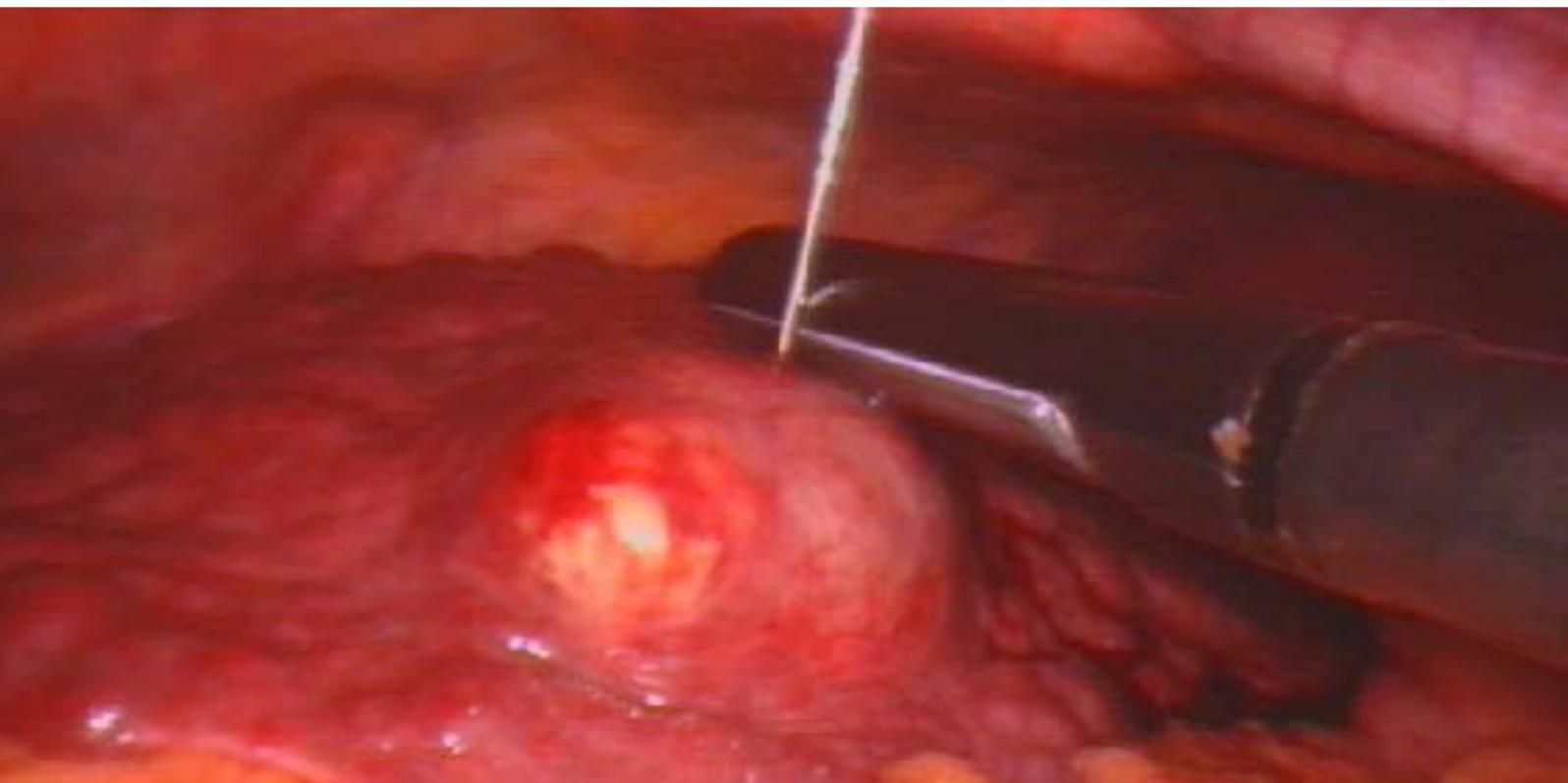




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CUTTING EDGE



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

September 2008
二零零八年九月號

Editorial

The photo on the front cover of this volume was provided by our editor, Dr. S. H. Lam, Chief of the Department of Surgery, UCH. It is an operative photo about a new technique known as radiofrequency ablation (RFA). RFA has now many applications in surgical disciplines, and the one we showed is about RFA ablation of liver tumour. We hope you like the photo. As the College of Surgeons is represented by various specialties and sub-specialties, the editorial board unanimously agreed that we should freshen up our appearance from time to time and use different photos and themes at each issue in order to keep our fellows interested. So if you happen to have some interesting photos or pictures related to surgery that you wish to share with us, please approach the editorial board. You might find these appearing in future editions. Just a tiny appeal.

A lot of things have happened since the last issue of Cutting Edge, be good or be bad. As part of China, the entire community of Hong Kong had indulged herself in Beijing Olympics in August and, of course, the Paralympics that immediately followed. Many of us were very excited to see athletes from China or Hong Kong breaking world record or winning gold medals. Suddenly I found the mainland and Hong Kong are so close!

Turning back to the College, one major event that happened is of course the Conjoint Annual Scientific Congress (CASC) that we co-hosted with the Royal Australasian College of Surgeons. Surgeons in Hong Kong are all aware of the close and strong bondage with the Australasian College, and we really cherish the relationship. As such, it was really a privilege for us to co-organize this class one academic meeting in Hong Kong. In this volume, you can find many highlights and memorable moments of CASC, both on and off the stage.

On the other hand, 12 May was a nightmare to all of us Chinese. The earthquake in Sichuan came on so suddenly. We were shocked by the hundred of thousands of casualties; we shed tears to see children surviving or dying in their parents' arms and bodies; we were moved by the people who donated their entire savings, and by those who carried the crippled across the rocky mountains. At the same time, we are relieved to see the Chinese Government had a remarkable improvement in terms of efficiency and transparency. Our fellow, Dr. Au Yiu-Kai, had rushed to Sichuan to give a hand soon after the earthquake. After reading his article, I said to myself: 'there is always hope'.

See you again at around Christmas time. Hopefully I'll get some of the newly elected council members to speak to you.

Dr. Cliff CC CHUNG
PYNEH

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Message from the President

Dear Fellows,

The Conjoint Annual Scientific Congress with the Royal Australasian College of Surgeons (RACS) in May 2008 was a great triumph for our College. One of the biggest conferences of its kind in the Asia Pacific, this comprehensive event was organized superbly by both Colleges. The conference was launched under the theme of 'Achievement through Collaboration' and boasted an eclectic mix of outstanding scientific sessions with a stellar faculty of internationally renowned speakers and experts that appealed to surgeons of all specialties. It was very well attended, with over 1,600 international delegates, and nearly 250 delegates from Hong Kong and Mainland China.

