



June 2020
二零二零年六月號

刀緣

CUTTING EDGE

www.cshk.org

30
ANNIVERSARY
C.S.H.K.

外科卓越三十載
Thirty Years of Surgical Excellence

Surgical Practice during the COVID-19 Pandemic in Hong Kong

Spotlight Grappling with the Pandemic
by various writers: Chiefs of Service, Specialists and Trainees

Off the Scalpel From LI SHIELDS' Medalist
to TOYP by Dr. Mina CHENG



About the Cover..

A Moment in Life

“What I like about photographs is that they capture a moment that's gone forever, impossible to reproduce.”

-Karl Lagerfeld



Dr Chi-ho YUEN

Private Practice

Editorial Board

Chief Editor Alfred CC WONG

Editors Sharon WW CHAN
Charing CN CHONG
Lorraine CY CHOW
Peggy SK CHU
Kenneth LY CHUNG
Emily YL LAI
Edgar YK LAU
Calvin SH NG
Dennis CK NG
Jeremy YC TEOH

Editorial Assistant CSHK Secretariat



Cutting Edge - Electronic version

The electronic version of *Cutting Edge* is available on the College website: <http://www.cshk.org> > Publication > *Cutting Edge*

To opt out of receiving printed copies of *Cutting Edge*, please contact the College Secretariat at info@cshk.org.

Contact Us

Editorial Board

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

Website: www.cshk.org

Update of Personal Particulars for CSHK Fellows and Members

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

Should Fellows and Members have any updates on their personal particulars, please visit the College website at <http://www.cshk.org>, click "Download Centre" to fill out the form "Update of Personal Information" and submit to us via email at info@cshk.org or by fax at (852) 2515 3198.



© The College of Surgeons of Hong Kong

Although every care has been taken to ensure the accuracy of the contents, the CSHK accepts no responsibility for errors or omissions. Any opinions expressed by individual contributors to the newsletter are the personal opinions of those contributors and cannot be taken to represent the views of the College. Links to related sites have been provided for information only. Such links do not mean that the College endorses any of the information, products or views published on these sites.

- 2**
- 5**
- 7**
- 9**
- 12**
- 14**
- 17**
- 39**
- 46**
- 48**
- 48**
- 49**
- 51**
- 53**
- 63**
- 64**

Editorial

Message from the President

Message from the Honorary Secretary

Messages from Specialty Boards

College Focus

College Express

Lunch Symposium: The CSHK 30th Anniversary

Lunch Symposium Series:

Advances in Paediatric Surgery

Online Surgical Lecture

Spotlight

COVID-19: Grappling with the Pandemic

Prof. Stephen WK CHENG

Dr Kam-hung KWOK

Dr Kin-yuen WONG

Dr Kenny KY YUEN

Dr Lorraine CY CHOW

Dr Jennifer SY LEE

Prof. Gilberto KK LEUNG

Dr Irene LO LO

Dr Kelvin KF WONG

Dr Emily YL LAI

Dr Brandon CF LAW

Topic on Film

The 5th Annual Scientific Meeting & Annual Dinner
of The Hong Kong Society of Paediatric Surgery

The 20th International Course on Perforator Flap

Hong Kong Surgical Forum / Shanghai-Hong Kong

Surgical Forum

Younger Fellows Chapter

Women's Chapter

Examination Corner

Dissecting the Past

Announcement

Obituary: Dr John Ching-kwong KWOK

Cancellation of Conjoint Diploma Conferment

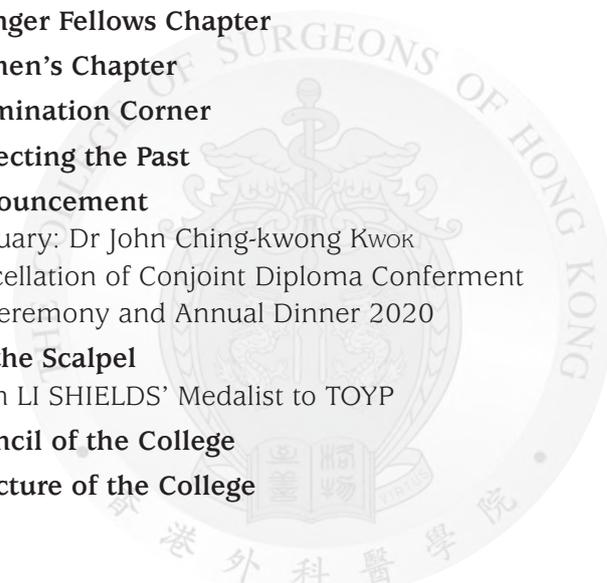
Ceremony and Annual Dinner 2020

Off the Scalpel

From LI SHIELDS' Medalist to TOYP

Council of the College

Structure of the College



EDITORIAL



Dr Alfred CC Wong

Chief Editor, *Cutting Edge*
Queen Mary Hospital

I would like to take this opportunity to thank Dr Chad Tse for handing over the role of Chief Editor of the *Cutting Edge* to me, after serving the editorial board for 9 straight years. *Cutting Edge* was first published in April 1994 in plain text format without any images. The development of its content aligns with the development of surgical practice and now it has evolved to a full colour one with dedicated theme in each issue. I wish the editorial board can continue the good work from Dr Tse and bring you exciting and informative content in the years to come.

After the formation of the new editorial board, COVID-19 pandemic hit the territory and most of the services, educational activities and examinations in the surgical community have been scaled down or even cancelled. There was a lot of uncertainties and worries among all of us initially, yet with our experience in SARS in 2003, Hong-kongers united and protected ourselves from the virus through courage, collective wisdom and appropriate actions. Though it is a direct trauma to the world economy, it does become a learning opportunity for us in facing difficulties, a time of self-reflection, a quality time with family as well as planning ahead for living with a ‘new normal’. The theme of the current issue of *Cutting Edge* is “Surgical Practice during the COVID-19 Pandemic in Hong Kong” and different parties in the surgical community are invited to share and reflect not only on how to cope with the challenges but also on maintaining the quality care to our patients and the community.

Owing to the order of restrictions on public gatherings, the newly formed editorial board could not get together for a group photograph. Our sincere thanks go to Dr Randolph Wong and his son, Athan Wong, for their collaboration to draw a cartoon picture for the editorial board. It is great to see talent does transmit by inheritance. In addition, starting from the current issue, a new column on surgical history contributed by medical historian Dr Harry Wu titled “Dissecting the Past” is introduced. Dr Wu is the Director of Medical Ethics & Humanities Unit, The University of Hong Kong. During his specialty training in psychiatry, he became interested in its history while studying psychoanalysis. He eventually dived deeper, wider and further and got his DPhil in Medical History in the University of Oxford, United Kingdom in 2012. Through his unique vision, we shall see how different areas of surgery evolves and develops through human history.

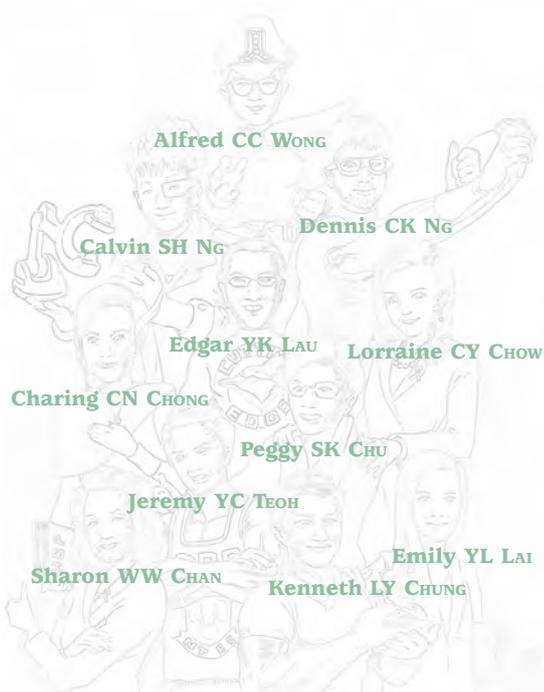
Year 2020 marks the 30th Anniversary of the College of Surgeons of Hong Kong. We are looking forward to all those celebration activities by the fall of the year. Let's continue to do our part, be vigilant, stay healthy and wish COVID-19 will die down by then.

Please enjoy this latest issue of *Cutting Edge*. Any suggestions or comments are welcome, please contact us at info@cshk.org or contact me directly.



Dr Randolph HL Wong
Prince of Wales Hospital

It is my honour to be invited to draw a cartoon picture of the editorial board members of the *Cutting Edge*. It is an enjoyable and challenging process. Like preparing for a new type of surgery, I need to study each of their photos closely, try to find out some 'highlights' of their personal interests or career profile, and finally put all the planning into the artwork, as in many paths of our operation and career.





THE ROYAL COLLEGE
OF SURGEONS OF
EDINBURGH



RCSEd/CSHK Conjoint Virtual Scientific Congress 2020

Towards Personalised Surgery

19 September 2020

VIRTUAL CONGRESS

**Early Bird Registration:
15 June - 24 July 2020**

**Abstract & Case Submission
Deadline: 3 July 2020**

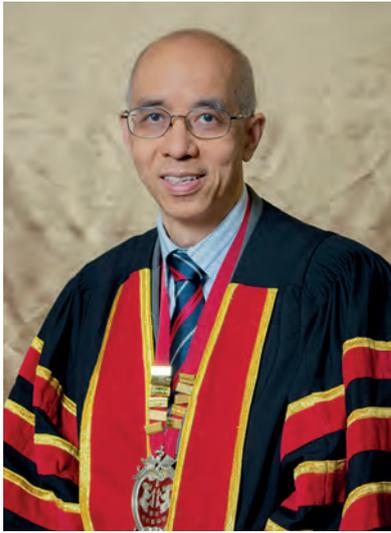
30
ANNIVERSARY
C.S.H.K.

外科卓越三十載
Thirty Years of Surgical Excellence

The Congress Secretariat
Tel: (+852) 2871 8774 / (+852) 2871 8825
Fax: (+852) 2518 3200
Email: csc@cshk.org

Please visit the Congress
Website for registration and
online submission of
abstract & case
Website: <https://csc.cshk.org/>

Message from the President



“On the bright side, Hong Kong seems to be gaining an upper hand over the coronavirus, thanks to the effort of our health care workers and experts in microbiology and infection control.”

Dr Heng-tat LEONG

President, CSHK;

North District Hospital & Alice Ho Miu Ling Nethersole Hospital

Dear Fellows and Members,

I wish this message finds all of you well and healthy.

This year marks the 30th anniversary of our College. The celebration started with our Immediate Past President, Prof. Paul LAI, performed in the lion dance during the diploma conferment ceremony last year. However, things were not as smooth as they could have been, some of the examinations and conferences in Hong Kong were cancelled or deferred due to social events.

As we moved into the year of Rat, things have gone from bad to worse. The COVID-19 pandemic swept through the world causing millions infected, and tens of thousands of deaths. I take this opportunity to express my deepest condolences to those who have lost their loved ones and wish a speedy recovery for those who fell sick to COVID-19. On the bright side, Hong Kong seems to be gaining an upper hand over the coronavirus, thanks to the effort of our health care workers and experts in microbiology and infection control.

The College understands the impact of the pandemic on the educational activities, training and examinations. All examinations have been deferred. Some of our trainees need to be deployed to other departments, number of operations dropped, CME activities cancelled... All activities with overseas partners and mainland centres are put on hold.

In such exceptional circumstances, the College took the initiative to discuss with our local sister Surgical Colleges and the Royal College of Surgeons of Edinburgh. We arrived at some consensus about the following guiding principles in order to minimise the impact on training:

1. Period of deployment to other department to combat the COVID-19 will be recognised as training.
2. Trainees are allowed to make up the number of operations beyond their normal training years.

“Every cloud has a silver lining. The COVID-19 pandemic ushered the College to use internet platform more, which will be more convenient for our Fellows and Members.”

3. Our College will look into other format of examination should the pandemic last longer than expected.
4. Provisional Higher Surgical Trainee (HST) posts will be created for trainees who satisfied certain criteria.

We also have looked into other means of providing CME activities. Prof. Simon Ng has organised online lectures since April and the lectures were well attended with more than 100 participants for each session.

As we are still facing uncertainties, sadly the Council has to decide to defer the diploma conferment ceremony and annual dinner this year, the first time in 30 years. The format of the annual scientific meeting also has to be changed. Instead of a face-to-face meeting, we are planning for a virtual meeting in September. Ideally it will still be a conjoint meeting with the Royal College of Surgeons of Edinburgh. The timing of the congress will need to be adjusted to manage the time zone difference between Hong Kong and the UK.

The College is working hard to get things going. The Specialty Boards are in the final stage of reviewing the Higher Surgical Training curricula which will be announced soon. An E-portfolio platform is scheduled to start next year. We are trying our best to have the Membership HKICBSC Part 1 and 2 Examinations organised before July and hopefully Part 3 Examination in September, provided the COVID-19 is under control in Hong Kong.

Every cloud has a silver lining. The COVID-19 pandemic ushered the College to use internet platform more, which will be more convenient for our Fellows and Members. The pandemic also consolidates the fraternity of our College.

The tunnel may be long and dark but we are seeing some light. Let us applaud our colleagues and other health care workers who have been fighting so hard to keep Hong Kong safe.

My God bless Hong Kong and the world.

Message from the Honorary Secretary



"As surgeons, we have always worked hand in hand with other health care providers."

Dr Siu-kee LEUNG

*Honorary Secretary, CSHK;
Tuen Mun Hospital*

The pandemic COVID-19 caused by the virus SARS-Cov-2 hit the world gravely. The medical health systems in many countries are shattered by the pandemic. Economic activities are decelerated. Unprecedented social and physical distancing are practised globally.

At the time of writing, the number of confirmed cases exceeds 4.5 million and the number of deaths outnumbers 300,000. In Hong Kong, the number of confirmed cases stands at 1055. With concerted efforts from Hong Kong citizens and health care workers, the mortality remains very low.

As surgeons, we have always worked hand in hand with other health care providers. In the New Territories West Cluster, our preparation started in January and continues in phases.

Preparatory Phase

Before the first case of COVID-19 was confirmed (22 January 2020), the infection control team and hospital executives met with all department heads. Preparation for the opening of isolation and surveillance wards was made. Staff re-deployment mainly involved the Department of Medicine and nursing staff in the initial phase. The Hospital Authority (HA) advised surgeons to confine operations into the following categories: tumour surgery, trauma surgery, transplant and other organ-saving procedures. Since personal protective equipment (PPE) might be a limiting factor for performing surgical procedures, a work group was set up to regularly monitor the stock of PPE.

Executive Phase

With the increasing number of confirmed COVID-19 cases, a target to trim 60% of elective surgery was initially set. The available theatre sessions were shared among the surgical specialties: Dental Surgery, Obstetrics and Gynaecology, Ophthalmology, Orthopaedics and Traumatology, Otorhinolaryngology, Surgery. For

"The College is well aware of the situation and will make the utmost effort to assist the trainees."

the Department of Surgery, we were given a generic number of sessions which were then assigned to various teams according to their usual pre-pandemic shares. Special needs were addressed. The reduction in elective surgery was implemented to provide a buffer for re-deployment of nursing staff, controlled occupancy of intensive care unit beds, judicious use of PPE and physical distancing of patients.

