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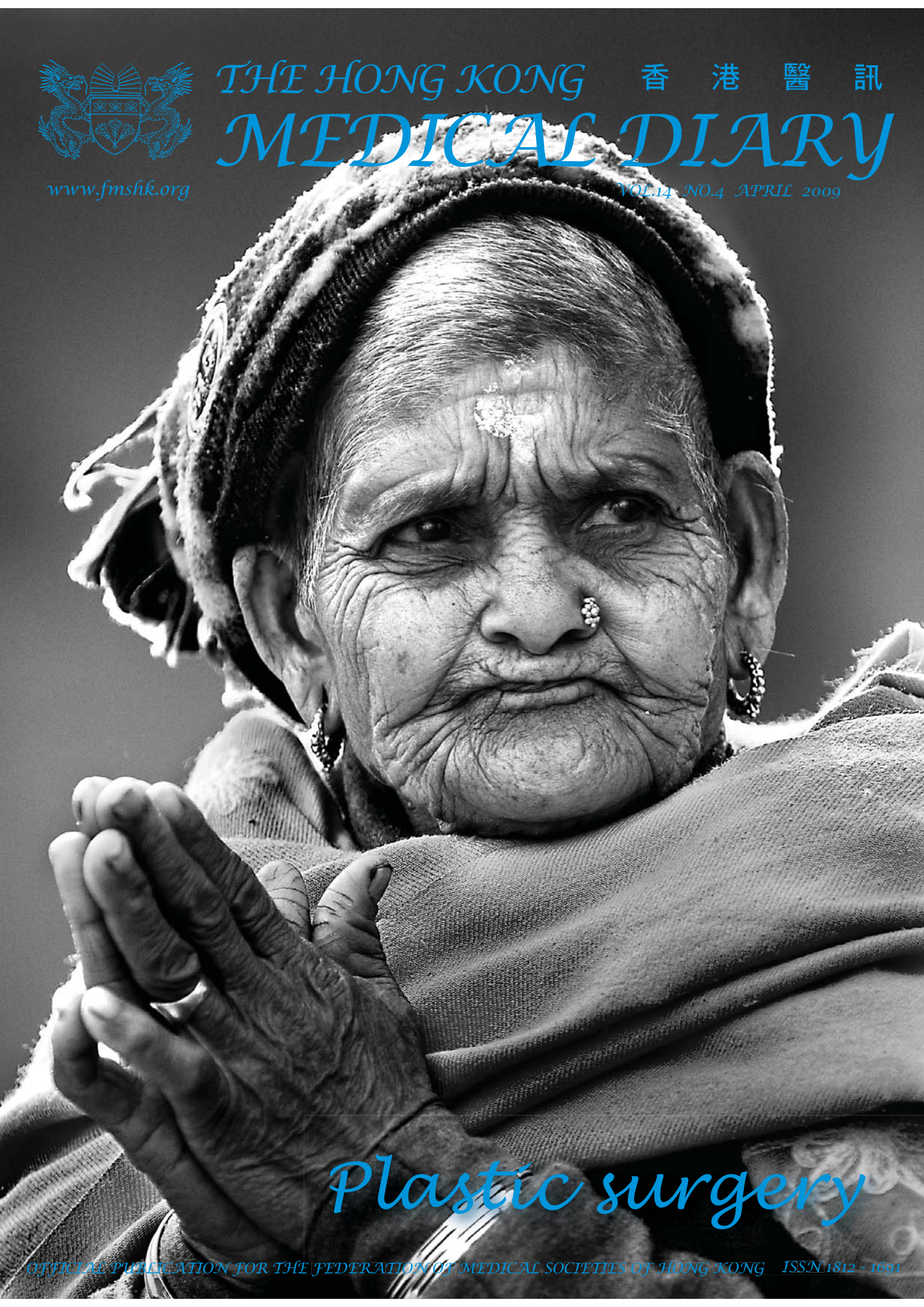