I must thank Dr Samuel Kwok and Dr Andrew Yip, the Convenors of the CASC – the session convenors and our College Secretariat for all their dedication and hard work, without which the whole event would not have become a reality. I am confident that our College's international stature has benefited immeasurably from this greatly successful event.

Now we turn to our long-established bonding with our other sister College, the Royal College of Surgeons of Edinburgh (RCSEd). A Conjoint Scientific Meeting with the RCSEd was first held in 1995 and since then the gathering has served as a platform for the two institutions to celebrate and renew their dear friendship yearly. This year's Conjoint Scientific Meeting with RCSEd will be held on 13-14 September. The event will feature a series of inspiring lectures as well as symposia, free paper sessions and motion picture sessions. Renowned local and international masters in different surgical fields will share their expertise in areas as diverse as urology, plastic surgery and paediatric surgery.

Aside from our continued collaboration with our overseas counterparts, it has always been a major objective of the College to safeguard and uphold surgical standards for the safety of patients. Under the able leadership of Dr C.H. Leong, the Department of Standards has developed a set of clinical guidelines on basic laparoscopic surgery, which has been circulated to fellows as well as to the Hospital Authority and private hospitals for wide consultation. This is a very important initiative for our college and I sincerely hope that you will all support by giving your input and opinions. Registration fees for fellows and members will be set at a notional cost of only HK\$100. I would like to strongly urge all of you to support and attend this meeting.

Lastly, I am delighted that at the Annual General Meeting 2007 held on 30 July, 2008, six Council Members were re-elected. Prof. Lo Chung-mau, Dr Cheung Moon-tong, Dr Man Chi-wai, Prof. Poon Wai-sang, Dr Tam Po-chor, Dr Andrew Yip have all provided me with invaluable companionship on the Council and have served the College selflessly. I look forward to their continued contributions. I would like to congratulate Dr Chad Tse and Prof. Lau Yun-wong James on joining us as new Council Members and thank them for their enthusiastic support. Additionally, I wish to express my sincere gratitude to departing Council Members Prof. Joseph Lau and Mr. Michael Li for their years of devoted service to the College. All newly-elected and re-elected Council Members have been granted a three-year tenure effective from 30 July, 2008.

I am confident that with its vigorous spirit, the Council will continue to serve the College wholeheartedly.



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

Message from the Honorary Secretary

The recent two councilors' elections have added half a dozen young surgeons to the 19-member strong Council, reducing the mean age of councilors and enhancing vitality. This will facilitate the increasing workload and the social responsibility of a changing College of Surgeons: the entrance examination format, the training programmes, the relationship between us and overseas colleges and more recently surgical training organizations of Mainland China, and the regulation of subspecialty training, just to name a few. Against this background, we are looking forward to participating in the second strategic workshop for councilors, committee members of the various committees, specialty boards and departments, future directions of the college in this era of change can be clarified and developed.

A strong Secretariat is essential for the daily routines of professional examinations, continuous medical education and accreditation for our fellows and trainees. To allow the College to evolve into an expanded roles such as developing new relationships with overseas colleges and Mainland China's equivalent, accreditation and continuous medical education of subspecialty training, an even stronger Secretariat is required. For the first time in three years, we have a full staff complement of thirteen members, ready to take on new challenges. On our staff, I am happy to see Janice Chan, our General Manager, is leading a dedicated team of young people to take care of our own website, to organize or co-organize regional and international conferences and to coordinate the running of surgical professional examinations,



Professor Wai Sang POON
Honorary Secretary

Message from the Censor-in-Chief

Dear Fellows and Trainees,

The September MRCS examination will be the last diet and starting from 2009, the examination will be replaced by the new Intermediate Examination conducted by the Intercollegiate Board of Surgical Colleges. The format of the new examination is similar to the old one and consists of Part 1 and 2 on Multiple Choice Questions and Part 3 on Vivas and Clinical Examination. Candidates can sit for Part 1 and 2 examinations any time after graduation. Part 1 examination is on basic science and Part 2 is clinically orientated. It is therefore advisable that candidates should sit for the Part 2 examination after they have started their Basic Training. As for Part 3 examination, applications will only be accepted when a candidate has already completed 6 months of Basic Surgical Training by the time he/she takes the examination. There is a time limit of 2 years once a candidate starts the attempt of Part 3 examination.

Since the September examination is the last diet, any Basic Trainee being unable to complete their examination can shift to the new examination and their previous results in old examination will be counted. However, the time limit for Part 3 examination will stand.

As for Exit Examination, there will be at least annual examination for all specialties and the higher trainees can refer to our College web-site for examination dates.

For CME/CPD activities, the new cycle has already started by January this year. Every Fellow will require 5 active and 25 passive CME points per year and a total of 15 active and 75 passive points for a 3 years cycle. The coming September College Scientific Meeting will provide opportunity for Fellows to acquire enough active CME points for this year and Fellows are encouraged to enroll in the meeting. There will also be a Diploma Ceremony on 13th September 2008 followed by annual dinner and Fellows are welcome to join the dinner where we can meet old friends. Our College needs your support. See you all at the Scientific Meeting.



Dr Hung-to LUK
Princess of Margaret Hospital

News from the Specialty Boards

GENERAL SURGERY BOARD

The Preparatory Course for Exit Examination for higher trainees in General Surgery has been conducted successfully from 11 to 15 August 2008 in the Queen Mary Hospital, Tuen Mun Hospital, Pamela Youde Nethersole Eastern Hospital, Prince of Wales Hospital and Queen Elizabeth Hospital respectively, consisted of tutorials and mock examinations. There are 10 trainees are enrolled for the course. The General Surgery Board is considering a revision of the course's format in keeping with the current examinations.

Professor Stephen Wing-keung CHENG
Queen Mary Hospital

PAEDIATRIC SURGERY BOARD

This year's Annual General Meeting was held in Queen Elizabeth Hospital on 20/6/2008 and was attended by 15 Board Members. An Inter-hospital Clinical Meeting was held just before AGM. The next Inter-hospital Clinical Meeting will be announced in due course.

The next Exit Examination will be held on 5th March 2009 Accreditation visits to training centres will be on the 6th March 2009.

In the recent Higher Surgical Trainee selection exercise, Dr. Paula Tang and Dr. Ivy Chan were selected and are currently stationed in Queen Elizabeth Hospital and Queen Mary Hospital respectively. Currently there are 2 HSTs in PWH, 2 in QMH and 1 in QEH.

We would like to welcome two new Board Members namely, Dr. Lawrence Lan and Dr. Beatrice Wong.

