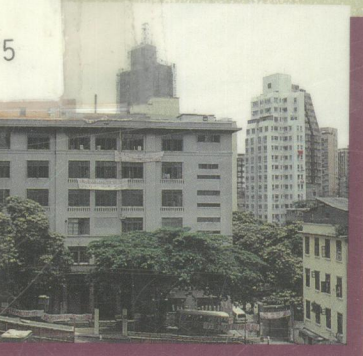




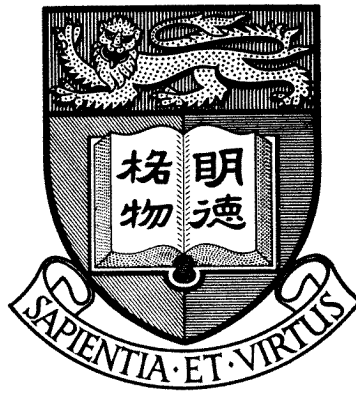
PROSPECTUS

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UNIVERSITY OF HONG KONG
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*This book was a gift
from*
Professor John Wong

PROSPECTUS

**DEPARTMENT OF SURGERY
UNIVERSITY OF HONG KONG
HONG KONG**

PREFACE

Our Medical School, being the first in Hong Kong, is now more than a hundred years old. So is the teaching of surgery. Many students have passed through the school, and have dispersed all over the world. A large number of residents and registrars have completed their training and taken up positions of eminence locally and internationally. Over the years visitors have come and gone. Many remained friends of the Department of Surgery and maintained contact. It is thought that all these people, who have had connection with the Department of Surgery and are acquainted with us, might like to be informed of the regular happenings of their old friends and former colleagues. Furthermore, newcomers and potential visitors would also be keen to learn about us. It is thus decided that a Prospectus of the Department of Surgery be produced. In it will be contained the set-up of the Department and its current endeavours. Regular up-dating of this publication will increase the awareness of the international surgical fraternity of our practice.

K.H. Lam



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*John Wong
Head of Department.*

INTRODUCTION

The Department of Surgery of the University of Hong Kong is more than one hundred years old. It has seen many changes in that time; from an early tentative but independent beginning within a College to being incorporated into a Faculty within the University; from the ravages of the Second World War to the comparative prosperity of today; from a service dominated approach to one of academic orientation; from crude methodology to sophisticated technology; from decisions based on empiricism to a practice founded on science; from an autocratic organisation to one of relative democracy.

By world standards the Department of Surgery has achieved much. Its clinical skill is well respected; its teaching and training have produced surgeons of the highest quality; its research has been widely recognised; and its commitment to excellence is the envy of many. As I write now we have performed the first liver transplantation in Hong Kong.

It is therefore appropriate for the Department of Surgery to catalogue its activities for the many in Hong Kong and from overseas who wish to know something about us.

Most fortunately, Professor K.H. Lam agreed to take up this difficult and arduous task to prepare the Prospectus. He has spent countless hours researching, collating, writing, and editing what is hoped to be the first Prospectus, to be followed by regular updating in the years ahead.

The Department of Surgery is proud of its status and its accomplishments. We wish to open our doors for all to see what we have done and will continue to do in future.

THE GOAL

The aim of the Department of Surgery is to enhance the role of surgery in the management of afflictions of mankind through impartation of knowledge and promotion of research. As one of the largest clinical departments in the University of Hong Kong, it has been carrying out this mission for over a century. The Department has progressed through various stages of development to become what it is today. To achieve this goal, clinical service of the highest standard is provided. Teaching, directed to all grades of health-care personnel within and without the Department, is delivered. Research, encompassing many aspects of clinical and experimental surgery, remains one of the prime objectives. Now operating through its five hospitals, five general surgical teams and five specialty divisions, its functions are served.



HISTORICAL



Digby School of Surgery

Founded in 1887 as the Hong Kong College of Medicine for Chinese, and renamed the Hong Kong College of Medicine in 1907, the medical school became the Faculty of Medicine when the University of Hong Kong came into existence in 1911.

Teaching was initially carried out in the Alice Ho Miu Ling Nethersole Hospital when the College was first inaugurated. Some time after the foundation of the University, the Digby School of Surgery was set up and housed in the Digby Building which opened in 1935. Teaching of clinical surgery was moved to Queen Mary Hospital in 1937 when the hospital was built. The Department was transferred to the Profes-

rial Block in the Queen Mary Hospital compound in 1967, a building which, together with a subsequently erected New Clinical Building, housed all clinical departments of the Faculty of Medicine. While the



The original hospital building (left), and the nurses' quarter (right)

offices on the second floor of the building still serve as the centre of activities of the Department of Surgery, academic and clinical functions now involve several other hospitals and sites.

Kenelm H. Digby, Professor of Anatomy since 1913, and holder of the Ho Tung Chair of Clinical Surgery from 1915, had been in charge of the teaching of clinical surgery ever since the foundation of the Faculty of Medicine. The Chair of Surgery was established in 1922, and Digby relinquished the Chair of Anatomy to take up the appointment until his retirement in 1945. It was not until 1948 when Francis Stock was appointed to the Chair as Professor of Surgery. In 1964, Guan-Bee Ong succeeded him, and served a long term of office until his retirement

in 1982. John Wong was then appointed to the position. A second Chair in Surgery was established in 1979, and was held by Frank Cheng till 1982 when Kam-Hing Lam was appointed. The Chair in Cardiothoracic Surgery was established in 1980, with Che-Keung Mok as foundation professor. A chair in Otorhinolaryngology was created in 1984 and was occupied by Ulf C.G. Engzell. William I. Wei took up the position in 1991. Htut Saing was appointed to the Chair in Paediatric Surgery in 1990.



Site of Queen Mary complex as it was in 1937.



MEDICAL SERVICES SYSTEM IN HONG KONG

Up to the present time, the medical service of Hong Kong is of the Public Assistance type. For the great majority of the population, medical care is provided through government hospitals and health centres financed by general taxation. Attendees of these medical and health care outlets pay a nominal sum of fees, and receive attention from fully salaried physicians.

Western medicine was introduced into Hong Kong when the island was taken over by Britain as a Colony. Colonial Surgeons then looked after the military and some of the Government appointees. The medical needs of the general population were left to private Chinese groups and missionaries, which established the Tung Wah Hospital in 1870, and the Nethersole Hospital in 1893 respectively. These were the start of the subvented hospital system, a system which later proliferated as more charitable organisations undertook similar responsibilities. The hospitals under their management are also considered to be public hospitals in the sense that they draw a large part of their finance from Government.

With the construction of Government Hospitals in the late 1890s, the public was provided with medical care in hospitals almost free of charge. Primary care is available through an increasing number of

health centres. Health care in terms of immunisation, maternal and child health, port health and communicable diseases are looked after by a branch of the Medical and Health Services Department. For all the purposes of medical and health care to the public, only 1.2% of the GDP is allotted.

It has been a tradition with the medical system of Hong Kong that the public and private sectors of health-care personnel stay entirely distinct. Physicians in public hospitals restrict their work in looking after virtually non-fee-paying patients, while those in the private sector do not contribute to patient care in public institutions. Only a small proportion of the population have medical insurance cover, and they attend private institutions when the need arises.

In 1984, the Government of Hong Kong considered it was time for a thorough review of the delivery of medical services as a whole, and employed a firm of overseas consultants to undertake this task. Based on their report, the Government drew up its own policies of changes to the delivery of medical care, predominantly hospital services, to the population. An independent Hospital Authority, distinct from the civil service, has been established recently to take over the hospital based medical care for the community.



DEPARTMENTAL ADMINISTRATION



Departmental senior staff meeting

The running of the Department is based on a hierarchical system. The Head of the Department has the overall administrative control, while at the same time he shoulders the responsibility of the entire Department. This is particularly so with respect to the clinical responsibilities. While each team or unit takes care of patients in its own specialty, the well-being of the patients is the concern of the Head. For making administrative decisions he is often guided by the suggestions of an executive group of senior staff.

Administratively, each team is given a fair degree of free-hand. Responsibility goes together with autonomy. Each team takes care of its own medical records, training, and scientific publications, and also admits patients and schedules them for operations.

Senior staff of the Department meet weekly on Wednesdays to discuss matters that affect the whole Department. These matters include problems and

information on teaching, training, hospital administration, departmental administration, etc. Liberal transfer of information and opinions is encouraged at these meetings. Once a month, the medical staff meet with the nurses to deal with patient-related issues. During the last four years, regular meetings with architects and other interested parties have taken place, when planning and commissioning of the new K-Block of the hospital and renovation of the existing Block B proved to be a long drawn out exercise.

Apart from these regular meetings, the senior staff occasionally spend a week-end together, to seek solutions on some important issues such as distribution of clinical responsibilities and teaching. In these "retreats", small group-discussions generate proposals for the whole meeting to endorse. Fruitful conclusions are more likely to come forth at these unhurried conferences in relaxed surroundings.

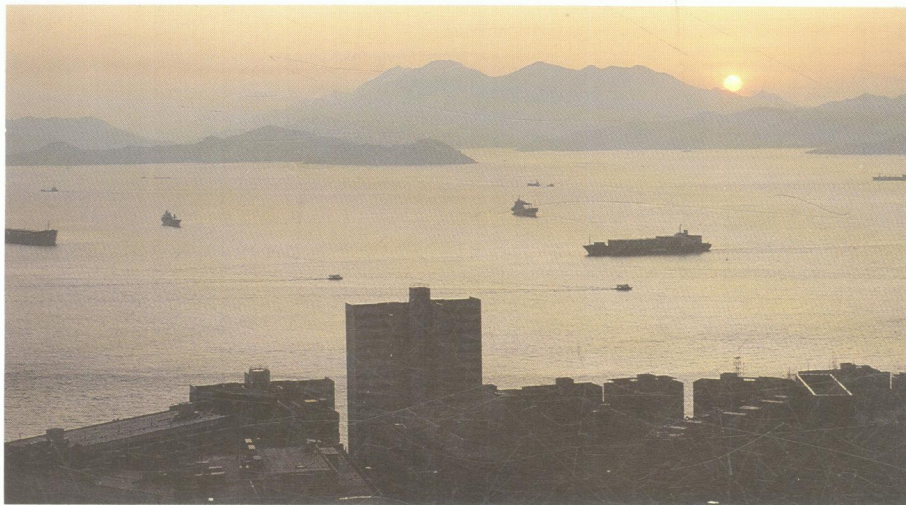


HOSPITALS SERVED BY THE DEPARTMENT

The Department of Surgery has a clinical responsibility for a total of 811 beds located in five hospitals in the territory of Hong Kong. Four of them, viz., Queen Mary, Tung Wah, Grantham, and Duchess of Kent Hospitals, are situated on the south-western side of Hong Kong island, and provide acute and convalescent services in all branches of general surgery, including gastroenterology, vascular surgery, head and

neck surgery, oesophageal surgery, and urology, as well as specialty fields like cardiothoracic surgery, paediatric surgery, neurosurgery, and otorhinolaryngology. In the fifth hospital, Kwong Wah Hospital, located in Kowloon, a general surgical unit provides specialist services to another segment of the population.

QUEEN MARY HOSPITAL



View of sunset from surgical ward in Queen Mary Hospital

One of the oldest and largest public hospitals in Hong Kong, Queen Mary Hospital serves the Hong Kong island which has a population of one million. It also acts as a tertiary referral centre for many specialties from all over the territory. It is situated in Pokfulam, on the south-western side of the island, overlooking a large stretch of the sea and several outlying islands. The spectacular sunset is one of the most beautiful scenes the surgeons can admire through the ward windows during their evening rounds.

Erected more than 50 years ago, the hospital was situated in the rural region of the city, and with the quiet and serenity came the inconvenience to the patients and their relatives. Thus the out-patient clinics were placed two miles away, in Sai Ying Pun district, where the population was. There it remained up to the present day. Population growth and housing development have pushed the residential areas well beyond the hospital. In addition, modern transportation has made the hospital easily accessible.

Now the original grey concrete H-shaped building still stands aloof on the hill-side, overlooking a newly developed residential strip nearer the waterfront. To the original 6-floor 5-wing building, an additional floor and two new wings have been added to

house extra patients, the x-ray department and the operating suite. Other buildings have since been added to the compound as activities of the hospital grew. These are the pathology building, the Professorial Block, the New Clinical Building, the Nursing School, and several residential quarters for nurses and senior staff. The narrow strip of hill-side is now so cramped that parking is a major diffi-



Sai Ying Pun Jockey Club Polyclinic



Queen Mary Hospital complex as it is today

culty and traffic through the hospital can only proceed at a slow speed.

The Professorial Block, later supplemented by the New Clinical Building, is the home of all the clinical departments of the Medical Faculty of the University of Hong Kong. The nerve centre of the Department of Surgery occupies the second floor of this building. In addition to handling local hospital matters, the office deals with all the administrative and executive matters concerning the University and the Government in relation to teaching of undergraduates and post-graduates, employment of staff of all grades, research funding and equipment.

The need for extra beds has been present for several decades. The temporary beds in former years were made of canvas - hence the term "can-beds" for short. The term has now evolved to become "camp-beds". The main hospital block has 1300 permanent beds, but at all times there are extra "camp" beds to provide for overflowing patient numbers. The total patient population now averages 1350 daily. Other than open heart surgery and infectious disease, the hospital provides the entire spectrum of medical care to the community, including an active Accident and Emergency Service.

Patients of the Department of Surgery, generally known in the hospital as U.S.U. (University Surgical Unit, as distinct from the Government Surgical Unit), occupy the fifth floor. In the five public wards on this



Professorial Block

Department's entrance

floor, all patients of various general surgical and specialty teams except cardiothoracic and ENT services are housed. Private patients and neonates are housed in a separate wing. In total, the Department takes care of 179 beds. There is, in addition, an endoscopy unit, a renal dialysis unit, an ENT examination room, all carved out from precious areas for these special purposes. Further parts of the wards have been designated as high dependency areas (called intermediate care area), to supplement the much demanded Intensive Care Unit.

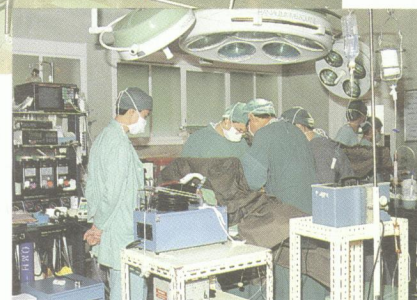
The Theatre Block consists of four floors, each with three operating rooms. Stacking of the theatre suites was necessitated by the lack of horizontal space.

The floors are linked by an internal lift. The rooms are shared, although the Department generally uses the fifth and the third floors. With 27 operating sessions, an average of 4500 operations (major and minor), are performed each year.

A new tower block of 29 floors has been completed. This block will provide additional facilities, including 600 beds, which will relieve significantly the shortage at present felt by all. Of these, 242 will be designated as surgical beds. Not only will all patients admitted be given a proper bed, specialties like organ transplantation and burns will have its own designated areas. Other services such as paediatric surgery, urology, vascular surgery, and endoscopy unit will have an improved habitat. Additional theatre suites will serve the redistributed patient load. The excitement of increased and improved space will materialise only when the renovation of the existing main hospital block is completed, in about three or four years' time. During this period, the beds in the new tower block will serve as temporary accommo-



Cramped female ward in the original hospital, complete with camp beds



The present Operating Theatre in the main hospital block

dition for patients who decanted from the main block. Hopefully, when the upgrading work to the existing hospital block is completed, everything will fall in place.



The new K Block



The new and roomy surgical ward in K Block



Operation in progress in the new theatres in K Block



TUNG WAH HOSPITAL



Entrance to the older part of Tung Wah Hospital

Tung Wah Hospital was the first of the five hospitals in the Tung Wah Group of Hospitals to come into existence. It started in 1870 as a herbal clinic for the Chinese population, and organised other charity functions such as providing relief to the needy, free distribution of food and clothing, and free burial services. The Tung Wah Group subsequently included in their work many other community services such as building schools, nurseries and nursing homes.

The Tung Wah Hospital is situated where the people have been in the early days of development of Hong Kong and therefore remains in the oldest part of the island. It underwent expansion several times in the last century. The old coffin homes were demolished. The Jubilee Block was pulled down. At its 100th Anniversary, the Centenary Building was erected. It is in this building that medical and surgical services are located at present.

Since 1978 the Department of Surgery has made use of the facilities in Tung Wah Hospital to ease the over-crowdedness in Queen Mary Hospital. There are 317 surgical beds, occupying five floors. These are taken up by convalescent patients transferred from

Queen Mary Hospital and patients admitted for elective surgery. All general and specialty teams and divisions from Queen Mary Hospital make use of these beds. It is also the main area of activity for the specialties of otorhinolaryngology, plastic surgery and ophthalmology.

The operating theatre floor provides three large operating rooms, up-to-date standard operating equipment, an operating microscope, and efficient operating room staff. Each year 4000 major and minor procedures are performed in those theatres. Resident surgical staff rotate with those in Queen Mary Hospital. Consultant staff from Queen Mary Hospital visit Tung Wah Hospital to make rounds and to operate. The abundance of clinical material of a general nature makes the hospital an ideal teaching ground for junior medical students and dental students.



Spacious wards



The original Tung Wah Hospital



The Centenary Block of Tung Wah Hospital

THE GRANTHAM HOSPITAL



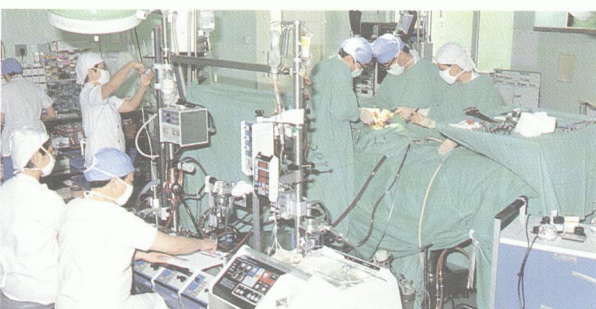
The original building of The Grantham Hospital



The whole complex as it stands now



Intensive Care Ward



Open heart surgery in progress

The Grantham Hospital is a 625-bed hospital situated on the southern side of the Hong Kong island. It was founded in 1957 by the Hong Kong Anti-tuberculosis Association (presently renamed Hong Kong Tuberculosis, Chest and Heart Diseases Association) to provide hospital care for patients inflicted with tuberculous disease. After a decade, with the successful control of tuberculosis and the proven success of outpatient anti-tuberculous chemotherapy, the demand for hospital beds to treat tuberculosis no longer existed.

In 1967, the Department of Surgery was invited to take over the hospital's Thoracic Surgical Unit when the hospital's consultant thoracic surgeon retired. The Department took over 124 beds which then became the Department's Division of Cardiothoracic Surgery. In 1968, with support from Government, some of the hospital facilities were deployed to establish an open-heart surgery programme for Hong Kong. Dr. K.H. Kwong, senior lecturer in surgery, the surgeon-in-charge, together with Dr. Lester Byrant, a visiting cardiac surgeon from America, performed the first open-heart operation under cardiopulmonary bypass on 30th July, 1968. Since then the hospital has become a major cardiac surgical referral centre.

The wards of the Division of Cardiothoracic Surgery are located on the ground, 3rd and 4th floors of the main hospital. The beds provide accommodation for patients admitted for adult cardiac surgery, general thoracic surgery, paediatric cardiac surgery and for convalescence. There are three fully equipped operating theatres and one recovery room within the operating theatre suite. Two to three surgical trainees from the Department rotate through the Division for a period of three to six months. The Division provides a comprehensive cardiothoracic surgical programme, undergraduate and postgraduate training in the surgical sub-specialty.



— DUCHESS OF KENT CHILDREN'S HOSPITAL —

The Duchess of Kent Children's Hospital (DKCH) at Sandy Bay, became an active extension of the Division of Paediatric Surgery of the Department of Surgery in 1979 when 50 beds were allocated to the Department. Two large operating theatres with modern standard operating equipment and enthusiastic nursing staff provided facilities for the Paediatric Surgical Division's operating theatre needs. A busy specialty and general outpatient clinic was also run on Tuesday afternoons, where an average of 3500-3600 patients were seen each year. The specialty clinics conducted at the



Duchess of Kent Children's Hospital

DKCH include hepatobiliary, oesophageal and thoracic, gastrointestinal, urology, oncology, pressure garment and the cleft lip and palate clinics.

The beds in DKCH are occupied by patients admitted for elective surgery for intermediate and minor surgical problems. The hospital also serves as a convalescent centre for paediatric surgical patients from Queen Mary Hospital who have undergone major surgery.

In 1988 administrative restrictions resulted in re-

duced allocation of beds both to Paediatric Surgery as well as Paediatric Orthopaedic beds. At present, the Division of Paediatric Surgery takes care of 30 beds and performs three operating sessions each week, operating on approximately 500 cases per year.

It is of note that all services at the DKCH are provided free of charge, a policy rigidly maintained by the Society for the Relief of Disabled Children.



Main entrance

KWONG WAH HOSPITAL



Kwong Wah Hospital facing Waterloo Road

The Kwong Wah Hospital is the largest of the five hospitals in the Tung Wah Group of hospitals. First completed in 1911 with 70 beds, it now provides over 1600 beds for the community in Western Kowloon. As an acute regional hospital, it offers comprehensive medical services ranging from Paediatrics to Geriatrics, from General Surgery to Neurosurgery, from Orthopaedics to Obstetrics, and from general outpatients to Accident and Emergency care to the public. The recently completed Yu Chun Keung Building has upgraded the pathology services to the whole group of hospitals.

Situated in the centre of the population in the peninsula of Kowloon, the hospital looks after a large number of in-patients and out-patients. It manages not to be overpatronised because of the availability of another large public hospital, the Queen Elizabeth Hospital, close by. The spacious and brightly lit hospital wings provide one of the best working environments in public hospital services in the territory.

The Department of Surgery accepted responsibility for running a General Surgical Unit in the Kwong Wah Hospital in 1978. It shares the surgical work of the

hospital with a similar unit headed by a full-time consultant appointed by the hospital. The Department sends two to three senior staff to oversee the running of the unit. With a team of one consultant, three senior medical officers, eight medical officers, and three interns, a busy weekly schedule is run.

The unit has 147 beds, which are fully occupied most of the time. Patients with all general surgical

conditions including urology are admitted to the unit for operations. With a total of 22 operating sessions each week, 1,500 major and 3,500 minor operative procedures are performed annually. An endoscopy unit, which serves the whole hospital, is managed by the unit. Working in a total of 12 sessions, large numbers of upper and lower endoscopies, ultrasound examination, and urodynamic studies are carried out. One general surgical and four specialty outpatient clinics are provided within the hospital for continued patient care.

Medical students take advantage of the rich clinical materials in Kwong Wah Hospital to develop their clinical skills. Fourth year students are rotated to the hospital for four weeks to attend bed-side tutorials and seminars, both in general and orthopaedic surgery. Posts of internship in surgery are in popular demand. Training in postgraduate surgical fellowship with the unit is keenly sought after. For continued medical education, morbidity and mortality meetings, x-ray meetings, journal club meetings and clinico-pathological conferences are regularly held. A well-stocked library is also available.



Its grand entrance



Roomy ward environment



STAFF

To service the five hospitals in Hong Kong and Kowloon, the Department has under its direction almost 100 medical staff, supported by more than 20 secretarial, and over 20 laboratory staff. These comprise staff employed by the University, the Government Department of Hospital Services and the Subvented Hospitals. With secondment for purposes of supervising and training, movement of staff among the hospitals occurs frequently, so that in each hospital there is a mixture of staff working under different employment.

Twenty-nine academic staff of the University of Hong Kong include 5 professors (2 in General Surgery, 1 in Cardiothoracic Surgery, 1 in Paediatric Surgery and 1 in Otorhinolaryngology), 3 readers, 4 senior lecturers and 17 lecturers. Senior staff head the teams and divisions in Queen Mary Hospital, and take charge of services in the other four hospitals. The majority of the remaining University staff are qualified

surgeons who are heading towards specialisation in various fields.

Medical Officers employed by the Hospital Services Department of the Government (and the Hospital Authority in due course) or individual subvented hospitals make up about half of the medical staff complement at Queen Mary Hospital and the majority of the staff serving the other four hospitals. They are rotated among various hospitals and units for experience and exposure. In each hospital, consultants or senior medical officers assist the senior University staff in the supervision of clinical services.

Interns are allocated to Queen Mary, Tung Wah, and Kwong Wah Hospitals for training. Externs, foreign graduates who have passed the qualifying licentiate examination, are posted to Queen Mary and Kwong Wah Hospitals for familiarisation requirements.

PRESENT LEVEL OF STAFF ESTABLISHMENT

University of Hong Kong		Kwong Wah Hospital (Subvented)	
Professors	5	Consultant	1
Readers/Senior Lecturers	7	Senior Medical Officers	3
Lecturers	17	Medical Officers	8
Queen Mary Hospital (Hong Kong Government)		Interns	3
		Externs	2
		The Grantham Hospital (Subvented)	
		Consultant	1
Senior Medical Officers	6	Senior Medical Officers	1
Medical Officers	18	Medical Officers	2
Interns	14	Duchess of Kent Children's Hospital (Subvented)	
Externs	2		
Tung Wah Hospital (Subvented)			
Senior Medical Officers	4		
Medical Officers	11		
Interns	3		

LABORATORIES

Most of the research laboratories of the Department of Surgery are located in the Professorial Block and the New Clinical Building in Queen Mary Hospital. All members of staff have access to these laboratories. Technical staff support are basically adequate, although depending on the pattern of on-going research, shifting of staff responsibilities takes place. Additional technical support is provided through research grants from various sources within and outside the University.

HISTOPATHOLOGY LABORATORY

This laboratory is fully equipped for preparing histological sections from operative specimens. Methods of making whole organ sections of materials of large size have been developed, and studies of cancer spread and tumour characteristics have been carried out, particularly for those cancers affecting the oesophagus, larynx, colon and jaw. Histochemical staining methods are readily available. For electron microscopic work, our technicians prepare the materials and examination is performed with the electron microscope available in other departments of the University.



Technician at work in the Histopathology Laboratory

BIOCHEMISTRY & ONCOLOGY LABORATORY

This sizable laboratory caters for all aspects of biochemical assays. Serum amino acid analysis, serum calcium and chloride measurements are some of the basic tests available. Refined measurement of liver function with the indocyanin green retention test and the aminopyrine breath test are used extensively by the hepatobiliary service when liver resec-



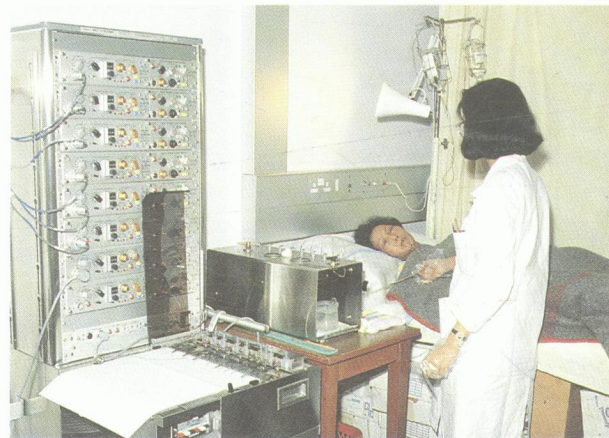
The Biochemistry Laboratory

tion or portacaval shunting is contemplated. Blood level of ammonia is also estimated. With the provision of a Gamma counter in a lead-lined room, measurements of blood flow of the liver and the leg are available. In addition, assays

of TSH and serum free T3 are regularly carried out. Radioimmunoassay for transferrin, prealbumin and retinol binding protein are further tests provided by the laboratory. Other activities include oestrogen receptor assays and lymphocyte culture.