The situation was then reviewed fortnightly for the utilisation of the operating sessions and special needs like prolonged waiting list of patients with specific tumour. The session allocation was adjusted accordingly. HA also announced using the platform of public-private partnership (PPP) for referring some suitable cases to the private sector.

The Department of Surgery deployed three basic trainees to the Accident and Emergency Department for support. The on-call roster was severely affected. With implementation of special honorarium scheme, other colleagues including associate consultants took up first call duties. As a result, the care delivered to our patients was unaffected.

Step-down Phase

As the COVID-19 situation in Hong Kong comes under control, there is gradual reopening of public facilities. Gradual resumption of surgical service is necessary. The number of re-scheduled cases is being worked out. Moreover, we have to prepare to encounter late presentations of patients with malignancy. In addition to PPP, opening of Saturday and Sunday sessions will need to be seriously considered. The fundamental principle is that the mechanisms should be easily reversible. The system should be able to revert to the disaster mode once there is a second wave of pandemic.

Another major blow to surgical service is the cessation of examinations. Part 1, 2, 3 and Fellowship examinations are postponed. The promotion of potential eligible candidates to higher level of training and service is hampered. Even the acquisition of Fellowship may be affected.

The College is well aware of the situation and will make the utmost effort to assist the trainees. Discussions have been made with the HA and Royal College of Surgeons of Edinburgh. Earliest resumption of Part 1 and 2 examinations is made. However, due to the uncertainty of the pandemic, conduction of clinical components of examinations needs further deliberation. The creation of provisional Higher Surgical Trainee posts for the potentially eligible candidates is another step forward.

Our society has been shaken by the COVID-19 pandemic. As surgeons, we stand firm and provide support to patients and colleagues alike. Twilight is coming and hopefully we can get back to our usual activities very soon.



Cardiothoracic Surgery

Prof. Malcolm J UNDERWOOD
Prince of Wales Hospital

Regrettably, due to the current coronavirus situation, our Exit Examination which was moved to Singapore due to the social unrest has had to be cancelled.

Apart from travelling considerations, the Board felt that a fair examination comparable to previous years might not be guaranteed. We are monitoring the situation closely and will post new dates as soon as possible.

Templates for learning agreement and procedure-based assessment (PBA) are available on the CSHK website and the Board has deemed that 6-monthly learning agreements and 6 PBAs per year are now mandatory for CTS trainees in Hong Kong.

We will also be posting some guidelines for trainees on how to use these formative assessments to their advantage and the Board encourages all trainees to visit the CSHK website: click on Download Center → Training, and scroll to HST-Cardiothoracic Surgery, and ensure they are up to date with all the active formative assessments as well as the syllabus and curriculum.

The format of the examination will stay the same and descriptors are again available on the College website. Cardiac and Thoracic 'short-cases' will be superseded by 30-minute clinical examinations on 'intermediate cases'. This will mean candidates will see two patients within this time period accompanied by the examiners. The 'imaging and instrument stations' are examined in a separate 30-minute station, 15 minutes dedicated to imaging and 15 minutes to instruments.

These changes have been implemented to increase the number of 'marking episodes' for candidates as well as reflecting on the importance of im-

aging within our specialty. Any candidates wishing to discuss these changes are welcome to approach any Board Member.

Introducing a written component to the Exit Examination has been endorsed by Hong Kong, Singapore, Malaysia and RCSEd. These bodies will work together to form a joint question bank suitable for use in Asia. It is anticipated that 'structured questions' for the oral component of the Exit Examination will be available for the next examination session.

To oversee examination and training development as noted previously, a Quadripartite Board (QB) has been established with two representatives each from Hong Kong, Singapore, Malaysia and RCSEd. Prof. MJ UNDERWOOD and Dr Timmy AU will represent Hong Kong, with Prof. UNDERWOOD chairing the Interim Board. Unfortunately, due to cancellation of the examination, the QB meeting was also postponed. We will keep Fellows updated of any changes. These changes were endorsed at the recent Specialty Board Meeting with RCSEd in September 2019.

The Board has re-written its constitution to ensure equal representation from all training units in Hong Kong as well as open posts elected by ballot. The recent elections and nomination of representatives of Fellows have been conducted, and the Board Chair (Prof. MJ UNDERWOOD) and Programme Director (Dr Timmy Au) will remain the same.

We have also voted nominations for Fellows to represent CTS Surgery at various levels within the CSHK and I am pleased to announce the following nominations were supported by the Board: CME/CPD Committee Representative Dr KH THUNG (TMH), Member of Scientific Committee for CSHK Annual Meeting Dr Daniel CHAN (QMH), Associate Editor for Surgical Practice representing the Hong Kong Association for Cardiothoracic Surgery Dr Herman CHAN (QEH).

We have also updated the requirements for Hong Kong examiners to examine in locally based Exit Examinations. This was done to ensure examiners would be actively involved in training and education in their current positions, ensuring they would be up

to date with all of the educational changes being introduced and therefore enhance our ability to deliver a fair-to-standard examination for all the candidates.

Trainees who are interested in a career in Cardiothoracic Surgery should contact Board Chairman (Prof. MJ UNDERWOOD), Board Programme Director (Dr Timmy Au) or local Head of Service to discuss career opportunities.



General Surgery

Dr Siu-kee LEUNG
Tuen Mun Hospital

The arrival of the COVID-19 is so swift and extensive that the activities of General Surgery was dealt a severe blow. The preparatory course scheduled

in February and the Joint Specialty Fellowship Examination in March came to a halt and needed to be rescheduled. As the disease becomes endemic globally, the timetable has yet to be fixed. We are preparing for the worse while hoping for the best.

Despite the COVID-19 outbreak, the second General Surgery board meeting was held in the College Chamber on 19 February 2020. It was attended by 16 board members. We had discussed and confirmed several matters concerning the revision of Higher Surgical Training curriculum. These included:

1. The addition of ultrasound in Emergency Surgery, and the addition of Professionalism
2. The finalisation of the format of Training Plan
3. The finalisation of the content and format of procedure-based assessments for various operations
4. Revised guideline on central rotation of Higher Surgical Trainee (HST)

We also discussed on the training requirement of trainees during the COVID-19 outbreak, and agreed on the number of HST posts for the coming Conjoint Selection Exercise.

Working hand in hand with the board members and with the trainees together, I am confident that we can ride out this pandemic.

Stay healthy for everyone!

Paediatric Surgery

Dr Yuk-him TAM
Prince of Wales Hospital



The COVID-19 pandemic has caused significant impact on the Joint Specialty Fellowship (JSF) Examination in Paediatric

Surgery and the hospital inspection for training centre accreditation; both of which were originally scheduled for March this year and now have been postponed. The hospital inspection exercise is conducted once every 5 years. The accreditation for the existing centres in PWH and QMH is due for renewal this year, while the Hong Kong Children's Hospital (HKCH) has its first application for accreditation.

The Paediatric Surgery Board has drawn the following conclusions in its latest board meeting via teleconferencing:

1. JSF Examination and the hospital inspection would be rescheduled in line with the MHKICBSC Part 3 Examination.
2. Each Higher Surgical Trainee (HST) should achieve an operative log of a total of 800 major operations or more, and 120 neonatal operations or more, by the end of their 4-year training. The requirement of at least 100 major operations and 15 neonatal surgeries within a 6-month training period can be lifted when the Hospital Authority (HA)-wide policy of extensive reduction in elective surgery service remains in effect.
3. The Board endorsed the proposal of the new rotation requirement for HSTs given the service commencement of the Department of Surgery at the HKCH since July 2019 and the restructuring of the paediatric surgical teams in HA. The Department of Surgery of HKCH was established by merging the two paediatric surgical teams of PWH and the QEH/UCH. While the original QEH/UCH centre has ceased its operation, paediatric surgical service continues in PWH and is provided by a team of HKCH staff through secondment. Under the new proposal, HSTs recruited in or after July 2019 would be required to work in HKCH for 2 years and in regional centres, ie PWH and QMH, for 2 years with a minimum of 6 months in each of the

regional centre. The new rotation requirement would be proposed to our RCSEd counterpart for their consideration and endorsement.

4. The Board would seek a provisional accreditation of 1 year of Higher Surgical Training in HKCH, PWH and QMH for 2020, and would work with the RCSEd inspectors through the process of reviewing the submitted documents.



Plastic Surgery

Dr Josephine YW Mak
Tuen Mun Hospital

Due to the current COVID-19 situation, every specialty is facing tough times. As for Plastic Surgery, a few activities have been cancelled including cleft

missions in Shenzhen, preparatory course for Plastic Surgery Exit Examination and some CME meetings.

Nevertheless, the Plastic Surgery Board continues to work against this adversity.

Higher Surgical Training curriculum is being reviewed and will be completed by July 2020. This review aims to redefine a more comprehensive and updated curriculum with better assessment of knowledge and skills in the field of Plastic Surgery.

The Hong Kong Sanatorium & Hospital has been accredited as a training centre for Plastic Surgery. A new, structured aesthetic and reconstructive training programme has been established and approved by the Hospital Authority. It will be a 2-month rotation for higher trainees in their third or fourth year of training in Plastic Surgery. It will consist of a 5-day training week attending clinics, observing and assisting in surgeries, and carrying out on-call duties under supervision. Trainees will also attend regular meetings including case sharing meeting, oncoplastic breast meeting, M&M meeting, head and neck meeting, tumour board meeting and joint surgical pathology meeting. The first rotation will start in July 2020. This programme will be reviewed in 2 years before becoming mandatory for higher trainees.

Procedure-based assessments (PBA) have been consolidated, including basic, intermediate and advanced topics. Higher trainees should achieve the required standards before being eligi-

ble to sit for the Exit Examination. PBA will start in July 2020.

Fellowship Exit Examination in Plastic Surgery is scheduled for 10 October 2020, with three candidates sitting for the examination. A new Plastic Surgery Medal will be presented to the candidate who can achieve over 80% of total marks in the examination. Hospital inspection will take place the day after the Fellowship Examination. Queen Mary Hospital and the Hong Kong Sanatorium & Hospital will be inspected, while the other three plastic surgery centres will undergo off-site inspections. We do hope the coronavirus situation will be brought under control by then and these two events can take place as scheduled.

Urology

Dr Peggy SK Chu
Tuen Mun Hospital



It is with deep regret that the Exit Examination for Urology scheduled in 27-28 February 2020 had to be postponed twice, this time due to the coronavirus pandemic.

Although the exact date of the Exit Examination cannot be confirmed at the present moment, the Urology Board will keep communicating with the Edinburgh examiners to ensure the examination will be held as soon as possible once situation has improved to a level safe enough for face-to-face meetings.

As for the Higher Surgical Trainees in Urology, the Urology Board has decided that consideration would be given to the required number of operations performed or assisted during this critical period. However the requirement for operation logbook statistics at the end of the training period should remain the same before the trainee is allowed to attempt the Exit Examination.

Although academic conferences, workshops or clinical meetings in person have been cancelled in the past 1 to 2 months, Urology specialists are reminded that there is an online active CME accruing BJUI knowledge learning platform generously supported, both financially and administratively, by the Hong Kong Urological Association. The BJUI knowledge has been approved by the College as a web-based self-learning CME/CPD activity.



Dr Josephine YW Mak
Tuen Mun Hospital

“Inspired by my dad’s benevolence, ‘Service above self’ has become my motto.”

I must thank the College for giving me this opportunity to share my story in the *Cutting Edge*. While it is a great honour to serve as Chairlady of the Plastic Surgery Board, I would like to put my work aside for the time being and share with you about my life outside the operating theatre.

Life as a surgeon is undoubtedly tough. How do I stay energised for the demanding and challenging work in hospital? It is all about work-life balance.

My childhood was very much influenced by my dad, who has devoted much of his life to volunteerism. Even in his eighties – more than seven decades after he started, he is still doing volunteer work every week. Inspired by my dad’s benevolence, “Service above self” has become my motto.

The volunteer work I do includes serving in the Auxiliary Medical Service and the Rotary Club, as well as performing surgeries for patients with cleft lip and palate and severe facial disfigurements.

I joined the charity Project Harar a couple of years ago. Based in the UK, Project Harar teams up with Ethiopian surgeons to provide free surgeries for patients with complex facial disfigurements; the majority of which are caused by mandible tumours, Noma infections and hyena attacks. I participated in the Complex Facial Disfigurement surgical mis-



Voluntary surgical mission for cleft lip and palate patients in Shenzhen



My dad and I participating in a voluntary service organised by the Rotary Club of the HUB Hong Kong

sion in 2018 and 2019, and created more than 100 smiles. The experience has been truly inspiring and life-changing.

I believe volunteering creates a ripple effect which brings positivity, enthusiasm and passion in life. One may not change the world, but by bringing an impact to the people around us, we can create millions of ripples and ultimately a big driving change. We inspire, we create changes and we achieve!

Apart from volunteer work, I am a part-time chef and I do regular boxing trainings.

I inherited the cooking gene from my mum. I started playing with kitchen utensils when I was 3 and have since been inspired by every dish that my mum cooked. My dream was to become a chef but for a number of reasons I took up medicine to pursue my other dream of being a surgeon. Yet, I remained an aspiring chef deep down inside. About 6 to 7 years ago, I started getting more involved in cooking, replicating restaurant dishes with my own little twist. Then, around 3 years ago, I became a part-time chef, preparing feasts for as many as 35 people. Gradually I realised there are in fact a lot of similarities between a surgeon and a chef. Surgeons and chefs both go through a hell journey of “apprenticeship”, where you



slowly become a “master”. Performing a good surgery and cooking a great meal both require careful planning and meticulous skills in execution. Creativity, precision and finesse are key to creating a favourable outcome. Cooking brings me immense joy and satisfaction, especially when everyone finishes the meal with a big smile on their faces!

In addition to delicious feasts, I also prepare free meals for the elderly and underprivileged families when I have time. Who doesn’t like a fresh and nutritious lunchbox? With just a small dedication of time and effort, you can create more smiles and spread love and warmth to those in need.

For almost 10 years, boxing has been my routine workout. It is a good way to release stress but at the same time gives me an opportunity to improve endurance and stamina. Don’t underestimate how much you can achieve in a 1-hour boxing class! Going through a 10-minute warm up relaxes your brain and wakes up your muscles. Through 30 minutes of sparring, you train in fitness, precision and determination. The next 10 minutes of conditioning trains your endurance and stamina. The final 10 minutes of cooling down allows your body to stretch, your mind to meditate and your brain to reset. I love this sport so much that I finished training to be an instructor in 2012. As written on the wall of my boxing studio, “Be all in or get all out, there is no halfway” – this is what keeps me going and should be the attitude in life!