The Medical Council has recently approved the new quotable qualification of FRCSEd (Paed) for those who had passed the conjoint exit examination in paediatric surgery.

Dr Kelvin K WLIU
Board Chairman in Paediatric Surgery

News from the Specialty Boards

CARDIOTHORACIC SURGERY BOARD

The final report and recommendations following the hospital inspections has been received from the Edinburgh College. Approval for continuation of training in Cardiothoracic Surgery in all 3 centers was given and complimentary remarks made about the overall standard of the interviewed trainees. Recruitment of 1-2 HST per year into the programme was supported and there will be one HST post created in the next recruitment round to commence at the Prince of Wales Hospital. More widespread use of 'educational contracts' between trainees and trainers was recommended and this has been adopted in principle by the Board. The next set of Conjoint examinations in Cardiothoracic Surgery will be in Singapore on November 17th and 18th this year, followed by the 3rd Asian Cardiothoracic Specialty Update Course hosted in Hong Kong on 21st and 22nd November.

Professor MJ UNDERWOOD
Prince of Wales Hospital

PLASTIC SURGERY BOARD

1. The Exit Examination will be held in Kwong Wah Hospital in September 2008. Nine local & one external examiner (USA 2007 & UK 2008) will be invited to examine the candidate so as to continue our policy of international collaboration in upkeeping the quality & standard.

2. Concerning the training program, the basic training on general plastic and reconstructive surgery are provided by both the University units and the major training centers in HA. The recent restructuring is ongoing coping with the major changes and transfers of trainers.

3. Our program also comprises comprehensive training covering a wide varieties of plastic, reconstructive and aesthetic surgery supervised by local and international mentors, including tutorials, clinical attachments, workshops, live surgery demonstrations, hands-on cadaver dissection courses, on-line instructional courses, local & international conferences.

4. The Plastic Surgery Board has invited Dr Foad Nahai (The President of International Society of Aesthetic Plastic Surgery) to deliver a keynote lecture in the Joint Scientific Meeting of CSHK & RCSEd and to talk in a Plastic & Aesthetic Symposium that is jointly organized with the Hong Kong Society of Plastic, Reconstructive & Aesthetic Surgeons.

Dr Wing-yung CHEUNG
Kwong Wah Hospital

News from the Specialty Boards

UROLOGY BOARD

The Annual General Meeting of the Urology Board for the year 2008 was held on 10 July 2008. The newly elected office-bearers and Committee members of the Urology Board Committee are as follows:

Chairman	: Dr. Po-chor Tam
Vice-chairman	: Dr. Bill Wong
Hon. Secretary	: Dr. Chi-wai Man
Programme Director	: Dr. Ming-kwong Yiu
Committee Members	: Dr. John Fenn Dr. Richard Lo Dr. Shu-keung Li Prof. Sidney Yip

The exodus of experienced urologists from public sector is continuing, not only putting a very heavy strain on the already overloaded public urological service, it also compromises the training capacity of some training centres. On the service side, there has been a strong demand from both Chief of Services and Urology Programme Supervisors to fill these head count by recruiting new trainees. Hence, we have recruited five urology trainees for higher surgical training this year, a figure higher than our estimation of three new trainees per year to replace the turnover in the territory. On the training side, the RCSEd representatives will be inspecting some of the training programmes with significant turnover of trainers in coming September for reaccreditation of training posts.

The coming conjoint urology fellowship examination will be held on 11-12 September 2008 and there will be six eligible candidates sitting for the examination. Re-inspection and follow-ups on some of the urology training programmes have also been scheduled on 10 September 2008.

Dr Po-chor TAM
Chairman, Urology Board Committee
Queen Mary Hospital

College Focus

Conjoint Annual Scientific Congress 2008

12-16 May 2008 marked the history in surgery. For the very first time, the College `collaborated' with the Royal Australasian College of Surgeons to `achieve' a world-class surgical conference here in Hong Kong — just in case you forget the theme of the Conjoint Annual Scientific Congress(CASC). The conference was amazing not only in terms of quality but also in the diversity of the scientific program: almost every discipline and subspecialty related to surgery had been covered, including military surgery, rural surgery, surgical history and surgical education, let alone the sessions on senior surgeons and women in surgery. Indeed, and I am sure you'll agree, the scientific program is one of the most complicated ones I have ever seen. It took me hours to go through the program book, and for more than one time I lost my way among the parallel sessions in the Convention Centre. And I found it hard to choose among the President's lecture, keynote lecture, plenary session, master class, and so on....

See if the following stirred up your memory on CASC:

In the beginning.....

Delegates and attendees were whom we expected. Support from our staff is something we never forget. Staff are our asset.



Lion dance opening

Something exciting to the Australasians but a bit standard to the local. But what can you say when they are the guests and we are the hosts!



Senior surgeons session

Look, senior surgeons are not necessarily senile.



College Focus

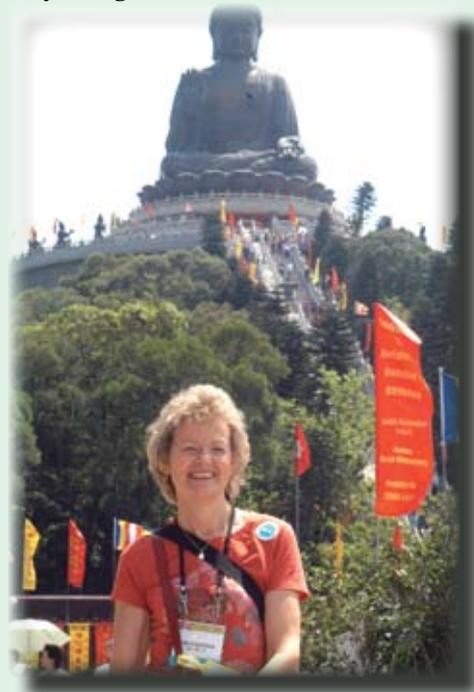
Archibald Watson Memorial Lecture

Professor Jiefu Huang, Vice-Minister, Ministry of Health, PRC, delivering the lecture 'Surgical education in China'.