GASTROENTEROLOGY LABORATORY

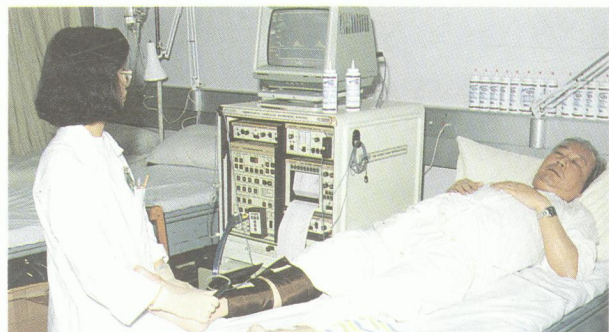
The gastroenterology laboratory has facilities for acid studies, manometry and pH studies. It supports a variety of clinical studies to evaluate patient management both pre- and post-operatively. Oesophageal manometry is conducted together with ambulatory pH studies to investigate patients with symptoms of reflux. Gastric secretory tests are performed to provide an assessment of surgical procedures in patients with peptic ulceration.



Oesophageal motility study being performed

VASCULAR LABORATORY

The vascular laboratory is engaged in non-invasive diagnostic studies for patients with peripheral arterial disease and venous pathology. It is fully equipped with treadmill exercise test and Doppler ultrasound facilities for upper and lower extremities, arterial evaluation including segmental pressure and waveform analysis for arterial obstructions. Strain gauge plethysmography and Doppler venous



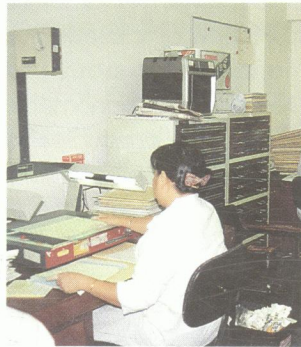
Arterial doppler examination in the Vascular Laboratory



evaluations are also performed for deep vein thrombosis and patients suspected of having venous insufficiency. Other investigations include periorbital Doppler and carotid artery spectroanalysis for cerebrovascular disease. Laser Doppler flowmetry of the microcirculation is available for research purposes. The laboratory also has a B-mode ultrasound machine for direct visualisation of peripheral blood vessels.

PHOTOGRAPHY LABORATORY

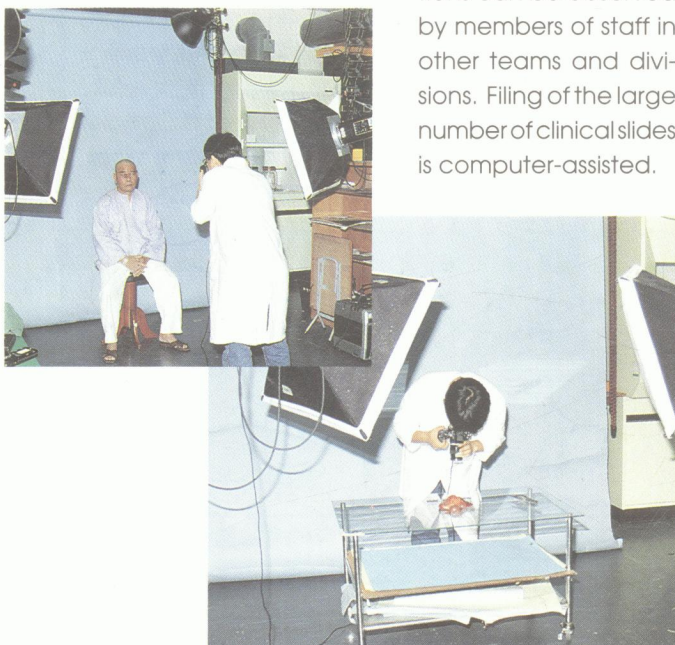
The Department has a well developed clinical photography laboratory manned by three full-time staff. Its work concentrates on preparing all kinds of materials for teaching and conference purposes. Upon request, technicians take clinical pictures of patients, operative procedures and specimens. Facilities for video recording are available. Simple graphic and other illustration materials are also prepared within the Department.



Microfilming medical records is one of the important aspects of work in the Photography Laboratory

The Department has now an enormous collection of teaching slides which have been collected over a period of twenty years. Clinical pictures are reviewed at the weekly research meeting, during which students gain from the teaching. At the same time, special and unusual clinical syndromes and operations can be observed

by members of staff in other teams and divisions. Filing of the large number of clinical slides is computer-assisted.



COMPUTER FACILITIES

Since fifteen years ago, computers have become an essential item of service in the Department. The facilities provided by the University initially consisted of huge main-frame machines, to which access was difficult. Later, dial-in access through modems, and peripheral terminals of mini-computers enhanced accessibility, and use of the facilities became more popular. Processing of large volumes of clinical data for analysis of results of surgical treatment formed the bulk of work performed with the main-frame computers.



Computer terminals are very much in demand in the Department

Later, the Department acquired the use of a system of microcomputers with several terminals. That marked the beginning of computerisation of clinical records, which gradually expanded to include indexing of patient records, clinical slides, and patient follow-up appointments and data. Many additional stand-alone microcomputers with large memories provide more detailed clinical data recording and analysis, as well as word-processing facilities. Generation of all documents, papers, correspondence and publications now relies on these computers. One of the more recently acquired facilities of the Department is the CD-ROM containing index-medicus data, which has become a popular source of reference material.

The University has now adopted the principle of providing each staff with a smart computer terminal connected to a network. Such network for the clinical departments in Queen Mary Hospital compound will be established in the later phase of the project. In the meantime, the Department is organising to link all its microcomputers in a local network to facili-



tate soft-ware and data sharing. For more extensive statistical analysis and electronic mailing, main-frame computers sited at the main campus of the University continued to be used. Terminals from these are provided on-site in the Department in Queen Mary, Tung Wah, and Kwong Wah Hospitals for easy access.

AUDIOLOGY LABORATORY

The audiology laboratory of the Department of Surgery is situated in the lower ground floor of the Centenary Building, Tung Wah Hospital. The laboratory is well equipped with a pure tone audiometer, an impedance audiometer, and an electronystagmography (ENG) instrument. The latest acquisition is an evoked response audiometer. The laboratory is staffed by a full time certified audiometrician. Audiometric service is provided daily by our staff. The audiometrician from Government Otorhinolaryngology Service is assisting in one audiology session each week. The work in the audiology laboratory concerns mainly with testing the ENT patients in Tung Wah Hospital. A small number of patients seen in Sai Ying Pun Out-patient Clinic and Queen Mary Hospital are also tested in our laboratory. Hearing aid fitting service cannot be provided to our patients at present because of limited staff and space.

A clinical study on the hearing of patients with nasopharyngeal carcinoma is currently being carried out in the laboratory. Evaluation of profoundly deaf patients are done in the audiology laboratory. Cochlear implant surgery has been performed in Tung Wah Hospital for these profoundly deaf patients in collaboration with the Hong Kong Society for the Deaf.



An audiometry test being done

ANIMAL EXPERIMENTAL LABORATORY

The animal experimental laboratory is located at the basement of the Li Shu Fan Building along Sassoon Road. There is a large operating room with one operating table for big animals, two other rooms equipped with operating microscopes, x-ray facilities and adequate holding room for 22 dogs, 12 rabbits, 20 rats, 9 cats, 18 rats and 60 mice.

Anaesthetic facilities are also available.

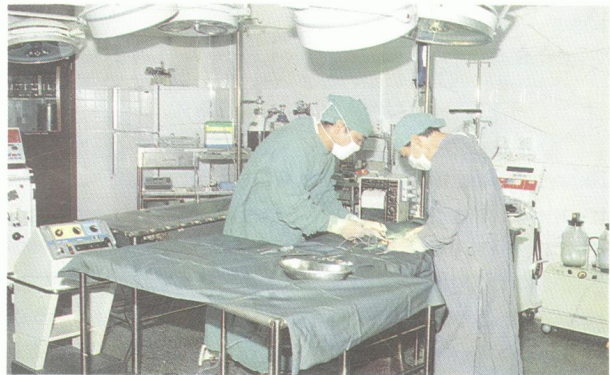
The laboratory is run and used solely by the Department. Two full-time staff and one temporary technical assistant work in the location and assist surgical staff in all aspects of animal work. Various divisions and teams have conducted experiments on one species of animals or another in the laboratory. Current major projects include liver transplantation in pigs, heart transplantation in dogs and microvascular suturing technique in ENT and neurosurgery.



The pigsties are constantly kept clean by our technical staff



Feeding of the rabbits



Laboratory animal experiment



Microvascular surgical procedure on a rat



TEACHING

MEDICAL STUDENTS

The third, fourth and fifth year students of a five year medical curriculum are taught by the Department in the various hospitals. The clinical syllabus begins with an introductory course on clinical examination which runs concurrently with a similar course in medicine and the first part of the

Hospital where teaching is undertaken entirely by honorary clinical lecturers. Systemic lectures supplement the bed-side teaching. Other specialties taught

at this stage include otorhinolaryngology in Tung Wah Hospital, and orthopaedic surgery in Queen Mary and Kwong Wah Hospitals by teachers from the Department of Orthopaedic Surgery.

In the last twelve months, students are attached to different teams and divisions in Queen Mary Hospital, and they consolidate their knowledge by gaining apprenticeship-like experience. Instructions in other additional specialties such as accident and emergency medicine, and anaesthesia are given at this time. Assessments during this part of the course contribute to the final result of the students.

The University of Hong Kong is a popular institution for overseas elective students. Several fourth and fifth year students at any



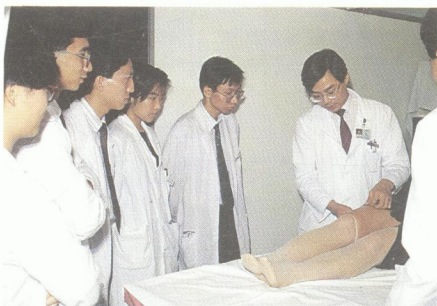
Bedside teaching in the ward



Out-patient clinic



Proctology clinic demonstration



General out-patient clinic

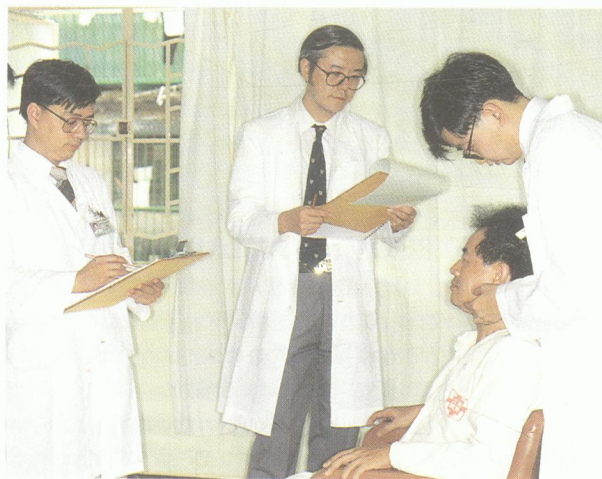


Thyroid clinic teaching

course in pathology. It makes use of the rich clinical materials available in Queen Mary and Tung Wah Hospitals, particularly the basic elementary clinical problems seen more commonly in the latter hospital.

Over the next twelve months, as Junior and Senior Clerks, the students are guided in techniques of developing patient rapport and understanding doctor-patient relationships with demonstration sessions. Step-by-step instructions are then given throughout the year on history-taking and diagnosis, progressing gradually to complete investigation of patients and preparation for operations. Emphasis is placed on small group bed-side teaching and tutorials. A large number of honorary clinical teachers are involved in the process. To increase the scope of exposure in the later parts of this stage of the course advantage is taken of the voluminous clinical material also available in Kwong Wah Hospital and Queen Elizabeth

time spend up to four weeks with our own students and obtain the benefit of being exposed to clinical conditions rarely seen elsewhere in the world.



Medical students clinical examination

DENTAL STUDENTS

An elementary course in surgery is taught to a class of 50 dental students in their third year of the course. Apart from a series of lectures, clinical demonstrations and audiovisual materials are used to



Dental students oral examination

provide an understanding of the principles of surgery, particularly in relation to pathology and operations in the head and neck region.

NURSES

Basic surgical lectures are given to student nurses in the School of Nursing attached to the various hospitals under our care. Occasional in-service training courses are given to practising nurses in the surgical wards and operating theatres.



Lecture to nurses

POSTGRADUATES

Postgraduate training in the Department of Surgery is directed at two levels - postgraduate professional qualification and further specialisation. The surgical training positions in the Department are recognised for training by the Royal Colleges of Surgeons of Edinburgh, Glasgow, Ireland and Australasia. Trainees are rotated through the several hospitals within the Department to gain exposure and experience in all fields of general surgery. Allocations generally are for periods of six months at a time. At the Queen Mary Hospital, attachment to individual teams provides in-depth training in the particular fields, including trauma surgery and intensive care, while postings at Tung Wah and Kwong Wah Hospitals allow development of

expertise in a wide spectrum of general surgical conditions. Thoracic and cardiac surgery experience is gained from Grantham Hospital.

Each specialty in each hospital runs its own training programme which includes academic meetings, case presentations, teaching sessions, and ward rounds. Morbidity and mortality meetings, journal reviews, and grand round case discussions serve to augment day-to-day training. The amount of hands-on operative experience gained by an individual in the training programme depends on his seniority and the specialty involved. Transfer of responsibility to trainees is step-wise, and always supervised.

In addition to in-service day-to-day training, junior staff attend a series of regular Sunday morning bed-side teaching sessions conducted by senior members of the staff. They further have the opportunity of participating in a two-week advanced course in surgery which is organised each summer. Overseas and local teachers give lectures on topics of their own interest, and conduct case discussion rounds on presented patients. Trainees from other institutions are also welcomed to attend.

Twice a year, further postgraduate continuing education is provided for the surgical community through the well attended Hong Kong Surgical Forum. These are two-day week-end postgraduate courses, in which invited overseas and local speakers give short presentations and take part in substantial lively discussions following each session. Overseas registrants in these courses have been numerous.

OVERSEAS TRAINEES

The Department of Surgery receives trainees from overseas regularly. Through personal contact with staff of the Department, many overseas centres realise the potentials of our Department in Hong Kong as a centre for surgical training, and seek opportunities to send their registrars to us for further training. Trainees at different stages of surgical training have gone through the Department. The rich clinical material provides abundant opportunities to those keen to be involved. To those who imagine that operating experience is free-flowing, there has been some disappointment. Invitation to involvement in operative procedures, either as first assistant or as surgeon, has followed the strict guiding principle of ability and supervision. The atmosphere of learning, participation in conferences and scientific discussions form the most important asset which remains ever attractive to overseas trainees.



DEPARTMENTAL ACTIVITIES

Queen Mary Hospital, Tung Wah Hospital and Duchess of Kent Children's Hospital function in an inter-related manner. Their main activities are located at the Queen Mary Hospital. In Kwong Wah Hospital and Grantham Hospital, an entirely separate programme

is run. By way of these activities, teaching, training, and clinical service are provided. Some of these activities involve the whole department, while others are attended by members of one particular team in the hospital.

WEEKLY PROGRAMME

QUEEN MARY HOSPITAL

DAY	TIME	DEPARTMENTAL	SPECIALTY MEETINGS	VENUE
Tuesday	am 8:30 10:00 pm 4:45 6:00 5:30 7:00	Staff Round	Combined Gastroenterology Meeting Head & Neck Conference	QMH wards QMH 4/F It QMH lib
Wednesday	am 8:00 9:00 9:00 10:00 pm 12:00 1:00 4:00 5:00	Research Meeting Senior Staff Meeting Grand Round	Urology Meeting	QMH 5/F It QMH lib QMH 5/F It QMH x-ray dept
Friday	am 8:30 10:00	Staff Round		QMH wards
Saturday	am 8:00 8:30 8:30 9:15 9:30 10:30 11:00 12:00	Journal Review Census Meeting	Dialysis/Transplant Meeting Paediatric Surgery Meeting	QMH 5/F It QMH 5/F It QMH lib QMH lib
Sunday	am 8:30 10:30	Registrar Teaching		QMH lib/wards

(It = lecture theatre, lib = G.B. Ong Library)

Service rounds are conducted in the wards of Queen Mary Hospital. Patients of special interest, in either clinical features or management decisions, are presented for discussion. These well-attended rounds often generate vigorous arguments. They conclude with a circuit through the intensive care unit.

Research meetings, held once weekly, are the



Staff round - a popular activity for staff and students

forums for registrars and researchers of the Department to present their protocols, interim reports, and final results of laboratory and clinical research work. Presentations are subjected to in-depth review. Well-intended criticisms are always accepted without prejudice.

Grand rounds are teaching sessions where teams present two interesting cases each time to illustrate certain peculiar problems of their specialties. In the manner of a clinico-pathological conference, staff



Grand round at Queen Mary Hospital

are expected to react rapidly and rationally to questions by the chairman of the session. Occasionally students are also invited to make sensible comments.

In the journal review held every Saturday morning, a current topic is researched and presented. Updating, particularly for staff not directly involved in the specialty in question, has proven to be beneficial.

In the census meeting, or mortality and morbidity meeting, the past week's problems are discussed. Events leading to unfortunate incidents are reviewed for future reference.



Grand round at Queen Mary Hospital

KWONG WAH HOSPITAL

DAY	TIME	ACTIVITIES	VENUE
Tuesday	am 9:00 10:30	Grand Round	KWH wards
Wednesday	pm 2:30 5:00	Census, Journal X-rays, Operation review, CPC alternate month	KWH 1/F It
Saturday	am 8:30 10:00	Grand Round	KWH wards

(It = lecture theatre, CPC = Clinico-Pathological Conference)

Grand rounds are conducted by the Honorary Consultant Surgeon, Professor Lam, or in his absence, the Consultant Surgeon in-charge. Problem cases and patients whose management is controversial are presented for detailed discussion. A decision is made for the medical officers to follow in managing the patient. Postoperative problems, particularly those in the intensive care unit, are scrutinised.

Every Wednesday afternoon, the two surgical units in the hospital gather to discuss the deaths in the preceding week. This is followed by a review of a topic in surgical management. The consultant radiologist then goes through some interesting x-rays for diagnosis and decision on further investigations. Ev-

ery other month, a clinico-pathological conference is held in the tenth floor lecture theatre. Two to three cases are presented by surgical and pathology colleagues. Understanding of the pathological process often brings in a new angle of consideration to patient treatment.

The Kwong Wah Hospital general surgical team rotates with the Queen Mary Hospital teams in presenting patients at the Queen Mary Hospital Wednesday noon time Grand Rounds. Unlike the teams with designated responsibilities in Queen Mary Hospital, the Kwong Wah team may present patients with pathology in any system. It makes the diagnostic aspect of the discussion more interesting.

THE GRANTHAM HOSPITAL

DAY	TIME	ACTIVITIES	VENUE
Tuesday	pm 12:30 2:00	Combined Paed. Cardiac Conference Ward Round (Cardiac)	TGH Lecture Theatre TGH
	pm 3:30 4:30		
Thursday	am 8:15 8:30	Ward Round (Thoracic)	TGH
Friday	pm 12:30 2:00	Combined Adult Cardiac Conference Combined Chest Conference	TGH Lecture Theatre TGH library
	pm 2:00 3:00		

(TGH = The Grantham Hospital)

At Grantham Hospital, all surgical staff members join their medical colleagues at three combined conferences - Paediatric Cardiology, Adult Cardiology and General Thoracic Medicine. At these conferences, cases for consideration of surgical treatment and interesting cases are presented. At the same time echocardiograms, cardiac

catheterisation data and cineangiograms are shown and the cases are discussed in detail. On Saturday mornings, cases operated on during the week and data on patients scheduled for surgery in the forthcoming week are reviewed and discussed. In addition to the physicians, members of the Department of Anaesthesia also join in the discussion.



HONG KONG SURGICAL FORUM

The Hong Kong Surgical Forum is a weekend postgraduate course held in January and July each year. The concept was developed in 1983, and the first seminar came into existence in 1984. Topics are of current interest both to general surgeons and to surgeons in more specialised fields. On occasions specifically dedicated forum on such fields as urology and neurosurgery has been organised.

Each Forum has a structured programme of six sessions conducted over a week-

end. Each session is on one particular theme and includes a discussion period at the end. All presentations are given by invited speakers including leading surgeons from overseas. The discussions are always lively and entertaining as well as informative.



Panel discussion at the Hong Kong Surgical Forum



Presentation of souvenir medals at the Hong Kong Surgical Forum

The following is a list of previous overseas forum speakers:

1984		
Winter	Professor APM Forrest Professor JM Little Professor DD Trunkey	University of Edinburgh, U.K. Westmead Centre, University of Sydney, Australia San Francisco General Hospital, University of San Francisco, U.S.A.
Summer	Professor J May Professor DC McIlrath Professor G Westbury	University of Sydney, Australia Mayo Clinic Medical School, Minnesota, U.S.A. Royal Marsden Hospital, University of London, U.K.
1985		
Winter	Professor M Allgower Professor HC Polk Jr. Professor T Reeve Professor R Tompkins	University of Basle, Switzerland University of Louisville, U.S.A. Royal North Shore Hospital, University of Sydney, Australia University of California at Los Angeles, U.S.A.
Summer	Professor GL Hill Professor CH Organ Professor G Westbury	University of Auckland, New Zealand University of Oklahoma, U.S.A. Royal Marsden Hospital, University of London, U.K.
1986		
Winter	Professor LW Baker Professor RC Bennett Professor JE Connolly Professor HAF Dudley Professor CJ Huang Professor JM Little Professor DB Skinner Professor G Slaney Professor N Thompson	University of Natal, South Africa. University of Melbourne, Australia. University of California, U.S.A. St. Mary's Hospital Medical School, Melbourne, Australia. Cancer Institute & Hospital, Chinese Academy of Medical Sciences, Beijing, People's Republic of China. Westmead Centre, University of Sydney, Australia. University of Chicago, U.S.A. University of Birmingham, U.K. University of Michigan, U.S.A.
Summer	Professor LH Blumgart Professor GJA Clunie Mr. IA McGregor Professor EP Passaro Professor R Shields	University of London, U.K. University of Melbourne, Australia. President, Royal College of Physicians and Surgeons of Glasgow, U.K. University of California, Los Angeles, U.S.A. University of Liverpool, U.K.



1987

Winter	Professor SE Bergentz Mr. I Capperauld Professor JA Myburgh Professor V Speranza Professor AJ Walt Professor RCN Williamson	University of Lund, Malmo, Sweden Executive Director of Research, Ethicon Ltd., Edinburgh, U.K. University of Witwatersrand, Johannesburg, South Africa. University of Rome, Italy. Wayne State University, Detroit, U.S.A. University of Bristol, U.K.
Summer	Professor GG Jamieson Professor JP La Calle Professor RC Lim Professor GW Milton Professor M Trede Professor SA Wells	University of Adelaide, Australia. Universidad Autonoma, Barcelona, Spain. University of California, San Francisco, U.S.A. University of Sydney, Australia. University of Heidelberg, Mannheim, West Germany. Washington University, St. Louis, U.S.A.
Urology	Professor JE Fowler Professor CJ Fuchs Professor WH Hendren Dr. STK Lim Dr. TP Stephenson Professor CP Wu	University of Illinois, Chicago, U.S.A. University of California, Los Angeles, U.S.A. Harvard Medical School, Boston, U.S.A. Mount Elizabeth Medical Centre, Singapore. Cardiff Royal Infirmary, Cardiff, U.K. Beijing Medical University, Beijing, People's Republic of China.

1988

Winter	Dr. HM Al-Sayer Mr. IA McGregor Dr. JH Pemberton Mr. R Sanders Professor NS Williams	Amiri Hospital, Safat, Kuwait. Canniesburn Hospital, Glasgow, U.K. Mayo Clinic, Rochester, U.S.A. Mount Vernon Hospital, Middlesex, U.K. London Hospital Medical College, London, U.K.
Summer	Mr. J Alexander-Williams Dr. HT Debas Dr. AJ Donovan Professor JD Hardcastle Professor G Heberer Professor JP Kim Professor RJ Lusby	General Hospital, Birmingham, U.K. University of California, San Francisco, U.S.A. University of Southern California, Los Angeles, U.S.A. University of Nottingham, Nottingham, U.K. University of Munich, Munich, West Germany. Seoul National University, Seoul, Korea. University of Sydney, Sydney, Australia.

1989

Winter	Professor JL Cameron Professor LD MacLean Professor JF Patino Mr. RCG Russell Professor DC Sabiston Professor S Stipa	The Johns Hopkins University, Baltimore, U.S.A. McGill University, Montreal, Canada. Centro Medico de Los Andes, Bogota, Colombia. The Middlesex Hospital, London, U.K. Duke University Medical Center, Durham, U.S.A. Universita Degli Studi de Roma, Rome, Italy.
Summer	Professor LY Cheung Professor JE Fischer Professor I Ihse Professor IDA Johnston Professor B Launois Professor J May Professor JF McCaffrey	University of Kansas Medical Center, Kansas City, U.S.A. University of Cincinnati Medical Center, Cincinnati, U.S.A. University of Linkoping, Linkoping, Sweden. University of Newcastle upon Tyne, Newcastle Upon Tyne, U.K. Universitaire de Rennes, Rennes, France. University of Sydney, Sydney, Australia. University of Queensland, Brisbane, Australia.
Urology	Professor L Anderson Professor JP Blandy Mr. JP Pryor Professor WF Whitmore	Karolinska Institute, Stockholm, Sweden. The London Hospital Medical College, London, U.K. King's College & St. Peter's Hospital, London, U.K. Memorial Sloan-Kettering Cancer Center, New York, U.S.A.



1990

Winter	Professor VW Fazio Professor KA Kelly Dr. P McMaster Professor JA Myburgh Professor R Wood	Cleveland Clinic, Cleveland, U.S.A. Mayo Clinic, Rochester, U.S.A. Queen Elizabeth Hospital, Birmingham, U.K. University of Witwatersrand, Johannesburg, South Africa. St. Bartholomew's Hospital, London, U.K.
Summer	Professor RC Bennett Professor JR Farndon Professor AG Johnson Professor GF Sheldon Professor MH Shiu	St. Vincent's Hospital, Melbourne, Australia. Bristol Royal Infirmary, Bristol, U.K. Royal Hallamshire Hospital, Sheffield, U.K. University of North Carolina, Chapel Hill, USA. Memorial Sloan-Kettering Cancer Center, New York, USA.
Neurosurgery	Professor CG Drake Professor HM Eisenberg Professor JD Miller Dr. RP Sengupta Professor T Tsubokawa	University of Western Ontario, London, Canada. University of Texas, Galveston, USA. University of Edinburgh, Edinburgh, U.K. Newcastle General Hospital, Newcastle upon Tyne, U.K. Nihon University, Tokyo, Japan.

