embarked on my first Trail walker excursion 12 years ago. Two years later, I ran my first marathon. Initially, I thought I would just go for it, do it once, prove myself, and that's it. What followed was a road of no return. I soon realized that races start and end whereas marathons don't. What was to be a one-off encounter turns out to be a journey of life pursuit.

Unlike other marathon runners who would travel all distances to participate in races in various parts of the world, I only run one marathon a year, i.e. the Standard Chartered Marathon. This is just fine for me to maintain the work and life balance at this stage of life. Despite that, training is throughout the year, stepping up especially during the running seasons of winter and spring.

If running a marathon race is hard, training is worse. My work schedule is packed with meetings from mornings to evenings. In order to train, I often have to get up before 6am in the morning to work on the treadmill. I don't work that hard during the summer months, so as to allow some rests for my joints and muscles. During the running season, it's running 5 times a week, with a long run on the weekends. Getting up early in the dark cold mornings in the winter months is certainly no easy task.

There are different programs in training which target at bringing up a runner's speed, strength and endurance. I have only learned how to do that in the recent 2-3 years. Doing the intervals is surely the toughest part of training. It's running at intervals of full speed and jogging/rest, repeating over certain time period or distance. Once, I was so fatigued after an interval training session in a late evening that I was slow in reacting towards a speedy bicycle during the cool down run along Shing Mun River and was knocked down by it. I got 5 stitches from the A&E department after that.

For endurance training, I often hike and run on the hills, that's part of the training for Trail walker as well. Once it was a late afternoon just before dusk, I was at the end

of a 3-4 hour run. The sun was setting in the west. From the east, a huge curtain of rain moved swiftly towards the hill where I was running. The sky was half sunny, half rainy. It was a spectacular scene, poetic as well. Before I finished, rain poured torrentially. I had nowhere to hide and so decided to walk slowly to enjoy the feeling of being showered all wet. It's like taking a shower naked in open air, but that was the most wonderful shower I had in my life. I just did not want to return home.

In a way, running is like practising Zen meditation. Some people like to take their iPods along while running. I don't. Training is training. I once attended a workshop on meditation, mindfulness and managing stress in work and life. The trainer guided the participants ways of breathing, doing body scanning and practising meditation on sitting and walking. It was then I suddenly realized there were many similarities between running and what were taught at the workshop. At running, all my attention was concentrated on listening to the breathing and heartbeats, maintaining the proper posture, and the control of every muscle. It's the same focus.

Zen is a way of life. Running is also a way of life. I now run not because it's an activity that keeps me healthy, not because I want to challenge myself and to break personal best records, not because it helps to reduce stress from work. Every morning I wake up automatically way before 6 am and cleanse my mind with the morning breeze while doing the stretching and warm-up exercises. I do that even when I don't run that morning. But that's part of running as well. I run, therefore I am.

*Dr Hong FUNG*  
Prince of Wales Hospital

# *Announcements*

The new column of “Close-up & Macro” has been found in this issue. This is a column for introducing various activities, meetings, symposia and events in surgery-related disciplines. The Editorial cordially invites the submission of 1-2 pages A4 sized manuscripts or highlights together with photos for the column. Contents and acceptance of the manuscripts are subject to the decision of the Editorial Board. Manuscripts can be submitted by email at: [florencesik@cshk.org](mailto:florencesik@cshk.org).

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Fellows and Members are welcome to place advertisements in any of our future issues pertinent to the commencement of private practice, change of address, etc. Advertising fee is subject to the size of the advertisement. For details, please contact Florence Sik at 2871 8798 or email at [florencesik@cshk.org](mailto:florencesik@cshk.org).

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# Calendar of International Surgical Meeting