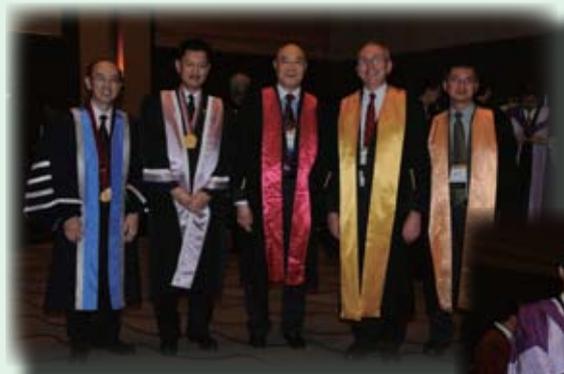


Lantau Monastery Tour

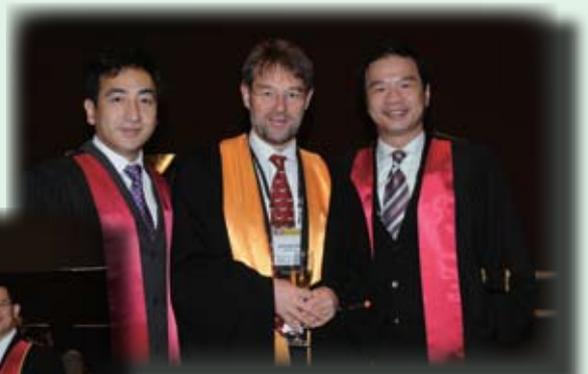
'The Lantau Buddha will make sure everything is fine and smooth for CASC.' What a blessing!



Before the Conjoint Award and Diploma Ceremony



'We are from different colleges.'



'We worked together before in PWH.'



Chatting with the founding President, Dr. C. H. Leong, and Professor Jiefu Huang

College Focus

During the Ceremony.....

The focus fell on the newly elected fellows and honorary fellows. See which one of them had the same smile as the Chief Executive.



President's lecture on 15- May

Sir Gordon Wu told us the China economic miracle.



Hamilton Russel Memorial Lecture

Professor John Wong in his lecture: 'Developments that change practice.'



College Focus

Presidents' Appreciation Cocktails at China Club



Medico-legal and pain medicine dinner



Last but not the least.....

We must acknowledge the generous support from our industrial partners. Thanks to them all.



and many more.....

Dr Cliff CC CHUNG
PYNEH



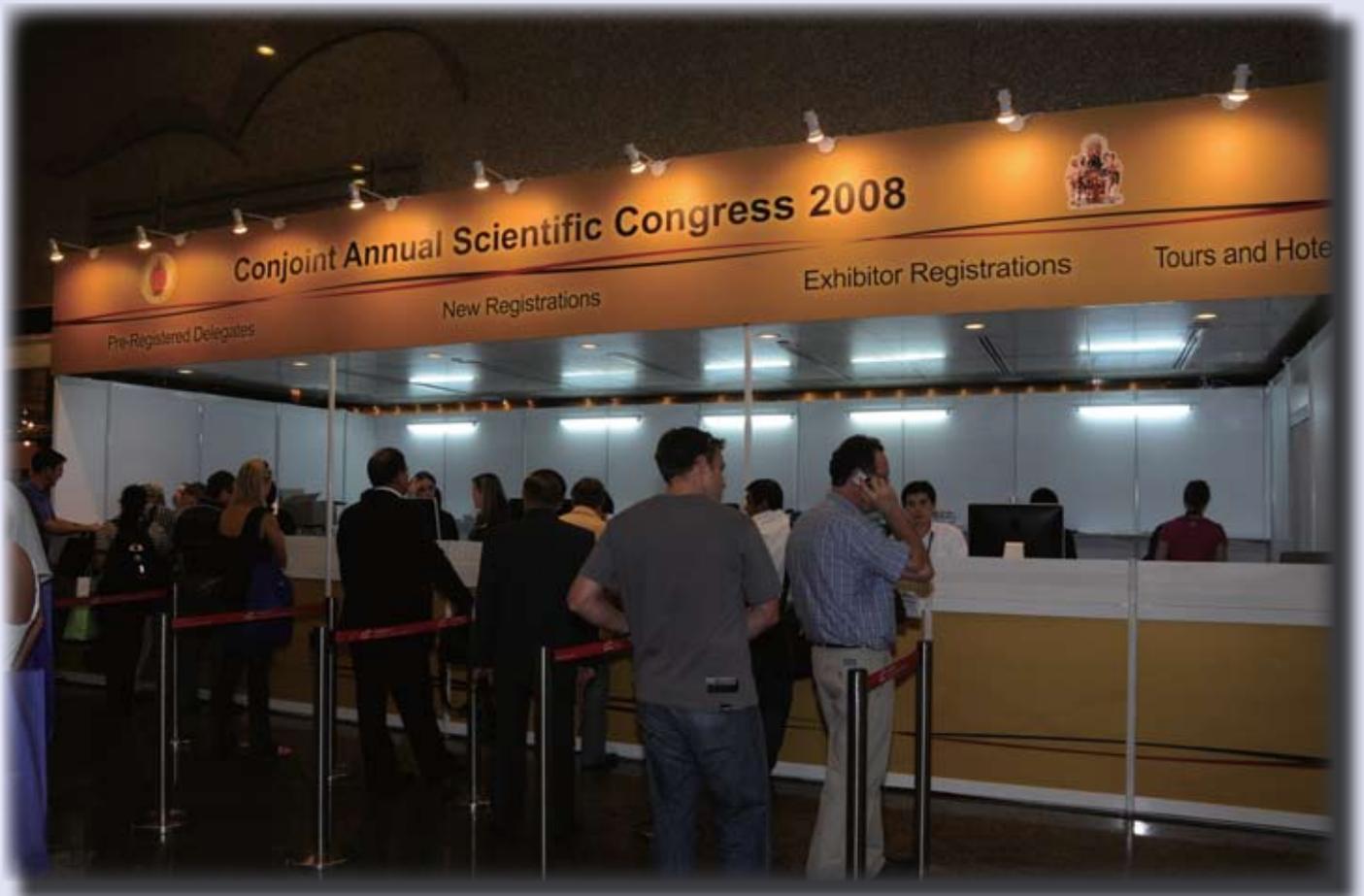
Macau International Surgical Forum 2008: Frontiers in Gastrointestinal and Cardiothoracic Surgery 13 - 16 June 2008, Macau S.A.R., China

Hong Kong and Macau both are special administrative region in China. Both regions had their own characteristic. In Hong Kong, we have Surgical Forum twice a year. It is our honour to be able to join the Macau International Surgical Forum 2008. This forum is organized by the Macau Surgical Association, which was established in 2003. The aim of the Association is to unite regional professionals across the region (China, Hong Kong, Macau and worldwide) and to develop the professionalism in Macau.

The first Macau International Surgical Forum was in 2007. The forum will have different focus in each year. The focus in 2007 was Hepatobiliary and Pancreatic Surgery and the focus in this year was Gastrointestinal and Cardiothoracic Surgery. The speakers were mainly come from Macau, Hong Kong, China and Taiwan.