INTERNATIONAL VISITORS

Even by global standards, our Department receives a large number of visitors from overseas. These comprise eminent speakers to give eponymous lectures such as those honouring Kenelm H. Digby, G.B. Ong, Kong Tak Yan; Visiting Professorships supported by the Department and other sources; overseas faculty for the Hong Kong Surgical Forum; external examiners of the Medical, Dental and Licentiate Examinations; visiting fellows and research associates from China, the region and from further afield; short-term visitors from every continent at all levels of seniority and diversity of surgical practice. In 1988-90, the number of international visitors were 41, 38 and 49 respectively.

Our Department has always believed in the importance of international exchange to provide the needed input and stimulus to achieve excellence at world level. In the last 30 years, through the endeavour of many senior staff of the Department, active liaison with well-known centres worldwide has been established to the benefit of the surgical community in Hong Kong and the patients they treat.

At the senior level, Visiting Professors have brought with them the latest concepts and innovation in managing surgical conditions. Conversely, many senior staff of the Department are invited as teachers to present significant new work from this Department at international forums.

Younger surgeons from all over the world have come for training, to learn special management programmes, and observe unusual surgical techniques. Our own junior staff have also gained from the status of the Department and have been readily accepted for training in the best centres in the world.

Without doubt, the Department's commitment

to a global responsibility, and our ability to sustain work of the highest quality to justify this commitment, is of paramount importance to academic development and independence, not only to the Department but to the Faculty and the University. At the same time our Department learns of the advances in the science of surgery, and our patients reap the reward of new knowledge in their management. Our international connection is one of the most important assets of the Department.

VISITOR'S LIST - 1988

Dr. S. Al-Hadeedi
Bayan, Kuwait

Dr. H.M. Al-Sayer
Surgical Department, Amiri Hospital, Kuwait

Mr. J. Alexander-Williams
Consultant Surgeon, The General Hospital, Birmingham, U.K.

Dr. R.W. Beart
Department of Surgery, Mayo Clinic, Arizona, U.S.A.

Professor G. Castrini
Il Clinica Chirurgica Dell', Universita di Roma, Rome, Italy

Dr. J.K. Cheriyan
Al-Adan Hospital, Salmiya, Kuwait

Mr. D.J. David
The South Australian Cranio-Facial Unit, Adelaide Children's Hospital, North Adelaide, South Australia

Dr. H.T. Debas
Department of Surgery, University of California, San Francisco, U.S.A.

Dr. A.J. Donovan
Department of Surgery, University of Southern California, Los Angeles, U.S.A.



Dr. P. Drum
Southport, Queensland, Australia

Professor J.B. Elder
Department of Postgraduate Medicine, University of Keele, Stoke-on-Trent, England

Professor R.M. Greenhalgh
Department of Surgery, Charing Cross Hospital, University of London, England

Professor J.D. Hardcastle
Department of Surgery, University Hospital, Nottingham, U.K.

Professor G. Heberer
Department of Surgery, University of Munich, Munich, West Germany

Dr. N. Iscoe
University of Toronto, Toronto, Ontario, Canada

Dr. T. Kimoto
Shimane Medical University, Izumo, Japan

Dr. P.D. Koshy
Fahaheel, Kuwait

Dr. S.F. Lowry
Department of Surgery, The New York Hospital, Cornell Medical Center, New York, U.S.A.

Professor R.J. Lusby
Department of Surgery, Concord Repatriation Hospital Concord, N.S.W., Australia

Dr. A.S. MacDonald
Victoria General Hospital, Halifax, Nova Scotia, Canada

Dr. M.M. Meguid
Department of Surgery, State University of New York, U.S.A.

Dr. W.R.J. Middleton
Berry Road Medical Centre, St. Leonards, N.S.W., Australia

Professor I.M. Modlin
Yale University, New Haven, U.S.A.

Professor T.S. Reeve
Professorial Surgical Unit, Royal North Shore Hospital, St. Leonards, N.S.W., Australia

Professor X. Rius
Universitat Autònoma de Barcelona, Facultat de Medicina, U.D. Hospital de la Sta. Creu i S. Pau, Barcelona, Spain

Mr. R.D. Rosin
Royal College of Surgeons of England, London, England

Professor J.A. Rui
Department of Surgery, Chinese Academy of Medical Sciences, Beijing, People's Republic of China

Mr. R. Sanders
Mount Vernon Hospital, Middlesex, U.K.

Dr. S.R. Shinde
Tata Memorial Hospital, Bombay, India

Dr. B. Sigel
Department of Surgery, The Medical College of Pennsylvania, Philadelphia, U.S.A.

Dr. Y. Takemoto
Second Department of Surgery, Shimane Medical University, Izumo, Japan

Dr. G. Thompson
Department of Surgery, Mayo Clinic, Minnesota, U.S.A.

Dr. J.J. Tjandra
Department of Pathology, The University of Melbourne Research Centre for Cancer and Transplantation, Victoria, Australia

Mr. I.P. Todd
The Royal College of Surgeons of England, London, U.K.

Professor J. Toouli
Flinders Medical Centre, South Australia, Australia

Dr. L. Vasconez
Division of Plastic Surgery, Department of Surgery, University of Alabama, Alabama, U.S.A.

Dr. K. Wang
Cancer Institute Hospital, Chinese Academy of Medical Sciences, Beijing, People's Republic of China

Professor Z.M. Wang
Department of Otorhinolaryngology, Shanghai Medical University, People's Republic of China

Professor N.S. Williams
University Department of Surgery, The London Hospital, London, U.K.

Dr. H.S. Wu
Department of Thoracic Surgery, Chest Disease Research Institute, Kyoto University, Kyoto, Japan

Dr. X. Liang
Department of Plastic Surgery, Zhujiang Hospital of the First Academy of Medicine, Guangzhou, People's Republic of China

VISITOR'S LIST - 1989

Professor L. Anderson
Department of Urology, Karolinska Sjukhuset, Stockholm, Sweden

Dr. H.U. Baer
Klinik für Viszerale und Transplantationschirurgie, Bern, Switzerland

Professor J.P. Blandy
Department of Urology, The London Hospital Medical College, The London Hospital, London, U.K.

Dr. M.F. Brennan
Department of Surgery, Memorial Sloan-Kettering Cancer Center, New York, U.S.A.

Professor Ch. Chaimoff
Department of Surgery "A", Golda Medical Centre, Hasharon Hospital, Petah-Tiqva, Israel

Dr. J.Q. Chen
Department of Surgery, Shantou University Medical College, Shantou, People's Republic of China

Professor L.Y. Cheung
Department of Surgery, The University of Kansas Medical Center, Kansas, U.S.A.



Dr. R.E. Condon
*Department of Surgery, Medical College of Wisconsin,
Wisconsin, U.S.A.*

Dr. H. Eschapasse
Paris, France

Dr. J.E. Fischer
*Department of Surgery, University of Cincinnati Medical
Center, Cincinnati, Ohio, U.S.A.*

Dr. J.G. Fortner
*Memorial Sloan-Kettering Cancer Center, New York,
U.S.A.*

Dr. G.G. Fiducia
Messina's University, Medico Chirurgo, Messina, Italy

Professor G.R. Giles
*Department of Surgery, University of Leeds, St. James's
University Hospital, Leeds, U.K.*

Professor I. Ihse
*Department of Surgery, University of Linköping, Linköping,
Sweden*

Professor I.D.A. Johnston
*Department of Surgery, The University of Newcastle Upon
Tyne, Newcastle upon Tyne, U.K.*

Professor K.M. Lakshmana Rao
Andhra Pradesh, India

Professor B. Launois
*Centre Hospitalier Universit, Hospital de Ponchaillou,
Clinique Chirurgicale, Rennes, France*

Dr. H.B. Lee
Tawakal Specialist Centre, Jalan Pahang, Kuala Lumpur

Dr. J. Lopez-Gibert
*Hospital De La Santa Cruz Y San Pablo, Universidad
Autonoma, Barcelona, Spain*

Dr. L.D. MacLean
*Department of Surgery, McGill University, Montreal,
Canada*

Dr. R.E. Mansel
*Department of Surgery, University of Wales College of
Medicine, Cardiff, Wales, U.K.*

Professor J. May
*Department of Surgery, The University of Sydney, Sydney,
Australia*

Professor J.F. McCaffrey
*Department of Surgery, University of Queensland, Royal
Brisbane Hospital, Brisbane, Australia*

Dr. J. McShane
National Heart Hospital, London, U.K.

Professor J.F. Patino
*Department of Surgery, Centro Medico de los Andes,
Bogota, Colombia*

Dr. S. Potdar
*Department of Surgery, Christian Medical College & Hos-
pital, Vellore, Tamil Nadu, India*

Dr. J.P. Pryor
King's College & St. Peter's Hospitals, London, U.K.

Dr. C.R. Hanlon
American College of Surgeons, Chicago, Illinois, U.S.A.

Mr. R.C.G. Russell
The Middlesex Hospital, London, U.K.

Dr. D.C. Sabiston
*Department of Surgery, Duke University Medical Center,
Durham, North Carolina, U.S.A.*

Professor S. Stipa
Universita Degli Studi de Roma, Rome, Italy

Dr. J.Y. Suen
*Department of Otolaryngology - Head and Neck Sur-
gery, Little Rock, Arkansas, U.S.A.*

Dr. J.C. Thompson
*Department of Surgery, The University of Texas Medical
Branch, Texas, U.S.A.*

Dr. D.S. Tindal
Warrawong, Australia

Dr. A.J. Walt
*Department of Surgery, University Health Center, Detroit,
Michigan, U.S.A.*

Dr. W.F. Whitmore
*Urology Department, Memorial Sloan-Kettering Cancer
Center, New York, U.S.A.*

Dr. E.W. Wilkins Jr.
*Emergency Department, Massachusetts General Hospi-
tal, Massachusetts, U.S.A.*

Dr. M.O. Woo-Ming
*Thoracic and Cardiovascular Surgery, Vero Beach,
Florida, U.S.A.*

VISITOR'S LIST - 1990

Professor R. Bardini
*Clinica Chirurgica, Universita Degli Studi Di Padova,
Italy*

Senator the Hon. P. Baume
Sydney, Australia

Professor R.C. Bennett
*Department of Surgery, St. Vincent's Hospital, Victoria,
Australia*

Professor R.W. Blamey
*Nottingham Health Authority, City Hospital, Nottingham,
U.K.*

Dr. J. Blaszczyk
Clinic of Gastrointestinal Surgery, Wroclaw, Poland

Dr. M.F. Brennan
*Department of Surgery, Memorial Sloan-Kettering Can-
cer Center, New York, U.S.A.*

Dr. D.C. Brown
Kidney Disease & Critical Care Clinic, Minneapolis, U.S.A.

Dr. A.C. Charters
San Jose, California, U.S.A.

Dr. N.E. De La Cruz
*Department of Surgery, Far Eastern University, Manila,
Philippines*



- Dr. C.G. Drake
Department of Clinical Neurosciences, University of Western Ontario, London, Canada
- Dr. H.M. Eisenberg
Division of Neurosurgery, University of Texas, Galveston, U.S.A.
- Professor Y.F. Zhong
Department of Surgery, Tientsin First Central Hospital, Tientsin, People's Republic of China
- Professor J.R. Farndon
Department of Surgery, University of Bristol, Bristol, U.K.
- Professor V.W. Fazio
Department of Colorectal Surgery, Cleveland Clinic, Cleveland, U.S.A.
- Dr. W.E. Fee
Division of Otolaryngology Head & Neck Surgery, Stanford University Medical School, California, U.S.A.
- Dr. R.J. Finley
Department of Surgery, University of British Columbia, Vancouver General Hospital, Vancouver, Canada
- Dr. J.G. Geraghty
Department of Clinical Surgery, Meath Hospital, Dublin, Ireland, U.K.
- Dr. F.W. Grannis Jr.
Hayes, Silver & Grannis Medical Corp., California, U.S.A.
- Dr. C.A. Hiebert
Thoracic & Cardiovascular Surgery, Portland, U.S.A.
- Professor Y. Idezuki
Second Department of Surgery, University of Tokyo, Tokyo, Japan
- Dr. H.J. Burhenne
Department of Radiology, University of British Columbia, Vancouver General Hospital, Vancouver, Canada
- Professor A.G. Johnson
Royal Hallamshire Hospital, University Surgical Unit, Sheffield, U.K.
- Professor P. Karma
Department of Otolaryngology, University of Tampere Central Hospital, Tampere, Finland
- Professor K.A. Kelly
Department of Surgery, Mayo Clinic, Minnesota, U.S.A.
- Professor R.C. Lim
University of California, San Francisco General Hospital, San Francisco, U.S.A.
- Professor J.M. Little
Department of Surgery, University of Sydney, Westmead Hospital, NSW, Australia
- Professor A.N.J. Lygidakis
Universiteit van Amsterdam, Amsterdam, The Netherlands
- Dr. P. McMaster
Department of Surgery, Queen Elizabeth Hospital, Birmingham, U.K.
- Dr. G. Miller
Gold Coast Hospital, Queensland, Australia
- Professor J.D. Miller
Department of Clinical Neurosciences, University of Edinburgh, Western General Hospital, Edinburgh, U.K.
- Dr. Y.M. Yang
Surgical Department, First Affiliated Hospital, Shantou University Medical College, Shantou, People's Republic of China
- Professor J.A. Myburgh
Department of Surgery, University of Witwatersrand, Johannesburg, South Africa
- Dr. R.H. Nishiyama
Department of Pathology & Laboratory Medicine, Maine Medical Center, Portland, U.S.A.
- Dr. W. Otto
Clinic of General Surgery & Liver Diseases, Institute of Surgery, Warsaw, Poland
- Professor H.C. Polk Jr.
Department of Surgery, University of Louisville, Kentucky, U.S.A.
- Dr. S.S. Zheng
Department of Surgery, First Teaching Hospital Zhejiang Medical University, Zhejiang, People's Republic of China
- Dr. R.P. Sengupta
Newcastle General Hospital, Newcastle, U.K.
- Dr. R.A.M. Sharif
Surgical Department, Al Sabah Hospital, Safat, Kuwait
- Dr. G.F. Sheldon
Department of Surgery, University of North Carolina at Chapel Hill, North Carolina, U.S.A.
- Professor M.H. Shiu
Department of Surgery, Memorial Sloan-Kettering Cancer Center, New York, U.S.A.
- Dr. Y.T. Guo
Shantou University Medical College, Shantou, People's Republic of China
- Dr. J.J. Tjandra
Department of Pathology, University of Melbourne, Australia
- Professor J. Toouli
Department of Surgery, Flinders University of South Australia, South Australia, Australia
- Professor J.P. Triboulet
Centre Hospitalier Regional et, Universitaire de Lille, France
- Dr. D.R. Triger
Department of Medicine & Pharmacology, University of Sheffield, Royal Hallamshire Hospital, Sheffield, U.K.
- Professor R.C.N. Williamson
University of London, Hammersmith Hospital, London, U.K.
- Dr. T. Wilson
Department of Surgery, University of Sydney, Westmead Hospital, NSW, Australia
- Professor R.F.M. Wood
Department of Surgery, St. Bartholomew's Hospital, London, U.K.
- Dr. G.Y. Cheng
Department of Thoracic Surgical Oncology Cancer Institute & Hospital, Beijing, People's Republic of China



DIGBY MEMORIAL LECTURE

Professor Kenelm Hutchinson Digby, OBE, MBBS(Lond), FRCS(Eng), was born on 4 August 1884. He was the holder of the Chair of Anatomy from 1913 to 1923 and subsequently the Chair of Surgery. When he retired in 1945 the title of Emeritus Professor of Surgery was conferred on him. He died on 23 February 1954. In a life time of work in the fields of anatomy and surgery, he was known to be a dedicated teacher,

a great surgeon and a fine gentlemen. To commemorate the contributions of Digby, a fund was raised in 1966 from donations by past graduates, to invite distinguished speakers to deliver lectures to the medical profession. The lectures became known as the Digby Memorial Lecture. Since its inception, local and overseas experts have delivered a total of fifteen lectures:

YEAR	LECTURER	TITLE
1969	Professor Sir John Bruce	Retrospect and Prospect: Reflections on Surgical Practice and Education
1970	Dr. T.B. Teoh	The Pathologist and Surgical Pathology of Head and Neck Tumours
1972	Professor W.C. MacKenzie	Surgery in the Undergraduate Medical Curriculum: To be or not to be?
1972	Professor D.W.C. Chun	Choriocarcinoma in Hong Kong
1973	Dr. H.B. Torrance	Modern Trends in the Surgery of the Biliary Tract and Pancreas
1974	Dr. H.C. Ho	The Epidemiology of Nasopharyngeal Carcinoma
1976	Professor H.W. Scott	The Surgical Management of Patients with Morbid Obesity
1976	Professor B. Lofts	Testicular Function : A Comparative Viewpoint
1978	Dr. K.C. McKeown	Surgical Treatment of Cancer of the Oesophagus
1978	Dr. G. Choa	Surgical Management of Chronic Suppurative Otitis Media
1979	Professor Sir E.R.S. Hughes	Which Surgeon ?
1980	Dr. H. Ngan	Radiology of the Liver - From a Local Viewpoint
1982	Professor F.J. Gillingham	The Surgical Management of Ruptured Intracranial Aneurysms - A Thirty-Year Study
1982	Professor J.B. Gibson	Primary Cancers of the Liver
1987	Dr. K.L. Thong	Medical and Health Systems with Special Reference to Hong Kong



Digby Memorial Lecture delivered by Dr. K. L. Thong



Presentation of the Digby medal by the Vice-Chancellor, Prof. Wang Gungwu to Dr. Thong

SOCIAL EVENTS

To break away from the monotony and tension of daily academic and clinical activities, members of the Department engage in various social functions, in large and small groups. The biggest occasion is the annual Christmas dinner, when all members of the Department are gathered to celebrate the festive season. Honorary clinical teachers are invited to attend the function. Stunts are performed by groups

Team heads having fun



of staff to add to the atmosphere. The evening is the opportunity to make fun of the senior staff, whose



Everybody enjoying the party

Hawaiian hula dance



Merry Christmas

mannerism and habits are imitated.

Success in any examination, be it Part I or Part II fellowship, gives the warrant for the successful candidates to get drunk. There is never any escape when every member of the Department attending the celebration party goes with the decided intention of putting the hosts down. The new fellows and half fellows do not seem to mind, nor can they do anything to alter the outcome. After all they will have their chance to return the toasts soon enough. A hilarious evening, no doubt, will forever imprint on their memories the lack of discipline the Department tolerates at times.

Sporting events have once flourished, but waxes and wanes since the departure of many an enthusiast like M.K. Li. Squash seems to be the most popular 'pastime', purely because it does not take too long before the relatively unfit gets exhausted. There has once been a regular squash meeting on Mondays after a whole day of tiring operating, at which vigorous competition for the M-M cup takes place. This particular trophy is now the possession of John Fok, who has since retired from surgery, and has taken up farming in some remote corner of England.

Soccer is also a popular event. There seemed to be many once-upon-a-time World Cup soccer players in the Department. They are so out of shape that a little too much of running produces shortness of breath, in addition to other more serious sports injuries. Recovery from either is also slow. Nevertheless, we have engaged in competitive matches against other departments. Most appreciable is the keenness of the players.

Other occasional sporting events have included badminton matches, tennis, skiing, Marathon-race, cycling and so on. The more we surgeons stand at operations, the more we love to move our joints and muscles whenever we get a chance to do so.



Chinese opera at Christmas party



DIVISION REPORTS

For administrative purposes and to encourage development of expertise in specialisation, the general surgical staff is divided into five teams - hepatobiliary surgery, gastrointestinal tract, oesophagus/head and neck, endocrine/colorectal, and urology. Each team takes care of patients in its own speciality. Teams 1 to 5 are on-call Monday to Friday respectively, with a shared week-end call rota. All emergency admissions are taken care of by the on-call team until the next day when the patient is transferred to the appropriate team.

Separate teams of surgical staff, who generally do not take part in the care of general surgical patients, are responsible for the following specialties: Paediatric Surgery, Neurosurgery, and Cardiothoracic Surgery. In addition, an Otorhinolaryngology Unit is administered within the Department and provides clinical services and a teaching programme. Furthermore, an ophthalmology service is being developed.

The following chart summarises the general surgical and speciality services provided by the teams, divisions and units in the hospitals involved.

GENERAL SURGICAL SERVICES	SPECIALTY SURGICAL SERVICES
TEAM 1 HEPATOBILIARY AND PANCREATIC Hepatobiliary and pancreatic surgery service QMH & TWH	DIVISION OF PAEDIATRIC SURGERY Paediatric surgery service QMH & DKCH
TEAM 2 UPPER GASTROINTESTINAL, BREAST Breast service TWH Upper gastrointestinal service QMH & TWH	
TEAM 3 HEAD & NECK, OESOPHAGUS, VASCULAR, PLASTIC Head & neck surgery service QMH & TWH Oesophageal cancer service QMH & TWH Vascular surgical service QMH & TWH Plastic & reconstructive surgery service TWH	DIVISION OF NEUROSURGERY Neurosurgical service QMH & TWH
	DIVISION OF CARDIOTHORACIC SURGERY Cardiothoracic surgical service TGH
	OTORHINOLARYNGOLOGY UNIT Otorhinolaryngology service QMH & TWH
	OPHTHALMOLOGY UNIT Ophthalmology service TWH
TEAM 4 COLORECTAL, ENDOCRINE Endocrine surgery service QMH & TWH Colorectal service QMH & TWH	
TEAM 5 UROLOGY Urology service QMH & TWH	
KWONG WAH HOSPITAL General surgical service KWH	

QMH — Queen Mary Hospital
 TWH — Tung Wah Hospital
 DKCH — Duchess of Kent Children's Hospital
 TGH — The Grantham Hospital
 KWH — Kwong Wah Hospital

TEAM 1 ■ HEPATOBILIARY AND PANCREATIC

HEPATOBILIARY AND PANCREATIC SURGERY SERVICE

Staff — Tat Kuen Choi MD, FACS
Reader in Surgery (up to December 1989)

Sheung Tat Fan MBBS, FRCS(Glasg), FACS
Reader in Surgery

Edward C.S. Lai MBBS, FRCS(Ed), FRACS
Senior Lecturer in Surgery

Francis P.T. Mok MBBS, FRCS(Ed)
Senior Medical Officer (up to January 1991)

Chung Mau Lo MBBS, FRCS(Ed)
Medical Officer



Dr. Tat Kuen Choi



Dr. Sheung Tat Fan

The Hepatobiliary and Pancreatic Surgery Team provides a comprehensive service in that not only surgery of various magnitudes are performed but diagnostic and therapeutic procedures using flexible endoscopes and ultrasound are carried out by the same team.

Through the team's work on hepatocellular carcinoma, the Department is recognised internationally as one of the major centres with large experience. Clinical research to improve overall survival is ranked as the top priority in the list of research activities. Currently, measures such as trans-arterial oily chemoembolisation for unresectable tumour, perioperative nutritional support for the cirrhotics to reduce operative mortality, intensive postoperative surveillance for recurrence, and aggressive treatment for intrahepatic recurrence are carried out.

The service is also renowned for its achievement in the treatment of recurrent pyogenic cholangitis. Currently, by using flexible choledochoscope, electrohydraulic lithotripsy for difficult intrahepatic stones and construction of hepatico-cutaneous-jejunostomy, excellent long term result is obtained. The Team is now planning to provide liver transplant



Laparoscopic cholecystectomy being performed



service to patients with terminal liver disease. As a preparation for the programme, experimental procedures are carried out regularly on pigs since March 1990 to acquire the techniques and co-operation among members of the team. It is anticipated that the liver transplant service can be provided to the public in the near future.

The following are statistics of major activities of the team in the last 3 years:

Pathology commonly seen:

Hepatocellular carcinoma	372
Malignant biliary obstruction	135
Recurrent pyogenic cholangitis	129
Acute pancreatitis	187

Major operative procedures:

Hepatic resection	105
Pancreaticoduodenectomy	19
Segmental bilio-enteric bypass	15
Hepatico-cutaneous-jejunostomy	17

Endoscopic procedures:

ERCP	2,384
Endoscopic papillotomy	372
Endoscopic stent insertion	99
Nasobiliary drainage	156
Choledochoscopy	471

In the last 3 years, the following clinical research projects have been carried out:

1. Treatment of unresectable hepatocellular carcinoma with adriamycin: potentiation of tumoricidal effect by verapamil.

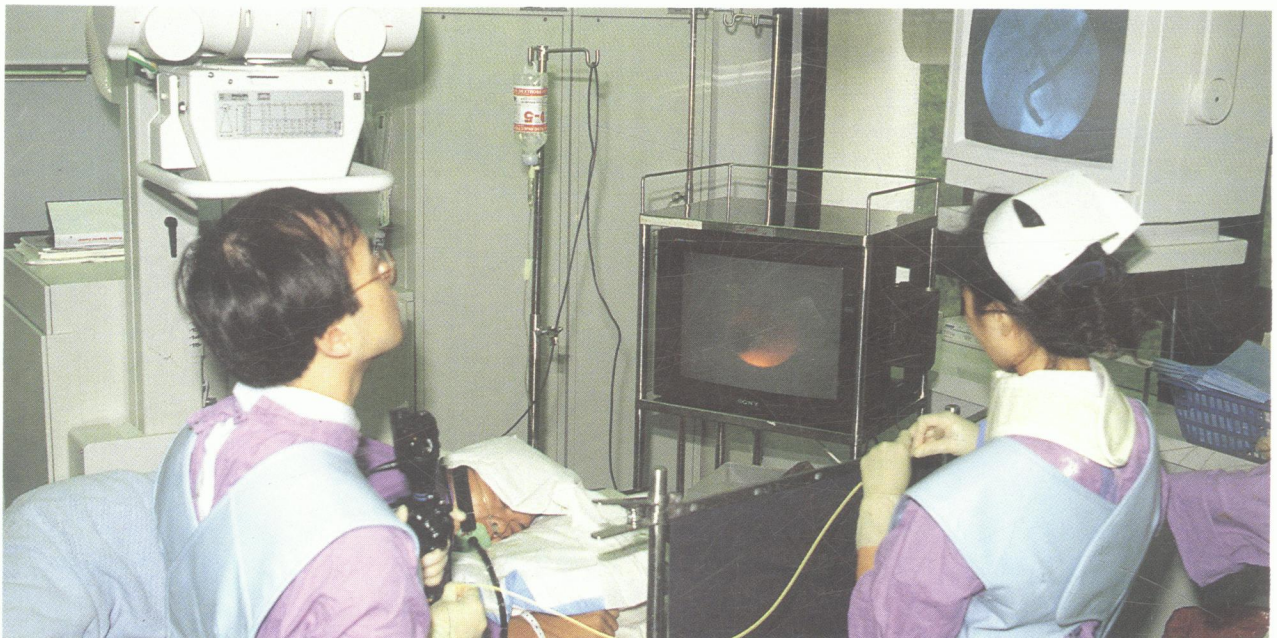
2. Perioperative nutritional support in cirrhotic patients utilising branched-chain enriched amino acids solution and medium chain triglycerides — a prospective randomised trial.
3. Early detection and treatment of intrahepatic recurrence in patients with hepatectomy for hepatocellular carcinoma utilising "Implantofix".
4. Emergency nasobiliary drainage for severe acute cholangitis: a randomised controlled study.
5. Preoperative endoscopic drainage for malignant jaundiced patients: a randomised controlled study.
6. Emergency ERCP and EPT in patients with acute pancreatitis: a prospective randomised controlled trial.