I draw inspirations from my parents, my mentors and even from just seeing different perspectives in the world. The insights have transformed me into a person who wants to spread positivity and inspire others.

Never stop dreaming, never stop learning and never stop volunteering. By staying positive, having an open mind and open heart to share and inspire, you will be surprised how you can make this world a much happier place filled with love! *Carpe diem!*



Cutting Edge College FOCUS

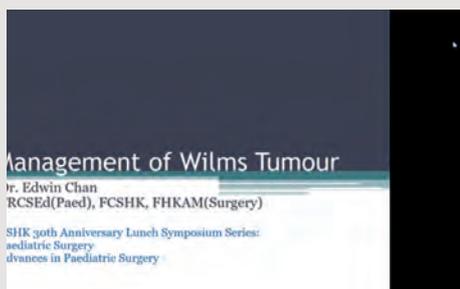
Cutting Edge invites our College representative(s) to share with us their visions, goals or even personal hobbies. In this issue, we thank the Chairman of Plastic Surgery Board, Dr Josephine YW MAK, for sharing her thoughts with us.

Lunch Symposium

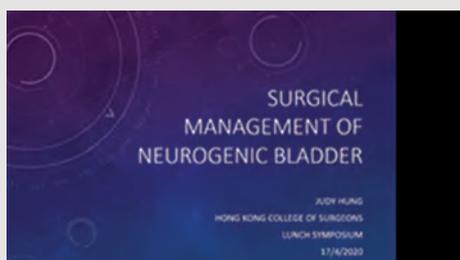
The CSHK 30th Anniversary Lunch Symposium Series: Advances in Paediatric Surgery

In light of the COVID-19 outbreak, the Lunch Symposium was switched to its first-ever webinar version, which was successfully held on 17 April 2020. The theme of the symposium was “Advances in Paediatric Surgery” and we were honoured to have invited Dr Michael WY LEUNG as the Chairman and Dr Edwin KW CHAN, Dr Yvonne CL LEUNG and Dr Judy WS HUNG as speakers of the programme. As the 1st lunch symposium in the anniversary celebration series, it was well attended with over 160 participants from both the College of Surgeons and Hong Kong College of Paediatricians. Active CME Q&A participation and positive feedback were gathered through the online Google Form.

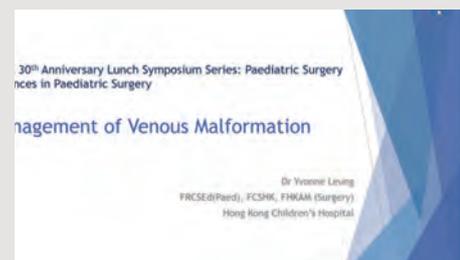
Thank you for your support for our virtual symposium and please look forward to the next Lunch Symposium of the 30th Anniversary series which is tentatively scheduled for August. Cross-specialty sharing on



*Presentation Topic: Management of Wilms tumour
(Dr Edwin KW CHAN)*



*Presentation Topic: Surgical management of neurogenic bladder
(Dr Judy WS HUNG)*



*Presentation Topic: Management of venous malformation
(Dr Yvonne CL LEUNG)*



(from left) Dr Edwin KW CHAN, Dr Judy WS HUNG, Dr Yvonne CL LEUNG and Dr Michael WY LEUNG (Chairman)

the achievements made within the past 30 years will be featured. Details of the event will be announced on the College website in due course.

Online Surgical Lecture

Many activities and programmes have been cancelled or postponed in response to the challenge of COVID-19 pandemic which inevitably impacted on Fellows' CME/CPD accreditation activities. In adherence to the CME guidelines, the Online Surgical Lectures was first ever launched by the College from 30 March to 29 April 2020 to facilitate Fellows' fulfillment of CME/CPD requirements.

We were honoured to have invited the following speakers for giving the lectures as shown below:

30 Mar 2020 (Mon)	
Training of professionalism for surgical trainees	Prof. Paul BS LAI, PWH
Single port surgery using robotic platforms	Prof. Simon SM NG, PWH
1 Apr 2020 (Wed)	
Beyond core competencies of surgical training – The STEPWISE approach	Prof. Paul BS LAI, PWH
Endoscopic diagnosis of early esophageal cancer	Prof. Philip WY CHIU, PWH
3 Apr 2020 (Fri)	
Improvement of surgical quality through outcome monitoring	Prof. Paul BS LAI, PWH
Endoscopic management of surgical biliary complications	Prof. Anthony YB TEOH, PWH
8 Apr 2020 (Wed)	
Surgical treatment for cancer of the esophago-gastric junction	Prof. Simon YK LAW, QMH
Management of high output stoma	Dr Janet FY LEE, PWH
15 Apr 2020 (Wed)	
Update in prostate cancer management	Prof. Chi-fai NG, PWH,
An update in management of HCC	Dr Tan-to CHEUNG, QMH
17 Apr 2020 (Fri)	
Liposuction and fat grafting	Dr Teresa TAN, PWH
Applications of living donor liver transplant techniques in complex hepatobiliary surgery	Prof. Kelvin KC NG, CUHK
20 Apr 2020 (Mon)	
Updates in endovascular neurosurgery: An interactive session	Prof. George KC WONG, PWH
Managing small pulmonary nodules in hybrid theatre - State of the art	Prof. Calvin SH NG, PWH
22 Apr 2020 (Wed)	
Advances in chest wall reconstruction	Prof. Calvin SH NG, PWH
Today's management of traumatic brain injury	Prof. Wai-sang POON, PWH
24 Apr 2020 (Fri)	
Surgical options for sentinel lymph node biopsy in breast cancer management	Prof. Ava KWONG, QMH
Basic concept of medical negligence for surgeons	Prof. Gilberto KK LEUNG, QMH
27 Apr 2020 (Mon)	
An update in thyroid cancer management	Prof. Brian HH LANG, QMH
Update of fistula-in-ano management	Dr Tony WC MAK, PWH
29 Apr 2020 (Wed)	
Simulation instructional design: An introduction	Prof. George KC WONG, PWH
Overview on management of gastric cancer	Dr Shannon M CHAN, PWH

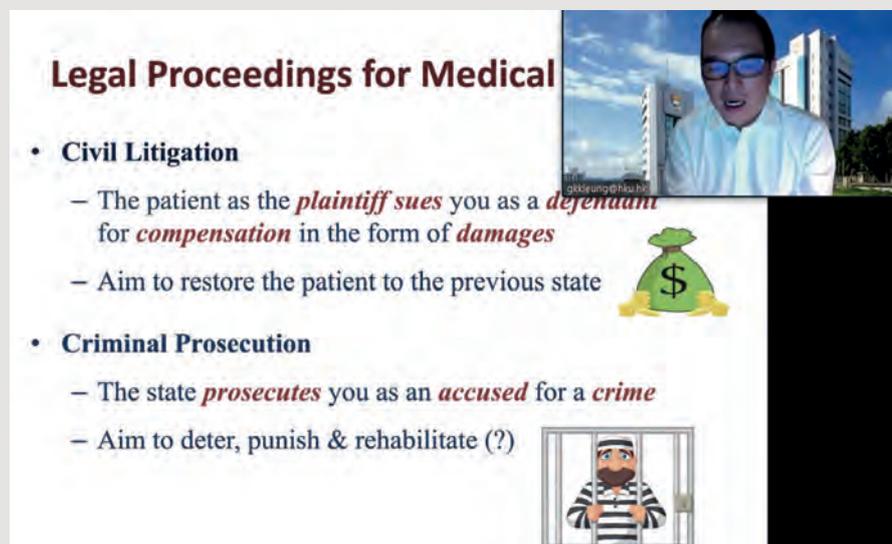
College Express serves its purpose as a newsletter that gathers extracted information of internal activities which were organised by the College.

As the College's first series of online lectures, enthusiastic response, with an average of over 130 attendees per lecture, from our Fellows and Members has been received. The event could not be held successfully without the support of our speakers. Their contribution and efforts in providing invaluable lectures to our Fellows and Members were highly appreciated.

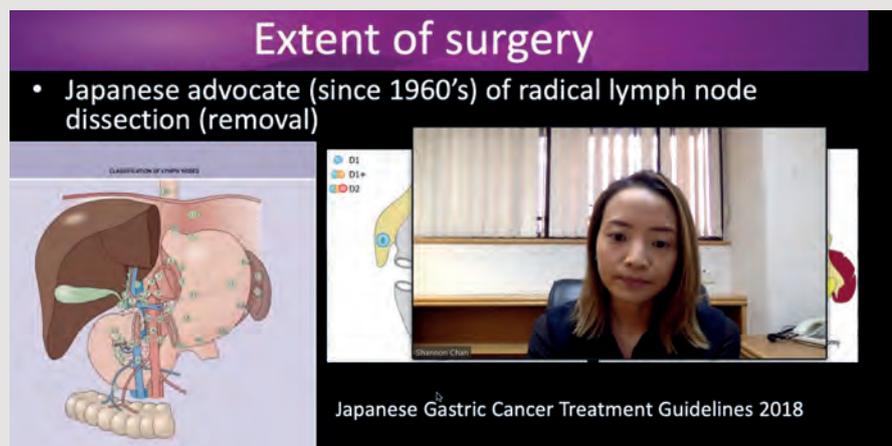
Thank you for your support for our Online Surgical Lectures and we look forward to your participation in other College's activities.



Presentation topic: Beyond core competencies of surgical training – The STEPWISE approach (Prof. Paul BS LAI)



Basic concept of medical negligence for surgeons (Prof. Gilberto KK LEUNG)



Overview on management of gastric cancer (Dr Shannon M CHAN)

spotlight

COVID-19 Reflections

As we step into the 100th day of COVID-19 and entered the phase of regrouping and healing, it is time to reflect on our journey from the perspective of an academic teaching department, to share some highlights of the pandemic that took away 4 valuable months and perhaps changed our practice of surgery forever.

On 13 January, the day when the first confirmed infection outside of China was reported, I was returning from Shanghai with a group of 20 staff members and overseas guests after our Surgical Forum. We were blissful in the success of the meeting away from the social protests, and oblivious to the looming threat. We were unprepared for the first meeting of Cluster Major Incident Control Centre (MICC) which was called on the 6th day of the Chinese New Year, starting the suspension of services amidst the ill-timed strike. Elective operations and endoscopy were reduced to about 50%, all attributed to the shortage of personal protective equipments.

The initial period of uncertainty was mercifully short. We had to deal immediately with the safety of cross-border staff who worked in Shenzhen. I realised the difficulty then of policy setting, as decisions were passed around from the hospital to the university, to the Centre for Health Protection, and Hospital Authority Head Office. A ban of 2 weeks was ultimately enforced. Ideas such as polymerase chain reaction testing in research labs and testing all patients before surgery were tossed around and quickly dismissed.



Prof. Stephen WK CHENG

*Chief of Service, Department of Surgery
Queen Mary Hospital*

"It was also a time of calm when everyone had to forego their overseas commitments."

It became obvious in February that an international meeting we were planning for May in Hong Kong was no longer viable due to ever increasing travel concerns. Another smaller regional Vascular Surgery meeting, already moved twice due to social unrest, was also in jeopardy. Many days of advance planning, negotiations, and contracts have to be re-done. Communications with the industry and faculty had to be revised. This was all achieved with half of our office staff being instructed to "work at home" by the University. We were certainly not "idle", as some ill-informed colleagues claimed. In fact, many medical staff had to endure longer hours due to lack of support logistics.

Teaching of our students had to continue. ZOOM tutorials were scrambled and became the norm, while our students were banned from hospitals. For sanity we continued, at the staff's discretion, our morning research and census meetings, while grand rounds were suspended. Overseas visitors were sent home. It was also a time of calm when everyone had to forego their overseas commitments.

Not everything can be cancelled. In March the Faculty decreed that the Final MBBS examination will proceed at a venue outside hospital. This called for a round of unprecedented measures, from recruiting 84 real patients (at 4x the honorarium), appointing extra infection control officers, and scrapping direct patient contact and high-risk manoeuvres (such as coughing and examinations of the oral cavity). Our external examiner, who was also supposed to advise on the specialisation of Vascular Surgery, had to cancel his long-awaited visit to but made a strong presence online. All eyes were on us who was the first department to put this new objective structured clinical examination (OSCE) into effect. We were given 2 weeks' notice that every participant: students, patients, nurses, examiners, and helpers alike, had to be tested for COVID-19 before the examination. Due to extraordinary efforts from our staff, the OSCE went through unscratched from 8am to 7pm, fortunately at the downturn of the infections. This came at a hefty price: the faculty had spent \$1 million on private COVID-19 testing alone.

QMH took care of 122 infected patients, the third highest for the territory's thousand. We quickly conscripted two infectious respiratory disease wards, with a third (private) ward converted to house recovering patients. Within days wards were emptied and retrofitted with noisy fans and converted to step down units. Our head and neck surgeons improvised innovative barriers for their operations. Some patients suffered due to the banning of nebulisers. Enhanced recovery after surgery (ERAS) protocol was imperilled, and day surgery numbers dropped. Essential service, however, was never compromised. Through collaborative effort liver

transplant services were maintained at 100-160% from January to March compared with the same period in the previous years.

Extra credit goes to many of our staff who made personal sacrifices in this period of need. A total of 22 Nursing staff and four supporting staff were deployed to work in COVID-19 wards. A professor, a consultant, a specialist, and a trainee volunteered and worked in isolation facilities. Other staff took on extra hours on call to provide cover. A number of medical staff members also persevered with their duties at the HKU-Shenzhen Hospital for a 2-week on, 2-week quarantine work routine, bringing patients before self.

I was recently invited to participate in an international webinar on the impact of COVID-19 on the practice of Vascular Surgery. I discussed with friends from the US, England, Australia in the online forum and they dealt with the impact differently. One UK surgeon appeared dishevelled, admitting that three out of eight colleagues in his team was infected despite segregation into two rosters. A veteran from the US touted that this was akin to war, braving his easiest deployment compared to his other tours in Afghanistan. The way they dealt with a hospital full of COVID-19 patients without masks and had to ventilate their operating theatre (OT) for 30 minutes to allow the air to clear before surgery, makes our efforts and challenges seemed trivial. Hearing the stories directly from people you know was a moving experience.

A former University of California, San Francisco (UCSF) professor emailed me last week and asked why Hong Kong is so successful in controlling COVID-19. We were pleasantly surprised by the relatively low mortality of the disease here, that we can even joke on the patients in COVID-19 wards ordering fast food deliveries and holding parties. Our volunteers in isolation wards reported a supportive, stress-free, near-idle, educational environment. I believe the key to morale is that no medical staff was infected. If proper protection is applied, there is nothing to fear on COVID-19. Fear will lead to chaos and mistakes. We developed a policy and the staff developed confidence. While probably no one would agree 100% with the steps we took, some outright unnecessary or ludicrous, the important thing is everyone in the hospital acted professionally and agreed to stick with it.

In this fight against COVID-19, we have prevailed.

“Extra credit goes to many of our staff who made personal sacrifices in this period of need.”