As with the close relationship between Hong Kong and Macau, more and more similar meeting will be held in Hong Kong and Macau. With the continuation of sharing of medical knowledge and clinical experience, we hope that there will be a great improvement of clinical management in the all these region

Dr Ronald Pak-kin HO
Queen Elizabeth Hospital



Close-up and Macro

Macau International Surgical Forum 2008:
Frontiers in Gastrointestinal and Cardiothoracic Surgery
13 - 16 June 2008, Macau S.A.R., China



Topic on film

Women in Surgery

In May 2008, we have the Conjoint Annual Scientific Congress conjointly held with the Royal Australasian College of Surgeons and the College of Surgeons of Hong Kong. **Women in Surgery Session** was the first meeting in Hong Kong which gathers local and Australasian women surgeons, aiming to inspire and promote professional development of women surgeons.

Breakfast meeting

The session started with the breakfast meeting in a beautiful harbor view room at 700am in the morning! Dr. Polly SY Cheung, one of our foundation fellows, shared how she wins both side of the toss: her family and her career. Dr. Ning Liao, Vice professor of Guang Dong Provincial People's hospital shared with us the situation of women surgeons in China.



Breakfast meeting in a beautiful harbor view room



From Left: Dr. Polly Cheung, Dr. TC Tan, Prof Cristobel Saunders



Right second: World's first female president, Ms Anne Kobe, attending the breakfast meeting



The first time Hong Kong women surgeons gather together, with the support from our male colleagues!

Scientific session

A survey was conducted before the meeting to look into Hong Kong women surgeons' work condition, training and promotional opportunity, ability to balance work and family. The result was presented and discussed in the meeting (finalized report was submitted to Surgical Practice).

One of the concerns of women surgeons is equalities in training and promotion. We invited representatives from University of Hong Kong- Prof. NG Patil and Chinese University of Hong Kong - Dr. Janet Lee, to share with us the options of careers in surgery. Prof. Christobel Saunders from the University of Western Australia inspired us the option of career in academic surgery.



Prof. NG Patil "A surgeon should have the heart of a lion, eyes of an eagle and fingers of a lady.....Department strategy: Recruitment, Retention and Recognition for outstanding women surgeons."



Dr. Janet FY Lee "Different career path should be open up for women surgeons"

Topic on film



Prof. Christobel Saunders inspire us the career path in academic surgery



Dr. TC Tan: "as the survey says - Job satisfaction is ranked as most important...people enjoy the pleasure in work"

Debate: All work and no play makes surgeons dull

With the participation of the RACS younger fellow committee and the Hong Kong Younger Fellows Chapter, an exciting and interesting debate was held during the meeting. Dr. David CS Tjiu, Dr. Chad CW Tse and Dr. Patrick Moore were FOR the topic. Dr. Pei Ho, Dr. Tze Ching Tan and Mary Langcake were AGAINST the topic. Legislative councillor Ms Emily Lau was the adjudicators.....and the champignon goes to Women Surgeons!



Our debate team is listening to the comment from Ms Emily Lau



Dr. David Tjiu is making a definition on WORK

Keynote Lecture: Breaking through the glass ceiling - a job for the boys

The session ends with the keynote lecture from Ms Emily Lau. Ms Emily Lau, the first woman to be directly elected into the Legislative Council in 1991. She demonstrated how women stepped out of the conventional boundaries and proved their ability in key positions.



Dr. Chad Tse quoting BMJ "Overwork can Kill"



Ms Emily Lau giving the keynote lecture



On the right: Dr. Pei Ho "Even you die, you can die brilliantly"



The conveners thank all the speakers for their presentation!

Dr Sharon Wing-Wai CHAN
 Convener Women in Surgery
 Conjoint Australasian Scientific Meeting CASC

Younger Fellows Chapter

“You have a new friend”



This year we have the facebook and a new face in the council.

Facebook was launched by a Harvard Student, Mark Zuckerberg on 4th February 2004. Facebook is now the largest social networking website in the world. It helps us chatting, hugging, flirting...

We win!

This year three of our core Younger Fellow Chapter members joined the election of the council member of the College of Surgeons of Hong Kong. They are Dr. Chad Tse, Dr. Kwan Tin Lok and Dr. Chan Kin Chun. Without disappointing our younger fellows, Dr. Chad Tse was elected as one of the new council members in our college of the year 2008 - 2009.

There are many reasons why Dr. Tse won the election. First, he is the former chairman of the Younger Fellow Chapter. His past performance in help the development of the Young Fellow Chapter is indispensable and people know that he is the one we can rely on for the development of our college in future.

Second, some of our colleagues may want new face in our college council. Although, some may think a new comer is green and inexperienced, however the winning of Dr. Tse mean people want new energy and thinking in our college in order to develop our college in the future.

Third, we used the new election tactic - the internet. The way we use the internet is not just simply e-mail but also a new internet platform - the Facebook. Facebook allow us to invite more colleagues to join our big family of Young Fellow Chapter. It functions as information kiosk and chat room, therefore we can know the news of each other and we can interact among us. We now had total 53 members in the Facebook and waiting for 85 replies. We really hope more young fellows can join us in the Facebook and we can share our idea about our college and let Dr. Tse to know it.

What is coming up?

The Younger fellows forum will be held in the Joint Scientific meeting 2008 on 13rd September 2008.

Topics:

1. Report of Australasian Younger Fellows Forum 2008
2. Reflection on younger fellow days
3. Voluntary Work from a Younger Surgeon
4. Private Practice: An Update

Speaker

- Dr Ronald PK HO
Dr Jacob WT NG
Dr Ning FAN
Dr Yee-man LEE

CSHK Council Election 2008

We are a group of frontline surgeons willing to contribute ourselves in the development of our profession.

We believe that:

- Our College is a College for all the fellows. It should have representatives from different generations, so that their opinion can be heard.
- Our practice consists of general community surgery and highly sub-specialized work. A balance should be sought in the development of sub-specialization in our profession.
- Our Fellow's work is mainly to provide surgical care in the hospital and the community. An optimal contribution from the frontline surgeons in the council is healthy to the College.

Our participation in the College Council would help to **bring in new ideas, mobilize different generation of surgeons, make our Council more representative, our College more harmonic, and our profession a more united one!**

We need your support to make this dream come true!

All we ask from you is:

To vote, and vote with your heart!