Plastic surgery

OFFICIAL PUBLICATION FOR THE FEDERATION OF MEDICAL SOCIETIES OF HONG KONG ISSN 1812 - 1691

SEMINARS FOR MEDICAL AND DENTAL PRACTITIONERS

PATIENTS OR CUSTOMERS? (Course no. :C144)

Jointly organised by:

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The Federation of Medical Societies of Hong Kong

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The Changing Face of Medical/Dental Practice

The Hong Kong general public is now better educated and more aware of their rights. Information is readily available especially via the internet. Trust, respect and loyalty from patients are fading. Medical/Dental practices are more 'business' oriented with the provision of additional services of elective treatments such as slimming and cosmetic surgery. Patients have become customers/consumers. Hong Kong society has become more litigious with patients/customers more readily voicing their dissatisfaction as well as complaining to the relevant authority and/or the press. The availability of "no win, no fee" collection agencies only encourage the patients to sue their doctors without any hesitation. The practice of defensive medicine has now become the norm.

Seminar Objectives

These two seminars are intended to revisit some of the medico-legal issues. Reference to some of the recent court decisions and the new personal injuries practice directions effective 2nd April 2009 will be made.

Topics

Seminar 1

- Duty of Care
- Bolam Test
- Consent
- Confidentiality
- Documentation
- Advertising
- Recent cases

Seminar 2

- Complaint handling including mediation
- Medical/Dental Council enquiries
- Civil/Criminal Court procedures
- Factual/expert witness and report writing

Presenter:	Dr. Edward S.Y. Fan (Barrister-at-law) Honorary Assistant Professor, Faculty of Dentistry, University of Hong Kong
Date& Time:	**Seminar 1:** Saturday, 06 June 2009 (2:15p.m. to 5:30p.m.) **Seminar 2:** Saturday, 13 June 2009 (2:15p.m. to 5:30p.m.)
Venue:	Lecture Hall, 4/F., Duke of Windsor Social Service Bldg., 15 Hennessy Road, Wanchai, HK
Language:	English
Fee:	HK$900.00 (for 2 Seminars)
Enquiry:	The Secretariat of the Federation of Medical Societies of Hong Kong
Contact:	Tel: 2527 8898 Fax: 2865 0345 Email: info@fmshk.org

CME Accreditation in application

Contents

The Cover Shot

Photo was taken at Christmas, 2006. This old lady lived in an old-aged home where lack of electricity. She and her fellow housemates were sitting under the sun for warmth and waiting for lunch. This elderly home is located just outside of Nepal's capital Kathmandu, at Pashupatinath, a holy place for the world's Hindus. It is the Social Welfare Centre **Briddhashram** Elderly's Home. The Home was founded by Mother Theresa's Missionaries of Charity and is sponsored by the Nepal Government. The Home hosts destitute Nepali elders, offering shelter, meals and clothes. The total housing capacity is 230 people.

Photo was taken by a Nikon camera with a 200 mm lens.

Dr. Kin-ming WONG
MBBS (HK), DFM (CUHK), DOM (CUHK), DDME(CUHK)

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Historical Perspective

Dr. Walter KING

Specialist in Plastic Surgery, Plastic & Reconstructive Surgery Centre, Hong Kong Sanatorium & Hospital

Editor

Dr. Walter KING

The growth of plastic surgery reflects the universal human desire to restore, maintain or enhance appearances and forms. Cosmetic or aesthetic surgery may be performed to produce a younger and more attractive appearance or it may be used to improve an unsightly feature. There is evidence of cosmetic surgery carried out throughout the world from ancient times to the present.

Ancient papyrus texts from Egypt document exfoliation and skin rejuvenation methods for skin improvement. In this issue, Dr. Wendy Wong, Specialist in Dermatology, writes on "Topical Vitamins for the Skin-the Colours of the Rainbow".

The surgical roots of cosmetic enhancement may be traced to European surgeons from the 19th and early 20th century. In the late 1800's rhinoplasty procedures and later during World War I, reconstructive surgery for facial injuries laid the foundation for plastic and cosmetic surgery in USA. In this issue, Dr. Otto Au, Specialist in Plastic Surgery, writes on " The Growth of Cosmetic Surgery in Hong Kong" and Dr. Walter King writes on " Cosmetic Surgery in 2009".