Trust and Care

Dr Kam-hung Kwok

*Chief of Service, Department of Surgery
Queen Elizabeth Hospital*

My thanks go to the Editorial Board for inviting me to write an article in the current issue of *Cutting Edge*. Honoured to be appointed the Honorary Treasurer of the CSHK, I am also the Chief of Service of Department of Surgery, Queen Elizabeth Hospital. With ageing population and changes in disease epidemiology, we see steady increase in demand on our health care system. With advances in technology and better understanding of disease through basic science research, we see steady advances in subspecialty development. Against such a backdrop, our health care system is under continuous stress. The College has taken the role to uphold our surgical standard all these years. To make ends meet, given the limited resource, can be a major challenge in local health care system. We saw major changes in health care planning, manpower enhancement, infra-structure development in the past two decades. As surgeons, we always treat our patients by giving our best competence. What we deliver also rely on various factors, people, resources, system...just to name a few. Even with such limitations in resources, mounting expectation and ever-increasing demand, we have been steadily making progress. We saw development in sub-specialties, enhanced training capacity and curriculum with better communication among sister Colleges. As Chief of Service, the challenge is how to deliver high-quality service in the face of all the above-mentioned challenges. With the unprecedented COVID-19 pandemic, all the challenges are hugely multiplied. Hong Kong government announced emergency response level in the end of January 2020 and alerted local health care system to be prepared for the potential surge in demand for medical care. Enhancement in surveillance and testing,

major mobilisation of medical workforce, facilities and equipment were rapidly put into place. Though our health care system has the experience of handling SARS back in 2003, there are so many uncertainties for this new disease in the beginning. At that time, we have to balance between service demand and available resources. It is a daunting task. As surgeons, we manage our patients with our best competence and judgement. We deliver the highest possible quality service. As Chief of Service, to uphold the quality of surgical service, one has to prioritise. We have to utilise the limited available resources in meeting the huge surgical demand. During this process of resource mobilisation and prioritisation, help from a lot of people is needed. We tried to maintain essential service and safeguard enough resources allocation to fight the pandemic. Situation like this calls for strategic consideration not in the perspective of treating a single surgical patient but maintaining the whole range of medical services in our health care system. It is really challenging. It calls for not merely medical knowledge, not merely my own capability but the participation and involvement of the whole team. This requires the contribution from top management and every staff member in the system. Communication, a clear (or as clear as possible) road map and fairness are important factors to get everyone striving for the same goal. Because of the dedication and contribution of all stakeholders, including our patients, we seem to be seeing light at the end of the tunnel in our health care system. I am deeply moved by the trust and care that our colleagues, patients and society have rendered us during this very difficult time. I really appreciate and am truly grateful for everyone's support.

Surgical Practice during COVID-19 Pandemic in Hong Kong



Dr Kin-yuen Wong

*Chief of Service,
Department of Surgery
Tung Wah Hospital*

At the end of 2019, clusters of patients stricken with a mysterious pneumonia were first reported in Wuhan, China. The first confirmed case of coronavirus infection in Hong Kong was announced on 23 January 2020. The World Health Organization named the novel coronavirus pneumonia as Coronavirus Disease-2019 (COVID-19) and declared it a pandemic on 11 March 2020.

Early in February, there was inadequate knowledge on the diagnosis, management and prognosis of COVID-19 as well as shortage of personal protective equipment (PPE). Lots of worries swirled around and stress levels escalated among medical professionals.

In order to conserve PPE, vacant in-patient beds and reduce patient traffic, there was a dramatic reduction in surgical services, including elective operations (OT), diagnostic endoscopies and out-patient clinic. OT services were limited to cancer and emergency operations only. Surgical beds were used to support medical patients; surgeons were being asked to help out due to the demand surge.

Such major changes created a lot of challenges and stress to front-line workers as well as the department. There was lack of consensus from administrators about cancellation of non-emergency services. Department chiefs had to make decisions on many different measures by themselves, unfortunately without clear corporate direction and support.

Significant reduction of elective OT necessitates cancellation of scheduled elective surgeries. One of the four principles of medical ethics – Justice – states that one should try to be as fair as possible when offering treatments to patients and allocating scarce medical resources. Should a patient who has been on a waiting list for benign but complex conditions has a lower priority than another newly diagnosed asymptomatic COVID-19 patient? Clinicians faced many difficulties and moral reawakening in shuffling operating lists.

Patients and relatives are frustrated with potential delay in the diagnosis of serious conditions such as cancer, and delayed OT could result in progression of disease and development of complication during waiting, with theoretical increase in morbidity and mortality.

Because of inadequate PPE stock, the guideline on PPE usage was changed frequently. The amount and usage of PPE was being monitored closely by daily stock taking. All these led to increased stress level and low morale among staff.

Deployment of staff to COVID-19 teams reduced surgical manpower and increased staff stress especially in the early phase when there was little knowledge on COVID-19. In our cluster, surgeons were asked to volunteer to serve in the medical team, 'dirty team', and outreach teams at AsiaWorld-Expo. In some other hospitals, lots were drawn to delegate staff to medical department.

Sudden implementation of quarantine rules for staff with travel history exempted staff from clinical duties as authorised abstinence. This unexpected reduction in manpower also brought about manpower stress to the department's operation, especially our unit is a small one.

Resident training was detrimentally affected by COVID-19. Reduced clinical services means a direct reduction in training opportunities. The number of staff per operation was limited to safeguard PPE usage, with some to the extreme of only allowing specialists to operate, thus further limiting residents' exposure to operations.

Cancellation of in-house educational activities, local and overseas conferences, courses and work-

shops affected training plan of trainees. Postponement of Fellowship Examination, Part 1, 2 & 3 Membership Examinations, was probably the last straw.

All the above factors led to frustration and helplessness, uncertainty in future training, delay in progression to Higher Surgical Trainee and a halt in career development.

Despite all the problems and challenges that I have mentioned, for me as a new department chief, the best solution is teamwork with good communication and understanding. Moreover, we always need to balance the risk and benefit to whatever measures that we have taken. With the use of technology, we can provide up-to-date information about COVID-19 to all staff to relieve their worries. In addition, trainees can uphold their knowledge and prepare themselves through College's online lectures.

Luckily the recent situation of COVID-19 in Hong Kong has been improved with minimal locally transmitted cases. Resumption of all clinical services is gradually taking place.

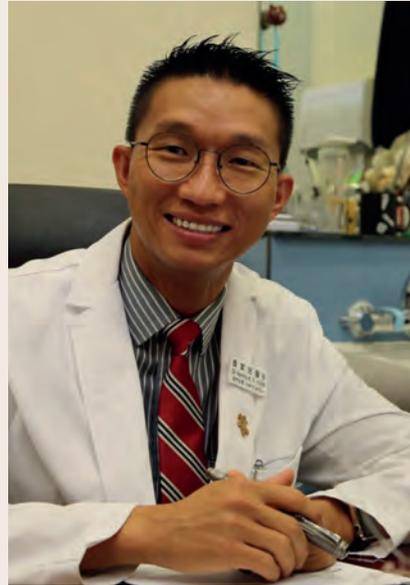
Finally, we all need to learn from the lesson. COVID-19 caught us underprepared. We need to better prepare ourselves for future episodes. For example, to draw up guidelines on the type and amount of service to cut, PPE usage / infection control guidelines etc. New modes of training need to be implemented including increased online teaching modules and surgical operation simulators. Moreover, new examination methods such as online / computer for written examinations, and ZOOM for oral examinations could be considered.

Walk On

17 years ago, we had the painful experience of SARS. The memory was still vivid; I could still recall the panic we had, with our limited knowledge and protective device when facing the novel disease. When the nightmare reappeared this year, medical sectors and Hong Kong people are indeed better prepared based on our experiences. Yet, fear and low morale are still pervasive among colleagues.

With a worldwide shortage of personal protective equipment (PPE), fears were growing among our colleagues, especially when the guidelines were not clear in the beginning. Fears come from our uncertainty. To dispel the fear, we need to be transparent, including our PPE availability. A good communication and education to our colleagues can enable them to understand the risks of different procedures and the need of different protective devices and also the reason behind for guideline changes. After they realised the extent of the shortage, we can see a drop in consumption as they understand we need to reserve the limited PPE for our high-risk fellows, anaesthetists and physicians, in order to fight the disease.

We are in the predicament of strike and facing exponential growing demand in our medical health care system. We could only make proactive and prompt decisions to drastically adjust the elective services including operations, clinic and endoscopy. Our staff made the relevant changes efficiently during Lunar New Year so that doctors and patients understand the service change with a short notice. On the other hand, we had to ensure all colleagues know how to protect themselves e.g. proper use of PPE and the infectious precautions. We had to scale down non-urgent, benign procedures and patient attendances as hospital is a high-risk area especially for elderly patients with comorbidities. Reducing those procedures also protect our staff from a possible infection and spare them to help out in pressure areas.



Dr Kenny KY YUEN

*Chief of Service, Department of Surgery
Tseung Kwan O Hospital*

We did our very best to maintain the normal output of the emergency and cancer-related services during the outbreak.

We also made changes in our daily practices e.g. phone consultation instead of face-to-face inter-departmental non-urgent consultation to prevent colleagues from crossing risky areas, tele-consultation in some surgical stream outpatient follow-up in order to minimise patient gathering.

With the hard work of our colleagues and the promotion of universal masking, social distancing and hand hygiene to Hong Kong people, the disease control is indeed far better than we expected. I am proud to be one of the health care workers in Hong Kong.

When we survive and get stabilised after the second wave of COVID-19 infections, when and how to resume service is another challenge as the situation in Hong Kong changes from time to time. The strategy we can devise is to keep up to date and be flexible. We are reviewing our service provision every 1-2

weeks; and collaborating with anaesthetists, surgical stream departments, theatre colleagues, endoscopy unit and clinic nurses. Communication, compromises and understanding of different parties are crucial in this fight.

In this battle, we want to help as many patients as possible yet not to endanger any of our colleagues. We work under immense stress, but we are not walking alone. We have a team of excellent colleagues with insights, who can proactively organise, and communicate with different parties. Rather than complain-

ing and working in a low-morale environment, they chose to understand and provide voluntary help. All our colleagues are the building blocks of the department, so as every Hong Kong citizen is a stakeholder of our city. We fight as a team, and I am sure together we shall overcome.

“The darkest hour is just before the dawn”, but I trust the dawn is coming.

Last but not least, I would like to share a few words by Mr Bruce LEE: “Do not pray for an easy life; pray for the strength to endure a difficult one.”



Dr Lorraine CY Chow
Private Practice

COVID-19 - Impact and Challenges for a Private Surgeon and a Mother of Three

To many of us, surgery is not merely a job, but also a lifelong career and passion. Even amidst challenges from natural disaster or social movement, our workload usually remains unaffected. However, even with prior experience from SARS, COVID-19 still brought undeniable impact on surgical practices.

Many private hospitals implemented strict regulations regarding entry to premises, based on symptoms, travel history and prior contact with known COVID-19 patients. While there is no doubt that this is necessary, it could have potentially caused certain delay in treatment. For instance, there were patients with suspected breast cancer, reluctant to promptly seek medical advice due to the fear of contracting COVID-19, and only attended their first consultation in late May with a fungating breast mass. We have heard patients coming in with hypovolaemic shock from gastrointestinal bleeding, as they did not seek medical advice despite tarry stool for over a week. Another patient with lactational mastitis, although without respiratory symptoms, was declined by a few clinics and hospitals due to recent travel history and high fever (due to mastitis), and progressed to breast abscess requiring surgical drainage. For patients tested positive for COVID-19 but with concurrent surgical problems, it becomes

an even bigger challenge to strike a balance between safety of health care workers and life-saving procedures for the patients.

There is often a tendency to believe that there is a lower risk for surgical specialties to encounter patients with respiratory conditions, therefore not requiring to take much precautions in personal protective equipment (PPE); yet we have also heard from overseas colleagues that a patient presented with non-specific mastalgia, who visited various departments for work-up, was subsequently tested positive for COVID-19. Fortunately COVID-19 also became a catalyst for surgeons around the world to unite and share their experiences, such as on various social media platforms. These webinars have also been an excellent alternative means when academic meetings had to be called off.

Elective operating lists were either curtailed or cancelled in many public hospitals. There were various proposals as to how public-private partnership could help alleviate the tension. While we are hopeful for the benefits these collaborations can bring to our patients, there are certainly much details that need to be fine-tuned prior to the implementation. Although we never wish to see similar pandemics again, this has definitely given us insights into how to solve similar problems in the future.

There were additional challenges that COVID-19 brought to surgeons who also happen to be parents. Schoolchildren are kept at home and our modes of living have been completely revolutionalised. Children probably have never imagined the normally “forbidden” digital devices have now turned into a necessity of their lives, and the only portal between them and their teachers. With numerous web-classes and a constant need to print out schoolwork for the kids – I have bought a grand record of 16 sets of printer cartridges over a period of just 2 months! With three kids, we also have to mobilise all the tablets and computers available and invested more in gadgets to maintain the stability of our wifi network at home in order to facilitate smooth connectivity of the web classes. I have definitely turned into an IT guru, thanks to COVID-19.

To a certain extent, this pandemic provided some kind of “reset”, as many called it. As a family, we had the opportunity of spending more time together, especially between the siblings; the kids slept more and gained weight; there is a temporary break from waking up at 6 am to catch school buses and not returning from school till it gets dark; we have done a lot more healthy home-cooking; and we have also discovered the beauty of the various country parks and beaches in Hong Kong, hidden gems that we never realise before.

With everyone’s compliance on social distancing, mask-wearing and hand hygiene, we have definitely proven that our effort is paying off, with persistently low number of newly diagnosed cases. We hope that our efforts continue to pay off, and soon we can resume our normal routines and reunite with our colleagues, families and friends.



The Line of Defense against COVID-19 in AsiaWorld-Expo

It was another usual morning in my out-patient clinic in late March when a hospital intranet e-mail caught my eyes. The Hospital Authority Head Office is recruiting medical staff to join the Temporary Testing Centre at the AsiaWorld-Expo (AWE) to provide medical support.

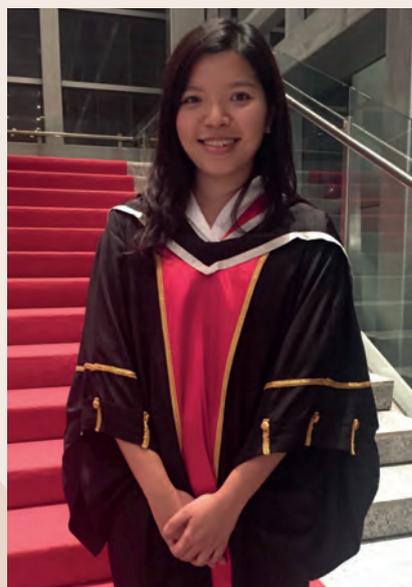
It was by then 2 weeks after the World Health Organization (WHO) declared the COVID-19 a pandemic on 11 March and Hong Kong was at the peak of the outbreak with continuous surge of cases, many of them with recent travel history. Every day we were bombarded with endless figures of confirmed and death cases worldwide, ever-changing policies on border control, compulsory quarantine and later on ban on group gatherings.