In laboratory research, the following have been carried out:

1. Transforming growth factors in the urine and saliva of Hong Kong Chinese patients with hepatocellular carcinoma.
2. Nutritional and immunological function in patients with malignant biliary obstruction and its improvement after endoscopic biliary drainage.
3. Metabolic clearance of a fat emulsion containing medium chain triglycerides (Lipofundin MCT/LCT) in cirrhotic patients.
4. Induction of localised bile duct cancer in dog by submucosal injection of N-ethyl-N'-nitro-N-nitrosoguanidine (ENNG).

In the last 3 years, the team members have presented papers at the following scientific meetings:

1. February 1988 - The International Symposium Hepatocellular Carcinoma Bangkok, Thailand.
"Liver resection for hepatocellular carcinoma: an update" (Lai CS)



Endoscopic retrograde cholangiography



2. May 1988 - The Society of Surgical Alimentary Tract, Digestive Disease Week — New Orleans, U.S.A.
 "Urgent biliary decompression after endoscopic retrograde cholangio-pancreatogram (ERCP): its necessity and identification of risk factors" (*Lai CS*)

3. September 1988 - The 10th Annual Meeting of the International Biliary Association - Nice, France.
 "Segmental bilioenteric anastomosis - its role in the treatment of malignant hilar biliary obstruction" (*Choi TK*)
 "Malignant hilar biliary obstruction treated by segmental bilioenteric anastomosis" (*Choi TK*)
 "Pancreatic phlegmon, what is it?" (*Fan ST*)
 "Acute pancreatitis in the aged" (*Fan ST*)
 "Spontaneous ruptured hepatocellular carcinoma: an appraisal of surgical treatment" (*Lai CS*)

4. October 1988 - Joint Meeting of the British Association of Surgical Oncology and Department of Surgery, University of Hong Kong - Hong Kong.
 "Hepatocellular carcinoma in Hong Kong" (*Fan ST*)

5. October 1988 - The 8th Asian-Pacific Congress of Gastroenterology - Seoul, Korea.
 "Current status of intrahepatic stones: Surgical management and outcome" (*Choi TK*)

6. October 1988 - Combined Meeting of Hong Kong Society of Gastroenterology and Gastroenterological Society of Australia - Hong Kong.
 "Recent results of liver resection for hepatocellular carcinoma" (*Choi TK*)
 "Carcinoma of the duodenum: analysis of survival" (*Lai CS*)

7. November 1988 - The 1st Scientific Meeting of Liver Cancer Study Group of China — Shanghai, China.
 "The surgical treatment of primary liver cancer" (*Choi TK*)

8. February 1989 - 7th Congress of the Asian Surgical Association - Penang, Malaysia.
 "Hepatic resection in the cirrhotic liver" (*Choi TK*)
 "Benign biliary strictures" (*Choi TK*)
 "Prediction of severity of acute pancreatitis" (*Fan ST*)
 "A prospective evaluation of emergency nasobiliary drainage for severe acute cholangitis: a preliminary report" (*Lai CS*)
 "The surgical management of benign biliary strictures" (*Choi TK*)

9. September 1989 - 1st IGSC Joint Meeting of Surgeons and Gastroenterologists, International Gastro-Surgical Club - Amsterdam, Holland.
 "Somatostatin in the treatment of acute pancreatitis: a prospective randomized controlled trial" (*Fan ST*)
 "Prediction of severity of acute pancreatitis" (*Fan ST*)

10. September 1989 - 1st Annual Meeting of Philippines Chapter of Asian Surgical Association - Manila, Philippine.
 "Pancreatic phlegmon" (*Fan ST*)
 "Hepatic resection for hepatocellular carcinoma" (*Fan ST*)
 "Hepatolithiasis - current management" (*Fan ST*)

11. September 1989 - The 33rd World Congress of Surgery - Toronto, Canada.
 "Emergency nasobiliary drainage for severe acute cholangitis" (*Lai CS*)
 "Acute pancreatitis: is surgery necessary in patients who deteriorated while undergoing treatment" (*Choi TK*)
 "Role of computed tomography in the management of recurrent cholangitis" (*Fan ST*)

12. September 1989 - The British Society of Gastroenterology - Dublin, U.K.
 "Severe acute cholangitis: a multivariate analysis for post-operative mortality" (*Lai CS*)

13. October 1989 - Seminar on Surgery of the Pancreas, liver and biliary system - British Council Course, Edinburgh, U.K.
 "Prediction of severity of acute pancreatitis — prospective validation in 110 patients" (*Fan ST*)

14. November 1989 — Hong Kong-Canadian Conference of Gastroenterology and Hepatology - Hong Kong.
 "Prediction of severity of acute pancreatitis" (*Fan ST*)

15. November 1989 - The Canadian Medical Association and Hong Kong Society of Gastroenterology - Hong Kong.
 "Emergency nasobiliary drainage: a better alternative than surgery for severe acute cholangitis?" (*Lai CS*)

16. November 1989 - The Combined Meeting of the Academy of Medicine, Singapore and the Royal College of Surgeons, Ireland - Singapore.
 "Long-term results of hepatectomy for large hepatocellular carcinoma: a multivariate analysis of clinicopathological features" (*Lai CS*)

17. January 1990 — Hong Kong Surgical Forum — Hong Kong.
 "Hepatolithiasis - current management" (*Fan ST*)
 "Hepatocellular carcinoma" (*Lai CS*)

18. May 1990 - Midyear Convention of the Philippine College of Surgeons - Baguio, Philippine.
 "Hepatectomy for large hepatocellular carcinoma: improvement of longterm results" (*Lai CS*)
 "Severe acute cholangitis: surgery or endoscopy?" (*Lai CS*)

19. August 1990 - 12th Annual Meeting of the International Hepato-Biliary Pancreatic Association - Hong Kong.
 "Necrotising pancreatitis - Diagnosis: clinical, biochemical and radiological criteria" (*Fan ST*)
 "Hepatolithiasis - radical surgery" (*Fan ST*)
 "Preoperative endoscopic drainage for malignant obstructive jaundice: an interim report of a randomized control trial" (*Lai CS*)
 "Recurrent hepatocellular carcinoma: treatment options" (*Lai CS*)
 "Acute cholangitis secondary to hepatolithiasis — prediction of failure of conservative treatment" (*Mok F*)

In the past 3 years, the following articles, including book chapters, have been published:

1. Childhood recurrent pyogenic cholangitis. *Journal of Pediatric Surgery* 1988; 23:424-429. (*Saing H, Tam PKH, Choi TK, Wong J*)

2. Surgical resection for hepatocellular carcinoma. *Annals of the Academy of Medicine, Singapore* 1988; 17:96-100. (*Choi TK*)

3. Malignant hilar biliary obstruction treated by segmental bilioenteric anastomosis. *Surgery* 1988; 104:525-529. (*Choi TK, Fan ST, Lai ECS, Wong J*)

4. Clinical overview of recurrent pyogenic cholangitis. *Journal of the Hong Kong Medical Association* 1988; 40:94-95. (*Choi TK, Leong L*)

5. Influence of age on the mortality from acute pancreatitis. *British Journal of Surgery* 1988; 75:463-466. (*Fan ST, Choi TK, Lai ECS, Wong J*)

6. Acute pancreatitis in the aged. *Australian and New Zealand Journal of Surgery* 1988; 58:717-721. (*Fan ST, Choi TK, Lai ECS, Wong J*)

7. Acute cholangitis complicating endoscopic retrograde cholangiopancreatogram: Identification of risk factors. *Gastrointestinal Endoscopy* 1988; 34(2):214. (*Lai ECS, Lo CM, Choi TK, Cheng WK, Fan ST, Wong J*)



8. Reoperative surgery of the biliary tract.
In: Tompkins RK (ed.), *Reoperative Surgery*, J.B. Lippincott, Philadelphia, Chapter 8, 1988; pp.153-186. (Tompkins RK, Lai ECS)
9. Pancreatic phlegmon. What is it?
American Journal of Surgery 1989; 157:544-547. (Fan ST, Choi TK, Chan FL, Lai ECS, Wong J)
10. Somatostatin in the treatment of acute pancreatitis: a prospective randomised controlled trial.
Gut 1989; 30:223-227. (Choi TK, Mok F, Zhan WH, Fan ST, Lai ECS, Wong J)
11. Acute cholangitis.
In: Cameron JL (ed.), *Current Surgical Therapy - 3*, B.C. Decker, Philadelphia, 1989; pp.272-274. (Choi TK, Wong J)
12. Intrahepatic stones.
British Journal of Surgery 1989; 76:213-214. (Leading article) (Choi TK)
13. Expectations and possibilities of liver resection in the management of hepatocellular carcinoma.
In: Lygidakis NJ, Tytgat GNJ (eds.), *Hepatobiliary and Pancreatic Malignancies*, Thieme Medical Publishers, New York, 1989; pp.179-182. (Choi TK, Wong J)
14. Recurrent pyogenic cholangitis.
In: Schwartz SI, Ellis H (eds.), *Maingot's Abdominal Operations*, Appleton-Century-Crofts, New York, Chapter 84, 1989; pp.1997-2013. (Choi TK, Wong J)
15. Causes and prognosis of acute pancreatitis in the geriatric patient. *Geriatric Medicine Today* 1989; 8:46-55. (Fan ST)
16. Evaluation of recurrent pyogenic cholangitis with CT: an analysis of 50 patients.
Radiology 1989; 170:165-169. (Chan FL, Man SW, Leong LL, Fan ST)
17. Lymphangioma of the pancreas.
Journal of Gastroenterology & Hepatology 1989; 4:299-302. (Ng IOL, Fan ST, Nicholls J)
18. Tuberculosis of the bile duct : a rare cause of biliary stricture.
American Journal of Gastroenterology 1989; 84:413-414. (Fan ST, Ng IOL, Choi TK, Lai ECS)
19. Electrohydraulic lithotripsy for biliary stones.
Australian & New Zealand Journal of Surgery 1989; 59:217-221. (Fan ST, Choi TK, Wong J)
20. Gallstone therapy without cholecystectomy — a new horizon?
Journal of the Hong Kong Medical Association 1989; 41:88-90. (Lo CM, Lai ECS, Fan ST)
21. Prediction of severity of acute pancreatitis: an alternative approach. *Gut* 1989; 30:1591-1595. (Fan ST, Choi TK, Lai ECS, Wong J)
22. Cystadenocarcinoma of the liver - a case for resection.
Asian Journal of Surgery 1989; 12:183-185. (Fan ST, Fung KS)
23. Transduodenal sphincteroplasty for impacted stone made unnecessary by electrohydraulic lithotripsy.
Surgery, Gynecology & Obstetrics 1989; 169:363-364. (Fan ST)
24. Apache-II score for assessment and monitoring of acute pancreatitis. *Lancet* 1989; 2(8665) 738. (Al-Hadeedi S, Fan ST, Leaper D)
25. Urgent biliary decompression after endoscopic retrograde cholangiopancreatography.
American Journal of Surgery 1989; 157:121-125. (Lai ECS, Lo CM, Choi TK, Cheng WK, Fan ST, Wong J)
26. Acute cholangitis after endoscopic sphincterotomy: Complications of expectant treatment.
Journal of Gastroenterology & Hepatology 1989; 4:483-487. (Lai ECS, Choi TK, Fan ST, Wong J)
27. Spontaneous ruptured hepatocellular carcinoma: An appraisal of surgical treatment.
Annals of Surgery 1989; 210:24-28. (Lai ECS, Wu KM, Choi TK, Fan ST, Wong J)
28. Extracorporeal shock-wave lithotripsy (ESWL) for common ductal stone.
Journal of the Hong Kong Medical Association 1989; 41:277-279. (Lai ECS, Koo GCG, Tam PC)
29. Endoplasmic storage disease of liver: characterization of intracytoplasmic hyaline inclusions.
Histopathology 1989; 15:473-481. (Ng IOL, Ng M, Lai ECS, Wu PC)
30. Management of complicated acute pancreatitis: impact of computed tomography.
Journal of Gastroenterology & Hepatology 1990; 5:103-109. (Fan ST, Choi TK, Chan FL, Lai ECS, Wong J)
31. Imaging in recurrent pyogenic cholangitis.
Current Imaging 1990; 2:153-157. (Ngan H, Fan ST)
32. Pancreatic phlegmon.
Postgraduate General Surgery 1990; 2:11-14. (Fan ST)
33. Results of surgical resection for hepatocellular carcinoma.
Hepato-Gastroenterology 1990; 37:172-175. (Choi TK, Lai ECS, Fan ST, Mok FPT, Wong J)
34. Severe acute cholangitis: The role of emergency nasobiliary drainage.
Surgery 1990; 107:268-272. (Lai ECS, Paterson IM, Tam PC, Choi TK, Fan ST, Wong J)
35. Pitfalls of percutaneous-endoscopic biliary stent placement.
American Journal of Gastroenterology 1990; 85:207-209. (Tam PC, Lai ECS, Hui WM, Chan SCH)
36. Long-term results of resection for large hepatocellular carcinoma : A multivariate analysis of clinicopathological features.
Hepatology 1990; 11:815-818. (Lai ECS, Ng IOL, Ng MMT, Lok ASF, Tam PC, Fan ST, Choi TK, Wong J)
37. Management of severe acute cholangitis.
British Journal of Surgery 1990; 77:604-605. (Leading article) (Lai ECS)
38. Current management of intrahepatic stones.
World Journal of Surgery 1990; 14:487-491. (Choi TK, Wong J)
39. Role of computed tomography in the management of recurrent pyogenic cholangitis.
Australian & New Zealand Journal of Surgery 1990; 60:599-605. (Fan ST, Choi TK, Chan FL, Lai ECS, Wong J)
40. Symptomatic nonpancreatic cysts of the liver.
World Journal of Surgery 1990; 14:452-456. (Lai CS, Wong J)

TEAM 2 ■ UPPER GASTROINTESTINAL ■ BREAST

Team 2 is a composite team taking care of patients with breast diseases and disorders of the upper gastrointestinal tract, specifically the stomach and the duodenum.

BREAST SERVICE

Staff — T.T. Alagaratnam, MBBS, FRCS(Ed), FRCS(Eng)
Reader in Surgery



Dr. T.T. Alagaratnam

Dr. Alagaratnam, based at Tung Wah Hospital, is responsible for a substantial service for breast diseases. Initial consultations for patients with breast disease are undertaken at Sai Ying Pun Polyclinic, this being the only clinic in the territory designated solely for this purpose. Over

800 patients are seen every year at the Breast Clinic. An average of ten new and sixty follow-up patients are seen at each session. All new patients with discrete palpable breast lesions undergo fine needle aspiration and cytological examination. Ultrasound and mammographic investigations are performed in Queen Mary Hospital.

The majority of patients have benign disorders of the breast. Malignant lesions average sixty a year, and the ratio of malignant to benign disease is 1:2.2. Almost all breast surgery is carried out by Dr. Alagaratnam in Tung Wah Hospital. The most common breast conditions seen are :

Fibrocystic disease	25%
Fibroadenoma	21%
Breast Cancer	13%
Breast Cysts	10%
Gynaecomastia	6%
Others	25%

Our unit also conducts routinely assays of oestrogen receptor on tissue samples of breast carcinoma. This assay has been available in our unit for the past 15 years and is now available to pathologists and surgeons territory-wide. The demand for the assay has

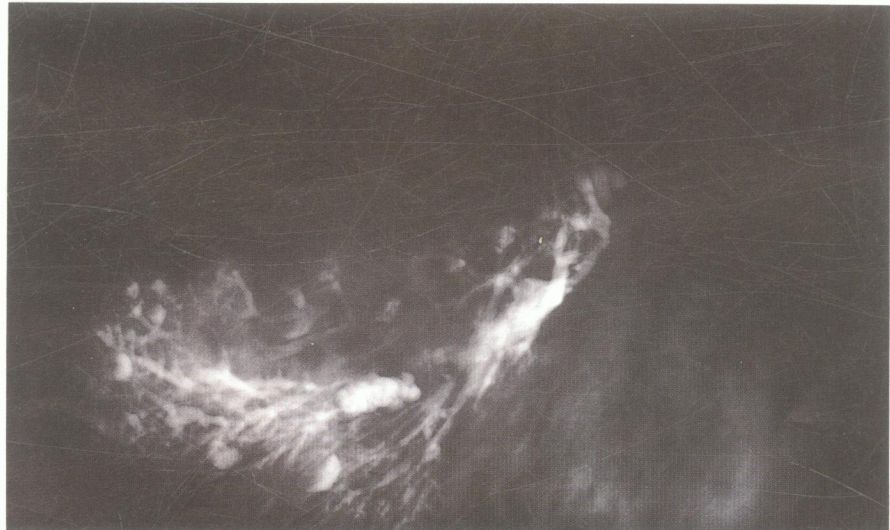
grown rapidly and our laboratory now processes an average of twenty tissue samples a month.

In the last 3 years, the team members attended international conferences and presented the following papers:

1. October 1988 - the International Symposium on Breast Cancer - Shen Yang, China.
"Aetiological factors for breast cancer in Hong Kong" (Alagaratnam TT)
2. November 1988 - the Annual Refresher Course for G.P.s - Hong Kong.
"Breast cancer - imaging studies and role of G.P. in management of breast cancer" (Alagaratnam TT)
3. December 1988 - the 10th Annual Symposium on Breast Cancer - San Antonio, U.S.A.
"Breast cancer in Hong Kong - A 20 year review" (Poster) (Alagaratnam TT)
4. February 1989 - 7th Congress of the Asian Surgical Association - Penang, Malaysia.
"Rising incidence of breast cancer in Hong Kong" (Alagaratnam TT)
"Treatment of mastalgia by hormonal therapy" (Cheung PSY)
"Symposium on breast cancer" (Alagaratnam TT)

In the past 3 years, the following articles have been published:

1. Cysticercosis of the breast.
American Journal of Tropical Medicine & Hygiene 1988; 38:601-602. (Alagaratnam TT, Yan KW, Tuen HH)
2. Benign breast disorders in Chinese women.
World Journal of Surgery 1989; 13:743-745. (Alagaratnam TT, Wong J)
3. Breast cancer. Current thinking on management.
Journal of Paediatrics, Obstetrics & Gynaecology 1990; 16:41-45. (Alagaratnam TT)



Ductogram showing fibrocystic disease of the breast



UPPER GASTROINTESTINAL SERVICE

Staff — Frank J. Branicki, MBBS, DM, FRCS
Senior Lecturer in Surgery (up to January 1991)

Francis P.T. Mok MBBS, FRCS(Ed), FRACS
*Senior Medical Officer
(January to September 1991)*

T.T. Alagaratnam MBBS, FRCS(Ed), FRCS(Eng)
Reader in Surgery (from September 1991)

Thomas C.F. Lam MBBS, FRCS(Glasg),
FRCS(Ed), FRACS
Senior Medical Officer (up to December 1990)



Dr. Frank J. Branicki



Dr. Francis P. T. Mok

Dr. Branicki has been in charge of the management of disorders of the upper gastro-intestinal tract in the Department at the Queen Mary Hospital for several years. On his departure, Dr. Francis Mok took over until his promotion to consultant at Kwong Wah Hospital. Dr. Alagaratnam is at present taking charge of the entire Team 2.

The scope of gastrointestinal practice encompasses the management of patients with ingested foreign bodies, e.g. fishbones, gastrointestinal bleeding, peptic ulcer disease, acute abdominal pain, and benign or malignant tumours (smooth muscle, adenocarcinoma, lymphoma) of the stomach and duodenum. This entails a substantial commitment to provision of an endoscopic service and in our unit a total of more than 4,800 fibreoptic endoscopic ex-

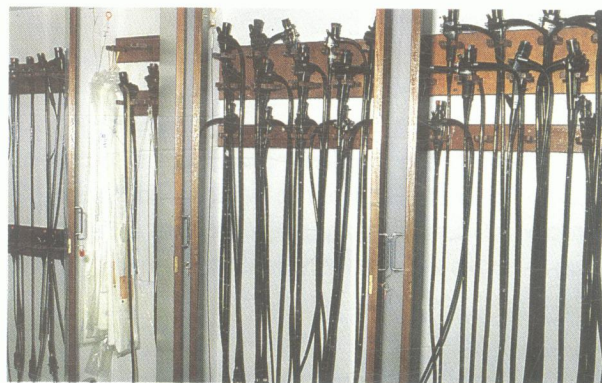


Demonstration of upper endoscopy with a video endoscope

aminations of the upper gastrointestinal tract are performed each year. An outpatient clinic dealing with diseases of the upper gastrointestinal tract is held weekly at Sai Ying Pun Polyclinic. Disorders encountered with particular frequency include peptic ulceration, gastric cancer and abdominal pain. In the years 1988-1990, the following numbers of patients presenting acutely and were managed in hospital:

Carcinoma of stomach	278
Gastric ulcer	595
Duodenal ulcer	960
Abdominal pain	1,089

A joint service for some patients with gastroduodenal disorders is provided in collaboration with Professor S.K. Lam and his colleagues in the University Medical Unit. Several joint research studies are also carried out. The team has collected data prospectively in the past five years in more than 2,000 patients with upper gastrointestinal non-variceal bleeding admitted under our care. Our excellent results have been presented at international medical meetings in various parts of the world. In particular, with collaboration from Dr. Coleman at the Department of Statistics, University of Hong Kong, we have undertaken statistical modelling of data in order to provide mathematical models for prediction of rebleeding and



Our stock of endoscopes

mortality rates with appropriate guidelines for better patient management. In this regard efforts are now directed to techniques of therapeutic endoscopy to reduce the risk of rebleeding and mortality in such patients.

Areas of clinical interest have won support for a number of research projects, including:

1. Audit and management of upper gastrointestinal bleeding.
2. Oesophageal pH studies in normal subjects and patients.
3. Evaluation of surgical management of gastric tumours.



4. A prospective study of admissions with acute abdominal pain (in collaboration with Department of Community Medicine).

Evidence of the success of studies is apparent in that our findings and recommendations for treatment for upper gastrointestinal disorders in the past three years have been presented in twelve countries - Australia, Canada, P.R. China, R.O.C. Taiwan, Denmark, Greece, India, Japan, Malaysia, the Philippines, Poland and the U.S.A.

In the last 3 years, the team members attended international conferences regularly and presented numerous papers.

1. January 1988 - Hong Kong Surgical Society: The Endoscopic Management of Acute Non-Variceal Upper Gastrointestinal Bleeding - Hong Kong.
"Acute non-variceal upper gastrointestinal bleeding" (*Branicki FJ*)
2. March 1988 - XVII Meeting of the Japanese Research Society of Vagotomy - Matsuyama, Japan.
"Emergency surgery for peptic ulcer" (*Branicki FJ*)
3. September 1988 - 10th World Congress of the Collegium Internationale de Chirurgiae Digestivae - Copenhagen, Denmark.
"Acute non-variceal upper gastrointestinal bleeding in Hong Kong: A prospective evaluation in 1049 patients" (Poster) (*Branicki FJ*)
"Bleeding gastric ulcer : A prospective evaluation of management in 268 patients" (Poster) (*Branicki FJ*)
4. October 1988 - Combined Meeting of Hong Kong Society of Gastroenterology and Gastroenterological Society of Australia - Hong Kong.
"Acute non-variceal upper gastrointestinal bleeding : A prospective evaluation in 502 patients >60 years" (*Branicki FJ*)
"Bleeding duodenal ulcer (BDU) : A prospective evaluation of rebleeding and mortality" (*Branicki FJ*)
"Maintenance H₂ blockers for recurrences after closure of perforated duodenal ulcers. (*Boey J*)
"Endoscopic haemostasis for bleeding peptic ulcer" (*Mok FPT*)
5. February 1989 - 7th Congress of the Asian Surgical Association - Penang, Malaysia.
"Risk factors for rebleeding and mortality in 701 patients with bleeding peptic ulcer" (*Branicki FJ*)
"Oesophageal emergencies" (*Branicki FJ*)
"Surgical mortality in gastric adenocarcinoma presenting with acute gastrointestinal bleeding" (*Cheung WL*)
6. June 1989 - International Ranitidine Symposium - Kyoto, Japan.
"Ranitidine therapy for bleeding peptic ulcer: A prospective evaluation of rebleeding and mortality" (*Branicki FJ*)
7. September 1989 - 4th World Congress of the International Society for Diseases of the Esophagus - Chicago, U.S.A.
"Why is symptomatic gastroesophageal reflux a rarity in Chinese ?" (Poster) (*Branicki FJ*)
8. September 1989 - 33rd World Congress of Surgery - Toronto, Canada
"Acute upper gastrointestinal bleeding : A prospective evaluation of rebleeding and mortality" (*Branicki FJ*)
"Emergency surgery for bleeding duodenal ulcer" (*Branicki FJ*)
"Risk factors for rebleeding and mortality in gastric

adenocarcinoma presenting with acute gastrointestinal bleeding" (*Cheung WL*)

9. September 1989 - Centenary Congress of Polish Surgical Association - Cracow, Poland.
"Emergency surgery for bleeding gastric ulcer" (*Branicki FJ*)

10. December 1989 - Hong Kong-Canadian Conference of Gastroenterology and Hepatology - Hong Kong.

"Hypotension, endoscopic stigmata, ulcer size and outcome in 1050 patients with bleeding peptic ulcer" (*Branicki FJ*)

"Upper gastrointestinal haemorrhage: risk factors for mortality in 177 patients with rebleeding" (*Branicki FJ*)

"Emergency surgery for non-variceal upper gastrointestinal bleeding" (Poster) (*Branicki FJ*)

"Modelling of rebleeding and mortality in bleeding gastric ulcer" (*Pritchett CJ*)

"Total gastrectomy in the treatment of gastric adenocarcinoma" (*Cheung WL*)

11. July 1990 - Hong Kong Surgical Forum - Hong Kong.
"Gastric cancer in Hong Kong" (*Branicki FJ*)

12. August 1990 - 9th World Congress of Gastroenterology - Sydney, Australia.

"A prospective evaluation of hypotension, endoscopic stigmata, ulcer size and outcome in 404 patients with bleeding gastric ulcer" (Poster) (*Branicki FJ*)

"Massive upper gastrointestinal bleeding : A prospective evaluation of risk factors for mortality" (Poster) (*Branicki FJ*)

"Prospective evaluation of conservative management of acute nonvariceal upper gastrointestinal bleeding" (Poster) (*Branicki FJ*)

"Acute nonvariceal upper gastrointestinal bleeding in 86 patients with diabetes mellitus" (Poster) (*Branicki FJ*)

"Emergency surgery for acute nonvariceal upper gastrointestinal bleeding: A prospective evaluation of outcome following postoperative rebleeding" (Poster) (*Branicki FJ*)

"Prospective evaluation of outcome of initial conservative management of large (>2cm) bleeding peptic ulcer" (Poster) (*Branicki FJ*)

"Emergency surgery for gastrointestinal bleeding: logistic regression analysis and risk models for mortality" (Poster) (*Branicki FJ*)

"Gastroduodenal smooth muscle tumours: A plea for elective resection" (Poster) (*Chow PWM*)

"Carcinoma of the stomach with liver metastases: A role for palliative gastrectomy" (*Lam TCF*)

"A prospective controlled trial of prophylactic endoscopic heater probe thermocoagulation in the management of major endoscopic stigmata of recent haemorrhage in peptic ulceration - An interim report" (*Tuen HH*)

"A prospective controlled trial of endoscopic adrenaline injection and heater probe thermocoagulation or surgery in the management of actively bleeding peptic ulceration - An interim report" (*Tuen HH*)

"Mortality following resection for gastric adenocarcinoma" (*Cheung WL*)

"Resection for early gastric cancer" (*Cheung WL*)

13. August 1990 - 12th Annual Meeting of the International Hepato-Biliary-Pancreatic Association - Hong Kong.

"Metastatic liver involvement: An infrequent finding at presentation of gastric adenocarcinoma in ethnic Chinese" (*Lam TCF*)

14. September 1990 - 2nd Annual Meeting, Philippine Chapter of the Asian Surgical Association - Manila, Philippines.

"Oesophageal emergencies" (*Branicki FJ*)

"Emergency surgery for bleeding peptic ulcer: risk models for rebleeding and mortality surgery for gastric cancer" (*Branicki FJ*)

15. November 1990 - 11th World Congress of the Collegium Internationale de Chirurgiae Digestivae - New Delhi, India.

"Surgical management of gastroduodenal smooth muscle tumours" (*Branicki FJ*)



"Emergency surgery for bleeding peptic ulcer in patients >60 years: A prospective evaluation" (*Branicki FJ*)
 "A prospective evaluation of hypotension, endoscopic stigmata, ulcer size and outcome in 646 patients with bleeding duodenal ulcer" (Poster) (*Branicki FJ*)
 "Predicting rebleeding and mortality for patients with gastric ulcer (GU) or duodenal ulcer (DU)" (*Pritchett CJ*)
 "A prospective evaluation of outcome of acute nonvariceal upper gastrointestinal bleeding in 748 patients >60 years" (*Tuen HH*)
 "Cimetidine therapy in the initial conservative management of bleeding peptic ulcer" (*Tuen HH*)
 "Large (>2cm) bleeding gastric ulcer: A prospective evaluation of outcome of initial conservative management" (*Mok FPT*)

16. November 1990 - 2nd International Gastro-Surgical Club Joint Meeting of Surgeons and Gastroenterologists - Athens, Greece.