<b>Date</b>	<b>Event</b>	<b>Website</b>
23-25 Aug 07	International Society of Craniofacial Surgery XII Biennial International Congress Salvador, Brazil	<a href="http://www.iscfscongress.org/en">www.iscfscongress.org/en</a>
26-30 Aug 07	International Surgical Week ISW 2007 Montreal, Canada	<a href="http://www.isw2007.org">www.isw2007.org</a>
17-19 Aug 07	8th Asia Pacific Congress of ELSA Hyderabad, India	<a href="http://www.elsa2007.com">www.elsa2007.com</a>
2-6 Sep 07	29th Congress of the Societe Internationale d'Urologie Paris, France	<a href="mailto:central.office@siu-urology.org">central.office@siu-urology.org</a>
2-7 Sep 07	13th European Congress of Neurosurgery Glasgow, Scotland, UK	<a href="mailto:info@eans2007.com">info@eans2007.com</a>
5-8 Sep 07	16th International Congress and Endo Expo 2007 San Francisco, USA	<a href="mailto:Conferences@SLS.org">Conferences@SLS.org</a>
9-12 Sep 07	2nd World Congress of the World Federation of Associations of Pediatric Surgeons	<a href="mailto:pedsurg2007@uniline.com.ar">pedsurg2007@uniline.com.ar</a>
12-14 Sep 07	ERUS'07 - 4th European Robotic Urology Symposium Brussels, Belgium	<a href="http://www.erus2007.com">www.erus2007.com</a>
13-16 Sep 07	2nd Congress of International Society of Reconstructive Neurosurgery Taipei, Taiwan	<a href="http://www.isrn2007.org/main.htm">www.isrn2007.org/main.htm</a>
14-16 Sep 07	14th Convention Academia Eurasiana Neurochirurgica Tianjin, China	<a href="http://www.eans2007.org">www.eans2007.org</a>
15-20 Sep 07	57th Congress of Neurological Surgeons Annual Meeting	<a href="http://www.neurosurgeon.org/meetings/2007/index.asp">www.neurosurgeon.org/meetings/2007/index.asp</a>
17-20 Sep 07	2nd Pediatric Surgery World Congress Buenos Aires, Argentina	<a href="http://www.pedsurg2007.org.ar">www.pedsurg2007.org.ar</a>
19-22 Sep 07	International Conference on Recent Advances in Neurotraumatology Tianjin, China	<a href="http://www.icran2007.org">www.icran2007.org</a>
25-28 Sept 2007	Vascular InterVentional Advances (VIVA): The National Course for Peripheral Vascular Interventions Las Vegas, US	<a href="http://www.vivapvd.com">www.vivapvd.com</a>