Hair transplantation was started in 1939 with Dr. Okuda who transplanted round grafts of hair follicles and in 1952 by Dr. Orentreich who performed the first hair transplant for male pattern alopecia. Now Dr. Alec Fung, Specialist in Dermatology, reviews for us "Hair Loss Management"

Laser systems were created since 1960 and better laser systems for skin therapy have evolved over the past 40 years. The most recent advance in laser development has been the application of fractional technology to the treatment of acne scars and surgical scars. Dr. M. K. Tung reviews for us "The Management of Scars".

Modern ear reconstruction was started by Tanzer in 1959 using autogenous costal cartilage graft. Today, Dr. W. H. Wong, Specialist in Plastic Surgery, writes on "The Surgical management of Microtia".

New technologies and surgical skills on the horizon will undoubtedly create novel opportunities for doctors to better serve the populace.

AMONG TOPICAL MEDICATIONS ...

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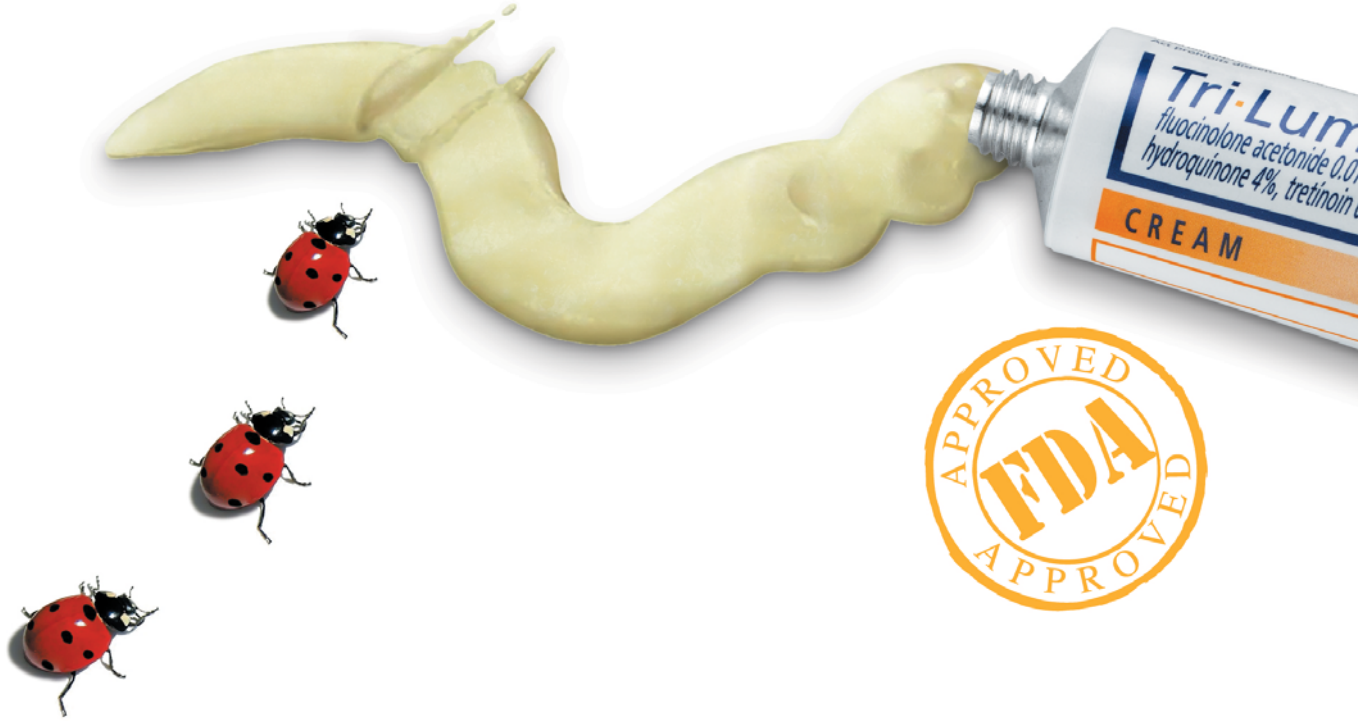

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1. Torok H, Taylor S, Baumann L et al. A large 12-month extension study of an 8-week trial to evaluate the safety and efficacy of triple combinaton (TC) cream in melasma patients previousy treated with TC cream or one of it dyads. J Drugs Dermatol 2005;4: 592-7.