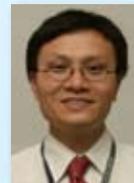
Tse Cheuk Wa, Chad

- **Founding Chairman, Younger Fellows Chapter, CSHK (05-07)**
- Member, Editorial board, Cutting Edge, Newsletter for CSHK (05-07)
- Member, Core Development Team, Department of Development, CSHK 07-
- President, QEH Doctors Association 04-06
- Associate Consultant, Queen Elizabeth Hospital



Kwan Tim Lok

- **Chairman, Younger Fellow Chapter, College of Surgeons of Hong Kong (2007 -)**
- Specialist in Surgical Audit, Hospital Authority Head Office
- Information Coordinator (COC Surgery), Hospital Authority
- Medical Officer, Department of Surgery, Caritas Medical Centre



Chan Kin Chun

- **Vice-Chairman, Younger Fellows Chapter, CSHK (05-07)**
- General Secretary, QEH Doctors' Association (06-07)
- Council Chairman, Medical Society H.K.U.S.U. (1992-1993)
- Chairman, Medical Society H.K.U.S.U. (1993-1994)
- Associate Consultant, United Christian Hospital

Please visit <http://www.facebook.com/group.php> for more information

Finally, we need to thanks Mark Zuckerberg...

Dr Day WEIDA
Kwong Wah Hospital

Sichuan Earthquake – Hong Kong Red Cross Relief Mission

It was fifth of May, 2008. The Cyclone Nargis badly hit the Southwest coast of Myanmar (Burma). The estimated casualties were around 100,000 and affected population was over a million. My colleagues in the emergency relief teams of both HK Red Cross and Medecins Sans Frontieres were alerted for emergency departure. I had to return to my office and reschedule all my works in next two weeks. Unfortunately, we could not get the entry permit from the Myanmar Government. We had to stay in Hong Kong and wait.



Suddenly, the disastrous Richter Scale 8 earthquake hit the center of Sichuan in China on 12 May. Hong Kong Red Cross immediately departed a medical team with four doctors, one nurse and one pharmacist to Beichuan on 14th May once getting the invitation from Red Cross Society of China (CRSC). We arrived at Beichuan on 15th noon after crossing number of landslide blockage. Our team was assigned to relieve another medical team deployed from Sichuan Red Cross Society on day of disaster. On arrival, we found this medical team was totally exhausted. They rushed into their van and took a rest after ten minutes briefing to us. We worked in a first aid center along the main road, which was next to the collapsed Beichuan First Secondary School with hundreds of students buried inside the rubble. There were thousands of army and rescue teams trying hard to save those buried under the collapsed buildings. Some were sent down to the Beichuan county town. Over eighty percent of buildings were collapsed and thousands were buried. All the survivors would be treated by the PLA medical teams. After resuscitation, they would be sent to the near-by hospitals in Mingyang. Our job was mainly looking after those village people escaped out from the mountains.

The first aid center was set up in two tents. We had to stay there during the whole period. We worked at day time and rested inside at night. We fed on the relief food provided, mainly biscuits or cup noodles.

There were number of aftershock. The largest one was Richter scale 6.1 happened at midnight of 18th. The floor was shaking from side to side. We also faced the adverse weather of mountain, hot sunny in the day, cool windy at night. There was an angry roaring of thunder storm at night of 18th as well. We felt sorry for those still trapped inside the rubble and mountains.



All the rescue teams worked very hard, day and night. On 16th morning, President Mr Hu Jintao visited Beichuan. It gave a great encouragement to all of us.

On 15 th night, the road to the Beichuan town was opened up. Thousands of victims escaped from the mountains on next day. It was the busiest time for our team. We had treated around two hundred victims in four days, most suffering from minor injuries or abrasions, with a few cases of limb fracture. The day after, thousands of people who worked or studied in the city returned to their home town to find their love ones. Unfortunately, we found that most of them were disappointed. The most impressive scene was a young man holding firmly a large family photo in his arm pit and wiping all the way up from the disastrous town.



The Beichuan area was evacuated on 18th because of fear of collapse of the quakelake.

Sichuan Earthquake – Hong Kong Red Cross Relief Mission



We closed our clinic and left Beichuan. After then, Dr Fan Ning and I went to visit some county hospitals. We did some assessment on their damages and suggested some temporary assistance plans to HK Red Cross.

We can divide our emergency relief work in different stages: 1. emergency rescue; 2. emergency relief, like food, shelter, and health care; 3. recovery, like temporary housing, school, occupation; 4. reconstruction and rehabilitation, and 5. disaster preparedness. Hong Kong Red Cross Society has formulated their assistance strategies in different stages.



There was a basic health care unit deployed to one temporary shelter camp in Yanmen in June. It provided primary health care and vaccination to those victims until they were later resettled in the transitional housing. Temporary facilities were provided to some damaged hospitals so that they could re-operate, perhaps in a smaller scale and look after those chronically ill patients. Reconstruction and rehabilitation are our major tasks, which may take years to complete. HK Red Cross is going to assist the community reconstruction, including housing, water and sanitary, school, health care etc. There are a lot of people losing their limbs in the disaster. The rehabilitation includes limb exercise, motility training, prosthesis fitting and rehabilitation

programmes. Children may need number of follow-up and operations. HK Red Cross is going to set up number of orthopaedic centers and workshops in the region. The first Orthopaedic Center started operating in Deyang in early July. All these only contribute to a little part of the recovery. Many more have to be done. It's my privilege to participate in the relief team.



I am glad to find the Central Government responding to the disaster in a highly efficient and responsible manner. Our President and Prime Minister had taken the risk and visited the affected site number of times. These show their real concern to the people, which give great encouragement to both victims and rescuers. The openness and helpfulness to the media, the efficiency and discipline of the rescue team and arm force were highly appreciated by both local and overseas agencies. All people joined in the relief---One side in need, eight sides support. I can see people trying very best to contribute their effort to help people around. Elderly couple donated their saving. People carried those crippled across the rocky mountains. Students, volunteers came around the country to help. This is the best example showing the love to our people and our country. I'm proud of them.

The battle of recovery will take long. I hope each of us will keep in mind and continuously support those affected in the disaster. Don't forget there are many other people suffering of different kinds of natural or manmade disasters around the world, like in Myanmar. I hope this earthquake may bring China into international emergency relief scene. I'm sure China can contribute much more after recovery from this hard experience. I hope surgeons in Hong Kong may make use of our knowledge and skill in participating in different kinds of humanitarian relief work and make our world more beautiful and filled with love.

Dr Yiu-kai AU
Our Lady of Maryknoll Hospital

Announcements

Message from the Chairman of CME/CPD Committee

Dear Fellows,

The Hong Kong Academy of Medicine has resolved to limit passive CME/CPD to “no more than 75 points can be awarded for passive participation as an attendee in Formal College Approved Activity (FCAA) in a 3-year cycle” starting from 1 January 2008. Following the adoption of the new CME/CPD Guidelines of the Hong Kong Academy of Medicine, the College has revised our CME/CPD programme so that it falls in line with the principles and guidelines of the Academy. The new CME/CPD guidelines of the College of Surgeons of Hong Kong was endorsed by the HKAM Council on 15 November 2007. The final version is available on College website for fellows’ reference.