As a surgeon, I do feel that our role is diminished since many of our elective work has been postponed or cancelled. There are also fewer patients in both out-patient and in-patient setting. It was indeed upsetting if I were not able to help during this crisis.

For this reason, this e-mail ignited a spark inside me: I can and I want to help. Things were in quite a rush so after a few hours of struggling and obtaining support from my Chief of Service as well as from my team and my family, I volunteered myself to help out at the AWE.

In the second week of April, I assumed my duty at the AWE, where there were two testing centres, one run by the Hospital Authority (HA), and the other by the Department of Health (DH). For the HA centre, we handled inbound travellers who reported symptoms and performed NPS (nasopharyngeal swab) for them. We also arranged admissions to HA hospitals for those screened positive by DH. Later the centre also provided testing for persons under compulsory quarantine.

The venue was carefully designed so as to clearly separate the 'clean zone' from the 'dirty zone' with proper locations for gown up and gown down. There doctors' main duty was to provide consultation and to handle test results. Most of the doctors were from A&E and Family Medi-



Dr Jennifer SY LEE

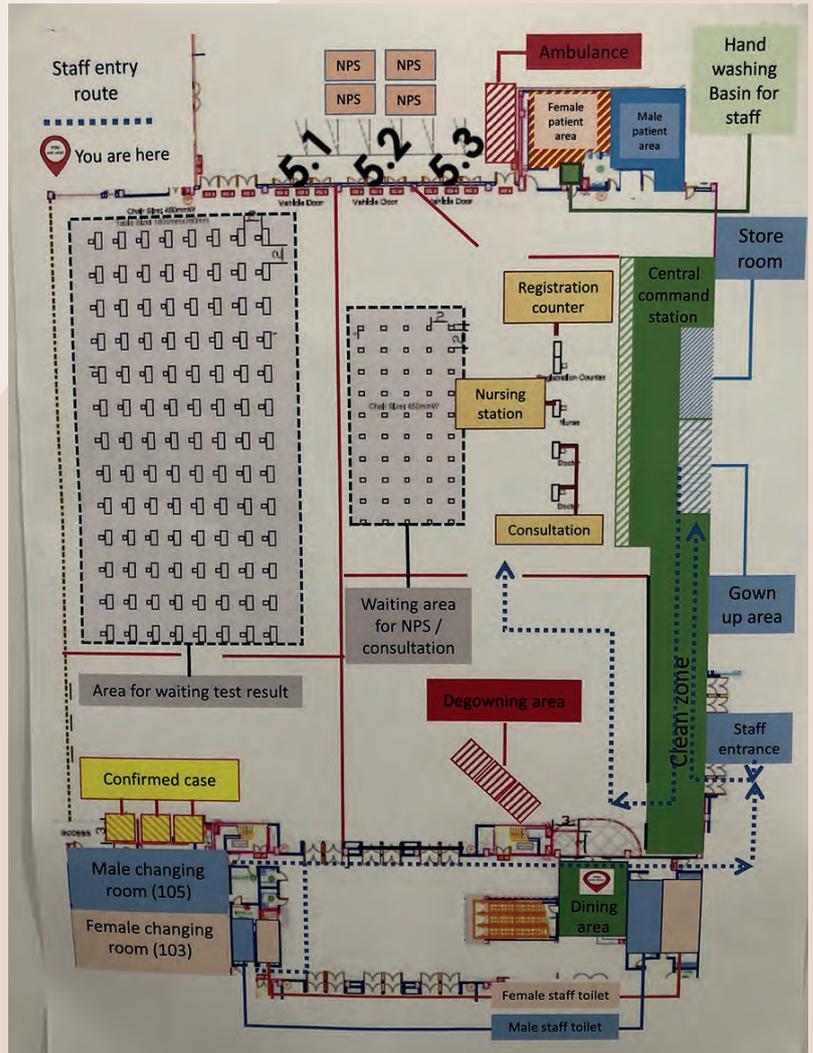
Pamela Youde Nethersole Eastern Hospital



The consultation area (dirty zone)



Testing centre in Hall 5 at AWE; white compartments are for de-gowning



Detailed floor plan of the testing centre



Working with a team of nice and helpful nurses

cine. There were only a few general and orthopaedic surgeons. We need to put on full protective gear including N95 respirator, face shield, hair cover, gown, before entering the 'dirty zone'. As the personal protective equipment (PPE) stock was tight, we would usually enter 'dirty zone' one person at a time and stay inside the consultation area with a full gown for a few hours in order to reduce usage. You would literally sweat from inside-out. I am particularly thankful to the fully gowned-up cleaning workers there, who would immediately disinfect the consultation areas after we saw patients. They kept us safe all the time.

The most memorable case I remember was a gentleman who returned from the UK and was later tested COVID-19 positive. He said he and his wife had been having a fever and symptoms for a few days in the UK. They called the National Health Service (NHS) hotline but were merely told to observe and stay home, without offering any testing. The UK health care system was seemingly just overwhelmed. I am glad that in Hong Kong with all the joint efforts from different parties, we at least partly guarded our health care system from collapsing.



Yummy soup provided by the AWE catering as support for us!

Since the number of flights and inbound travellers has been much reduced towards the end of April, HA management has eventually decided to discontinue the operation in AWE earlier than planned. It was definitely not an easy task to set up such a large-scale centre running 24/7 in such a short time period, with recruitment of doctors, nurses, technicians and other supporting staff. This centre has been crucial as it helped relieve the burden in public hospitals because all these cases would have required admission to airborne infection isolation rooms (AIIR) otherwise. I was told that with the AWE put into operation, some 1500 AIIR admissions were avoided. I was proud to be able to contribute a little in this operation.

At the time of writing, the outbreak in HK seems to be largely controlled but we need to stay vigilant. I wish we would be able to take off our masks and enjoy our breaths of fresh air very soon.

My Blind Date with COVID-19

One of the first hospital wards overrun by COVID-19 in Mainland China was a neurosurgical ward. Among the first doctors to have died from the disease was a neurosurgeon. But those weren't the reason why I ended up as a volunteer on a COVID-19 ward at Queen Mary Hospital; viruses, after all, do not generally understand revenge nor do they bow to surgical bloodshed.

I did what I did because there were good examples to follow. By the time the outbreak overwhelmed our colleagues in Internal Medicine in March, the orthopaedic surgeons had already availed themselves in assistance, manning COVID-19 wards on nothing but good will. Others followed suit, myself included, thinking we could at least render spiritual support. Little did I expect to emerge from this precarious blind date enlightened and deeply humbled.

My stint began on a newly re-purposed ward with 20-plus confirmed cases which, ironically, was probably the safest place to work in the hos-



Prof. Gilberto KK LEUNG

*The University of Hong Kong,
Queen Mary Hospital*



The corridor outside negative-pressure rooms

pital as one was henceforth left in no doubt about the risks involved. Training was essential, and while us surgeons like to think we know how to gown up, de-gowning amid COVID-19 is a different matter altogether. Granted that ripping things off with abandon – gloves, masks and gowns flying off in different directions – is one of the small pleasures that many of us secretly enjoy after a long and successful operation, to do the same with coronavirus-coated clothing is nothing short of suicidal (and homicidal). I re-learned how to gingerly take things off the right way, all the while knowing that some of my peers had to go through the same tiring ritual four, five, six times a day. Not a small feast, and hats off to them.

Listening to how people organised their work from scratch in the new facility was a sobering experience. (It was Day 1 for everyone there.) I heard caring when nurses talked about how to watch over patients on their breathless ways to the bathroom without being able to get to their side; I heard selflessness when phlebotomists discussed ways to cut down the use of PPE by forgoing convenient routines; I witnessed dedication when cleaners gowned up to mop the floor in negative-pressure rooms as health care assistants patrolled the corridor outside for hours on end. There was not a word of complaint, no pretense of heroism or self-regarding drama, but only little things – little but important things – that reminded me how this war was being fought out, how easily that we could be taking things for granted, and how privileged we are, working alongside these people, COVID-19 or not.

So there I was, effectively the most junior doctor on site, seeking redemption for my naivety and ignorance by attending to the basic



Day 1. Didn't know what to expect

Ward round by phone through windowpane

– checking blood results, ordering x-rays, and prescribing phosphate supplement – nothing dramatic but all familiarly rewarding. Ward round was done by phone which surprisingly had little of the usual coldness as patients and I gestured at each other through windowpane. The physicians came around often likely because they were under no illusion about the extent of my knowledge of interferon beta-1b, lopinavir-ritonavir and ribavirin (the ‘triple therapy’), or my abilities to read ECG (prolonged QT due to treatment) and CT thorax (vs. brain). The support was incredible, and I soon felt like a third-rotation intern: slowly blending in, sort of competent, and happy to be learning. And I still remember the joy of typing the discharge summary of my first recovering patient who, on her way out, waved it at me in victory with a big smile and an inaudible ‘thank you’. A blind date that went well, I thought.



We are a Super, Unique and Outstanding Team



Dr Irene LO Lo
Queen Elizabeth Hospital

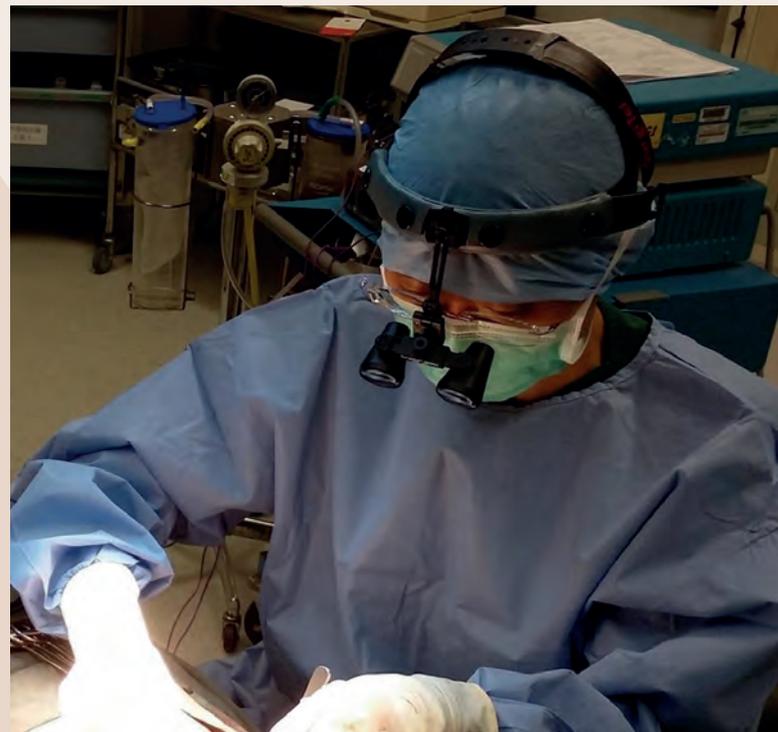
The memories and experience of SARS still leave an indelible imprint on all of us. To a medical professional who worked hard and fought together during this difficult time, the memories will never fade.

As time passes, while the memory of wearing surgical masks and the habit of good sneeze and cough hygiene seem fading away among the majority of people in society, here comes the COVID-19 pandemic, a lesson to be reminded and learnt again.

Many surgical diseases can present as fever. During the pandemic, sometimes it is difficult to differentiate if the fever stems from surgery or is a symptom of COVID-19. Therefore in our hospital, surgical patients with fever which can also mimic viral infection will undergo RNA test for COVID-19. While waiting for test confirmation, admission is made to isolation ward where confirmed and suspected cases are treated. Infection is assumed until proven otherwise. Very good practice indeed! Just like in Advanced Trauma Life Support (ATLS): trauma is assumed until proven otherwise.

In order to minimise the number of staff being exposed to the coronavirus, we send one senior surgeon at a time to manage all surgical patients in the isolation ward. To protect our junior staff, consume less personal protective equipment (PPE) and based on my own confidence to perform well in an isolation ward setting, I volunteered to take up the role. No struggle, no difficulties. Together with another senior colleague, we take turns to admit patients to the isolation ward and conduct ward rounds since February till present.

As nursing staff are mainly deployed from a mixture of specialties wards, we ended up having an opportunity to catch up with old friends in isolation ward. Fear, worry about oneself and family, loneli-



Surgeon at work

ness, missing family time to see kids or parents at home are common sentiments shared among the frontline workers. Fear simply arises from uncertainties. This was overcome by introducing a highly or-



Isolation ward

ganised stepwise logistic in infection control practice and it turned out to be very effective and reassuring.

Quickly, fears and worries transformed to confidence and satisfaction in this special workplace.

Media may address us as “dirty team”. In fact, I feel an urge to readdress that NONE of us is “dirty”.

The existence of isolation ward had created a super, unique and outstanding team. We are more than cleanliness than we used to be. The nature of our job is of special mission, highly specialised instead of dirty, disgusting, unwanted or inferior (as the word “dirty” implies).

When challenges lie ahead of us, we take it with confidence because we are highly capable, backing up by sound knowledge and solid experience. We end up all proud of ourselves because we have accomplished a special task at a special time, in a hot zone dealing with high-risk patients. Every aspect is respectable and had nothing to do with the term “dirty”.

Supply of PPE was once an issue. However, there are always solutions for a problem. We are highly trained professionals. QEH is another home for us. This time, the outcome is just outstanding! Our infection control skill proved to be very effective. All confirmed patients were discharged home. All staff members remain in good health condition. This great satisfaction can only be experienced if you are one of us.



Choose Hope Over Fear

“SARS 2.0 is coming!” This was our impression when the unknown virus was conquering Wuhan early this year. The painful memories about how Hong Kong suffered in 2003 kept afloat in our mind. The uncertainty towards the new infection and the doubtful countermeasures even brought the relationship between health care workers and the Government to a cliff edge.

At that time, I just signed up the Special Honorary Scheme (SHS) provided by the Emergency Department, to combat the peak season of seasonal flu in February. Unexpectedly, COVID-19 was the real enemy. Accident and Emergency (A&E) was flooded with hundreds of patients showing respiratory symptoms and recent travel history to China. They all wished to check for COVID-19 status (deep throat saliva test in A&E was not initiated until 19 February) and it was really hard for us to differentiate between COVID-19 and flu simply based on symptoms. Our medical staff needed to take extra caution when handling suspected patients.

Would the community or hospital outbreak happen again? Would I be a burden to my colleagues and family? Lots of questions emerged in my mind. I practised social distancing since then. Unfortunately, continuous streams of bad news kept coming. The Hospital Authority announced that personal protective equipment (PPE) stock could only last for 1 month. I still keep the message sent from my A&E senior on 11 February, telling me that waterproof PPE would only be reserved for health care workers who performed resuscitation, implying that I would only be provided with non-waterproof PPE when handling other front-line cases. Ultimately I still decided to stay and support my A&E colleagues on the front line after my surgical duty. Because “If not us, who? If not now, when?”