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Reference: 1. Data on file. Galderma Laboratories.
2. Guenther L et al. Mexoryl: broad-spectrum ultraviolet A photoprotection. J Cutan Med Surg 2006;10 (Suppl. 1):22-5.

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Microtia - How I do it?

Dr. Wai-hong WONG

MBChB(CUHK), FRCS(Edin), FCSHK, FHKAM(Surgery)
Specialist in Plastic Surgery, Hong Kong Plastic Surgery Specialists Centre

Dr. Wai-hong WONG

This article has been selected by the Editorial Board of the Hong Kong Medical Diary for participants in the CME programme of the Medical Council of Hong Kong (MCHK) to complete the following self-assessment questions in order to be awarded one CME credit under the programme upon returning the completed answer sheet to the Federation Secretariat on or before 30 April 2009.

Introduction

Microtia is a major congenital anomaly of the external ear. It composes a spectrum of deformities from a grossly normal but small ear to absence of the auricle. There are several classification systems to describe microtia.

Tanzer classified microtia according to the description and location of the defect.

- **Type A : an anotic ear.**
- **Type B : a completely hypoplastic ear with or without aural atresia.**
- **Type C : hypoplasia of the middle third of the auricle.**
- **Type D : hypoplasia of the superior third of the auricle.**
- **A prominent ear is classified as type E microtia**

Melnick and Myranthopoulus noticed that the occurrence of major ear anomaly is 3 in 10,000. The incidence among Japanese is 1 in 4,000. Microtia is seen more commonly in males and on the right side.

Microtia may present as an independent anomaly or associate with other syndromes (Goldenhar syndrome and Treacher Collins syndrome). Thalidomide and isotretinoin can cause congenital deformities such as microtia.

Microtia is commonly associated with external ear canal atresia and middle ear anomaly. These result in conductive hearing loss. Its appearance also causes a lot of psychological impact on the affected children and their families. In Hong Kong, most children's vision has refractory problems. These affected children have difficulties in wearing spectacles.

Management

The affected children should be worked up to eliminate any associated syndromes. ENT surgeons should assess their hearing. If ear canal atresia is indicated for operation, it will be done after auricular reconstruction.

Previously, implantation of prosthetic framework was common. However, it was usually complicated with infection or protrusion of the implant. Currently, reconstruction can be performed with prosthesis replacement or costochrondral graft.

A prosthetic ear is quite natural but not a part of the body. It is expansive for replacement. Although osteointegrated anchoring system can hold it securely, the risk of inadvertent dislodgement is still present. Also, it requires an operation to implant a titanium anchor within the drilled temporal bone.

Gillies first described burying carved rib cartilage under the scalp skin for total ear reconstruction in 1920. Tanzer re-emphasised the use of autogenous cartilage in staged operations in 1964. Brent described a series of more than 1200 cases of microtic ear reconstruction. He was the first to report the successful use of tissue expansion in reconstruction of the ear.

In the first consultation, I will discuss with their parents the options of reconstruction despite my preference is osteochrondral graft reconstruction

Osteochrondral Graft Reconstruction

The timing of osteochrondral graft reconstruction can be started at the age of 6 because the normal ear is almost fully developed. Practically, the timing is also determined by body built of the child whether there is adequate cartilage for harvesting. Usually, the operations are performed at the age of 8-9.

I perform Osteochrondral graft reconstruction in 3 stages with 3-6 month intervals.