# Calendar of International Surgical Meeting

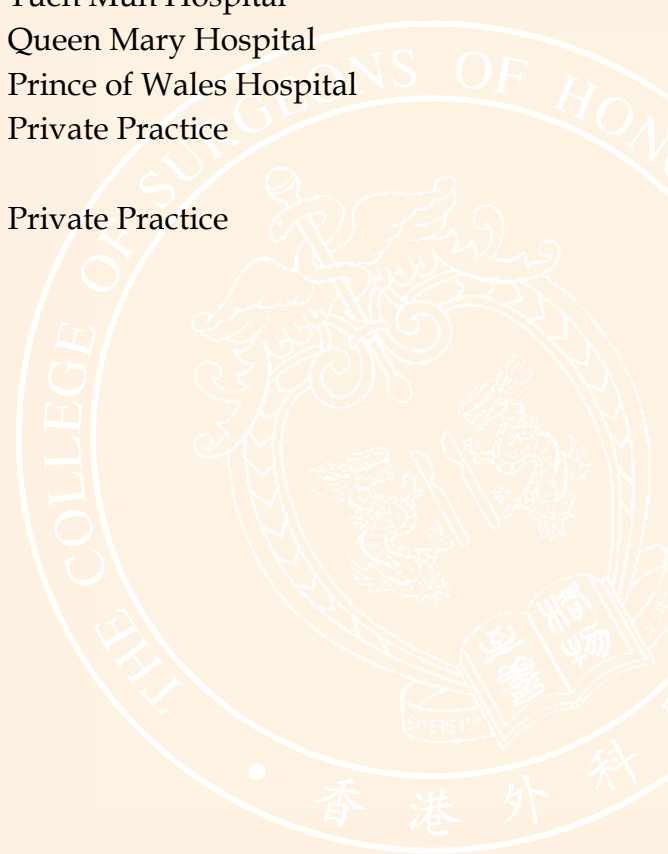
<b>Date</b>	<b>Event</b>	<b>Website</b>
7-11 Oct 07	American College of Surgeons 93rd Annual Meeting New Orleans, US	<a href="http://www.facs.org/clincon2007">www.facs.org/clincon2007</a>
7-11 Oct 07	11th Biennial Meeting of the Asia Pacific Society for Sexual Medicine Jeju, Korea	<a href="http://www.apssm2007.org">www.apssm2007.org</a>
15-18 Oct 07	Asian Pacific Digestive Week 2007 Kobe, Japan	<a href="http://www.apdw2007.org">www.apdw2007.org</a>
19-22 Oct 07	16th Asian Congress of Surgery & 3rd Chinese Surgical Week Beijing, China	<a href="http://www.asiansurgassoc.org">www.asiansurgassoc.org</a>
27-31 Oct 07	15th European Gastroenterology Week Paris, France	<a href="http://www.uegw2006.de/UEGW_2007_Paris.jsp">www.uegw2006.de/ UEGW_2007_Paris.jsp</a>
30 Oct - 3 Nov 07	25th World Congress of Endourology & SWL Cancun Mexico	<a href="http://www.wce2007.com">www.wce2007.com</a>
23-24 Nov 07	2nd Asian Cardiothoracic Specialty update course	<a href="http://www.surgery.cuhk.edu.hk/acssu2007">www.surgery.cuhk.edu. hk/acssu2007</a>
13-15 Dec 07	The East Asian Society of Endourology 2007 Hong Kong	<a href="http://www.ease2007.com">www.ease2007.com</a>
13-16 Dec 07	30th San Antonio Breast Cancer Symposium Texas, United State	<a href="http://www.sabcs.org">www.sabcs.org</a>
27 Feb -2 Mar 08	8th World Congress of the International Hepato-Pan- creato-Biliary Association Mumbia, India	<a href="http://www.ihpba.org/world-congress-2008-mumbai-india">www.ihpba.org/world- congress-2008-mumbai- india</a>
13 -16 Mar 08	The Society of Surgical Oncology Cancer Symposium 2008 Chicago, US	<a href="mailto:MtgReg@surgonc.org">MtgReg@surgonc.org</a>
26 -29 Mar 08	23rd European Association of Urology (EAU) Annual Congress Milan, Italy	<a href="http://www.uroweb.org/meetings-events/annual-eau-congress/">http://www.uroweb.org/ meetings-events/annual- eau-congress/</a>
27 - 30 Mar 08	American Hepato-Pancreato-Biliary Association 2008 Annual Meeting Florida, US	<a href="http://www.ahpba.org">www.ahpba.org</a> <a href="http://www.ahpba.org/subpage_meetings.php">www. ahpba.org/subpage_meet- ings.php</a>
24-26 April 08	3rd Congress of the European Society of Endocrine Surgeons Barcelona, Spain	<a href="mailto:asitges@imas.imim.es">asitges@imas.imim.es</a>

# Calendar of International Surgical Meeting

Date	Event	Website
26 April – 1 May 08	American Association of Neurological Surgeons 2008 Annual Meeting Chicago, US	<a href="http://www.aans.org/annual/2008/default.asp">www.aans.org/annual/2008/default.asp</a>
10- 14 May 08	American Association Thoracic Surgery 88th Annual Meeting San Diego, US	<a href="http://www.aats.org/annualmeeting/">http://www.aats.org/annualmeeting/</a>
12 – 16 May 08	Royal Australasian College of Surgeons and The College of Surgeons of Hong Kong Conjoint Annual Scientific Congress Hong Kong	<a href="http://www.surgeons.org/AM/PrinterTemplate.cfm?Section=ASC">http://www.surgeons.org/AM/PrinterTemplate.cfm?Section=ASC</a>
16 – 19 May 08	8th European Congress of Paediatric Surgery Turin, Italy	<a href="http://www.eupsa.org/index-ie.php">http://www.eupsa.org/index-ie.php</a>
16-21 May 08	American Thoracic Society 2008 International Conference Toronto, Canada	<a href="http://www.thoracic.org/sections/meetings-and-courses/international-conference/index.html">www.thoracic.org/sections/meetings-and-courses/international-conference/index.html</a>
17-22 May 08	Digestive Disease Week 2008 San Diego, US	<a href="http://www.ddw.org">www.ddw.org</a>
2 – 5 Jul 08	British Association of Paediatric Congress Salamanca, Spain	<a href="http://www.baps.org.uk/salamanca/salamancaindex-may07.htm">http://www.baps.org.uk/salamanca/salamancaindex-may07.htm</a>
2-6 Sep 08	9th Asia Pacific Congress of ELSA Yokohama, Japan	<a href="http://www.elsa2008.com">www.elsa2008.com</a>
10-13 Sep 08	ESSO 2008 - 14th Congress of the European Society of Surgical Oncology Netherlands	<a href="mailto:ESSO2008@fecs.be">ESSO2008@fecs.be</a>
28 Sept – 1 Oct 08	9th Asian Congress of Urology New Delhi, India	<a href="http://www.acu2008.com/">http://www.acu2008.com/</a>
12 – 16 Oct 08	American College of Surgeons 94th Annual Meeting San Francisco, US	<a href="mailto:postmaster@facs.org">postmaster@facs.org</a>