Dr Kelvin KF Wong

North District Hospital & Alice Ho Miu Ling Nethersole Hospital

I deeply appreciate the unlimited support from my surgical team, especially my senior Dr Frances KY CHEUNG, who even bought me extra protective gears like safety goggles and face shield, before the time when the hospital could purchase additional ones.

The only thing we have to fear is fear itself. And only with the courage to keep fighting could we eventually win this battle and protect our homeland. Apart from my daily surgical duties and SHS support at night, I gathered a group of enthusiastic licentiate doctors, Chinese medicine practitioners, nurses and students to look for surgical masks and emergency supplies for the needy and elderly. Jointly organised with the NGOs (including Agency for Volunteer Service, The Neighbourhood Advice-Action Council, Caritas Community Centre, The Association of Licentiate



of Medical Council of Hong Kong), we have initiated health care education online, emergency supplies home-reaching delivery, and social support to the elderly every weekend since February (until the order of prohibition on group gathering was in place). Our volunteer service covered Wah Fu Estate, Western District, Tung Chung public estates and even subdivided flats in Kwai Hing; serving more than 500 families. Hope, was the most precious thing that we wish to bring to them other than masks.

With the global outbreak, airport became a new battle front. As a member of the Auxiliary Medical Service, I volunteered to take part in the AsiaWorld-Expo (AWE) deployment in April. AWE served as a buffer for deep throat saliva sampling for asymptomatic travellers, and also to identify those who became symptomatic after arriving Hong Kong. Our duty was to assist colleagues from the Department of Health, educate on deep throat saliva sampling, and escort symptomatic patients to relevant facilities for further investigation. It was always rewarding to see students arriving home with a smiling face after a difficult time abroad in the pandemic zones. It is mandatory for passengers from some specific regions to wait until



their COVID-19 result was negative before being allowed to return home for self-isolation. The waiting area in AWE was just like a huge examination hall, and it was heartbreaking to see them sitting and waiting for a whole day before the result was available.

After hundred days of combat, we came so close to the peep of dawn. We know there may be tremen-





dous challenges lie ahead, and that is why we cannot afford to slow down. It was my privilege to witness the strong faith and fascinating work of my colleagues, social workers and even students who volunteered themselves to serve during the crisis. It may look dark

tonight, but if we hold on to hope, tomorrow will be better. That is what this battle is all about and that is the choice we are facing right now. We have to choose hope over fear, and unity over division. If we stand together and fight together, we will eventually win.

Feelings of COVID from Final Year HSTs

The COVID-19 pandemic has changed our lives drastically in the past few months. Surgeons might not be treating COVID patients directly but the pandemic has had a significant impact on our work, e.g. cancellation of elective operations, postponement of examinations, deployment of surgeons to other specialties.... From consultants to trainees, no matter we are working in private or public settings, we could not be immune from the repercussions.

How did our colleagues struggle through this period? Let's hear what they say...

Colleague A:

Uncertainty has often been a challenge, or sometimes a nightmare, to surgeons when we encounter the unexpected during operations. The COVID-19 pandemic is a big malignant uncertainty of a kind sweeping across our profession. Other than concerns over its impact on our health and that on our loved ones, its impact on surgical training is among our many worries. Training courses are cancelled. Service cut would mean difficulty in fulfilling training requirement on operative experience. Flying rumours come from here and there on the need of deployment to non-surgical specialties that may impact as training interruption.

Worst of all, as final-year Higher Surgical Trainee, it would mean indefinite postponement of Fellowship Examination.

No one can say for sure when the COVID-19 crisis would subside, and when the examination will resume. From being psychologically prepared for one of the most significant milestone professional examinations, it now becomes a great uncertainty on how to further progress in preparation of examinations. Moreover, it worries us what happens if in the unfortunate event of failing the first Fellowship attempt. Even if things go well, there would still be potential impact from this delay to subsequent prospect in career advancement and salary increments.

We are all forced on boat to this COVID-19 pandemic. We have no choice but only to embrace the uncertainty. In such difficult times, what we could hope for are that special consideration be made and that the outbreak gets under control soon. May odds be in our favour.



Dr Emily YL Lai
Queen Elizabeth Hospital

Colleague B:

Mixed feelings. Undoubtedly COVID-19 posed a major disruption to our revision plans, and surely our operative exposure too, no matter elective or emergency. Yet we know the priorities – let's fight and win the battle against coronavirus (and FRCS)!

Life in the Time of Coronavirus

Dr Brandon CF Law

Queen Mary Hospital

I was approached to work at the AsiaWorld-Expo (AWE) in late March, around the time of the second wave of coronavirus infections in Hong Kong. I agreed to volunteer, although I would be lying if I said the decision was not accompanied with a certain level of trepidation.

Unfortunately I was only rostered for 1 day of duty at the AWE, as the service was prematurely cut due to the lack of incoming cases. Therefore, I will be sharing my general thoughts regarding the outbreak from a trainee's perspective.

Living through the development of the pandemic as a Basic Surgical Trainee (BST) was an interesting experience. After the initial panic phase, characterised by obsessive hand hygiene and a 'guilty until proven innocent' attitude, life settled into a routine. Training opportunities were regrettably slashed as a result of the widespread precautionary measures. However, the pandemic has enabled us to reflect on our understanding of the world with many important lessons learnt for the future.

Back in January, there was much debate regarding the correct strategy. There was talk of border closures, the 'just-the-flu' camp, the logistics camp. Indeed, prominent psychologists were comparing statistics of COVID-19 deaths to those from annual car crashes, blissfully unaware that there is a limit to how many people one car crash can lead to.

Often what we see is the tip of the iceberg, not the underlying processes under water. The pandemic has exposed many blind spots in our thinking. The world has evolved at a rapid pace in the previous decade. Prior to the pandemic, global connectivity was the highest it has been in the history of mankind. As a result, the value of second-order and even third-order

thinking, and knowledge of the principles behind systemic and multiplicative risk is even more important. In this day and age, decisions made at higher levels will set in train a greater domino effect due to the higher connectivity than ever before.

As the pandemic has shown, in terms of dealing with deadly pathogens with human-to-human transmission, overreaction is the correct response, especially in the early stages when there are so many unknowns. In a way, Hong Kong is lucky that it has undergone a similar epidemic during SARS, which has effectively "vaccinated" the population by changing our behaviour. The rapid 'bottom-up' approach taken by the population in hygiene, social distancing and mask-wearing measures is one of the biggest reasons for life returning to 'as normal as it can be' this time. The timely setup of the AWE service and the mandatory 14-day quarantine strategies adopted by our government have also obviously played a significant part in preventing 'super-spreader' events and limiting the spread of disease.

All in all, I was impressed by how the health care community and the people of Hong Kong worked together to contain the spread of COVID-19. This has enabled us to regain a resemblance of normal life with a lower undercurrent of anxiety, compared with other cities now suffering from widespread outbreak of the disease. We can only hope that we will not encounter similar pathogens in future. However, in the event that we do, I believe we will be more prepared to deal with the threat.

I would like to thank Dr Alfred CC WONG for the opportunity in sharing my view as a BST. To our fallen doctors, nurses and other health care workers around the world, rest in peace.

The 5th Annual Scientific Meeting & Annual Dinner of The Hong Kong Society of Paediatric Surgery

The 5th Annual Scientific Meeting & Annual Dinner of The Hong Kong Society of Paediatric Surgery was successfully held on 10 August 2019, with the theme of “The Management of Vascular Anomalies in Children”. More than 80 participants attended the meeting, including over 30 paediatric surgeons together with over 50 paediatricians, general surgeons, nurses and allied health care professionals from both public and private sectors. We also had the honour to have Dr Pierre CHAN, member of Legislative Council of Hong Kong, and the representatives of non-governmental organisations including Children’s Cancer Foundation to be with us in this event.

During the meeting, Dr Michael LEUNG, Consultant Paediatric Surgeon and Chief of Service of the Hong Kong



Dr Kenneth LY CHUNG
Hong Kong Children's Hospital



Paediatric surgeons in public and private sectors in Hong Kong



ISSVA classification for vascular anomalies
 (Approved at the 20th ISSVA Workshop, Melbourne, April 2014, last revision May 2016)
 (For classification, it is essential to refer to the understanding of histology, immunohistochemistry and genetics, and to the associated clinical and radiological findings.)

Overview table

Vascular tumors	Vascular malformations		
	Simple	Complex*	Associated with other conditions
Benign	Capillary angiomas (e.g. infantile hemangioma)	Cavernous malformations	Not reported
Locally aggressive or malignant	Lymphatic malformations (e.g. lymphangioma)	Arteriovenous malformations	Not reported
Malignant	Angiosarcoma	Angiosarcoma	Associated with other conditions

Dr Michael LEUNG, COS of Surgery, Hong Kong Children's Hospital



The President's Medal was passed on to Dr Jennifer SIHOE (President of HKSPS) by Dr Kelvin LIU (Immediate Past President of HKSPS)

Children's Hospital, shared with us his valuable experience about the Setting Up a Multi-Disciplinary Vascular Anomalies Centre in Hong Kong. Moreover, Dr Clarence LIU and three paediatric surgeons who received the HKSPS Travelling Sponsorship for overseas conferences also shared about their experience.

The highlight of the evening was marked by the Conferment of Honorary Membership to Dr Kelvin LIU, the Immediate Past President of The Hong Kong Society of Paediatric Surgery by the current President Dr Jennifer SIHOE. Dr LIU worked previously as the Chief of Paediatric Surgery at the Prince of Wales Hospital and later at United Christian Hospital and established the third Paediatric Surgical Centre in Hong Kong serving the Kowloon East Cluster and the Kowloon Central Cluster in 2002. Dr LIU is an Honorary Associate Professor of the Chinese University of Hong Kong and the University of Hong Kong. He has extensive experience in research and has published seven book chapters and over 100 papers in peer-reviewed journals. He has presented his work at numerous conferences, both local and overseas. Dr LIU is instrumental in the development of paediatric minimal invasive surgery and paediatric liver transplantation in Hong Kong. He pioneered the establishment of the multidisciplinary management for cleft lip and palate in Hong Kong and was awarded the Outstanding Staff and Teams Award by the Hospital Authority in 2011. Dr LIU has played an essential role in the training and development of paediatric surgery in Hong Kong. He served as the Chairman of the Board of Paediatric Surgery of the College of Surgeons of Hong Kong from 2003 to



Conferment of Honorary Life Membership of HKSPS to Dr Kelvin LIU by Dr Jennifer SIHOE (President of HKSPS)



2013. Dr LIU was also the Founding President of the Hong Kong Society of Paediatric Surgery and the Past President of the Hong Kong Paediatric Society. In recognition of Dr LIU's contribution to child health, he was conferred Honorary Life Membership of the Hong Kong Paediatric Society in 2012.

Council Members of HKSPS



Dr Edgar YK LAU
Private Practice

The 20th International Course on Perforator Flap

The 20th International Course on Perforator Flap (ICPF), organized by the Hong Kong Society of Reconstructive Microsurgery and both teaching universities, was held on 13-16 November 2019 at the Prince of Wales Hospital. It is an annual global event in the Plastic Surgery community where “Masters of Reconstruction” gather to share their experiences to an international audience through lectures and live surgeries. This is the first time that Hong Kong has the honour of hosting this event.

In spite of unforeseen social challenges in our territory, the conference carried on successfully apart from the cadaveric dissection session. Overseas faculty from leading institutes across all parts of the world enlightened the audience with their techniques in raising perforator flaps over various parts of the body. Applications to common clinical problems such as breast reconstruction and lymphedema were tackled in detail via multi-disciplinary expert panels during the pre-symposium held at Kwong Wah Hospital on 11-12 November 2019. Through live surgeries,



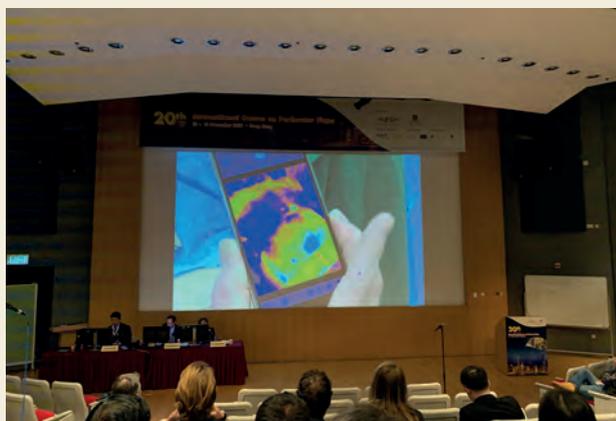
Pre-symposium held on 11-12 November 2019 at Kwong Wah Hospital with Prof. Isao KOSHIMA, Prof. Jaume MASIA, Prof. Claudio ANGRIGIANI and Prof. Joon Pio HONG



Live surgery for upper limb lymphedema by Prof. Isao KOSHIMA



Dr Tor CHIU (Course Organizer) presenting a souvenir to Prof. Phillip BLONDEEL after the CC Wu Visiting Professorial Lecture



Live surgery demonstrating the intraoperative use of thermal camera by Prof. Robert ALLEN



put together by our hardworking local faculty, the reconstructive giants showcased how they transformed their dreams into reality. Novel technologies such as the use of thermal camera and ICG that pave our way to the future were also presented. The event was nothing short of inspiring for the audience, Fellows and trainees alike. God willing, we look forward to the next ICPF to be held in Beijing as soon as condition allows.

Photo at the Gala Dinner with the local and overseas faculty



Dr Albert CY CHAN
Queen Mary Hospital

Hong Kong Surgical Forum / Shanghai-Hong Kong Surgical Forum

As one of the main surgical events in our region, the Hong Kong Surgical Forum (HKSF) 2020 (<https://www.hksf.hku.hk>) organised by the Department of Surgery at The University of Hong Kong continued to provide the most updated information on the latest developments in various surgical disciplines.

This year, the HKSF was preceded by a 1-day workshop on the state-of-the-art magnetic surgery for gastroesophageal reflux disease delivered by Prof. John LIPHAM from University of Southern California, Los Angeles, Prof. Asim SHABBIR from the National University of Singapore and Prof. Simon YK LAW from The University of Hong Kong. The main forum on the following day covered a broad-spectrum of specialties ranging from reconstructive genito-urethral surgery to paediatric surgery, from upper gastrointestinal surgery to bariatric & metabolic surgery, and from Vascular Surgery to surgical oncology. A notable highlight was the GB ONG lecture delivered by the honourable Lord Ara DARZI on Digital Transfor-



Pre-Forum animal workshop on magnetic sphincter surgery

mation in Health – his venture in developing artificial intelligence for improving the health of the people in London.