First stage:	Excision of rudimentary cartilage + transposition of ear lobule + harvesting and implantation of cartilaginous framework
Second stage:	lateralisation of 'auricle' + tragus reconstruction
Third stage:	creation of concha

Pre-operative planning is for locating and duplicating the reconstructed ear. I use the radiographic film as a tool. I draw a horizontal line on the film and put onto both lateral canthi. Then, I mark the outline of the normal ear and the midline of the face. The film is folded in half in the midline and I then cut out the

outline of the auricles. When this film is put onto the patient's face, this will show the location and orientation of the reconstructed ear. If there is facial asymmetry, the final location will be adjusted accordingly. Another film is used to duplicate the details of an ear with the same size. Tanzer and Burton D. Brent also noticed most constructed ears grew at an even pace with the opposite normal ear.

Stage 1

For the benefit of the patient, team approach can minimise the operation time. One team deals with the recipient site by excision of remnant cartilage, rotation of the ear lobule and creation of a spacious pocket. The other team harvests, sculptures and implants the framework. My usual partners are Dr. Walter King, Dr. M.K. Tung, Dr. C.K .Or and Dr. K.H. Kwan.

The position of the 'auricle' is marked with the disinfected tailored radiographic film. The lobule is transposed to the proper position. The remnant is excised. The pocket is created by widely undermining of the thin skin flap.

I prefer harvesting costal cartilage from the ipsilateral side of the chest at the confluence of the 6th- 7th ribs and the floating 8th rib. Most of the perichondrium will be preserved in the donor area to decrease the morbidity of the donor site and risk of pneumothorax. However, the perichondrium over the synchondrosis of the 6th and 7th ribs on the dermal side is undisturbed. This will maintain the sculptured framework in continuity.

The harvested cartilage is sculptured by gouge and surgical knife. The height of the antihelix is built with a strip of cartilage and fixed in position with 6/0 nylon.

The sculptured framework is implanted into the recipient site. Its tip is inserted into the lobule. It is fixed to the underlying tissue in proper position and orientation with several absorbable stitches. A suction drain is put under the framework. The wound is closed with nylon .The detail of the 'auricle' is maintained by suction force and gauze packing. Finally, bandage is applied and kept for a number of days.

The donor site is closed in layers with a drain after checking for possible air leaks in the pleura. A small cube of cartilage is banked in the subcutaneous layer at one end of the wound.

Adequate analgesic and antibiotic are required. Usually, the child will leave the bed on D1-2. The Drain will be removed when there is minimal output.

Stage 2

A skin incision is made outside the rim. The 'auricle' is lifted away from the scalp. The banked cartilage is cut into a wedge 4mm high and 10mm long. It is inserted into the underlying soft tissue to keep the 'auricle' in anterior projection.

The outer edge of the incision is widely undermined and advanced into the wound. The residual raw surface is covered with skin graft. The grafted skin is harvested in full thickness in the groin region. Tie over dressing is applied.

The tragus is created with insertion of a small cube of cartilage via a separate incision.

Stage 3

The concha can be deepened. The skin flap is advanced to the tragus. The resulting wound is covered with full thickness skin graft which is harvested from the post-auricular surface of the normal ear. This stage is optional.

Conclusion

Total ear reconstruction with costochondral graft is a rewarding operation to the patients and surgeons.

It is an operation that demands experience and team spirit to share the work. Let the surgeon concentrate on the framework as a state-of-the-art procedure.

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MCHK CME Programme Self-assessment Questions

Please read the article entitled "Microtia - How I do it? " by Dr. Wai Hong WONG and complete the following self-assessment questions. Participants in the MCHK CME Programme will be awarded 1 CME credit under the Programme for returning completed answer sheets via fax (2865 0345) or by mail to the Federation Secretariat on or before 30 April 2009. Answers to questions will be provided in the next issue of The Hong Kong Medical Diary.

Questions 1-10: Please answer T (true) or F (false)

1. **Microtia is a congenital ear anomaly with grossly deformed and small ear.**
2. **Microtia is nearly twice as frequent in boys as in girls.**
3. **Oral intake of vitamin A derivative during pregnancy is a cause of microtia.**
4. **Hearing loss of affected patient is due to inner ear anomaly.**

5. Virgin skin at mastoid region is important for osteochondral graft reconstruction. Therefore, ear canal reconstruction should be delayed after auricular reconstruction.
6. Implantaion of prosthetic framework can provide a natural and permanent result.
7. Osteointegrated enchoring system will change the trend of auricular reconstruction
8. The technique of staged osteochondral graft operation is founded on Tanzer's work.
9. Sculpturing cartilaginous framework of adult is more difficult because of ossification.
10. The reconstructed auricle should be planned with bigger size.