Workshop: "Upper gastrointestinal bleeding" (*Branicki FJ*)
 "Risk models for rebleeding and mortality" (*Branicki FJ*)

17. December 1990 - Joint Meeting Hong Kong Society of Gastroenterology, Hong Kong Association for the Study of Liver Diseases, Gastroenterological Society of Singapore, Gastroenterological Association of Thailand - Hong Kong.
 "Emergency surgery for non-variceal upper gastrointestinal bleeding" (*Branicki FJ*)

A number of journal publications and book chapters have gone to print in the last three years. Joint authorship indicate close cooperation among the different disciplines involved in the diagnosis and treatment of gastrointestinal conditions.

1. Esophagoscopy and bronchoscopy.
 In: Delarue NC, Wilkins EW, Jr., Wong J. (eds.) *International Trends in General Thoracic Surgery*, Vol. 4, *Esophageal Cancer*. C.V. Mosby, St. Louis, Chapter 5, 1988; pp. 36-44. (*Wong J, Branicki FJ*)

2. Benign esophageal disease - diagnostic and therapeutic endoscopy. *Diseases of the Esophagus* 1988; 2:87-102. (*Branicki FJ, Fok PJ, Choi TK, Wong J*)

3. A controlled trial of liquid Gaviscon in gastro-oesophageal reflux using a portable pH-sensitive radiotelemetry system. *Journal of Ambulatory Monitoring* 1988; 1:61-72. (*Branicki FJ, Evans DF, Jones JA, Atkinson M, Hardcastle JD*)

4. No decrease in duodenal ulcer surgery after cimetidine in Hong Kong. *Journal of Clinical Gastroenterology* 1988; 10:25-27. (*Alagaratnam TT, Wong J*)

5. Proximal gastric vagotomy. The preferred operation for perforations in acute duodenal ulcer. *Annals of Surgery* 1988; 208:169-174. (*Boey J, Branicki FJ, Alagaratnam TT, Fok PJ, Choi S, Poon A, Wong J*)

6. Emergency surgery for bleeding gastric ulcer : A prospective evaluation. *Proceedings of the Centenary Congress of the Polish Surgical Association, September 1989*. (*Branicki FJ, Cheung WL, Lau WK, Tse MCK, Tang APK, Wong J*)

7. Bleeding gastric ulcer : A prospective evaluation of rebleeding and mortality. *Australian & New Zealand Journal of Surgery* 1989; 59:551-562. (*Branicki FJ, Boey J, Fok PJ, Pritchett CJ, Fan ST, Lai ECS, Mok FPT, Wong WS, Lam SK, Hui WM, Ng MMT, Lok ASF, Lam DKH, Tang APK, Coleman SY, Wong J*)

8. Effect of sucralfate and cimetidine on duodenal ulcer-associated antral gastritis and *Campylobacter pylori*. *American Journal of Medicine* 1989; 86:60-65. (*Hui WM, Lam SK, Ho J, Ng I, Lau WY, Branicki FJ, Lai CL, Lok ASF, Ng MMT, Fok PJ, Poon GP, Choi TK*)

9. Ranitidine therapy for bleeding peptic ulcer : A prospective evaluation of rebleeding and mortality. *Excerpta Medica (Amsterdam)* 1989, pp. 23-33. (*Branicki FJ, Lau WK, Lam DKH, Tse MCK, Tang APK, Wong J*)

10. Omeprazole and ranitidine in duodenal ulcer healing and subsequent relapse: A randomized double-blind study with weekly endoscopic assessment. *Journal of Gastroenterology and Hepatology* 1989; (Suppl)2:35-43. (*Hui WM, Lam SK, Lau WY, Branicki FJ, Lok ASF, Ng MMT, Lai CL, Poon GP*)

11. Two cases of small bowel obstruction due to intussuscepting inflammatory fibroid polyps. *Australian & New Zealand Journal of Surgery* 1989; 59:817-818. (*Pritchett CJ, Pang SW, Branicki FJ*)

12. Reducing meal-stimulated acid secretion versus reducing nocturnal acid secretion for healing of duodenal ulcer. *Digestive Diseases and Science* 1989; 34:1494-1500. (*Lam SK, Hui WM, Ng MMT, Lok ASF, Lai CL, Branicki FJ, Lau WY, Poon GP*)

13. Bleeding duodenal ulcer: risk models and mortality for emergency surgery. *Journal of the Hong Kong Medical Association* 1989; 41:320-325. (*Branicki FJ, Coleman SY, Pritchett CJ, Cheung WL, Tuen HH, Fok PJ, Fan ST, Lai ECS, Lau PWK, Mok FPT, Lam SK, Hui WM, Lam DKH, Tang APK, Tse MCK, Wong J*)

14. Why is symptomatic gastroesophageal reflux a rarity in Chinese ? *Surgery Research Comm.* 1990; 2:119-126. (*Branicki FJ, Lam DKH, Tse CW, Evans DF, Tang APK, Atkinson M, Hardcastle JD, Wong J*)

15. Bleeding peptic ulcer : A prospective evaluation of risk factors for rebleeding and mortality. *World Journal of Surgery* 1990; 14:262-269. (*Branicki FJ, Coleman SY, Fok PJ, Pritchett CJ, Fan ST, Lai ECS, Mok FPT, Cheung WL, Lau PWK, Tuen HH, Lau SK, Hui WM, Ng MMT, Lam DKH, Tse MCK, Tang APK, Wong J*)

16. Bleeding duodenal ulcer : A prospective evaluation of risk factors for rebleeding and death. *Annals of Surgery* 1990; 211:411-418. (*Branicki FJ, Boey J, Fok PJ, Pritchett CJ, Fan ST, Lai ECS, Mok FPT, Wong WS, Lam SK, Hui WM, Ng MMT, Lok ASF, Lam DKH, Tse MCK, Tang APK, Wong J*)

17. A prospective study on fish bone ingestion: experience of 358 patients. *Annals of Surgery* 1990; 211:459-462. (*Ngan JHK, Fok PJ, Lai ECS, Branicki FJ, Wong J*)

18. Upper gastrointestinal rebleeding: A risk model for mortality. *Asian Journal of Surgery* 1990; 13:155-159. (*Branicki FJ, Coleman SY, Lau PWK, Pritchett CJ, Cheung WL, Tuen HH, Lam SK, Hui WH, Tse MCK, Lam DKH, Wong J*)

19. Acute non-variceal upper gastrointestinal bleeding in Hong Kong: a prospective evaluation in 1049 patients. *European Journal of Gastroenterology and Hepatology* 1990; 2:309-314. (*Branicki FJ, Coleman SY, Tuen HH, Cheung WL, Pritchett CJ, Fok PJ, Fan ST, Lai ECS, Mok FPT, Lam SK, Hui WM, Ng MMT, Lam DKH, Tang APK, Tse MCK, Wong J*)

EAM 3 ■ HEAD & NECK ■ OESOPHAGUS ■ VASCULAR ■ PLASTIC

Team 3 is a composite team looking after a variety of conditions including head and neck surgery, oesophageal surgery, vascular surgery and plastic surgery. Designated staff are assigned to look after patients falling into each category, although there is some overlap of personnel across these fine divisions of services.

HEAD AND NECK SURGERY SERVICE

Staff — Kam Hing Lam MBBS, MS, FRCS(Ed), FRACS, FACS
Professor of Surgery

William I. Wej MBBS, MS, DLO, FRCS(Ed), FACS
Professor of Otorhinolaryngology

Sai Kit Lau MBBS, DLO, FRCS(Ed)
Lecturer in Surgery (ENT)

Chiu Ming Ho MBBS, FRCS(Ed)
Lecturer in Surgery (Plastic & Reconstructive Surgery)

Lai Kun Lam MBBS, FRCS(Ed)
Medical Officer (Plastic & Reconstructive Surgery)

Wai Fong Lau MBBS, FRCS(Ed)
Research Associate (Plastic & Reconstructive Surgery)



Professor Kam Hing Lam

Professor K.H. Lam is in charge of the head and neck surgery service. While most of its operations, particularly those involving major resection and reconstruction, are carried out in Queen Mary Hospital, some of the minor ones are performed in Tung Wah Hospital. With the

availability of expertise in the fields of general surgery, ENT surgery and reconstructive surgery, the team continues to expand the scope of surgical treatment

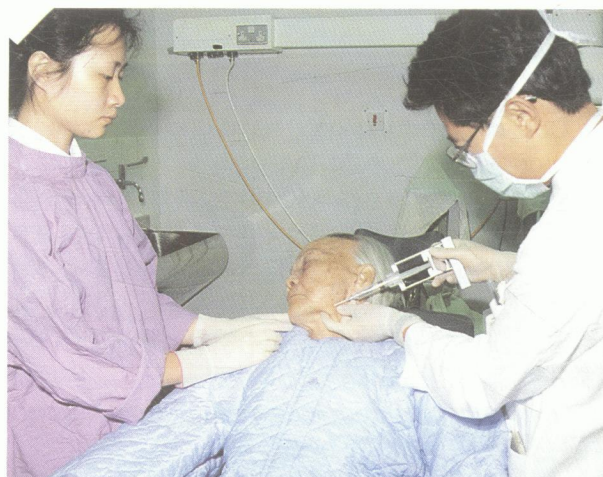


Interview with a laryngectomee

provided for all kinds of head and neck pathology. Colleagues from the division of neurosurgery are often invited to take part in combined procedures. The staff runs a Head and Neck Clinic every Tuesday at the Sai Ying Pun Polyclinic.

Pathology seen with particular frequency include laryngeal and pharyngeal cancer, oral cancer, salivary gland pathology and neck masses. In the years 1988-1990, the following numbers of patients were seen in the Head and Neck Surgery Service :

Carcinoma of larynx	112
Oral cancer	167
Hypopharyngeal cancer	54
Nasopharyngeal cancer	145
Salivary gland tumours	96
Neck lymphadenopathy	157
Maxillofacial cancer	40



Fine needle aspiration cytology being taken from a neck lump

As most of the pathology seen are late stage cancers, radical resections account for the majority of operative procedures carried out by the team. Hand in hand with widening of the scope of resection is the development of one-stage methods of reconstruction. The most frequently performed operative procedures in 1988-1990 are listed as follows:

Total laryngectomy	49
Pharyngectomy with laryngectomy	47
Oral cancer resection	90
Flap reconstruction	126
Radical neck dissection	239
Salivary glands excision	61
Resection of maxillofacial cancer	37
Others	35



Refined and further developed by the Head and Neck Surgery Service in the past few years are the procedures of pharyngolaryngo-oesophagectomy with pharyngogastric anastomosis, construction of the terminal tracheostome to avoid stenosis, primary tracheo-oesophageal puncture for early voice restoration, and maxillary swing approach for resection of nasopharyngeal carcinoma.



The Head and Neck Team at work

Continuing education in head and neck surgery relies on, in addition to the daily ward rounds, a weekly conference every Tuesday. At these meetings problem cases are presented, and journals are reviewed. Surgical pathology is discussed and clinical slides are shown.

In head and neck surgery clinical research has been concentrated on the following :

1. Use of the pectoralis myocutaneous flap in pharyngeal and oral reconstruction.
2. Use of the endoscope in intubation and preoperative screening.
3. Application of immediate tracheo-oesophageal puncture in voice restoration.

In laboratory research, the following have been carried out:

1. Surgical pathology of laryngeal cancer.
2. Nature of cartilage and bone union.
3. Surgical pathology of pleomorphic adenoma.

The following research projects are ongoing:

1. Surgical pathology of metastatic lymph nodes in nasopharyngeal carcinoma.
2. Surgical pathology of hypopharyngeal carcinoma.
3. Surgical pathology of Warthin's tumour.
4. Antibiotic prophylaxis in head and neck surgery.

In the last three years the team has presented papers at the following scientific meetings :

1. May 1988 - General Scientific Meeting of Royal Australasian College of Surgeons - Brisbane, Australia.
"The need for clearance in laryngectomy for carcinoma of the larynx" (Lam KH)
"Maxillary swing approach for orbital osteoma" (Video) (Lam KH)
2. May 1988 - Visiting Professor, University of Sydney, Royal North Shore Hospital - Sydney, Australia.
"Application of surgery in nasopharyngeal cancer" (Lam KH)
3. June 1988 - Clinical Oncological Society of Australia - Conference on Head and Neck Pathology and Management - Sydney, Australia.
"Salivary gland tumours - the Hong Kong experience" (Lam KH)
"Carcinoma of the oral cavity and oropharynx - surgical management" (Lam KH)
4. June 1988 - Visiting Professor, University of Sydney, Concord Hospital - Sydney, Australia.
"An approach to pharyngoesophageal reconstruction" (Lam KH)
5. June 1988 - Reunion Week Scientific Meeting, Lidcombe Hospital - Sydney, Australia.
"Salivary gland tumours" (Lam KH)
6. August 1988 - Second International Conference on Head and Neck Cancer - Boston, U.S.A.
"An individual approach to reconstruction of the pharyngoesophageal region" (Lam KH)
"Fate of skin elements in pectoralis major flap in oral cavity" (Wei WI)
"Split-palate approach for insertion of gold grains to the nasopharynx" (Poster) (Wei WI)
7. November 1988 - Third Advanced Course in Head and Neck Surgery - Singapore.
"Surgical management of early oral cancer" (Lam KH)
"Biological basis justifying conservatism in laryngeal cancer surgery" (Lam KH)
"Anatomical and pathological basis of neck dissection" (Lam KH)
"Pharyngeal reconstruction" (Lam KH)
"Total laryngectomy" (Lam KH)
"Parotidectomy" (Lam KH)
8. April 1989 - Annual Scientific Meeting of Association of Head and Neck Oncologists of Great Britain - London.
"Radical neck dissection in nasopharyngeal carcinoma" (Ho CM)
9. September 1989 - 33rd World Congress of Surgery - Toronto, Canada.
"Tracheostomal stenosis after immediate tracheo-oesophageal or tracheogastric puncture" (Ho CM)
10. September 1989 - Asian Surgical Association - Philippine Chapter First Annual Scientific Meeting - Manila, Philippines.
"Surgical management of recurrent nasopharyngeal carcinoma" (Wei WI)
"Pharyngolaryngo-oesophagectomy, how to deal with the complication" (Wei WI)
"The use of pectoralis major myocutaneous flap in head and neck surgery" (Wei WI)
11. May 1990 - Joint Meeting of the Society of Surgical Oncology & The Society of Head & Neck Surgeons - Washington D.C., U.S.A.
"Anatomical and pathological characteristics of pleomorphic adenoma in the parotid gland - a study with whole organ sectioning technique" (Lam KH)

"The efficacy of radical neck dissection in controlling cervical metastasis from nasopharyngeal carcinoma after radiotherapy" (Wei WI)

In the past three years, the following articles have been published:

1. Tumor clearance at resection margins in total laryngectomy — a clinicopathological study. *Cancer* 1988; 61:2260-2272. (Lam KH, Lau WF, Wei WI)
2. Emergency endotracheal intubation under fiberoptic endoscopic guidance for malignant laryngeal obstruction. *Otolaryngology - Head & Neck Surgery* 1988; 98:10-13. (Wei WI, Siu KF, Lau WF, Lam KH)
3. Immediate tracheoesophageal puncture for voice restoration in laryngopharyngeal resection. *American Journal of Surgery* 1988; 156:269-272. (Lau WF, Wei WI, Ho CM, Lam KH)
4. Salvageable mediastinal problems in pharyngolaryngoesophagectomy and pharyngogastric anastomosis. *Head & Neck Surgery* 1988; 10:S60-S68. (Wei WI, Lam KH, Lau WF, Choi TK, Wong J)
5. Fate of skin element of pectoralis major flap in intraoral reconstruction. *Archives of Otolaryngology - Head and Neck Surgery* 1989; 115:360-363. (Wei WI, Lam KH, Lau WF)
6. Immediate reconstruction of pharyngoesophageal defects. preference or reference. *Archives of Otolaryngology - Head & Neck Surgery* 1989; 115:608-612. (Lam KH, Ho CM, Lau WF, Wei WI, Wong J)
7. Efficacy of fine-needle aspiration cytology in the diagnosis of tuberculous cervical lymphadenopathy. *Journal of Laryngology & Otology* 1990; 104:24-27. (Lau SK, Wei WI, Hsu C, Engzell UCG)
8. Whole organ sectioning of mixed parotid tumours. *American Journal of Surgery* 1990; 160:377-381. (Lam KH, Wei WI, Ho HC, Ho CM)
9. Modified jet ventilation during total laryngectomy: a prospective study using pulse oximetry and a pressure regulator. *Anaesthesia & Intensive Care* 1990; 18:504-508. (Chan ASH, Wei WI, Lam KH, Lau WF)

OESOPHAGEAL CANCER SERVICE

Staff — John Wong PhD, FRACS, FRCS(Ed), FACS
Professor of Surgery

Manson Fok MBBS, FRCS(Ed)
Lecturer in Surgery

Stephen W.K. Cheng MBBS, FRCS(Ed)
Lecturer in Surgery



Professor John Wong

Oesophageal cancer is a common disease among the working class male in the southern part of China. Each year about 400 new patients with oesophageal cancers are reported in Hong Kong, a quarter of whom are referred to our unit for management.

Our service for oesophageal cancer is recognised internationally as having one of the largest and most comprehensive experience. The chief aim in the management of patients with oesophageal cancer is to reestablish the ability to eat. This is achieved by either surgical or non-surgical means.

Over the past 3 years a total of 340 patients with oesophageal cancers were managed in our Department. Approximately 80% of tumours were of squamous cell origin, while the rest were mainly adenocarcinomas. Sixty-five percent of the patients underwent resection of their tumour-bearing oesophagus and reconstruction by the use of a substitute organ such as the stomach, colon or small bowel. Another 10% of patients underwent a bypass operation. For the remaining 25% of patients who had too advanced a disease to warrant surgery or who refused an operation, treatment was by other means such as radiotherapy, chemotherapy, prosthetic intubation or laser therapy.

Our service includes not only surgery and the day-to-day care and follow-up of patients with oesophageal cancer, but also an active research



More observers than surgeons at an oesophageal cancer operation



programme to study this disease. A comprehensive prospective database is created to contain all patient data and regular weekly meetings are held to review and analyse the results. Numerous research projects have been completed or are currently underway to further elucidate the behaviour and the treatment options for this disease.



Research meeting of the oesophageal cancer service staff

The followings are some of the ongoing areas of research:

1. The role of preoperative chemotherapy.
2. The role of postoperative radiotherapy.
3. Different resection approach in relationship to complication and mortality risks.
4. Anastomotic reconstruction using hand sutures or mechanical staplers.
5. Functional differences of various pyloric drainage procedures for the intrathoracic stomach.
6. The role of radiotherapy or chemotherapy for local recurrence.

Scientific presentations on oesophageal cancer delivered in the last 3 years included the followings :

1. January 1988 - 12th International Meeting on Digestive Surgery - Porto, Portugal.
"Surgical management of oesophageal cancer" (Wong J)
2. February 1988 - International Symposium on Oesophageal Cancer - Bangalore, India.
"Concepts and practice in the treatment of cancer of the thoracic oesophagus" (Wong J)
3. March 1988 - Danish Oesophagus Club Conference - Helsingør, Denmark.
"Epidemiology, diagnosis and surgical treatment of oesophageal cancer" (Wong J)
4. April 1988 - Visiting Professor, Washington University Medical Center - St. Louis, U.S.A. and Visiting Professor, The Johns Hopkins Hospital - Baltimore, U.S.A.
"Oesophageal cancer - when is surgery justified?" (Rienhoff Lecture) (Wong J)
5. June 1988 - International Symposium on Oesophageal and Pharyngeal Diseases - Lyon, France.
"Therapeutic management of associated cancers : oro-

- pharyngeal and oesophageal" (Wong J)
- "Preoperative staging of the tumour versus operating findings" (Wong J)
- "Reconstruction with stomach" (Wong J)

6. September 1988 - XVI Panhellenic Surgical Congress - Athens, Greece.
"Oesophageal resection for cancer" (Wong J)

7. October 1988 - Visiting Professor to the University of Munich - Munich, West Germany.
"Current results of resection for oesophageal cancer" (Wong J)

8. October 1988 — Visiting Professor to the University of Istanbul - Istanbul, Turkey.
"Current results of resection for oesophageal cancer" (Wong J)

9. October 1988 — Visiting Professor, Rush-Presbyterian St. Luke's Medical Center, Rush Medical College - Chicago, U.S.A.
"Towards a safer oesophageal anastomosis" (Wong J)

10. January 1989 — Oesophageal Cancer Workshop - Bombay, India.
"Surgery for oesophageal cancer - past, present and future" (Ernest Borges Memorial Oration) (Wong J)

11. January 1989 — Symposium on Surgery of Malignant Tumour - Kuwait.
"Epidemiology and premalignant lesions of oesophageal cancer" (Wong J)
"Decision making in oesophageal cancer - pre-treatment assessment for operability and resectability" (Wong J)
"Changing attitudes in the approach to surgery of oesophageal cancer" (Wong J)
"Transhiatal versus transthoracic oesophagectomy" (Wong J)
"Towards a safer oesophageal anastomosis" (Wong J)

12. February 1989 — 7th Congress of the Asian Surgical Association - Penang, Malaysia.
"Nd:YAG laser in the treatment of tracheobronchial recurrence in oesophageal cancers" (Fok M)

13. April 1989 — Spring Meeting, British Society of Gastroenterology — Bradford, England.
"Current surgical management of oesophageal cancer" (Wong J)

14. May 1989 — XXII Congress, Scandinavian Society of Gastroenterology — Umeå, Sweden.
"Surgical treatment of oesophageal cancer" (Wong J)
"Reconstructive oesophageal surgery" (Wong J)

15. June 1989 — Visiting Professor, Department of Surgery, Washington V.A. Medical Center — Washington D.C., U.S.A.
"Surgery for esophageal cancer" (Wong J)

16. August 1989 — Annual Postgraduate Course, Colombian Surgical Society — Bogota, South America.
"Results of surgery of esophageal cancer" (Wong J)
"Reconstructive procedures for resection or bypass" (Wong J)
"Pros and cons of transhiatal esophagectomy" (Wong J)

17. September 1989 — Symposium on Oesophageal Cancer, Austrian Society of Surgical Oncology (ACO) — Pörschach, Austria.
"Transhiatal versus transthoracic resection" (Wong J)
"Reconstruction of the oesophagus" (Wong J)

18. September 1989 — International Jubilee Congress of Surgeons — Cracow, Poland.
"Results of resection for oesophageal cancer" (Wong J)



19. September 1989 — Fourth World Congress of the International Society for Diseases of the Esophagus — Chicago, U.S.A.

"Postoperative adjuvant radiotherapy in the management of esophageal cancer" (Fok M)

"Pyloroplasty in the gastric replacement of the stomach" (Fok M)

"Hand-sewn anastomosis after esophagectomy, a review of 515 cases" (Ah-Chong KA)

"Intramural lesion of esophageal cancer: the true nature and extent in 128 cases" (Loke SL)

"Morphologic features for prediction of survival in cancer of esophagus in Hong Kong" (Loke SL)

20. September 1989 - 33rd World Congress of Surgery - Toronto, Canada.

"Endoscopic ultrasound in the preoperative staging of esophageal cancer" (Fok M)

21. November 1989 - 8th Joint Congress, Asian & Pacific Federations of the International College of Surgeons - Bangkok, Thailand.