The final day of the forum was split into two separate paths. The Division of Paediatric Surgery hosted the post-forum workshop on the use of high-resolution 3D laparoscand intraoperative indocyanine green fluorescent imaging, whereas the other HKSF faculties departed for Shanghai for the Shanghai-Hong Kong Surgical Forum jointly organised with the Department of Surgery, Zhongshan Hospital at Fudan University. The forum was well attended and offered an excellent opportunity for knowledge exchange between some of the outstanding Fellows and residents from the two institutions.



Last but not least, my gratitude goes to Prof. Stephen WK CHENG, Head, Department of Surgery, The University of Hong Kong and all my colleagues from the department, as well as friends from the industries for the unwavering support for this annual event.



Invited faculties of the HKSF



Prof. J LIPHAM speaking on magnetic sphincter surgery



Prof. Stephen CHENG presenting the GB Ong Lecture Medal to Prof. Ara DARZI



Post-Forum paediatric 3D-laparoscopy workshop

Shanghai-HK Forum @ Zhongshan Hospital, Fudan University



Younger Fellows Chapter



Dr Jeremy YC Teoh
Prince of Wales Hospital

The Younger Fellows Chapter represents a group of young and energetic Fellows who will become future leaders in the surgical community and society. The Chapter consists of 330 members who have acquired Fellowship of the CSHK within 10 years. The majority of the members are specialised in General Surgery, followed by Urology, Neurosurgery, Plastic Surgery, Paediatric Surgery and Cardiothoracic Surgery.

Election of the Executive Committee 2019-2021

The election for the Executive Committee of Younger Fellows Chapter Session 2019-

2021 was held successfully on 12 February 2020. It is our great pleasure to introduce our cabinet to you all!

Our Plans in the Coming Two Years

As a representative of the Younger Fellows Chapter, we pledge to serve our members in the following ways.



Tutorial Sessions for General Surgery Examination Candidates

Passing the Fellowship Examination is one of the biggest milestones in our surgical career. This is a new initiative to prepare our examination candidates for their Fellowship Examinations. As the first step, we plan to arrange a series of tutorial sessions for our General Surgery Examination candidates. All tutorial sessions will be scenario-based and tutored by experienced surgeons.



(from left) Dr Rachel Ko (Treasurer), Dr Winston Hwang (Publication), Dr Tommy Yip (Secretary), Dr Jeremy Teoh (Chairperson), Dr Bryan Cheng (Research), Dr Eva Siu (Vice-Chairperson), Dr Jennifer Chiu (Internal Affairs)



Dr Peggy SK CHU
Tuen Mun Hospital

The Women's Chapter was a bit laid back due to the recent coronavirus infection and no activity has been arranged for the past couple of months. The Council hopes to resume activity in the near future once the pandemic is over. The Council would like to wish all our members and their families healthy and safe. Please take good care!

EXAMINATION CORNER

Notice of Postponement of Examinations

In light of the latest development of the coronavirus outbreak, the following examinations have been postponed until further notice.

Membership Examinations

- Part 1 & 2 (11 February 2020)
- Part 3 (23 & 24 March 2020)

Fellowship Examinations

- JSF Exam in Urology (27-28 February 2020) in Hong Kong
- JSF Exam in Paediatric Surgery (14 March 2020) in Hong Kong
- JSF Exam in General Surgery (18-19 & 21 March 2020) in Hong Kong
- JSF Exam in Cardiothoracic Surgery (25 & 26 April 2020) in Singapore
- JSF Exam in Neurosurgery (8 & 9 May 2020) in Singapore

As soon as circumstances permit, we will try to recommence the examinations. Candidates who enrolled in the examination originally scheduled in February and March 2020 will be informed of the re-scheduled arrangement in due course.

The latest arrangements will be posted on the College website: <http://www.cshk.org>

For enquiry, please contact us at 2871 8799, or email info@cshk.org.

*The College Secretariat
The College of Surgeons of Hong Kong*



DR HARRY YJ WU

*Director & Assistant Professor, Medical Ethics & Humanities Unit,
The University of Hong Kong*

Through the Lens of Handwashing

The crisis of COVID-19 not only reveals the uncertainty in the disease itself scientists are still trying to unravel, it also enables one to rethink what have led to our health practices today. Among a variety of ways responding to the menace of deadly infectious diseases, hand hygiene is one of the most important but also easily ignored measures.

The discovery of the handwashing benefit in surgical practices could be dated back to the mid-19th Century. The Hungarian doctor Ignaz Philipp SEMMELWEIS (1818-1865) revolutionised the antiseptic procedures by suggesting simply washing hands while working at Vienna General Hospital. When germ theory was yet to be proposed, SEMMELWEIS found that doctors' wards had three times the mortality of midwives' wards. It was also at the time doctors still used to spend time in the morgue dissecting cadavers before delivering a baby without handwashing. To figure out why, he asked doctors to wash their hands with chlorinated-lime solution, resulting in a surprising reduction of mothers' mortality rate from 18% to 1%.

It, however, took half a century for handwashing to gradually become part of standard surgical procedures. Yet it could not be routinised without microbiologists' endeavour. For example, Louis PASTEUR (1822-1895), who was famous for his work on bacterial fermentation, began to emphasise the impact of germs and suggest antiseptic measures with heat. Robert KOCH (1843-1910), who discovered anthrax bacillus, was celebrated for his innovative attempt to experiment on bacteria, leading to four postulates in pathology. Towards the end of the 19th Century, Joseph LISTER (1827-1912) of Glasgow Royal Infirmary finally proposed a regimented sterilising method in surgery, including handwashing and antiseptic procedures on surgical instruments. Nevertheless, handwashing was not welcomed by doctors, for the highly reputable professionals initially refused to believe that they could be the

"Among a variety of ways responding to the menace of deadly infectious diseases, hand hygiene is one of the most important but also easily ignored measures."

source of infection. Suffice it to say that it took much more time for the public to pick up the practice.

In Hong Kong, handwashing presented a very different story: it was even generally believed that Chinese were more immune to diseases despite the unsanitary environment they were surrounded by. It was not until the civil engineer Osbert CHADWICK (1844-1913), who was concerned about the causes of diseases and death among Chinese, disenchanting such "superstition". When CHADWICK offered his wisdom, germ theories were not even well established in Britain. His plan to improve sanitary conditions in the city of Victoria serendipitously became the blueprint for sanitary reform in the colony. However, environmental sanitation did not trigger common personal hygienic practices among Chinese, while towards the last decade of the 19th Century, handwashing already became something everyone had to do in Anglo-American societies.

In the British colony and other Chinese concession territories, handwashing was not emphasised as part of health education until in 1920s and 1930s, when Christian missionaries began to augment Jesus' teachings with good manners in school children's education. According to Harvard educated philosopher N. Z. ZIA (1892-1991), who taught at Lingnan University, "[Jesus] discarded the customs of handwashing before each meal, of praying at crossroads, and of regarding the Sabbath as a day of absolute rest." While health knowledge itself was not necessarily introduced due to poor literacy, missionaries still could teach children the right things to do according to the principles represented in pictures. In Christian schools, toothbrushing, posture correction and handkerchief inspection formed a part of children's daily routine. "Every day we wash our hands" even became a song they had to sing. Nevertheless, how effective was the exercise and how far the approach rippled out require further scrutiny.

In the field of history of science, the gap between knowledge and practice can be best exemplified artisans' making and astronomers' application of optical instruments without effective communication between them. Similarly, facing an unknown subject in medicine, practices are not necessarily endorsed by empirical evidence but at times accidental discoveries. In contrast, experiences do not necessitate future practices either. Historically, it took significant years for people to realise the significance of hand hygiene after the infection mechanism of flu-like diseases was established. Facing the threat of COVID-19, the learning curve of handwashing for the public is naturally a long one.



*Dr John Ching-kwong Kwok
(1951 – 2020)*

Obituary: Dr John Ching-kwong Kwok

Dr John Ching-kwong Kwok, an eminent neurosurgeon and neuro-interventionist, left us on 9 April 2020 at Kwong Wah Hospital (KWH).

Dr Kwok was born in Hong Kong to a family of five on 14 February 1951. After completing his secondary education at St. Paul's College, Dr Kwok excelled his medical education abroad at the National University of Ireland, Galway and graduated in 1979. He continued his surgical training in Scotland and Wales in the United Kingdom. After attaining his professional surgical qualifications, Dr Kwok returned to Hong Kong in 1985 to join the Department of Neurosurgery of KWH. He was later promoted to be the Consultant-in-Charge of KWH, and thereafter, he devoted his whole career to developing public neurosurgical care, KWH's Department of Neurosurgery and Hong Kong's neuro-interventional services until retirement in 2012.

Dr Kwok has always been admired and respected for his steadfastness in providing the best neurosurgical patient care. He worked closely with the Tung Wah Group of Hospitals and together they successfully installed the most advanced neurosurgical facilities in KWH, examples include the setting up of the Neurosurgical High Dependency Unit (HDU), the first Digital Subtraction Angiographic machine, and the first robotic multi-coordinate navigation microscope (MKM), etc. With his tremendous achievements, Dr Kwok was awarded Ten Outstanding Young Person of Hong Kong in 1991 and Hospital Authority (HA) Outstanding Staff award in 2000.

With keen interest in vascular neurosurgery, Dr Kwok pioneered and mastered the use of endovascular neuro-intervention and minimally invasive navigational neurosurgery in the early 1990s. The use of these endovascular techniques made way for the accelerated recovery of thousands of patients from devastating neurovascular illnesses. To unite and foster gainful relationships between neuro-interventionists, Dr Kwok also founded the Hong Kong Society of Interventional and Therapeutic Neuroradiology in 2006 and had been the Founding Chairman until 2013.

Dr Kwok was an esteemed member in the field of information technology and was awarded the Hong Kong IT Achiever in



1993. In the early 2000s, he successfully developed the prototype for the current territory-wide electronic patient record (ePR) system for the HA. Dr Kwok advanced further to develop filmless operating theatre setup in HA hospitals.

While maintaining his professional service at KWH, he was also appointed as the Adjunct Professor of the City University of Hong Kong and Adjunct Professor in the School of Engineering of the Hong Kong University of Science and Technology. He focused his research on intra-aneurysmal flow dynamics, the application of human placental vasculature in neuroscience, the development of the novel radio-thrombectomy device for stroke management, and more recently, the utilisation of “Big Data” in the management of intracerebral aneurysms.

Dr Kwok dedicated his whole professional life to enhancing Hong Kong’s public health care and neurosurgical development, thereby earning deep respect for his operative skills, humility and stature. Suffice to say, the world has lost a wise and dedicated soul. Dr Kwok’s faith and legacy will forever inspire us and lead us to a better future.

Dr Kwong-yau CHAN
Kwong Wah Hospital

ANNOUNCEMENT

Cancellation of Conjoint Diploma Conferment Ceremony and Annual Dinner 2020

Dear Fellows and Members,

As the world is now shrouded by the COVID-19 pandemic, the College had a thorough discussion with the Royal College of Surgeons of Edinburgh and made a tough call to **cancel the RCSEd/CSHK Conjoint Diploma Conferment Ceremony cum Annual Dinner on 19 September 2020 (Saturday)** with the safety of our guests as key priorities.

The tentative date for the RCSEd/CSHK Conjoint Diploma Conferment Ceremony next year is 11 September 2021 (Saturday) and will accommodate diplomates and awardees from both Colleges in these 2 years.

Another flagship event of the College, the **RCSEd/CSHK Conjoint Scientific Congress 2020**, is

also under the impacts of COVID-19. We will organise a virtual meeting to retain an education and academic exchange platform for our Fellows and Members; details of which will be announced by our Scientific Committee soon. We are confident that the programme of this first-ever virtual Scientific Meeting in the College history will be as resourceful and diverse as usual.

The pandemic situation of Hong Kong has recently eased but it is not the time to slacken or let our guard down. We appreciate your continuous support to the College and the community. Please stay safe and well.

Yours faithfully,

Dr Heng-tat LEONG

President

The College of Surgeons of Hong Kong

From LI SHIELDS' Medalist to TOYP (十大傑出青年)

CS: College staff

MC: Dr Mina CHENG

CS: You were the awardee of the College's LI SHIELDS' Medal in 2014, and last year you were selected as the awardee of Ten Outstanding Young Persons (TOYP 十大傑出青年). Can you tell us your road from LI SHIELDS to TOYP? How do you view the TOYP award before being elected and how do you view yourself as an awardee?

MC: After graduating from the University of Hong Kong in 2007, I started off as an ENT trainee. Dr Moon-tong CHEUNG, our former COS recruited me to QEH after the busy but inspiring rotation of General Surgery. Under his all-round training, I passed my Fellowship Examination in 2014 and was awarded the College's LI SHIELDS' Medal. I was bestowed distinguished young Fellow of the Hong Kong Academy of Medicine in 2015. Throughout these years, I have developed special interests in Vascular and Trauma Surgery.

TOYP is a Hong Kong icon well recognised by the society. Most of the awardees are indisputable. I had had no idea until I met Dr Pak-yin LEUNG in the Hospital Authority Young Achiever Award Ceremony and he suggested me to apply for the TOYP Award. He said this is a good chance to let the public know the good things we are doing, especially in a non-university hospital. Here, I must thank my proposers Dr Pak-yin LEUNG and Dr Hiu-fai Ho of QEH AED for encouraging me to pursue TOYP and HA Young Achiever Awards last year.

TOYP is a public recognition and acknowledgement to what we have been doing these years. I take it as an encouragement to strive for further excellence. Trauma Surgery in Hong Kong has a lot of



Dr Mina CHENG
Queen Elizabeth Hospital



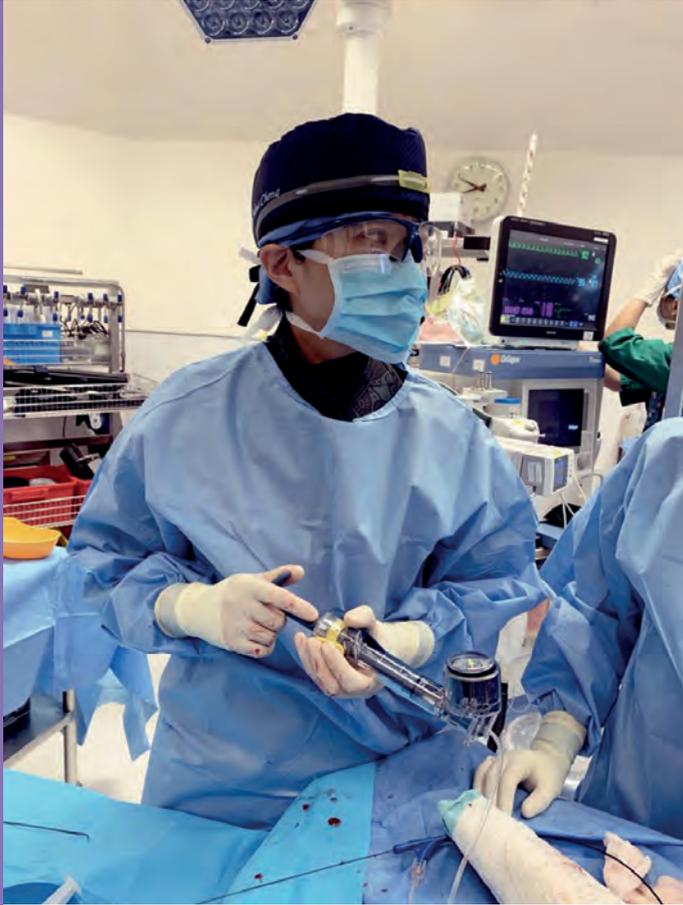


The vascular team with Dr CHENG at QEH



Being awarded TOYP in 2019





room for improvement. Teaching in Singapore Trauma has broadened my horizons. Trauma and Acute Care Surgery has evolved to a subspecialty worldwide with much recent advancement. In our city, it is still under the training of General Surgery, which has been specialising into different surgical systems. Subspecialty Surgery is about specific anatomy and pathology, whereas Trauma Surgery is about general anatomy and physiology. In the coming future, there will be no more General Surgeons to take care of Trauma. They will be extinct dinosaurs. Facing the unknown future, all I can do is to teach and research. With the support from Dr Moon-tong CHEUNG and Dr Hiu-fai Ho, my mentor Dr Kin-yan LEE and I designed and organised the first Advanced Surgical Trauma Course (ASTC) in 2013, which then became HA corporate training. I still remember how hard it was to get the ball rolling.