ANSWER SHEET FOR APRIL 2009

Please return the completed answer sheet to the Federation Secretariat on or before 30 April 2009 for documentation. 1 CME point will be awarded for answering the MCHK CME programme (for non-specialists) self-assessment questions.

Microtia - How I do it?

Dr. Wai-hong WONG

MBChB(CUHK), FRCS(Edin), FCSHK, FHKAM(Surgery)
Specialist in Plastic Surgery, Hong Kong Plastic Surgery Specialists Centre

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Answers to March 2009 Issue

Prenatal Screening for Foetal Down Syndrome

1. F 2. F 3. T 4. T 5. F 6. T 7. F 8. T 9. F 10. F

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Topical Vitamins for the Skin - the Colours of the Rainbow

Dr. Wendy HW WONG

Dr. Wendy HW WONG

FRCP (Edin), Dip Derm (Lond), FHKCP, FHKAM

Honorary Consultant in Dermatology, Plastic and Reconstructive Surgery Centre, Hong Kong Sanatorium Hospital
Honorary Consultant in Dermatology, University Health Service, The University of Hong Kong

It has been ten years since I wrote about "the skin care in the Millennium" in the Medical Diary. Ten years on, as I was preparing a review of the vitamins for the skin, I am reminded again why the cosmeceutical products gain such popularity to the consumers - the image of skin health is as rich as the colours of the rainbow. These colours are my association only. Nevertheless, it offers a colourful account of the key to skin health.

For example, RED is the colour of vitamin A, as it is derived from red fruits and vegetables. The parent compound of vitamin A is not absorbed by the skin. Its derivatives, retinoic acid is a lipid soluble molecule known to affect cell growth, differentiation, homaeostasis, apoptosis and embryonic development. The third generation retinoids (such as adapalene) is less irritating and more photo-stable than the first and second generation retinoids of Retinol, Tretinoin and Isotretinoin. Their comedolytic properties and excellent follicular penetration enable them to be the mainstay for anti-acne treatment. They also increase epidermal turnover, stimulate new blood vessel formation and promote collagen remodelling, hence repair sun damage and reduce wrinkles of sun-exposed skin.

Vitamin B5 is COLOURLESS as water. The active form is Panthenol, the alcohol of pantothenic acid. Panthenol is a humectant, that it can hold and attract water. It is the only member in the vitamin B family for topical use in hydrating gels and shampoos. The other family members are B1 thiamine, B2 riboflavin, B6 pyridoxine and B 12 cyanocobalanine, which are to be taken by the oral or parenteral route.

Vitamin C is ORANGE, as derived from orange coloured fruits. It is a potent antioxidant and mops up the free radicals released from cell damage by ultra violet rays. It protects the skin from UV induced erythema and sunburns, useful for wrinkle prevention and anti-ageing as well as skin cancer prevention. As Vitamin C is active only in the acidic pH of 3, it is slightly stinging and irritable to the skin. The second and third generations of Vitamin C have coupled with vitamin E, ferrulic acid and phloretin (a flavonoid derived from apples) to enhance its skin absorption and reduce irritability on application.

IVORY is the colour for vitamin D. Vitamin D_3 is synthesised from cholecalciferol which is present in abundance in the skin by the action of UV irradiation. It plays an important role in calcium metabolism in bone growth. D-calcipotriol is a topical treatment for psoriasis.

Vitamin E is a soothing colour of BLUE. Tocopherol is an important antioxidant. It protects the cell membrane in the skin from peroxidation, ameliorate wounds by reducing the damage induced by free oxygen radicals which are released by neutrophils in the inflammatory phase of the healing process. Scientists as well as laypersons alike have interpreted this to mean that topical vitamin E may improve wound healing. However this theory has not been substantiated in in-vivo studies, as this may be species-specific. However, it is agreed that the potency of vitamin E as an antioxidant can be increased through combination with other antioxidants like vitamin C and Coenzyme Q.