"Surgical management of carcinoma of oesophagus" (Wong J)

22. November 1989 - 9th Biennial Asian Congress on Thoracic and Cardiovascular Surgery - Taipei, Taiwan.

"The oesophageal anastomosis after resection for cancer" (Wong J)

23. November 1989 - XXXVIII International Course of Abdominal Surgery - Barcelona, Spain.

"Reseccion transhiatal o transtoracica" (Wong J)

"Reexploracion despues de cirugia oesofagica" (Wong J)

"Se puede aumentar la seguridad de una anastomosis oesofagica?" (Wong J)

24. December 1989 - Visiting Professor, Memorial Sloan-Kettering Cancer Center - New York, U.S.A.

"Surgical management of esophageal cancer" (Wong J)

25. January 1990 - Hong Kong Surgical Forum - Hong Kong.

"Anastomotic leakage after esophagectomy for carcinoma of the oesophagus" (Fok M)

26. January 1990 - Visiting Professor, Second Department of Surgery, University of Tokyo - Tokyo, Japan.

"Clinical studies in esophageal cancer surgery - the way forward" (Wong J)

27. March 1990 - VI International Postgraduate Course on Esophageal Diseases Padova, Italy.

"The Asian experience in the surgical treatment of the adenocarcinoma of the cardia" (Wong J)

28. March 1990 - Visiting Professor, Department of Surgery, University of California - San Diego, U.S.A.

"Results of surgical treatment of esophageal cancer" (Wong J)

29. April 1990 - Annual Postgraduate Course in General Surgery and Visiting Professor to the University of California - San Francisco, U.S.A.

"Techniques of reconstruction after esophageal resection" (Wong J)

"Results of surgery for esophageal cancer" (Wong J)

2. A comparison of flexible and rigid endoscopy in evaluating esophageal cancer patients for surgery.

World Journal of Surgery 1988; 12:117-122. (Cheung HHC, Siu KF, Wong J)

3. Benign oesophageal disease: diagnostic and therapeutic endoscopy.

Diseases of the Esophagus 1988; 1:87-102. (Branicki FJ, Fok PJ, Choi TK, Wong J)

4. Epidemiology, diagnosis, and surgical treatment of esophageal cancer.

In: Boesby S., Sorensen HR (eds.), *The present status of diagnosis and treatment of esophageal diseases*. Esophagus-88. Danish Esophageal Club, 1988; pp. 19-23. (Wong J)

5. Esophagoscopy and bronchoscopy.

In: Delarue NC, Wilkins EW Jr., Wong J (eds.), *International trends in general thoracic surgery* Vol. 4 Esophageal Cancer, CV Mosby, St. Louis, Chapter 5, 1988; pp. 36-44. (Wong J, Branicki FJ)

6. Squamous cell carcinoma of the esophagus.

In: Delarue NC, Wilkins EW Jr., Wong J (eds.), *International trends in general thoracic surgery* Vol. 4 Esophageal Cancer, CV Mosby, St. Louis, Chapter 21, 1988; pp. 164-180. (Wong J, Siu KF)

7. Anastomotic leakage: an avoidable complication of Lewis-Tanner oesophagectomy.

British Journal of Surgery 1989; 76:127-129. (Paterson IM, Wong J)

8. A comparison of transhiatal and transthoracic resection for carcinoma of the thoracic esophagus.

American Journal of Surgery 1989; 158:414-419. (Fok M, Siu KF, Wong J)

9. Resection for esophageal cancer - problems old and new.

Lyon Chirurgical 1989; 85:1-2. (Wong J)

10. Anastomotic leakage after resection and bypass for esophageal cancer: lessons learned from the past.

World Journal of Surgery 1989; 13(4):472-477. (Lorentz T, Fok M, Wong J)

11. Survival following surgical treatment for esophageal cancer with liver metastases.

Digestive Surgery 1989; 6:29-32. (Pye JK, Lo CM, Wong J)

12. The split-sternum approach to carcinoma of the superior mediastinal esophagus.

Digestive Surgery 1989; 6:114-117. (Moorehead RJ, Paterson IM, Wong J)

13. Exploratory laparotomy alone in carcinoma of the oesophagus and gastric cardia.

Australian & New Zealand Journal of Surgery 1989; 59:795-799. (Lo CM, Fok M, Wong J)

14. Reexploration for complications after esophagectomy for cancer.

Journal of Thoracic & Cardiovascular Surgery 1989; 98:1122-1127. (Tam PC, Fok M, Wong J)

15. Gangrene in esophageal substitutes after resection and bypass procedures for carcinoma of the esophagus.

Hepato-gastroenterology 1990; 37:364-367. (Moorehead RJ, Wong J)

16. Mortality after esophagectomy for carcinoma of esophagus: an analysis of risk factors.

Diseases of the Esophagus 1990; 3:49-53. (Chan KH, Wong J)

Below is a list of the publications from the service in the last 3 years:

1. The role of lymphography in chylothorax following thoracic surgery.

British Journal of Radiology 1988; 61:1032-1036. (Ngan H, Fok M, Wong J)



VASCULAR SURGICAL SERVICE

Staff — John Wong PhD FRACS, FRCS(Ed), FACS
Professor of Surgery

Stephen W.K. Cheng MBBS, FRCS(Ed)
Lecturer in Surgery

Manson Fok MBBS, FRCS(Ed)
Lecturer in Surgery

Peter J. Fok MBBCh, MA, FRCS(Eng)
Lecturer in Surgery (up to June 1989)

The vascular service in the Department of Surgery constitutes the major referral centre for peripheral vascular diseases in Hong Kong. Major arterial diseases are managed in the Queen Mary Hospital where operations on aortic aneurysms and vascular bypasses are performed on a regular basis. The bulk of venous pathologies are managed in the Tung Wah Hospital where operations on varicose veins are performed. The team runs a vascular clinic every Tuesday at the Sai Ying Pun Polyclinic.

The incidence of peripheral vascular diseases is on the increase. The team takes care of patients referred mainly for atherosclerotic occlusive disease of the lower limbs and abdominal aortic aneurysms. An emergency vascular service is provided for ruptured aneurysms, acute arterial embolisms and trauma. On the other hand, a large proportion of the out-patients seek treatment for venous diseases such as varicose veins, deep vein thrombosis and sequelae from chronic venous stasis.

During the years 1988-1990, the following number of patients were seen by the Vascular Surgical Service:

Aortic aneurysms	90
Acute thrombosis / emboli	32
Atherosclerotic occlusive diseases	275
Buerger's disease	21
Congenital vascular malformations	12
Vascular injuries	5
Vascular infections	9
Carotid stenosis/aneurysms	18
Deep vein thrombosis	57
Varicose veins	106
Chronic venous hypertension	95

Most of the operations performed were for occlusive arterial diseases of the lower limbs in patients presenting with intermittent claudication or gangrene. The most frequently performed operations in 1988-1990 were:

Aneurysmectomy	31
Aorto-iliac/femoral bypass	21
Femoro-popliteal bypasses	47
Endarterectomy/angioplasty	11
Embolectomy	29

Sympathectomy	13
Carotid artery surgery	4
Amputations	56
Stripping of varicose veins	92

In the past 3 years the team has refined the use of in-situ saphenous vein for the bypass of distal occlusions in limb salvage. Plans were made for later installations of laser and balloon angioplasty equipment and other non-operative procedures.

The vascular service has the best equipped Vascular Laboratory in Hong Kong, which is located at the newly completed K-Block. It possesses all the latest Doppler ultrasound non-invasive diagnostic instruments for peripheral vascular diseases, both for patient assessment and follow-up as well as for research. Two full-time trained technicians and a nurse take responsibility for performing upper and lower extremities doppler arterial evaluation including segmental pressure and waveform analysis and treadmill exercise testing for arterial obstructions. Strain gauge plethysmography and Doppler venous evaluations are also performed for deep vein thrombosis and patients suspected of having venous insufficiency. Other investigations include periorbital Doppler and carotid artery spectroanalysis for cerebrovascular disease. Laser Doppler flowmetry of the microcirculation is available for research purposes. The laboratory also contains a B-mode ultrasound machine for direct visualisation of peripheral blood vessels and a Duplex scanner is planned for the future.

The following clinical research projects are ongoing:

1. Review of abdominal aortic aneurysms in Hong Kong.
2. The association of peptic ulcer disease and aortic aneurysms in Chinese.
3. Management of infected femoral aneurysms in intravenous drug addicts.

In the last three years the team has presented papers at the following scientific meetings:

1. February 1987 - 6th Congress of the Asian Surgical Association - Bangkok, Thailand.
"Use of the femoro-femoral bypass in limb salvage" (*Cheng WK*)
2. February 1989 - 7th Congress of the Asian Surgical Association - Penang, Malaysia.
"The treatment of infected pseudo-aneurysms of the femoral artery in intra-vascular drug abusers by ligation and excision" (*Fok PJ*)

The following article has been published:

1. The femoro-femoral cross-over bypass for limb salvage. *Asian Journal of Surgery* 1989; 12:51-54. (*Siu KF, Cheng WK, Wong J*)

PLASTIC AND RECONSTRUCTIVE SURGERY SERVICE

Staff — Chiu Ming Ho MBBS, FRCS(Ed), FRACS
Lecturer in Surgery

Lai Kun Lam MBBS, FRCS(Ed), FRACS
Medical Officer

Yee Man Yeu MBBS, FRCS(Ed)
Medical Officer

Wai Fong Lau MBBS, FRCS(Ed)
Research Associate (Plastic & Reconstructive Surgery)



Dr. Chiu Ming Ho

Dr. C.M. Ho is in charge of the Plastic and Reconstructive Service, which is gaining more experience and slowly expanding in the past few years. The bulk of emergency admissions were patients suffering from burns and scalds. With the opening of the Burn Unit in the new extension K-Block, the work in this field would certainly expand.

The team frequently works together with the colleagues from the division of paediatric surgery, urology, breast surgery and head and neck surgery, and contributes to the reconstructive aspect of the operative procedures.

The staff runs a Plastic and Reconstructive Clinic every Tuesday at the Sai Ying Pun Polyclinic and every Saturday at the Tung Wah Hospital. All patients with deformity as a result of congenital malformation, trauma or surgical operation are seen in the clinic. Those seen with particular frequency include benign or malignant lesions over facial region, hypertrophic scars and congenital malformation. In the years from 1988 to 1990, the following number of patients were seen in the Plastic and Reconstructive Surgery Service :

Burns	225
Benign lesion over face	170
Naevus	121
Hypertrophic scar or keloid	107
Congenital malformation (microtia, cleft lip and palate)	39
Malignant tumour of skin	29
Miscellaneous	35

The operative procedures performed in 1988-1990 are listed as follows :

Excision of lesion over face	409
Correction of congenital malformation (microtia, cleft lip and palate)	35
Excision of cutaneous lesion and local flap	31
Debridement of burns and skin grafting	28

Excision of skin cancer and major flap reconstruction	20
Skin grafting procedure	15
Microvascular free flap	14
Tissue expansion	5

The Plastic and Reconstructive team also runs a Craniofacial Clinic together with the Australian Craniofacial Unit. A couple of times each year our Australian colleagues join us in assessing the degree of craniofacial abnormalities patients. Correction of complicated craniofacial abnormalities are arranged to be performed in Adelaide, Australia.

With the completion of the K-Block all paediatric in-patients and out-patients are relocated there, plan is on hand to strengthen the Cleft Lip and Palate Clinic. Space is available to expand the clinic to involve a multi-disciplinary team. Taking part in a comprehensive care to the patients will be, in addition to paediatric physicians, paediatric surgeons and plastic and reconstructive surgeons, invited expertise from dental and oral surgeons, orthodontists and speech pathologists.



Facial plastic procedure

Our clinical research is concentrated on the following projects :

1. Wound healing in burn patients.
2. Treatment of hypertrophic scarring and keloid.
3. Study on pigmented cutaneous lesions in Orientals.

In the last 3 years, the team has presented papers at the following scientific meetings :

1. January 1988 - Hong Kong Surgical Forum - Hong Kong. "Pectoralis major flap for the general surgeon" (Lau WF)
2. November 1988 - Symposium on Burns Management - Hong Kong. "Epidemiology" (Lau WF)
"Pathophysiological response" (Wei Wl)
"Burns wound management" (Ho CM)
"Surgery in the acute phase" (Lau WF)
3. November 1990 - Burns Symposium - Hong Kong. "Early excision of burn wound" (Ho CM)



TEAM 4 ■ COLORECTAL ■ ENDOCRINE

Staff — Theo G. Lorentz MBChB, CHM, FRCS(Ed),
FRCS(Eng)
Lecturer in Surgery

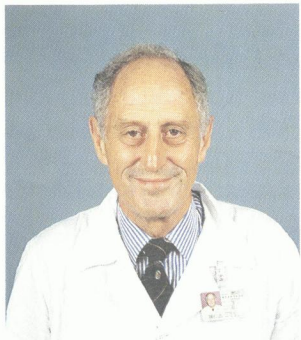
John H. Boey BA, MD, MRCS(Eng), FACS
Reader in Surgery (up to August 1988)

Christopher J. Pritchett MBBS, FRCS(Eng)
Lecturer in Surgery (up to April 1990)

Polly S.Y. Cheung MBBS, FRCS(Glasg), FRACS,
FACS
Lecturer in Surgery (up to May 1990)
Research Associate (from May 1990)

Wing Kee Lau MBBS, FRCS(Ed)
Senior Medical Officer

Wai Lam Cheung MBBS, FRCS(Ed)
Medical Officer (up to November 1990)



Dr. Theo Lorentz

Dr. Lorentz is in charge of this service and has a special interest in thyroid diseases while the colorectal area is under the supervision of Dr. W.K. Lau. The out-patient clinics for both these specialties are in Sai Ying Pun polyclinic and the Tung wah Hospital.

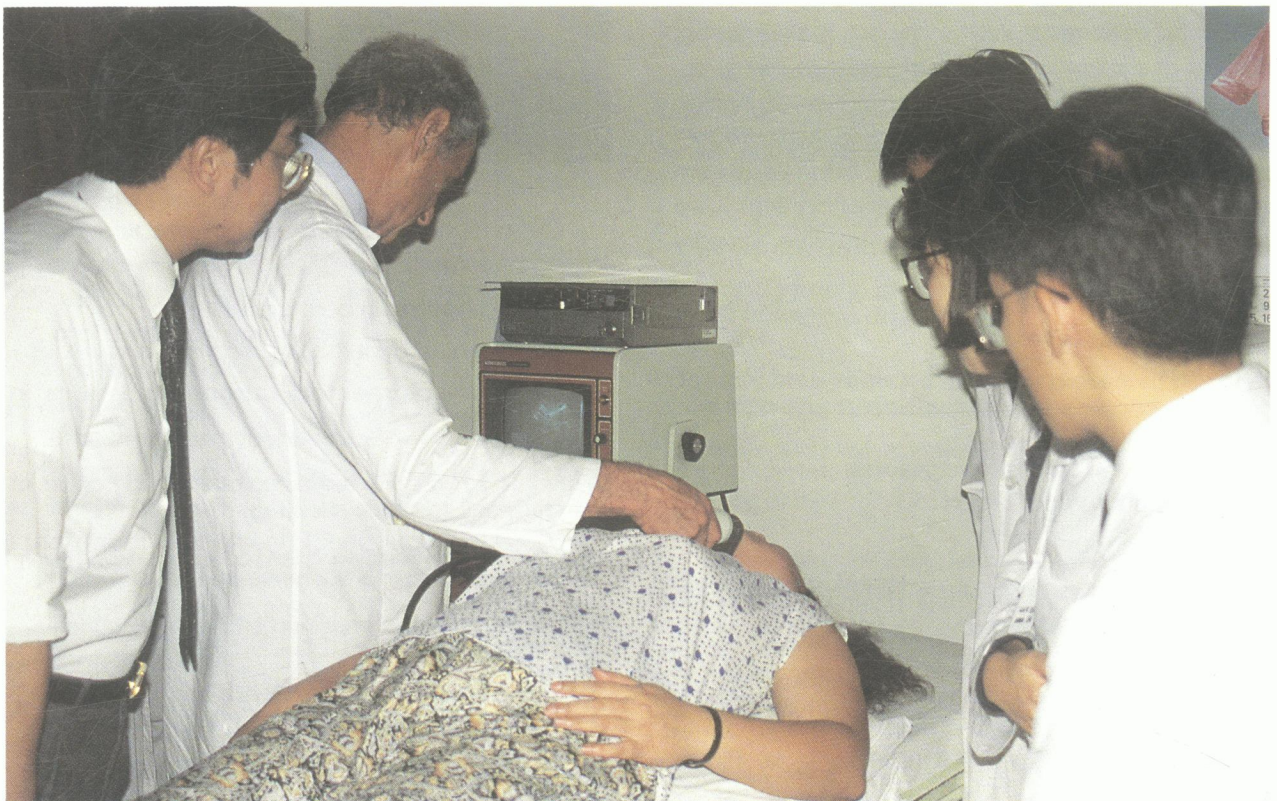
Colorectal surgery is performed at Queen Mary Hospital and thyroid surgery mainly at Tung Wah Hospital.

ENDOCRINE SURGERY SERVICE

Thyroid disease is common in Hong Kong and therefore the bulk of the Endocrine work is in this area. In 1990, 394 new patients were seen at the Thyroid Clinic at Tung Wah Hospital. This clinic is run by Dr. T.G. Lorentz and is also a teaching clinic for Speciality Clerkship students. This initial outpatient visit includes ultrasonography and fine needle aspiration biopsy performed by an attending pathologist from Queen Mary Hospital Pathology Department. The follow-up visits are at Sai Ying Pun Clinic and most of the thyroid surgery is performed by the Endocrine Team at Tung Wah Hospital where Team 4 maintains an average of 30 beds. In common with universal incidence the pathology most frequently encountered is non-toxic nodular goitre and fine needle cytology has become the most important investigation in the decision between surgery and conservative management.

The incidence of thyroid carcinoma is also similar to other reported series and the surgical procedure most commonly performed is total thyroidectomy. All thyroid cancer patients are closely followed in a special clinic run jointly in the Radiation Therapy Department by Dr. Lorentz and a radiotherapist.

Thyroid operations performed during 1988-1990 were as follows :



Ultrasound examination on a thyroid nodule



Total thyroidectomy	57
Subtotal thyroidectomy	129
Hemithyroidectomy	162

Clinical research in thyroid disease is being carried out in the following areas.

1. Retrospective study of the records of 400 patients with thyroid cancer to assess the results of treatment. The aim of this study is to define an optimum treatment protocol for thyroid cancer in this Department.
2. An ongoing study of the correlation between fine needle cytology and final histology in thyroid nodules.
3. An evaluation of the efficacy and safety of simple aspiration for cystic thyroid lesions.

Non-thyroid endocrine diseases include those of the parathyroid, adrenal and endocrine pancreas. They are not often seen in countries world-wide and we particularly have a lower incidence of parathyroid disease as compared to our Caucasian counterparts. These cases comprise tertiary referrals to our hospital and are managed under the collaborative efforts of endocrinologists in the Department of Medicine and our endocrine surgery team.

Operations performed for these endocrine disorders in 1988-89 were as follows :

Parathyroidectomy	9
Adrenalectomy	10
Exploration for endocrine pancreatic tumours	3

Research work is being carried out in the following areas :

1. Clinical pattern of parathyroid disorders in Chinese.
2. Bone density study in patients with parathyroid disease.
3. Nuclear DNA analysis of parathyroid carcinoma.
4. I-131 MIBG treatment in malignant phaeochromocytoma.
5. Localisation study in endocrine pancreatic tumours.

Academic exchanges with surgeons from other countries were carried out at international meetings and through publications.

In the last two years, contributions were made towards the following conferences :

1. July 1988 - International Thyroid Symposium - Tokyo, Japan.
"Natural course of benign thyroid nodules and the effect of thyroxine therapy" (Cheung PSY)

2. July 1988 - The First Congress of Asian Association of Endocrine Surgeons - Tokyo, Japan.
"TSH-suppressive therapy in benign thyroid nodules" (Cheung PSY)

3. May 1989 - 9th Annual Meeting of the British Association of Endocrine Surgeons - Lille, France.
"A prospective study of thyroxine therapy in the management of benign solitary thyroid nodules" (Cheung PSY)

4. July 1989 - Advanced Course in Surgery, University of Hong Kong - Hong Kong.
"Surgery of thyroid and parathyroid lesions" (Cheung PSY)

Papers were published in the following journals :

1. Primary hyperparathyroidism: its clinical pattern and results of surgical treatment in Hong Kong Chinese. *Surgery* 1988; 103:558-562. (Cheung PSY, Boey JH, Lam K, Wang C, Ma J, Young RTT)

2. Spectrum of pheochromocytoma in the I-131-MIBG era. *World Journal of Surgery* 1988; 12:546-551. (Cheung PSY, Thompson NW, Dmuchowski CF, Sisson JC)

3. Flow cytometric measurements of nuclear DNA and ploidy analysis in Hurthle cell neoplasms of the thyroid. *Archives of Surgery* 1988; 123:849-854. (McLeod MK, Thompson NW, Hudson JL, Gaglio JA, Lloyd RV, Harness JK, Nishiyama R, Cheung PSY)

4. Somatostatin analogue (SMS 201-995) in patients with gastrinomas. *Surgery* 1988; 104:834-842. (Vinik AI, Tsai ST, Moattari AR, Cheung PSY)

5. Natural course of benign solitary thyroid nodules and the effect of thyroxine therapy. In : Nagataki S., Torizuka K. (eds). *The Thyroid 1988*. Elsevier Science Publishers B.V., Amsterdam 1988; pp.605-608. (Cheung PSY, Lee JMH, Boey JH)

6. Carney's complex of primary pigmented nodular adrenocortical disease and pigmentous and myxomatous lesions. *Surgery, Gynecology & Obstetrics* 1989; 168:413-416. (Cheung PSY, Thompson NW)

7. Strategy in reoperative surgery for hyperparathyroidism. *Archives of Surgery* 1989; 124:676-680. (Cheung PSY, Borgstrom A, Thompson NW)

8. Right atrial extension of adrenocortical carcinoma : surgical management using hypothermia and cardiopulmonary bypass. *Cancer* 1989; 64:812-815. (Cheung PSY, Thompson NW)

9. Thyroxine suppressive therapy of benign solitary thyroid nodules : a prospective randomized trial. *World Journal of Surgery* 1989; 13:818-822. (Cheung PSY, Lee JMH, Boey JH)

10. Subtotal thyroidectomy for Graves' disease - a review of eight years' experience. *Asian Journal of Surgery* 1989; 12:144-147. (Ho YH, Cheung PSY, Lorentz TG)

11. Columnar cell carcinoma of the thyroid. Fine needle aspiration findings in a case. *Acta Cytologica* 1990; 34:355-358. (Hui PK, Gwi E, Cheung PSY, Chan JKC)



COLORECTAL SERVICE

As well as colo-proctology, Team 4 is responsible for the care of all patients with intestinal obstruction and appendicitis. As elective procedures, we also treat most of the hernias. Six sessions of operating time are used to cope with the major operations with two sessions for proctology and hernia work.

Most of our work in colo-proctology relates to colorectal cancer. Around 150 new cases are treated each year of which one third are carcinoma of rectum. This disproportionate incidence of rectal cancer is probably due to local referral patterns whereby colonic neoplasms are easier to treat in private practice. The primary diagnostic tool is colonoscopy and one day a week is spent on this investigation. In 1990, 39 rectal tumours were removed and 57 colectomies were performed. For the rectal anastomoses, there is a strong emphasis on stapling techniques in order to preserve sphincter function. Although rare in Hong Kong inflammatory bowel disease does occur and sphincter saving pouch anal surgery is carried out from time to time.

One of the main clinical interests in colorectal cancer is the prevention, and particularly the management, of recurrent colorectal cancer. The follow-up of these patients following resection is treated as an important priority and CEA levels are used as an indicator of recurrence. All data referable to colorectal cancer are collected prospectively on

code books and are entered into the main-frame computer of the University.

Basic biological research is being carried out in several areas :

1. The cell kinetics of colorectal cancer in culture, using the stathmokinetic technique to try and detect proliferative heterogeneity.
2. Tumour growth rates are being measured using CAT scans of tumour recurrence and computer 3D reconstruction to measure sequential volume.
3. The morphometric indicators of pre-neoplasia are being studied in a collaborative study with the Department of Anatomy.

Clinical Research is also continuing in a number of areas:

1. Rising CEA as an indication for second look laparotomy.
2. Radial clearance study for assessment of completeness of surgical removal of rectal tumours.
3. The use of the double stapling technique with the Roticulator 55 instrument.
4. Immunohistochemical staining of CEA patterns in colorectal cancer versus survival.
5. One stage resection of obstructed carcinoma of the left colon with on-table lavage.
6. A departmental study of wound infection and wound surveillance is being carried out in collaboration with the Department of Microbiology and the Hospital Infections Unit.



Colonoscopy

UROLOGY SERVICE

Staff — Po Chor Tam MBBS, FRCS(Ed), FRACS
Lecturer in Surgery

Patrick W.M. Chow MBCh, FRCS(Glasg)
Senior Medical Officer

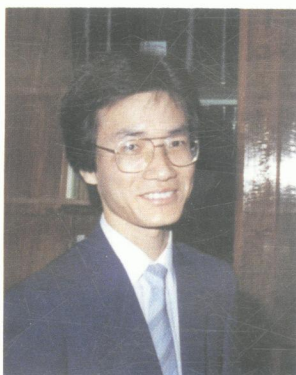
Wai Sang Wong MBBS, FRCS(Ed),
FRACS
Lecturer in Surgery (up to October 1989)

Hin Kay Ngan MBBS, FRCS(Ed)
Lecturer in Surgery (up to June 1989)

Yu Cheung Ho MBBS, FRCS(Glasg), FRCS(Ed)
Senior Medical Officer

Albert K.K. Chui MBBS, FRCS(Ed), FRACS

Kwok Kee Wong MBBS, FRACS
Honourary Clinical Lecturer



Dr. Po Chor Tam

Dr. P.C. Tam is in charge of the urology service. Most of the open surgical procedures are carried out in Queen Mary Hospital and some of the endourological procedures, for example, transurethral resections and percutaneous nephrolithotripsy are performed in Tung Wah

Hospital. The team members are often invited by colleagues from the colorectal service to take part in extensive pelvic procedures. Besides running Genito-urinary Clinics every Tuesday and Thursday at the Sai Ying Pun Polyclinic, the staff also runs a Cystoscopy Clinic every Friday. Facilities for urodynamic studies are provided in Queen Mary and Tung Wah Hospitals.

The staff also runs a Dialysis and Transplant Unit which takes care of about 40 in-hospital and home patients on haemodialysis and provides follow-up services for about 20 renal transplant patients.

Pathologies seen with particular frequency include benign prostatic enlargement, urinary calculi and urological cancer. In the years 1988 to 1990, admissions to the urology service are as follows :

Urinary calculi	754
Benign prostatic enlargement	707
Urological cancer	534

The most frequently performed operative procedures in 1988-1990 are listed as follows :

Transurethral resection of prostate	346
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Transurethral resection of bladder tumour	203
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Ureteroscopic lithotripsy	169
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Percutaneous nephrolithotripsy	168
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In urology, clinical research has been concentrated on the following :

1. Use of transrectal ultrasound in the clinical management of prostatitis.
2. The impact of early detection of prostatic cancer by transrectal ultrasound.
3. Clinical trial of Azactam for urinary tract infections and septicaemia.
4. Clinical trial of Ciproxin for urinary tract infections and septicaemia.