# Council of the College

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## Imatinib ups survival benefits after GIST surgery

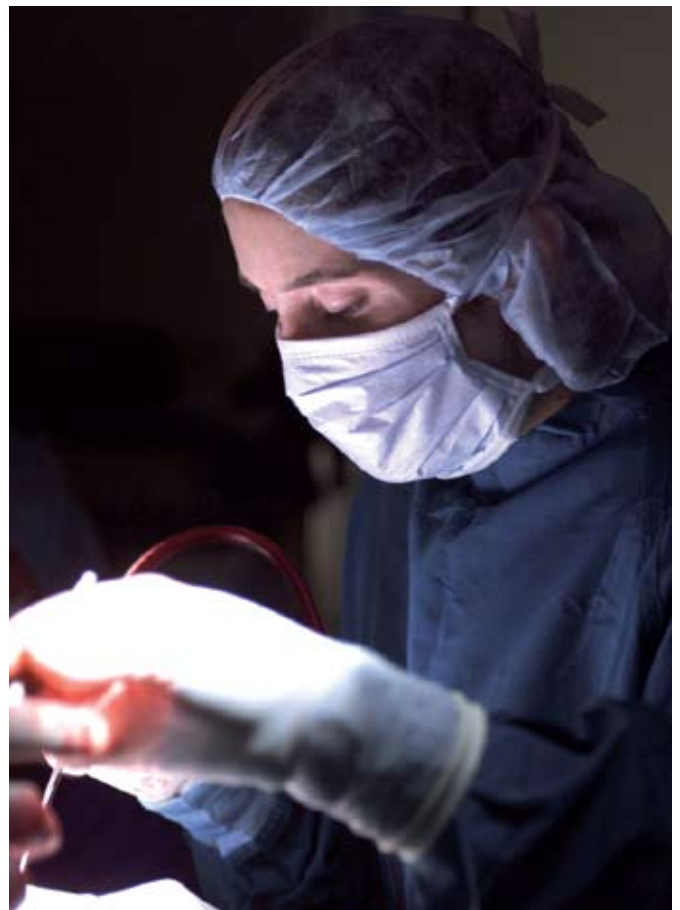
**I**matinib increases recurrence-free survival following the complete resection of primary gastrointestinal stromal tumors (GIST), researchers with the North American Intergroup Phase III Trial ACOSOG Z9001 reveal.

Two-year recurrence-free survival was reported at 90 percent in the study cohort of Kit-positive GIST patients who were given imatinib 400 mg following curative surgery, compared with 71 percent among those assigned placebo post surgery.

Accrual to the trial was halted earlier this year on the recommendation of the data-monitoring committee after the primary endpoint of recurrence-free survival had been met.

“This study demonstrated for the first time that targeted molecular therapy reduces recurrence after complete removal of a primary GIST,” said lead study author Dr. Ronald DeMatteo, a surgical oncologist at the Memorial Sloan-Kettering Cancer Center in New York.

He added that the significant result of the study could prompt the re-evaluation of clinical practice recommendations for the management of intermediate- and high-risk primary resectable GIST.



He said the significant difference in recurrence-free survival was observed as early as after one year, when 97 percent of patients on imatinib remained disease-free compared with 83 percent in the control group.

Imatinib therapy was generally well-tolerated in the study, with the common side effects being diarrhea, nausea and edema. ■







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**The College of Surgeons of Hong Kong**

Room 601, 6/F

Hong Kong Academy of Medicine Jockey Club Building

99 Wong Chuk Hang Road

Hong Kong

Tel: (852) 2871 8799

Fax: (852) 2515 3198

Email: [info@cshk.org](mailto:info@cshk.org)

Website: [www.cshk.org](http://www.cshk.org)

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