PURPLE is the colour of vitamin K, as many cosmetic companies claim that their vitamin K creams erase dark circles under the eyes, and also reduce erythema and flushing of rosacea. It is hard to prove that this works by scientific controlled studies as the cause of these dark orbital circles is multifactorial - blood flow, venous return or venous congestion, skin laxity as well as pigments are contributory factors.

Of course, the key to skin health does not stop at the spectrum of vitamins. The kaleidoscope of colours is never ending: Alpha hydroyl acid (AHA) is a MULTIPLE COLOUR TONE, as it embraces the group of glycolic acid, lactic acid, citric acid etc., being useful for regenerating skin polarity and lightening pigments and skin tones; Beta hydroyl acid (BHA) is GREEN, as derived from willow trees, used for skin exfoliation and treatment of acne; Iron of BROWN, its role as an adjunct to increase vitamin C absorption from the skin; Green tea, another compound rich in antioxidant is the soothing colour of PALE GREEN...

Last, but not least, the colour of physical sunscreen is WHITE, of titanium and zinc oxide which is important in photo-protection for antiageing and skin cancer protection.

At the end of the day, skin health, like the practice of medicine, becomes an Art. The dermatologist can use his brush to paint freely from his colourful palette. It is therefore not surprising that many medical practitioners are also artists of painters, photographers, writers and musicians!

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7:30 pm – 8:45 pm: Scientific Meeting

Chairman: **Dr. Walter WK King**
Specialist in Plastic Surgery, Director, Plastic & Reconstructive Surgery Centre, Hong Kong Sanatorium & Hospital

Speakers:

(1) Introduction to Fractional Lasers
Dr. Walter WK King
Specialist in Plastic Surgery, Director, Plastic & Reconstructive Surgery Centre, Hong Kong Sanatorium & Hospital

(2) The Use of Fractional CO_2 Laser Technology
Dr. Wong Wai Hong
Specialist in Plastic Surgery, Hong Kong Plastic & Cosmetic Surgery Centre

(3) The Management Common Hyperpigmentary Disorders
Dr. Wong Mon Ching
Specialist in Dermatology, Hon. Consultant, Dermatology and Laser Surgery Centre, Union Hospital

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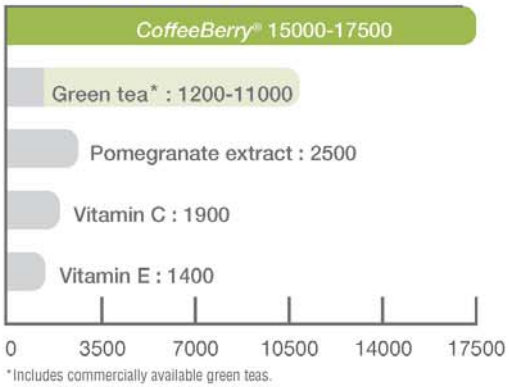

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*In a blinded study, marked improvement was demonstrated in the appearance of fine lines/wrinkles, skin pigmentation, and texture (roughness/dryness) compared to vehicle control. (Data on file, *CoffeeBerry*® Clinical Report, January 2, 2007.)

Hair Loss Management in 2009

Dr. Alec HC FUNG

MBChB(MANCH), Dip Derm(Lond), Dip Ven(Liver pool),
BSc(ST. Andrews), FHKAM(Medicine), FHKCP