The major changes are

1. All categories (active participation, publications, self study, quality assurance, research, conducting examination, development of CME/CPD material, development of new technologies or services and activities for patient cares) except passive participation as an attendee in FCAA would be regarded as active participation.
2. A maximum of 75 CME/CPD points can be accrued from passive participation as an attendee in FCAA in a 3-year cycle.
3. A minimum of 15 CME/CPD points in each 3-year cycle should be accrued from active participation.

The College would enhance the provision of active CME/CPD by

1. Providing active CME answer sheets for lectures and symposiums during Annual Scientific Meeting and Lunch Symposium,
2. Selecting articles of Surgical Practice as CME/CPD articles.

You are encouraged to accrue active CME points by completing CME answer sheets of Surgical Practice, and during College Lunch Symposiums and Scientific Meetings.

Dr Po-chor TAM
Chairman of CME/ CPD Committee
Queen Mary Hospital

Asian Australasian Society of Stereotactic and Functional Neurosurgery
The Chinese Society of Stereotactic and Functional Neurosurgery
Brain 2009 ■ The Chinese University of Hong Kong

Conjoint Meeting

8-10th January 2009 | Hong Kong

**Neuromodulation: from movement disorders to
psychiatric disorders and vegetative state**

Call for Abstracts

Deadline: 15th November 2008

www.surgery.cuhk.edu.hk/aassfn2009



Organisers:

Neurosurgery ■ Neurology ■ Neuropathology, The Chinese University of Hong Kong
Asian Australasian Society of Stereotactic and Functional Neurosurgery (AASSFN)
The Chinese Society of Stereotactic and Functional Neurosurgery (CSSFN)

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Announcements

Result on Healthcare Reform Consultation

Health system should always strive for fairness and efficiency. The system should use resources efficiently which is acceptable to users and which consistently reduces inequalities in health across the community. A high quality healthcare service cannot be achieved without such foundation. The Hong Kong Government is planned to re-reform the current healthcare system so that it can develop a sustainable basis and keep up advances in medical technology.

Various supplementary financing options proposed for public consultations are as follows:

1. **Social health insurance:** to require the workforce to contribute a certain percentage of their income to fund healthcare for the whole populations.
2. **Out-of-pocket payments (user fees):** to increase user fees for public healthcare services.
3. **Medical savings accounts:** to require a specified group of the population to save a personal account for accruing savings to meet their own future healthcare expense, including insurance premium if they take out private health insurance.
4. **Voluntary private health insurance:** to encourage more individuals to take out private health insurance in the market voluntarily.
5. **Mandatory private health insurance:** to require a specified group of the population to subscribe to a regulated private health insurance scheme for their own healthcare protection.
6. **Personal healthcare reserve:** to require a specified group of the population to deposit part of their income into a personal account, both for subscribing to a mandatory regulated insurance before and after retirement, and for accruing savings to meet their own healthcare expenses including insurance premium after retirement.

Our College has sent out a questionnaire to our surgeons and we came up a unanimous view on the following points:

1. Patients should have more choice of personalized healthcare services such as choice of doctors/providers, amenities of care or option of treatment and government funding should follow patients' choice of service. This is what we called the principle of "money follows the patient".
2. It is important for the Hospital Authority to clearly define its scope of service. There should be a division of labour between public and private services. The Hospital Authority should focus on providing service to the lower strata who cannot afford to use private service. The Authority should also target at acute diseases and ultra-complicated cases where the private sector lacks resources to serve. It is certainly not the function of the Hospital Authority to provide private medical services.
3. Supplementary healthcare financing is necessary. The government should have policies to provide incentives for individuals to save money for future medical needs. However, the critical issue is not just to attract funding but to restructure our service areas so as to ensure the effective use of resources.

For further information on healthcare reform could be access from the website below:
http://www.fhb.gov.hk/beStrong/eng/consultation/consultation_cdhcr.html

Dr W T SIU
Hong Kong Sanatorium & Hospital
Prof Enders NG
Prince of Wales Hospital

Calendar of International Surgical Meeting

Date	Event	Website
2-6 Sept 2008	11th World Congress of Endoscopic Surgery, incorporate with 9th Asia Pacific Congress of ELSA Yokohama, Japan	www.wces2008.com www.elsa2008.com
7-11 Sept 2008	The 14th Congress of the International Society for Burn Injuries Montreal, Canada	Isbi2008-montreal.com
10-13 Sept 2008	ESSO 2008 - 14th Congress of the European Society of Surgical Oncology Netherlands	ESSO2008@fecs.be
10-13 Sept 2008	The International Society for Diseases of the Esophagus 11th World Congress Hungary	www.isdecongress2008.com
18-21 Sept 2008	Leura VI International Breast Cancer Conference Sydney	www.tourhosts.com.au/leura
26-28 Sept 2008	3rd Regional Conference in Dermatological Laser and Facial Cosmetic Surgery 2008 Hong Kong	www.dlfc2008.com
2-5 Oct 2008	9th Asian Congress of Urology New Delhi, India	www.acu2008.com
12-16 Oct 2008	36th Annual Meeting of the International Society for Pediatric Neurosurgery Cape Town, South Africa	gmcomb@chla.usc.edu
12 - 16 Oct 2008	American College of Surgeons 94th Annual Meeting San Francisco, US	postmaster@facs.org
31 Oct - 3 Nov 2008	4th International Congress of the Asia-Pacific Hernia Society Beijing, China	www.aphs2008.com/
7-8 Nov 2008	16th Annual Trauma/Surgical Critical Care Symposium Indianapolis, United States	marmin@iupui.edu
7-10 Nov 2008	21st World Congress of Digestive Surgery Beijing, China	www.wcds2008.org
15-16 Nov 2008	Hong Kong Academy of Medicine 15th Anniversary Congress Hong Kong	www.hkam.org.hk/hkam15
3-6 Dec 2008	36th Biennial World Congress of the International College of Surgeons Vienna, Austria	www.ics2008.org
12-14 Feb 2009	20th Anniversary International Colorectal Disease Symposium Fort Lauderdale, USA	cme@ccf.org
12-15 Feb 2009	29th Annual San Diego Cardiothoracic Surgery Symposium	susan@amainc.com