The team has presented papers at the following scientific meetings :

1. November 1987 - Annual Scientific Meeting of the Hong Kong Society of Nephrology - Hong Kong.
"A retrospective review of Tenckhoff catheter survival and complications in patients on chronic ambulatory peritoneal dialysis treatment" (Ho YC)
2. April 1988 - The Welsh Urological Society Meeting - Hong Kong.
"Low dose indoramin in benign prostatic hyperplasia" (Chow WM)



Controlling the lithotripter machine



Extracorporeal shockwave lithotripsy



KWONG WAH HOSPITAL

GENERAL SURGICAL SERVICE

Staff — Kam Hing Lam MBBS, MS, FRCS(Ed), FRACS, FACS
Professor of Surgery (Honorary Consultant)

Tat Kuen Choi MD, FACS
Reader in Surgery (Honorary Consultant January 1988 to December 1989)

Panna Lal Nandi MBBS, FRCS(Eng), FRCS(Ed), FACS
Senior Lecturer in Surgery

Polly S.Y. Cheung MBBS, FRCS(Glasg), FRACS, FACS (up to August 1991)
Consultant Surgeon

Francis P.T. Mok MBBS, FRCS(Ed), FRACS (from September 1991)
Acting Consultant Surgeon

Kyaw Nyunt MBBS, FRCS(Ed) (from February 1990)
Senior Medical Officer

Andrew W.C. Yip MBBS, DCH, FRCS(Ed), FRCS(Glasg), FRACS (up to June 1991)
Senior Medical Officer

John T.M. Chan MBBS, FRCS(Ed) (up to June 1990)
Senior Medical officer

Alan W.S. Suen MBBS, FRCS(Ed) (up to June 1991)
Senior Medical officer

Teck Mun Soo MBBS, FRCS(Ed)
Medical Officer



Professor Kam Hing Lam

The general surgical unit in Kwong Wah Hospital is run by the Department of Surgery. As Honorary Consultant Surgeon, Professor K.H. Lam, is in charge of the unit. Dr. Nandi, Senior Lecturer in Surgery, also helps in the administration of the unit and looks after the thoracic surgical patients. Dr. T.K. Choi, Reader and surgeon in-charge of Team 1 in Queen Mary Hospital, managed to spare some of his time and took charge of the unit while Professor Lam went on leave in 1988 and 1989. Professor John Wong, head of the Department of Surgery in the University, is overall in command, and often participates in the clinical and administrative activities of the unit.

The staff, comprising one consultant surgeon, three senior medical officers, and eight medical officers, is under the establishment of the Tung Wah Group of Hospitals, a subvented charitable organisation. The turnover of staff has been rapid. Dr. Polly Cheung,

formerly lecturer in surgery, took up the newly created position of Consultant Surgeon in 1990. Unfortunately she left only after one year in post. Dr. Francis Mok, an expert in gastrointestinal surgery, was appointed in her place. Various senior medical officers have been promoted and many have left, either to set up their own practice or to go overseas. Dr. Andrew Yip took up the position of Consultant Surgeon in the sister surgical unit in the same hospital.



Bedside teaching of medical students at Kwong Wah Hospital

The University Surgical Unit, or S/A (Surgical A Unit), as the team is often referred to in the hospital, looks after general surgical patients referred to the hospital. The work in the unit is 'undifferentiated', unlike the distinct channelling of patients into teams in Queen Mary Hospital. Patients present with clinical problems ranging from acute appendicitis to cancer of the oesophagus, haematuria to renal carcinomas, thyroid nodules to adrenal carcinomas. Each year, we see 2000 to 2500 new cases and more than 15000 old cases in the four out-patient clinics run by our staff. There are about 6000 admissions each year, and the occupation rate of our beds remains close to 100% at all time.

Operative procedures carried out by the unit also cover a wide range. In the three year period from 1988 to 1990, a total of 4334 major procedures and 10847 minor operations were carried out. The more common operations performed were:

Head and neck operations	148
Thyroidectomy	238
Mastectomy	94

Breast lump excision	177
Gastric operations	323
Oesophageal resections	40
Hepatectomy	34
Biliary bypass operations	38
Cholecystectomy and bile duct exploration	503
Pancreatectomy	17
Appendicectomy	600
Large bowel resection	226
Minor anal surgery	194
Venous and arterial operations	114
Pulmonary resection	187
Transurethral prostatectomy	330
Open urologic operations	77
Inguinoscrotal procedures	621

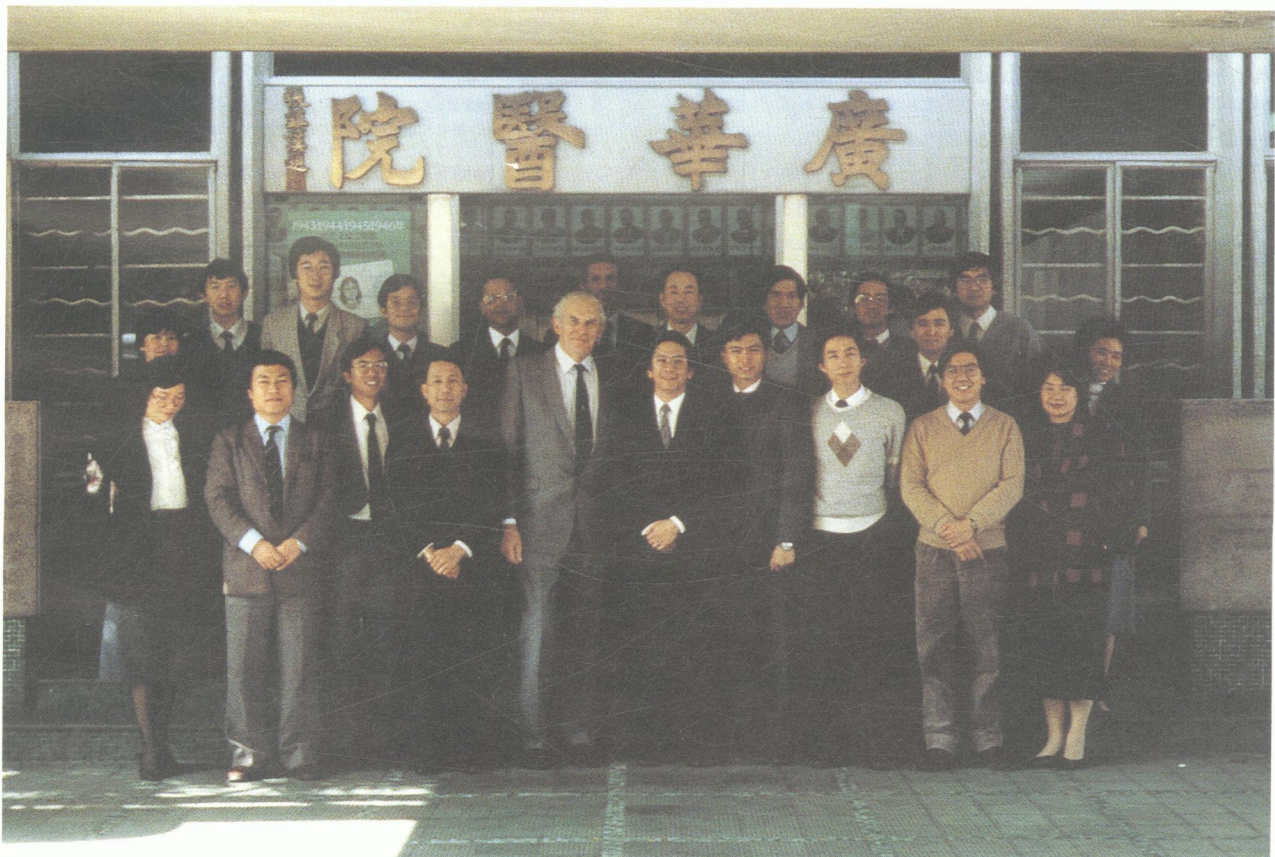
To streamline the provision of facilities in the hospital and to relieve the demand for time in the operating theatres, plan to set up a separate Endoscopic and Diagnostic Unit outside the operating theatre suite was drawn up in 1986. After the processes of negotiation, modification of plans and acquisition of funds, the unit was eventually set up in the front section of E7 ward. It provides endoscopic service of all kinds, including upper endoscopy, endoscopic



Grand round at Kwong Wah Hospital

cholangiography and pancreatography, colonoscopy and choledo-choscopy. In addition, equipment are available for ultrasound examination and urodynamic studies.

The University Surgical Unit was placed in charge of the unit. The Endoscopic Unit began functioning in 1988. Gradually, with more sessions taken up by various departments in the hospital, the unit's work was brought into full swing in late 1990. Each department looks after its own patients. Our surgical unit performed the following numbers of endoscopic and other investigative procedures in the three years from 1988 to 1990:



A visiting professor at the hospital with the surgical staff



Upper endoscopy	3877
ERCP (1990 only)	203
Colonoscopy/Sigmoidoscopy	887
Nasendoscopy/Bronchoscopy	407
Ultrasound examination	4350
Urodynamic studies	836

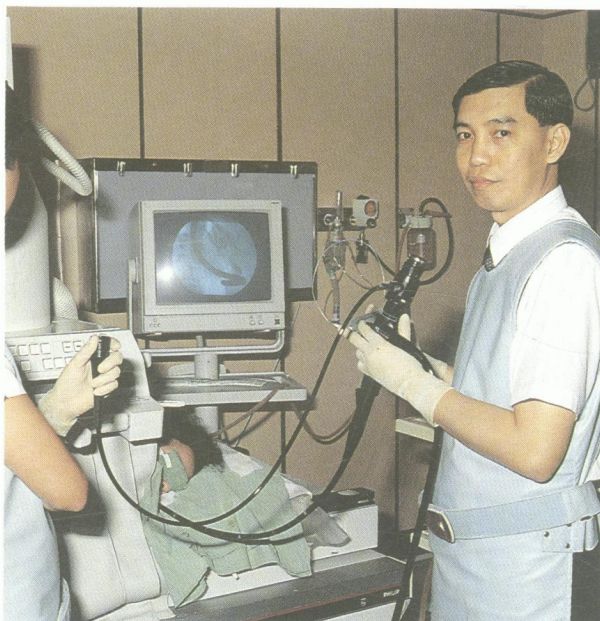
Since early 1991 a Well Woman Clinic has been years of age, work in our surgical unit has increased. Biopsies of mammographic abnormalities and excision of small cancerous lesions added to our clinical load. In addition, as a result of the publicity, the number of breast cases in our out-patient clinic has increased by three-fold.

With the availability of clinical material, clinical studies of different kinds have been undertaken:

1. Evaluation of operative cholangiography.
2. Injury to the prepuce.
3. Acute abdominal conditions including mesenteric hernias, obturator hernias, and tension pneumoperitoneum.
4. Intrahepatic stone removal with ultrasonic lithotripter.
5. Intrahepatic stones and cholangiocarcinoma.
6. Injection sclerotherapy of variceal bleeding in hepatocellular carcinoma.
7. Wound infection studies.

Members of staff attend regional and international scientific meetings. In addition to keeping updated with advances in various disciplines, papers were presented:

1. February 1989 - 7th Congress of the Asian Surgical Association - Penang, Malaysia. "Injury to the prepuce" (Chow WC)



ERCP being performed in the Endoscopic and Diagnostic Unit

2. February 1989 - 7th Congress of the Asian Surgical Association - Penang, Malaysia. "A Prospective study on the value of routine operative cholangiography" (Yip AWC)

3. February 1989 - 7th Congress of the Asian Surgical Association - Penang, Malaysia. "Thyroxin treatment in solitary benign thyroid nodules" and "Treatment of mastalgia by hormonal therapy" (Cheung Polly)

4. December 1990 - Lomefloxacin Symposium: Western Pacific experience. 2nd Western Pacific Congress on Infectious Diseases and Chemotherapy, Jomtien-Pattaya, Thailand.

"A single-blind randomised trial comparing the efficacy of oral Lomefloxacin and Cefaclor for the treatment of surgical wound infections" (Yip AWC)

Publications from the unit included:

1. An evaluation of routine operative cholangiography. Australian & New Zealand Journal of Surgery 1988; 58:391-395. (Yip AWC, Lam KH)

2. Injury to the prepuce. British Journal of Urology 1989; 63:535-538. (Yip AWC, Ng SK, Wong WC, Li MK, Lam KH)

3. Tension pneumoperitoneum. An unusual urologic cause. British Journal of Urology 1989; 64:199-200. (Yip AWC, Lau WY, Wong KK)

4. Incidence and significance of pneumoperitoneum after inguinal herniorrhaphy. Australian & New Zealand Journal of Surgery 1989; 59:937-939. (Yip AWC, Choi TK)

5. Mesenteric hernias through defects of the mesosigmoid. Australian & New Zealand Journal of Surgery 1990; 60:396-399. (Yip AWC, Tong KK, Choi TK)

6. A new semiquantitative culture method for early detection of surgical incisional wound infection. Journal of Infectious Diseases 1990; 161:972-976. (Yip AWC, Yuen KY, Szeto KY, Choi TK)

7. Interposition grafting for femoral venous injury. Asian Journal of Surgery 1990; 13:222-225. (Nandi PL, Chow WC, Yip AWC)

8. Removal of intrahepatic stone by rigid ultrasonic lithotripter through a choledochotomy tract. Gastrointestinal Endoscopy 1990; 36:402-404. (Ng SK, Yip AWC, Chow WC, Choi TK)

9. Columnar cell carcinoma of the Thyroid. Fine needle aspiration findings in a case. Acta Cytologica 1990; 34:355-358. (Hui PK, Chan JKC, Cheung PSY)



DIVISION OF PAEDIATRIC SURGERY

PAEDIATRIC SURGERY SERVICE

Staff — Htut Saing, MBBS, FRCS(Ed), FACS, FAAP
Professor of Paediatric Surgery

George H. Mya, MBBS, FRCS(Ed)
Lecturer in Surgery

Chung Kwong Yeung, MBBS, FRCS(Ed),
FRCS(Glasg)
Lecturer in Surgery (up to October 1990)

Thomas T.M. Tsang, MBBS, FRCS(Ed)
Senior Medical Officer (up to February 1990)



Professor Htut Saing

Professor H. Saing is in charge of the Division of Paediatric Surgery.

Paediatric surgery, as practised in Hong Kong, is general surgery of children in the broadest sense with minimal anatomical boundaries. It deals with all branches of surgery except cardiac surgery, orthopaedics and neurosurgery.

It encompasses surgery of congenital anomalies of the new-born, neonatal surgery, surgery of infants and children, surgery of solid tumours, paediatric gynaecological and intersex problems, paediatric urology and some aspects of plastic surgery such as cleft lip and palate.

The Division's field of specialisation is in hepatobiliary disorders, neonatal surgery and paediatric urology, and it functions as the tertiary referral centre for neonatal surgical conditions, and other complex conditions such as biliary atresia, liver tumours, etc.

Neonatal surgery, major operations and all emergency operations are performed at the Queen Mary Hospital while intermediate and minor operations are performed at the Duchess of Kent Children's Hospital on an elective basis.

At present, the Division has under its charge a total of 54 paediatric beds (QMH 24, DKCH 30) and 8 neonatal surgical/intensive beds at Queen Mary Hospital. There



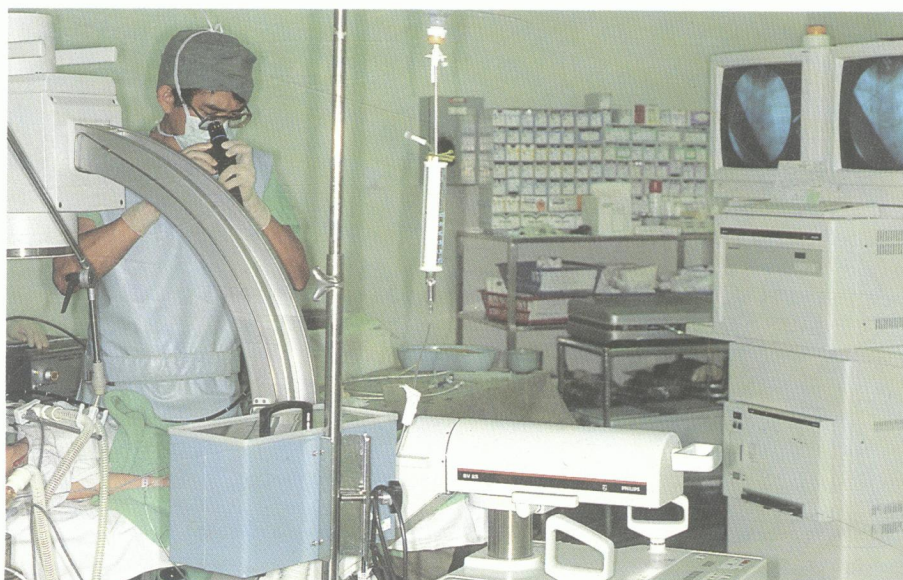
The Paediatric Surgery Team

are plans to expand the services in the future at the Queen Mary Hospital when purpose-built paediatric surgical wards which are on loan for decanting purposes are returned for paediatric surgical patients.

Outpatient clinics are conducted at the Sai Ying Pun Jockey Club Polyclinic and at the Duchess of Kent Children's Hospital. In the near future, the outpatients will be seen at the Paediatric Outpatient Department at the new K-Block of the Queen Mary Hospital.

Refinement of surgical techniques, advances in technology, total parenteral nutrition, paediatric intensive care, safer anaesthesia and improved nursing care have allowed significant improvement in the results of surgery for children. The Division is fortunate also to have the advice and help from colleagues of the Department who are specialists in their own field.

Since the spectrum of conditions cared for by the Division are wide, the number of cases for each disease are consequently less. The number of opera-



Upper endoscopy for kids



tions performed in Queen Mary Hospital from 1988 to 1990 were as follows:

Neonatal surgery	112
Urological surgery	175
Hepatobiliary surgery	37
Colorectal and anal surgery	259
Oesophageal and gastrointestinal surgery	69
Cleft lip & palate, burns, tumours and others	329

During the same period, 1257 miscellaneous intermediate and minor operations were performed at the Duchess of Kent Children's Hospital.

The following number of patients were seen in 1988-1990 in the Specialist Clinics conducted at Duchess of Kent Children's Hospital by the Paediatric Surgery Division :

Hepatobiliary (with general paediatric surgery)	2140
Upper GI and thoracic (with general paediatric surgery)	2873
Lower GI (with general paediatric surgery)	2402
Urology (with general paediatric surgery)	2578
General paediatric surgery	476

In addition to daily ward rounds and weekly conference on Saturdays, active participation by presenting paediatric surgical cases on Tuesday Service Rounds form the main basis of continuing education. At the Saturday Paediatric Surgery Team Meetings, problem cases are presented and their investigations and management planned. Surgical pathology is discussed, outstanding results of special investigations are also reported, consultations are

reviewed and clinical slides are shown.

In the Paediatric Surgery Division, the main areas of clinical research have been on the following:

1. Obstructive jaundice in infancy and childhood.
2. Peptic ulceration, acid studies and gastric emptying.
3. Association of helicobacter pyloridis in duodenal ulcer.
4. Paediatric flexible gastroduodenoscopy and colonoscopy.
5. Postoperative cholangitis in biliary atresia.
6. Paediatric hydronephrosis and refluxing ureters.

In laboratory research, the following have been carried out:

1. Pyloric function after Ramstedt's pyloromyotomy.
2. Gastric acid secretion and emptying rates in children with duodenal ulcer.
3. Experimental splenosis.

In laboratory research the following are ongoing:

1. Gastroesophageal reflux in children.
2. Serum and red blood cell acetyl cholinesterase activity in Hirschsprung's disease.
3. Immune status of biliary atresia patients.

In the past 3 years, the Paediatric Surgery Team has presented papers or participated in the following scientific meetings:

1. April 1988 - 9th Congress of the Asian Association of Paediatric Surgeons - Singapore.
"Choledochal cysts - a personal experience" (Saing H)
"Pelvi-ureteric junction obstruction in children" (Saing H)
"Ano-rectal anomalies" (Saing H)
"Gastrointestinal surgery" (Saing H)



Subureteric teflon injection for vesicoureteric reflux



2. April 1988 - 21st Annual Meeting of the Pacific Association of Pediatric Surgeons - Taipei, Taiwan.
"Pediatric pyeloplasty: Fifty patients with 59 hydronephrotic kidneys" (Saing H)
"Necrotizing enterocolitis: The Hong Kong experience" (Saing H)
"Surgery of choledochal cysts" (Saing H)
3. May 1988 - Annual Meeting of the American Pediatric Surgical Association Tuscon, Arizona, U.S.A.
"Balloon dilatation of esophageal stricture" (Tam KH)
4. September 1988 - XXXV Annual International Congress of the British Association of Paediatric Surgeons - Athens, Greece. (Saing H)
5. September 1988 - 2nd Biennial Meeting of the International Society for the History of Paediatric Surgery - Athens, Greece.
"Paediatric surgery in Hong Kong" (Poster) (Saing H)
6. October 1988 - Combined Meeting of Hong Kong Society of Gastroenterology and Gastroenterological Society of Australia - Hong Kong.
"The role of colonoscopy in the management of rectal bleeding in children" (Yeung CK)
7. November 1988 - The Melbourne Congress (An International Congress of Paediatric Surgery) - Melbourne, Australia.
"Early and late results of biliary atresia patients followed for two to nine years after Roux-en-Y portoenterostomy (Kasai operation): a personal experience" (Saing H)
8. February 1989 - 7th Congress of the Asian Surgical Association - Penang, Malaysia.
"Results of surgery for biliary atresia" (Saing H)
"Pelviureteric junction obstruction in children" (Saing H)
"Neonatal necrotizing enterocolitis" (Saing H)
"Urease broth test for rapid diagnosis of Campylobacter pyloridis infection in primary gastritis in children" (Yeung CK)
"Colonoscopy is a very useful investigative and therapeutic procedure in the management of rectal bleeding in children" (Yeung CK)
"The complications of pediatric colostomy and ileostomy closure" (Ho YH)
9. May 1989 - 22nd Annual Meeting of the Pacific Association of Pediatric Surgeons - Portland/Sunriver, Oregon, U.S.A.
"Cefoperazone versus Ampicillin-Gentamicin-Metronidazole in the treatment of postoperative cholangitis in biliary atresia - A prospective randomized trial" (Poster)(Saing H)
"Peptic ulcer in children" (Tsang TM)
10. July 1989 - XXXVI Annual International Congress of the British Association of Paediatric Surgeons - Nottingham, England.
"Single versus triple drug therapy for postoperative cholangitis in biliary atresia - a prospective randomised trial" (Saing H)
"The association of Campylobacter pylori infection and duodenal ulceration in children: a prospective randomised study with amoxycillin" (Yeung CK)
11. March 1990 - 10th Congress of Asian Association of Pediatric Surgeons - Seoul, Korea.
"Current status of neonatal surgery in Asian countries (Hong Kong)" (Saing H)
"Is there a solution to the management of postoperative cholangitis in children biliary atresia?" (Saing H)
"Management of foreign body ingestion in children" (Saing H)
12. June 1990 - 23rd Annual Meeting of the Pacific Association of Pediatric Surgeons - Kailua Kona, Hawaii, U.S.A.
"Parapharyngeal teratoma in the newborn" (Saing H)
"Paediatric malignant tumours" (Saing H)

13. July 1990 - Scientific Meeting of the Hong Kong Society for the Study of Kidney Diseases in Children - Hong Kong.
"Pelviureteric junction obstruction in infancy and childhood" (Saing H)
"Does reimplantation prevent further vesicoureteric reflux (VUR), progressive renal scarring and UTI ? - A study on severe primary VUR" (Mya GH)

In the past 3 years the following papers have been published:

1. Childhood recurrent pyogenic cholangitis.
Journal of Pediatric Surgery 1988; 23:424-429. (Saing H, Tam PKH, Choi TK, Wong J)
2. Inguinal hernia in Chinese children.
Australian & New Zealand Journal of Surgery 1988; 58:403-406. (Tam PKH, Tsang TM, Saing H)
3. Colonoscopy in children.
Hong Kong Journal of Paediatrics 1988; 5:140-146. (Yeung CK, Saing H)
4. Endoscopic diagnosis of upper gastrointestinal bleeding in children.
Hong Kong Journal of Paediatrics 1988; 5:147-151. (Tsang TM, Saing H)
5. Pediatric pyeloplasty: 50 patients with 59 hydronephrotic kidneys.
Journal of Pediatric Surgery 1989; 24:346-349. (Saing H, Chan FL, Yeung CK, Yeung DWC)
6. The use of H₂-receptor antagonist in the treatment of peptic ulcer disease in children.
Journal of Paediatric Gastroenterology and Nutrition 1989; 8:41-46. (Tam PKH, Saing H)
7. Pediatric upper gastrointestinal endoscopy: a 13-year experience.
Journal of Pediatric Surgery 1989; 24:443-447. (Tam PKH, Saing H)
8. Gruntzig balloon catheter dilatation of a severe cervical oesophageal stricture.
Australian & New Zealand Journal of Surgery 1990; 60:307-310. (Yeung CK, Saing H)
9. Rapid endoscopy room diagnosis of Campylobacter pylori-associated gastritis in children.
Journal of Pediatric Gastroenterology & Nutrition 1990; 10:357-360. (Yeung CK, Yuen KY, Fu KH, Tsang TM, Seto WH, Saing H)
10. Peptic ulcer in children.
Journal of Pediatric Surgery 1990; 25:744-748. (Tsang TM, Saing H, Yeung CK)
11. Helicobacter-pylori and associated duodenal ulcer.
Archives of Disease in Childhood 1990; 65(11):1212-1216. (Yeung CK, Fu KH, Yuen KY, Ng WF, Tsang TM, Branicki FJ, Saing H).
12. Pelviureteric junction obstruction in infancy and childhood.
Hong Kong Journal of Paediatrics 1990; 2(Suppl):15-20. (Saing H, Mya GH, De La Cruz N).
13. Vesicoureteric reflux in children.
Hong Kong Journal of Paediatrics 1990; 2(Suppl): 21-25. (Mya GH, Saing H, De La Cruz N).



DIVISION OF NEUROSURGERY

NEUROSURGICAL SERVICE

Staff — Ching Fai Fung MBBS, FRCS(Ed), FRCS(Glasg)
Lecturer in Surgery

Kwan Hon Chan MBBS, FRCS(Ed)
Lecturer in Surgery

K.S. Mann MBBS, MS, FRCS(Ed), FICS
Reader in Surgery (up to June 1988)

Yiu Wah Fan MBBS, FRCS(Ed)
Medical Officer



Dr. Ching Fai Fung

Dr. C.F. Fung is in charge of the Neurosurgical Division. Its staff include Dr. K.H. Chan and Dr. Y.W. Fan.

The staff run a neurosurgical clinic at the Sai Ying Pun Polyclinic and a pain clinic at the Tung Wah Hospital every Monday. Continuous emergency neurosurgical service is provided for patients in Queen Mary Hospital as well as consultations from other hospitals. Severe head injury and haemorrhagic cerebrovascular disease are common pathologies encountered in emergency.