The 3-in-1 protocol is another QEH signature, which is a joint venture among different Trauma specialties to save lives of patients with haemodynamically unstable pelvic fractures. We witnessed the success of this protocol. The subsequent move was to make it evidence-based. To do research in regional



Receiving the HA Young Achiever Award in 2019



hospitals is more difficult than in the two universities. We were moved by the late Prof. Vijayan APPASAMY, father of Trauma of Singapore. He made a remark on our study in the ATLS Region 16 Symposium, that “a good study like this will change the world”.

This study was an 18-year historical cohort study. It was awarded the best Asia Pacific scientific paper on Trauma by the American College of Surgeons in 2014. The panel of judges questioned the improvement in survival was confounded by the gradual institution of other new therapies, like early and appropriate pelvic binder application, early and fast whole body CT scan, improvement in intensive care, and implementation of massive transfusion protocol. In order to overcome these limitations, we carried out a 5-year study involving all trauma centres in Hong Kong. It was then published in an international journal and our protocol has been regarded as the “Hong Kong Protocol”.

The Trauma team at QEHA



Advanced Surgical Trauma Course (ASTC) becomes the corporate training programme of the HA



Receiving the Best Asia Pacific scientific paper on Trauma from the American College of Surgeons in 2014

CS: Is there anything special you encountered during the selection process?

MC: I get to know a lot of outstanding people from all walks of life. Each of them has his/her own story of facing challenges and difficulties in life. We have become friends and together we form a group to do more for the society to make Hong Kong a better place.

CS: What are your current aspirations both professionally and personally?

MC: I would like to serve the community more. Locally, after the appointment by the American College of Surgeons, I have been organising and instructing the Stop the Bleed Course in schools, elderly centres and government departments. The next step is to train up more instructors to increase our coverage of the course.

Internationally, as Hong Kong representative in the Asian Collaboration of Trauma, I have been teaching the DSTC in Singapore every year and went to Cambodia to help them setting up their own Trauma system. After becoming Young Executive Leader



The 'Hong Kong Protocol' received extensive coverage in local media

Stop the Bleed Course conducted in secondary schools





As the Young Executive Leader of the International Hospital Federation



Asian Collaboration of Trauma meeting in Singapore



Asian Collaboration of Trauma meeting in South Korea, 2019



Cambodia Trauma course

in the International Hospital Federation last year, my future plan is to extend the training to other developing countries.

CS: We know you love exercising such as running and hiking. Are there any relevant adventures or challenges that you plan to achieve in the coming years?

MC: I love running and hiking. By being a guide runner for the blind, I can combine my hobby and social service. The blind runners are the ones who always inspire and motivate me by their positive attitude towards life. I also plan to go and see the world on foot. In order to achieve this, first we have to train up more Vascular Surgeons in order to sustain the service. Take the example of QEH, we only have two Vascular Surgeons to cover KCC and KEC.

CS: Many people grow up with an inspiration in their lives. Do you have one that you looked up to the most or had the greatest influence on you?

MC: My dad was the one I looked up to the most. He was a good father, husband, son, big brother, son-in-law, boss and friend. He is the most righteous person



As a guide runner for the blind



Among the many interests of Dr CHENG, including hiking, running marathon, and playing violin (at the HKMA Orchestra)

I have ever known. He is the one who taught me how to be a good person and doctor. He showed me the world and widened my horizons. He has been giving me full support and encouragement in every challenge in my life. He is with me always even after he left this world.

CS: As awardee of the College's LI SHIELDS' Medal in 2014, do you have any tips or words to the examination candidates this year who are affected by the cancellation of examinations due to COVID-19?

MC: Life as a Surgeon is a marathon, and Fellowship Examination is only one of the checkpoints. No knowledge is useless. Retrospectively, the candidates would consider this period a good opportunity to prepare themselves better for the future lifelong career.

CS: Any message you would like to convey to youngsters nowadays?

MC: Treasure what you have, and address what you're not good at. Be passionate, and pursue only righteousness (知足，知不足，有為，有不為).



Dr CHENG's family photo, with parents and younger sister



COUNCIL OF THE COLLEGE

President

Heng-tat LEONG

North District Hospital & Alice Ho
Miu Ling Nethersole Hospital

Vice President (External Affairs)

Edward CS LAI

Private Practice

Vice President (Internal Affairs)

Wai-sang POON

Prince of Wales Hospital

Honorary Secretary

Siu-kee LEUNG

Tuen Mun Hospital

Honorary Treasurer

Kam-hung KWOK

Queen Elizabeth Hospital

Censor-in-Chief

Kent-man CHU

Queen Mary Hospital

Council Members

Tan-to CHEUNG

Queen Mary Hospital

Philip WY CHIU

Prince of Wales Hospital

Peggy SK CHU

Tuen Mun Hospital

Simon YK LAW

Queen Mary Hospital

Michael WY LEUNG

Queen Elizabeth Hospital

Chi-fai NG

Prince of Wales Hospital

Simon SM NG

Prince of Wales Hospital

Dacita TK SUEN

Queen Mary Hospital

Chad CW TSE

Private Practice

Alfred CC WONG

Queen Mary Hospital

George KC WONG

Prince of Wales Hospital

Ming-kwong YIU

Hong Kong Sanatorium & Hospital

Paul BS LAI

Prince of Wales Hospital

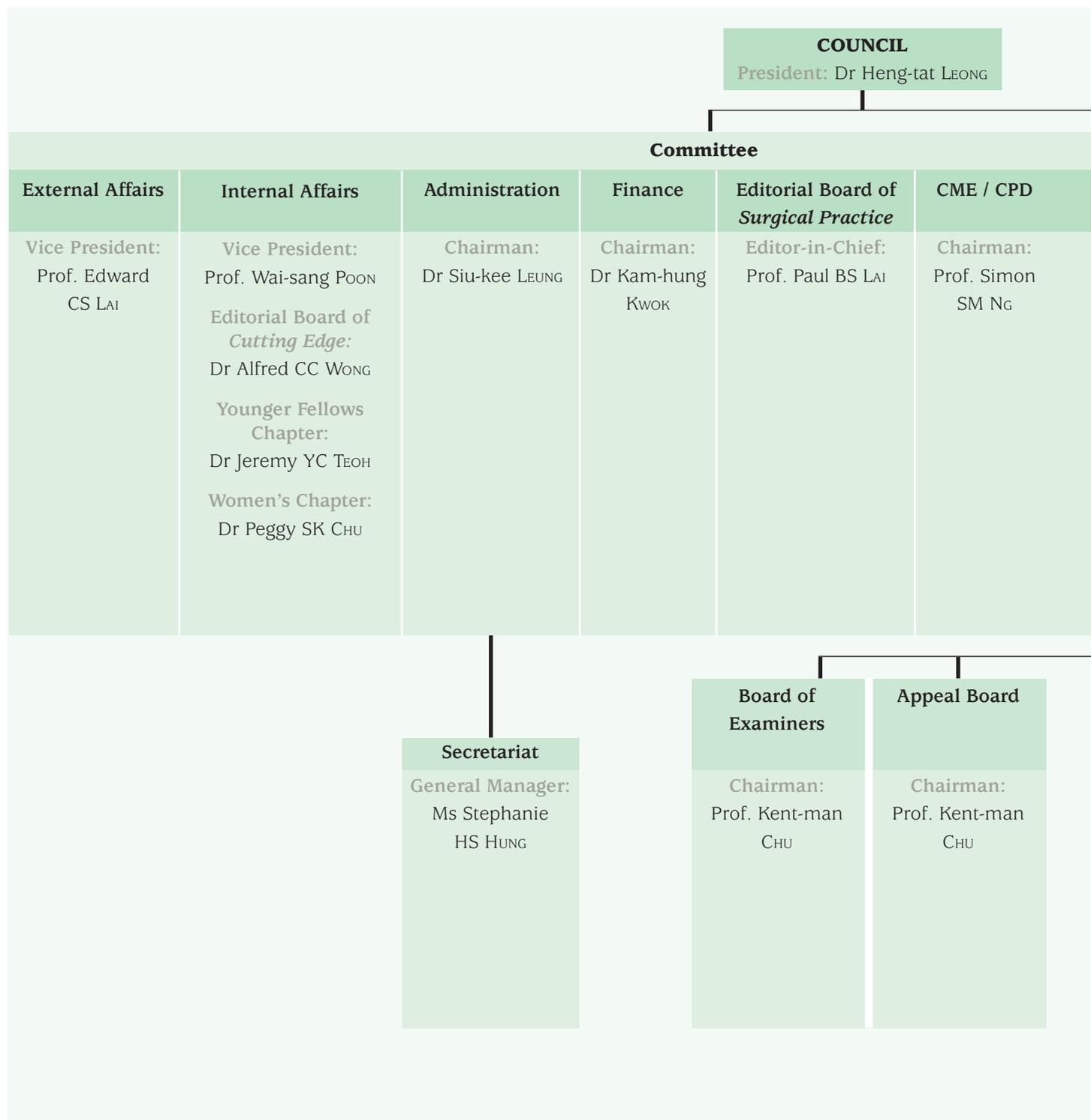
Ex officio Councillor

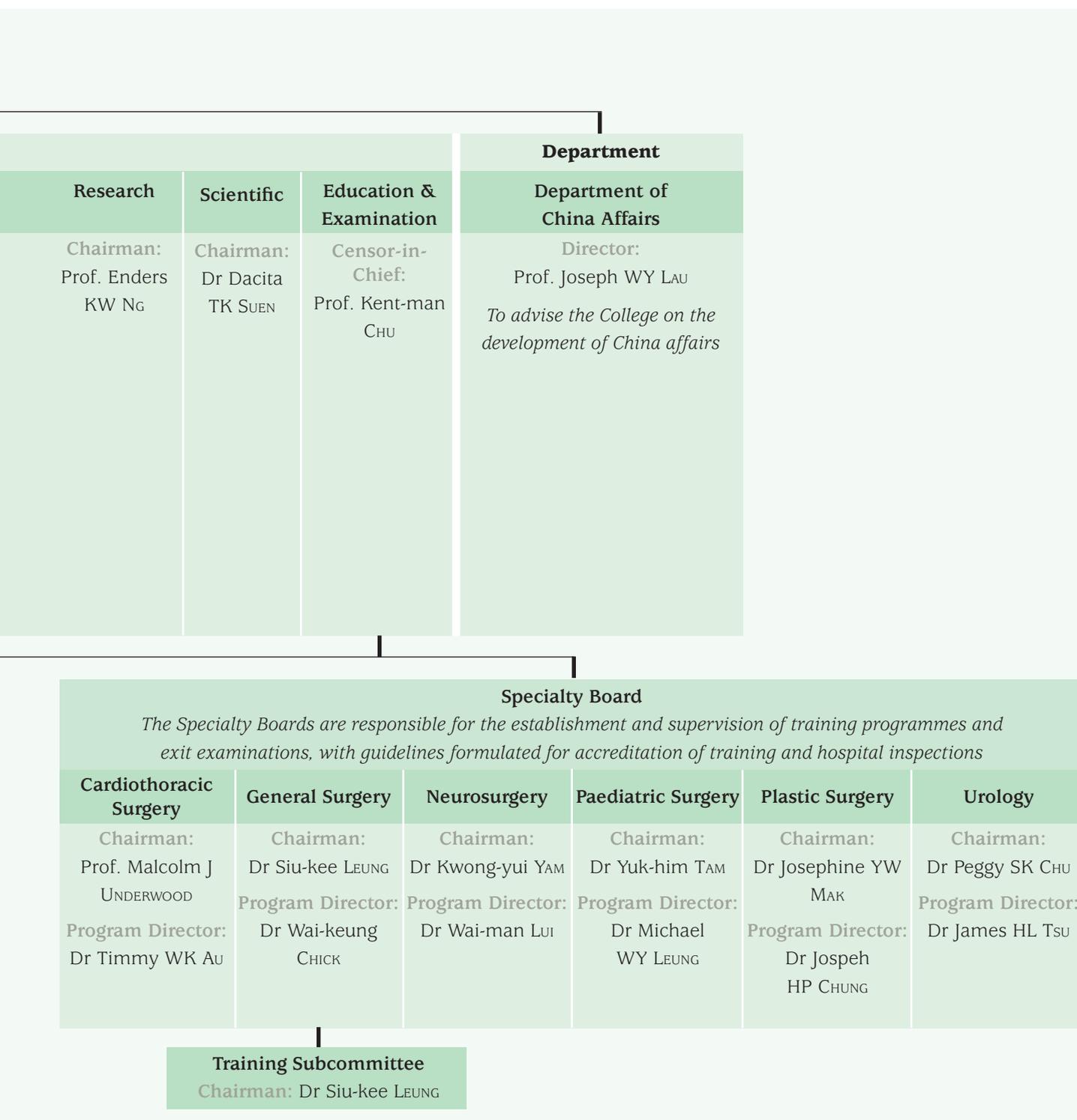


Back row (from left): Dr Peggy CHU, Dr Michael LEUNG, Dr Alfred WONG, Dr Tan-to CHEUNG, Prof. Ming-kwong YIU, Prof. Simon LAW, Dr Dacita SUEN

Front row (from left): Mr Chi-chuen TANG (Honorary Legal Advisor), Dr Siu-kee LEUNG, Prof. Kent-man CHU, Prof. Wai-sang POON, Dr Heng-tat LEONG, Prof. Paul LAI, Prof. Edward LAI, Dr Kam-hung KWOK, Mr Revson YAM (Honorary Auditor)

MANAGEMENT STRUCTURE OF THE COLLEGE OF SURGEONS OF HONG KONG







Cutting Edge is printed on paper suitable for recycling.
Please dispose of this newsletter in the recycle bin after reading.