Calendar of International Surgical Meeting

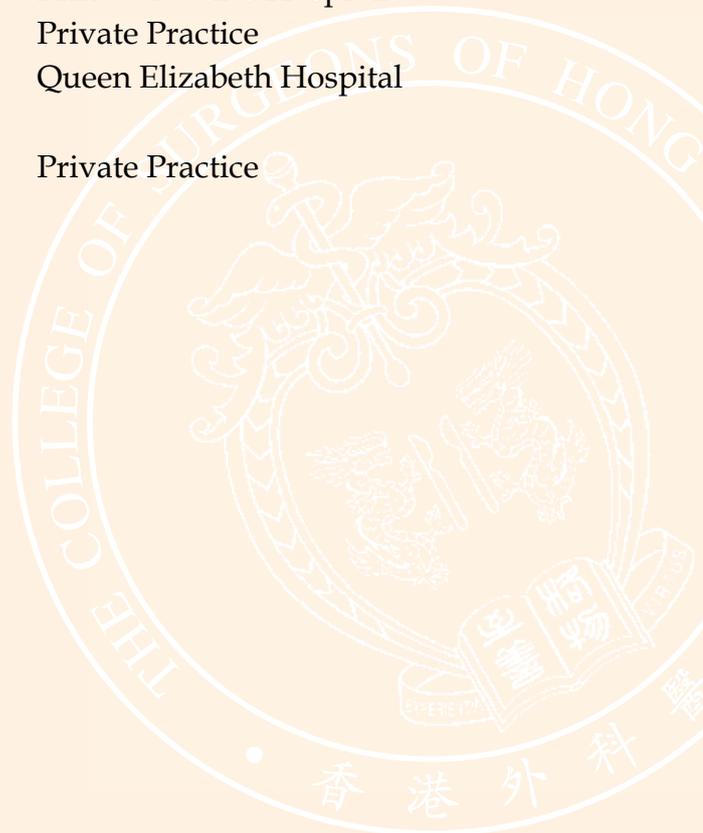
Date	Event	Website
13-14 Feb 2009	AUSTRAMA 2009 Trauma, Critical Care, Emergency Surgery Conference Sydney, Australia	www.austraumaconference.org
19-21 Feb 2009	International Colorectal Disease Symposium (ICDS) 2009 PYNEH, Hong Kong	www.mastc.org
5-8 Mar 2009	The Society of Surgical Oncology Cancer Symposium 2009, Phoenix, United States	MtgReg@surgonc.org
12-15 March 2009	American Hepato-Pancreato-Biliary Association 2009 Meeting Miami, Florida, US	kim@crowsegal.com
16-20 March 2009	12th Mayo Clinic Endocrine Course Kohala Coast, United States	http://endocourse.mayo.edu/
17-21 March 2009	24th European Association of Urology (EAU) Annual Congress Stockholm, Sweden	www.eaustockholm2009.org
25-27 March 2009	The 2nd Biennial Congress of the Asian-Pacific Hepato-Pancreato-Biliary Association Bangkok, Thailand	www.2-aphpba2009.org/scientific.html
16 April 2009	9th Annual Breast Surgery Symposium Canada	ce.med@utoronto.ca
25-29 April 2009	The Society of American Gastrointestinal and Endoscopic Surgeons Annual Scientific Meeting Phoenix, Arizona, USA	www.sages.org/index.php
10-13 Sept 2008	The International Society for Diseases of the Esophagus 11th World Congress Hungary	http://www.isdecongress2008.com/
31 Oct - 3 Nov 2008	4th International Congress of the Asia-Pacific Hernia Society Beijing, China	www.aphs2008.com
25-30 April 2009	American Urological Association Annual Meeting Chicago, United States	www.auanet.org
2-7 May 2009	77th American Association of Neurological Surgeons 2009 Annual Meeting San Diego, United States	www.aans.org/default.asp
6-9 May 2009	Annual Scientific Congress Brisbane, Australia	www.surgeons.org
9-13 May 2009	American Association Thoracic Surgery 89th Annual Meeting Boston, United States	http://www.aats.org/index.html
17-20 June 2009	9th European Congress of Paediatric Surgery Graz, Austria	www.eupsa.org

Calendar of International Surgical Meeting

Date	Event	Website
27 May - 31 June 2009	American Head & Neck Society Annual Meeting Phoenix, United States	www.headandneckcancer.org
30 May - 4 June 2009	Digestive Disease Week 2009 Chicago, United States	www.ddw.org
10-13 June 2009	8th International Gastric Cancer Congress Krakow, Poland	www.8igcc.pl
18-20 June 2009	8th Congress of European S Hepato-Pancreato-Biliary Association Athens, Greece	www.ehpba2009.com
3-6 July 2009	8th International Congress on Ambulatory Surgery Brisbane, Australia	www.iaascongress2009.org
31 July - 4 Aug 2009	13th World Conference on Lung Cancer San Francisco, United States	
2- 5 Sept 2009	EBA 2009 - European Burns Association Congress Lausanne, Switzerland	www.eba2009lausanne.com
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
11-15 Oct 2009	American College of Surgeons 95th Annual Meeting Chicago, United States	postmaster@facs.org
11-15 Oct 2009	37th Annual Meeting of the International Society for Pediatric Neurosurgery Los Angeles, United States	gmcomb@chla.usc.edu
18-22 April 2010	9th World Congress of the International Hepato-Pancreato-Biliary Association Buenos Aires, Argentina	www.ihpba-ba2010.com
28-31 Aug 2010	10th World Congress Gastro-esophageal Reflux Disease Boston, United States	http://www.oeso.org/

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 - Urology Board
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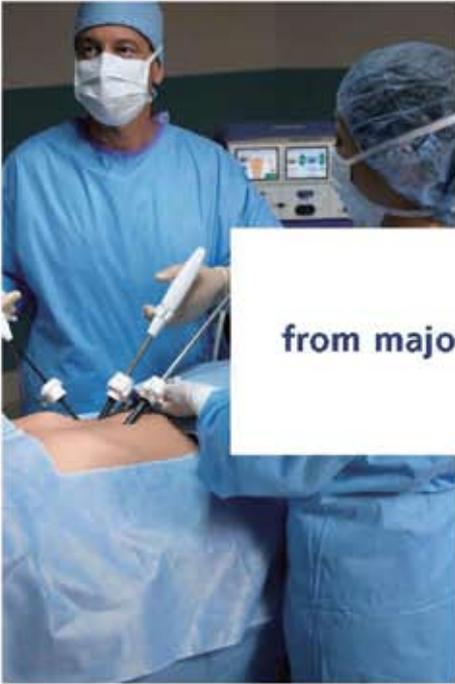
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References: 1. Wilder-Smith CH, et al. Aliment Pharmacol Ther 2004; 20: 1009-1104. 2. Hartmann D, et al. Eur J Gastroenterol Hepatol 2007; 19: 133-137. 3. Keating GM & Figgitt DP. Drugs 2004; 64: 875-882.

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