The staff also support a full neurosurgical service in all aspects of neurosurgery. Pathologies seen with

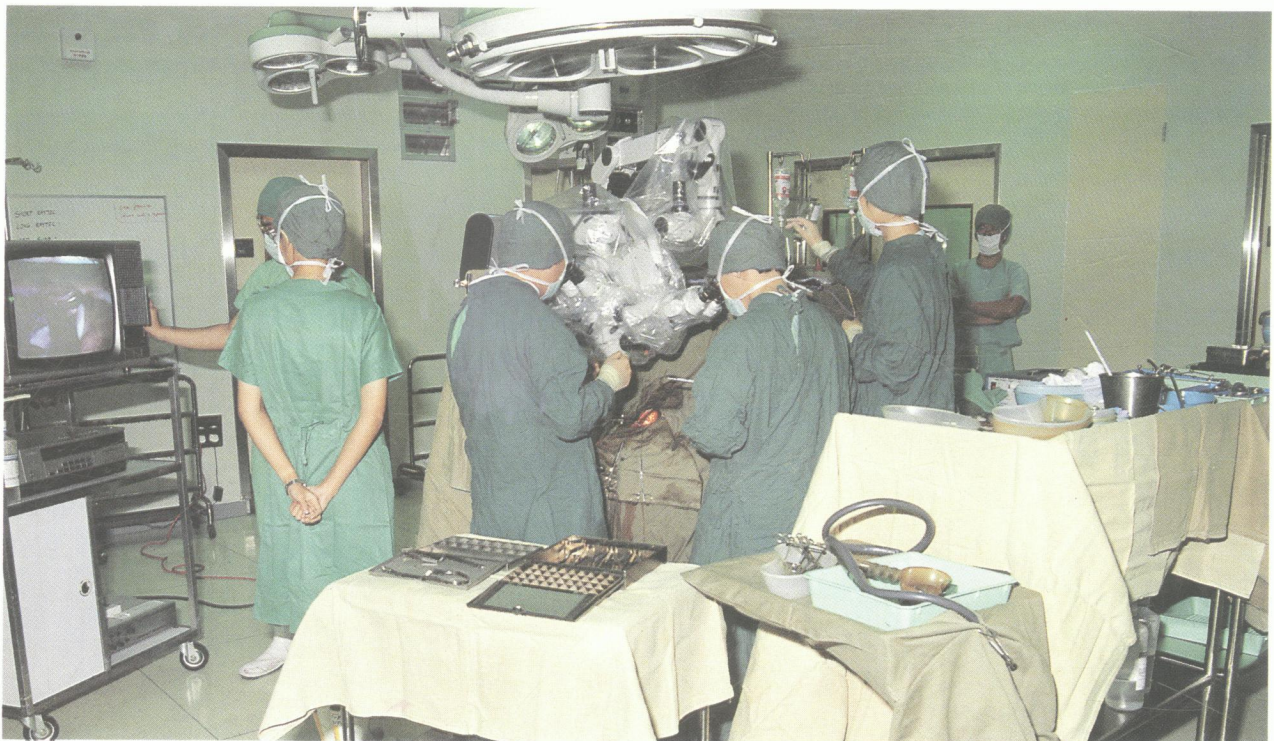
particular frequency are brain tumour, cerebral aneurysm, arteriovenous malformation of brain, pituitary tumour and spinal tumour.

Staff of the division also carry out functional stereotactic operation for movement disorder and intractable pain. These procedures are performed in the Kwai Chung Hospital where a specially equipped stereotactic theatre is housed. Recent development in the past two years are procedures of transphenoidal removal of pituitary tumour and computerised-tomography guided stereotactic brain biopsy.

With the joint effort of the Radiodiagnostic Department and neurologists from the Department of Medicine, a well organised neuroradiology meeting is held twice monthly. The meeting attracts staff from other departments, neurosurgeons from other hospitals and medical students. A regular neurosurgical and neurological meeting is also held twice monthly for continuing education and teaching of students.

A Neurosurgical Forum was arranged in September 1990 with international speakers from Canada, United States and the United Kingdom. A regular meeting of this kind may be arranged in the future.

The current research studies in the neurosurgical division include gastrointestinal bleeding in neurosurgical patients, surgical treatment for solitary brain metastases, and infection in external ventriculostomy.



Neurosurgical procedure in the Operating Theatre



Neurosurgical procedure in the Operating Theatre

In the years 1988 and 1990, the following number of operations were performed in the Neurosurgical Division :

Burr hole	120
External ventricular drainage	130
Shunt	250
Craniotomy for pituitary tumour	24
Craniotomy for brain tumour	210
Craniotomy for aneurysm	38
Craniotomy for arteriovenous malformation	30
Craniotomy for intracranial haematoma	215
Laminectomy	64
Transphenoidal removal of pituitary tumour	15
Stereotactic surgery	18

In the years 1988 - 1990, the following articles have been published:

1. Treatment of trigeminal neuralgia by microvascular decompression. *Journal of the Hong Kong Medical Association* 1988; 40:120-122. (Fung CF, Leung CL, Lee MK)
2. Prolonged therapeutic external ventricular drainage: a prospective study. *Neurosurgery* 1988; 23:436-438. (Chan KH, Mann KS)
3. Intraventricular haematoma: management of comatose patients with valve regulated external ventricular drainage. *British Journal of Neurosurgery* 1988; 2:465-469. (Chan KH, Mann KS)
4. Sparganosis of the spinal cord. Case report. *Journal of Neurosurgery* 1989; 71(2):290-292. (Fung CF, Ng THK, Wong WT)
5. Clinical sparganosis in Hong Kong. *Journal of the Royal Society of Health* 1989; 109:138-140. (Ng THK, Wong WT, Fung CF, Leung CY)
6. Computerised tomography guided preoperative localisation of small intracranial lesions. *British Journal of Neurosurgery* 1989; 3:127-130. (Chan KH, Mann KS, Ngan H)
7. Failure of cimetidine prophylaxis in neurosurgery. *Australian & New Zealand Journal of Surgery* 1989; 59:133-136. (Chan KH, Mann KS)
8. Spinal meningioma arising from a lumbar nerve root: Case report. *Journal of Neurosurgery* 1989; 70:646-648. (Ng THK, Chan KH, Mann KS, Fung CF)
9. The significance of thrombocytopenia in the development of postoperative intracranial hematoma. *Journal of Neurosurgery* 1989; 71:38-41. (Chan KH, Mann KS, Chan TK)
10. Neurosurgical aspects of cerebral cryptococcosis. *Neurosurgery* 1989; 25:44-48. (Chan KH, Mann KS, Yue CP)
11. Factors influencing the development of gastrointestinal complications after neurosurgery: Results of multivariate analysis. *Neurosurgery* 1989; 25:378-382. (Chan KH, Mann KS, Lai ECS, Ngan J, Tuen H, Yue CP)
12. The significance of skull fracture in acute traumatic intracranial hematomas in adolescents: A prospective study. *Journal of Neurosurgery* 1990; 72:189-194. (Chan KH, Mann KS, Yue CP, Fan YW, Cheung M)
13. The risk of intracranial complications in pediatric head injury. Results of multivariate analysis. *Child's Nervous System* 1990; 6:27-29. (Chan KH, Yue CP, Mann KS)
14. The pathological spectrum of desmoplastic infantile gangliogliomas. *Histopathology* 1990; 16:235-241. (Ng THK, Fung CF, Ma LT)



DIVISION OF CARDIOTHORACIC SURGERY

CARDIOTHORACIC SURGICAL SERVICE

Staff — Che Keung Mok MBBS, FRCS(Ed), FACS, FCCP
Professor of Cardiothoracic Surgery

David L.C. Cheung MBBS, MCh, FRCS, FACC
Senior Lecturer in Surgery

Henry H.C. Cheung MBBS, FRCSE(Ed)
Lecturer in Surgery

Jan W.T. Lee MBBS, FRCS(Ed), FRCS(C)
Consultant Cardiothoracic Surgeon

Clement S.W. Chiu MBBS, FRCS(Ed)
Senior Medical Officer



Professor Che Keung Mok

The Division performs on an average of 12 elective open-heart operations weekly, and in addition, 4 each of closed heart and thoracic procedures. It also provides surgical cover for invasive cardiology procedures. Since the 3 other open-heart surgery programmes (2 in the private sector and 1 in the Prince of Wales Hospital) in Hong Kong provide only limited service, the Division of Cardiothoracic Surgery at the Grantham hospital is the major supra-regional cardiac referral centre in Hong Kong.

The number of operations performed by the Division in the recent 3 years are as follow:

Open-heart procedures	1819
Closed heart procedures	587
Major thoracic operations	573
Investigative procedures	575

The Division accepts both new-borns and octogenarians with elective or emergency cardiothoracic surgical problems. For a number of years the types of open-heart surgery performed were evenly distributed between congenital and acquired heart diseases. In the past 3 years with an increase in the incidence of coronary artery disease and the clearing of the backlog of congenital heart diseases, two-thirds of the surgery performed were for acquired heart diseases. Of the surgery for acquired heart diseases performed it was evenly distributed between valvular and coronary artery surgery.

Staff members of the Division are also responsible for teaching medical students in their Specialty Clerkship year. The undergraduate teaching programme includes a weekly lecture on cardiothoracic topics

at Queen Mary Hospital and clinical demonstrations at the Grantham Hospital. Currently three students are assigned to the Division every week and they attend small group discussion on cardiothoracic topics and all clinical activities of the Division including the operating sessions. Postgraduate students from neighbouring countries are accepted for varying periods of time.



Open heart operation at the Grantham Hospital

The Division plans to develop a homograft valve bank, arrhythmia surgery and cardiac transplantation in the immediate future.

The research activities of the Division are mainly clinically orientated and aiming at solving clinical problems. The major interests have been:

1. Thromboembolism in Chinese patients.
2. Thromboembolism prophylaxis in patients with mechanical prosthetic heart valves.
3. Echocardiography in the management of congenital and valvular heart diseases.
4. Coronary artery disease in Hong Kong Chinese.
5. Specific sternal wound infections.

Ongoing research projects include

1. The coronary anatomy of patients with coronary artery fistulae and the impact of surgical closure of the fistulae.
2. Mitral valve replacement in patients with a giant left atrium.
3. Management of patients with pulmonary atresia and intact ventricular septum.
4. Blood conservation in open-heart surgery.
5. Metastatic intracardiac tumours.
6. Pulmonary function of children who underwent VSD closure during infancy.
7. Non-invasive monitoring during closed heart operations.
8. Pathology of left-sided heart valves replaced in infancy and childhood.



In the past 3 years, members of the Division had presented the following papers at various scientific meetings:

1. November 1988 - Biennial Scientific Congress, Hong Kong Cardiological Society - Hong Kong.
 "Is coarctation of the aorta rare in Chinese?" (Lau KC)
 "The Hong Kong experience of surgical treatment for transposition of great arteries" (Lee WT)
 "Coronary artery disease in the elderly Chinese - Local experience at the Grantham Hospital" (Cheung CH)
 "Aortic valve replacement in patients with grossly dilated left ventricle" (Lee WT)
 "Surgical treatment of acute bacterial endocarditis - An analysis of ten year experience in Hong Kong" (Cheung DLC)
 "Coronary artery bypass surgery for unstable angina pectoris" (Cheung DLC)
2. November 1989 - 9th Biennial Asian Congress on Thoracic and Cardiovascular Surgery - Taipei, Taiwan.
 "Left-sided cardiac valve replacement in infants, children and adolescents" (Mok CK)
 "Reconstructive surgery on the mitral valve" (Lee WT)
 "Options for surgical repair in patients with univentricular atrioventricular connexion and subaortic stenosis" (Cheung HHC)
3. December 1990 - Biennial Scientific Congress, Hong Kong Cardiological Society - Hong Kong.
 "Reflections on the practice of cardiac surgery in Hong Kong" (Mok CK)
 "Experience with mitral valve replacement in patients with a giant left atrium" (Chiu SW)
 "The status of coronary artery surgery among the female population in Hong Kong" (Lee WT)
 "The Hong Kong experience of open heart surgery in infants under one year" (Lee WT)
 "Regression analysis of factors affecting anticoagulation control among patients with prosthetic heart valves in the valvular clinic of the Grantham Hospital" (Fong PC)
 "Balloon angioplasty for babies after neonatal transventricular closed pulmonary valvotomy" (Leung MP)
 "Intravenous amiodarone for sustained atrial arrhythmias after coronary artery bypass surgery" (Tai YT)
 "One year experience of PTCA in the Grantham Hospital - single team operator experience" (Tse TM)
 "Comparison of acute outcome of percutaneous transluminal coronary angioplasty in a group of Chinese and Caucasian patients" (Fong PC)
 "Coronary AV fistula and surgical experience from Grantham Hospital" (Cheung H)

The following articles have been published by members and associates of the Division in the past three years:

1. An unusual lethal complication of preservation of chordae tendineae in mitral valve replacement. *Journal of Thoracic & Cardiovascular Surgery* 1988; 95:534-536. (Mok CK, Cheung DLC, Chiu CSW, Aung Khin M)
2. Dehiscence of an atheromatous plaque at an aortic valve commissure an unusual cause of acute aortic regurgitation. *British Heart Journal* 1988; 59:513-515. (Mok CK, Tso JWL, Aung Khin M)
3. Ruptured coronary artery aneurysm - a rare cause of haemopericardium. *Asian Journal of Surgery* 1988; 11:150-152. (Cheung DLC, Chiu CSW, Cheung HHC, Mok CK)
4. The role of surgery and cardiac assist devices in the treatment of heart failure. *Journal of Hong Kong Medical Association* 1988; 40:28-32. (Mok CK)
5. Left aortic arch with right descending aorta. *Australasian Radiology* 1988; 32:387-389. (Mok CK, Cheung KL, Chan FL, Leung MP)

6. Echocardiographic assessment of neonates with pulmonary atresia and intact ventricular septum. *Journal of the American College of Cardiology* 1988; 12:719-725. (Leung MP, Mok CK, Hui PW)
7. The role of echocardiography and cardiac catheterisation in the management of patients with congenital cardiac anomalies - A changing practice. *Proceedings of the Centennial Conference, Faculty of Medicine, University of Hong Kong, Hong Kong University Press, 1988; pp.205-210.* (Leung MP, Mok CK, Lau KC, Lo RNS)
8. Investigation of newborns with suspected congenital heart disease by non-invasive methods. *Proceedings of the Centennial Conference, Faculty of Medicine, University of Hong Kong, Hong Kong University Press, 1988; pp.243-248.* (Lau KC, Mok CK, Leung MP, Lo RNS, Yeung CY)
9. Left atrial myxoma in an eight year old child: Echocardiographic diagnosis. *Hong Kong Journal of Paediatrics* 1988; 1:50-54. (Lau KC, Chiu SW, Mok CK, Leung MP, Lo RNS)
10. Left subclavian arterioesophageal fistula induced by a foreign body. *Annals of Thoracic Surgery* 1989; 47:458-460. (Mok CK, Chiu CSW, Cheung HHC)
11. Combination of ofloxacin and amikacin in the treatment of sternotomy wound infection. *Chest* 1989; 95:1051-55. (Yew WW, Kwan SYL, Ma WK, Aung-Khin M, Mok CK)
12. Experience with the management of primary endodermal sinus tumor of the mediastinum. *Cancer* 1989; 64:756-761. (Sham JST, Fu KH, Chiu CSW, Lau WH, Choi PHK, Aung-Khin M, Tung SY, Mok CK, Choy D)
13. Biventricular perforation by a temporary pacing electrode: recognition from the lateral chest radiograph. *International Journal of Cardiology* 1989; 24:368-371. (Lau CP, Cheung KL, Mok CK)
14. The management of symptomatic neonates with suspected congenital heart disease using combined cross-sectional echocardiography and pulsed Doppler flow study as the definitive investigations. *International Journal of Cardiology* 1989; 24:41-46. (Leung MP, Cheung DLC, Lo RNS, Mok CK, Lee J, Yeung CY)
15. Two-dimensional and pulsed Doppler echocardiographic diagnosis of an acquired aortic right ventricular fistula. *Clinical Cardiology* 1989; 12:544-545. (Chow WH, Lee PK, Cheung KL, Mok CK)
16. Single daily-dose ofloxacin monotherapy for Mycobacterium fortuitum sternotomy infection. *Chest* 1989; 96:1150-1152. (Yew WW, Kwan SYL, Ma WK, Aung Khin M, Mok CK)
17. Ruptured aneurysm of the sinus of Valsalva. *Catheterization and Cardiovascular Diagnosis* 1989; 17:172-174. (Chow WH, Tai YT, Mok CK, Cheung KL)
18. Left ventricular pseudoaneurysm after replacement of the mitral valve: long-term survival and spontaneous closure. *International Journal of Cardiology* 1989; 25:349-351. (Tai YT, Mok CK, Chow WH)
19. Left atrial myxoma in a Chinese octogenarian. *Proceedings of the Chinese Academy of Medical Sciences, Peking Union Medical College* 1990; 5:56-57. (Chow WH, Cheung KL, Cheung HHC, Mok CK)
20. Ascending aortic dissection complicating syphilitic aortitis, late after aortic valve replacement. *Clinical Cardiology* 1990; 13:227-229. (Tai YT, Mok CK, Chow WH, Chan FL, So KF)
21. An unusual cause of disabling angina following aortic valve replacement. *Thoracic & Cardiovascular Surgeon* 1990; 38:241-243. (Cheung HHC, Tse TM, Chow WH, Mok CK)



OTORHINOLARYNGOLOGY UNIT

OTORHINOLARYNGOLOGY SERVICE

Staff — William I. Wei MBBS, MS, DLO, FRCS(Ed), FACS
Professor of Otorhinolaryngology

Ulf C.G. Engzell MD
*Professor of Otorhinolaryngology
(up to August 1989)*

Sai Kit Lau MBBS, DLO, FRCS(Ed)
Lecturer in Surgery (ENT)

Yau Hui MBBS, FRCS(Ed)
Senior Medical Officer

Po Wing Yuen MBBS, DLO, FRCS(Ed)
Lecturer in Surgery



Professor William Wei

The clinical activities in otorhinolaryngology in the Department of Surgery are conducted in Queen Mary Hospital and Tung Wah Hospital.

The main teaching hospital of the University of Hong Kong is the Queen Mary Hospital where most of the head and neck cancer pa-

tients are managed. Major resection and reconstruction procedures are carried out for patients with advanced head and neck cancer in co-operation with general surgeons as outlined in the Head and Neck Service section of this Prospectus.

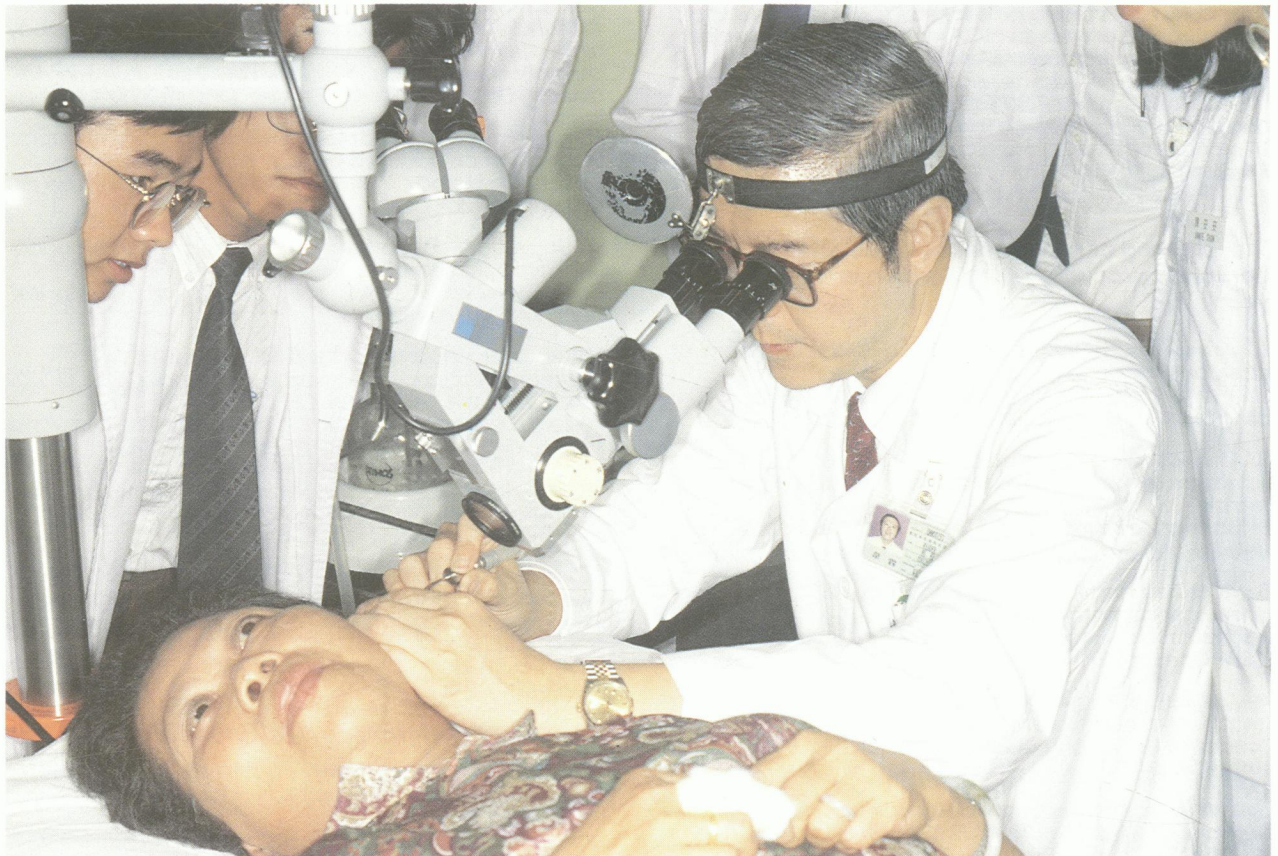
Tung Wah Hospital, 3 km from Queen Mary Hospital, is a district hospital where patients with benign ear, nose and throat pathologies are managed since the establishment of the Unit in 1983. Pathologies managed range from rhinitis to profound deafness.

In Tung Wah Hospital an outpatient clinic is run. The number of outpatient attendance in Tung Wah Hospital is over 5,000 per year. Twenty-four beds are designated for otorhinolaryngology. Operations range from tonsillectomy to insertion of cochlear implants. A fully equipped audiology service laboratory supports the service. Tests available include electronystagmography and brain stem evoke response audiometry.

The most frequently performed operations from 1988 to 1990 are as follows :

Otology

Myringotomy and grommet	225
Myringoplasty	192



Ear examination at the ENT Clinic

Mastoidectomy and ossiculoplasty	51
Rhinology	
Endoscopy	564
Minor nasal surgery	192
Adenoidectomy and tonsillectomy	102
Major nasal surgery	45
Laryngology	
Direct laryngoscopy and microlaryngoscopy	153
Salivary gland tumour	21
Lymph node biopsy and other neck diseases	195

In the past few years, the otorhinolaryngology service has developed functional endoscopic sinus surgery in addition to the establishment of a temporal bone laboratory. The ENT team participates in all research meetings and journal reviews in the Department of Surgery.

In clinical research, emphasis is placed on the following aspects:

1. Fine needle aspiration of neck masses.
2. Surgical management of tuberculous lymphadenopathy.
3. Otological problems in patients suffering from nasopharyngeal carcinoma.
4. Rhinological problem related to radiotherapy for nasopharyngeal carcinoma.



Flexible endoscopic examination of the larynx

In the last 3 years (1988-1990) team members have presented papers at the following scientific meetings :

1. June 1988 - 19th International Congress of Audiology - Jerusalem, Israel.
"Audiometric findings of 100 post-irradiated nasopharyngeal carcinoma patients" (Lau SK)
2. April 1989 - Fourth Asian Otorhinolaryngological Head & Neck Congress - Singapore.
"A clinical comparison of budesonide nasal aerosol, terfenadine and a combined therapy of budesonide and oxymetazoline in Chinese patients with perennial rhinitis" (Lau SK)

3. September 1989 - XIV World Congress of Otorhinolaryngology and Head & Neck Surgery - Madrid.
"Split-palate approach for insertion of radioactive implants in the treatment of recurrent nasopharyngeal carcinoma" (Wei WI)
"Immediate management of intraoperative complications during pharyngolaryngo-oesophagectomy" (Wei WI)
"Pharyngolaryngo-oesophagectomy" (video) (Wei WI)
4. October, 1989 - Eustachian Tube and Middle Ear Diseases - Geneva, Switzerland.
"The pathogenesis of Eustachian tube dysfunction in patients with nasopharyngeal carcinoma" (Wei WI)
"Does it matter if the Eustachian tube is resected?" (Wei WI)
5. September 1990 - Fourth International Symposium on EBV & Related Malignant Disease - Hualin, Taiwan.
"Efficacy of nasopharyngeal exfoliative cytology (NPEC) in the detection of nasopharyngeal carcinoma (NPC) - a prospective study" (Lau SK)
"The role of surgery in the management of recurrent primary nasopharyngeal carcinoma after radiotherapy" (Wei WI)

In the past three years, the following articles have been published:

1. Brainstem auditory evoked potentials after irradiation of nasopharyngeal carcinoma - report of two cases with myelopathy of the brainstem.
Journal of Laryngology & Otology 1988; 102:1142-1146. (Lau SK, Wei WI, Choy D, Sham JST, Engzell UCG)
2. Fine needle aspiration biopsy of tuberculous cervical lymphadenopathy.
Australian & New Zealand Journal of Surgery 1988; 58:947-950. (Lau SK, Wei WI, Hsu C, Engzell UCG)
3. Split-palate approach for gold grain implantation in nasopharyngeal carcinoma.
Archives of Otolaryngology - Head & Neck Surgery 1990; 116:578-582. (Wei WI, Sham JST, Choy D, Ho CM, Lam KH)
4. Efficacy of radical neck dissection for the control of cervical metastasis after radiotherapy for nasopharyngeal carcinoma.
American Journal of Surgery 1990; 160:439-442. (Wei WI, Lam KH, Ho CM, Sham JST, Lau SK)
5. Detection of subclinical nasopharyngeal carcinoma by fiberoptic endoscopy and multiple biopsy.
Lancet 1990; 335:371-374. (Sham JST, Wei WI, Zong YS, Choy D, Guo YQ, Luo Y, Lin ZX, Ng MH)
6. Nasopharyngeal carcinoma. Pattern of tumor regression after radiotherapy.
Cancer 1990; 65:216-220. (Sham JST, Wei WI, Kwan WH, Chan CW, Kwong WK, Choy D)
7. Nasopharyngeal carcinoma in young patients.
Cancer 1990; 65:2606-2610. (Sham JST, Poon YF, Wei WI, Choy D)
8. Multiple malignant neoplasms in patients with nasopharyngeal carcinoma.
Oncology 1990; 47:471-474. (Sham JST, Wei WI, Tai PTH, Choy D)

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