Specialist in Dermatology

Hair loss is a common medical complaint. Causes are many. It starts with a medical consultation where a "detailed" medical, social, family and environmental history etc. is taken. A large proportion of problems can be accurately identified if the doctor takes time to take the history or "story" of the patient. For example, some drugs (including some contraceptive pills) may cause hair loss. If the sufferer is dieting or slimming, hair loss can also occur, for example due to iron and/or zinc deficiency. This is followed by a detailed clinical examination. Examination should not be limited to only the scalp but must also involve a whole body review to detect for example anaemia or sexual disease such as syphilis. The association of stress and hair loss is not certain but there is on-going research into this area in a special branch of medicine called psychoneuroimmunology. Going back to the scalp examination, the doctor will determine firstly whether there is "diffuse" or "patchy" hair loss. Hair loss in which no discrete areas of loss are identifiable is considered as diffuse alopecia and loss with defined bare areas as patchy. Occasionally there is some overlap. The so-called Part-Width Assessment is done to assess the midline of the scalp. This is especially useful to assess whether the female patient has so-called female pattern hair loss. One will notice the anterior part is wider than the posterior part of the scalp. If this is the case, it may indicate the patient probably has female pattern hair loss. Causes of alopecia are many. One should think about the common causes but not forgetting the rare causes as well in the evaluation. For the sake of this short article, I will list only the common causes of hair loss:

a. **Diffuse**
   (1) Male and female pattern hair loss
   (2) Telogen effluvium

b. **Patchy**
   (1) Alopecia areata
   (2) Traction alopecia
   (3) Lichen Plano-Pilaris
   (4) Discoid Lupus
   (5) Folliculitis Decalvans

For diffuse alopecia, which is more common, the examination is performed with the patient sitting on a chair. The examiner stands behind the patient to do the Part-Width assessment as stated above. One can then proceed to do the hair pull test. Basically a small amount of hair is grasped between two fingers close to the scalp, and gently pulled along the entire length of the hair. Under normal circumstances, few hairs are shed. The best technique is to try to keep the pull standardised by pulling the same amount each time. A positive pull is one in which many hairs are easily pulled out. If this occurs, it is imperative to look at the proximal ends of the hair shaft to see if they are telogen (Club shaped) or anagen (more cylindrical). A positive pull of Telogen hair shafts occurs early in Telogen effluvium, in some cases of female pattern hair loss, and in acute, active alopecia areata. In some cases of alopecia areata the pull will be positive with hair shafts that have a tapered, rather than Club shaped proximal end. A positive pull of anagen hair shafts occurs in active scarring alopecia, anagen effluvium and loose anagen syndrome. When performed as a routine part of an initial examination in a patient with diffuse alopecia, a hair pull should be done at several random locations on the scalp. For patchy hair loss, the examination is slightly different. It is important to quantify the number and size of lesions, and estimate the overall degree of scalp involvement. The scalp surfaces should be checked for loss of follicular orifices and atrophy, both signs of scarring. An examination of the periphery of the bald area is essential, looking for subtle perifollicular erythema and scaling e.g. as a sign of lichen plano pilaris or one may notice exclamation point hairs, seen in alopecia areata. Any re-growth, broken hair or sparing of hairs within the bald area should also be noted. After the scalp examination, an examination of the nails, teeth and oral mucosa (e.g. due to lichen planus involvement) and general body hair can be helpful. If indicated, a full skin examination is a good idea (e.g. to detect secondary syphilis etc.). There is no standardisation as to whether or not to order Laboratory tests on a patient with hair loss and which test to order. Certain indications where Laboratory tests should be ordered routinely, such as androgen levels in patients with female pattern hair loss or patients suspicious of systemic lupus erythematosus who require serological tests to exclude systemic diseases Thyroid function test and serum iron can be checked in some selected cases of hair loss and thyroid function test alone may be ordered for alopecia areata because there is an association between thyroiditis and alopecia areata.

Rarely serological test for syphilis can be ordered to exclude syphilis. A full blood count can be ordered to diagnose anaemia etc. Sometimes even a skin biopsy is in order to exclude rare skin diseases causing hair loss. Treatments for hair loss are diverse. Some are proven but some are not. I will list here some recognised treatment protocols for some of the common causes of hair loss.

A. For male pattern hair loss, useful drugs include topical Minoxidil 2%, or 5% lotion, oral Finasteride and hair transplantation. Sometimes all above three treatments can be combined on a single patient.

B. For alopecia areata, some successes can be achieved by topical sensitiser such as Diphencycprone. Topical and/or intralesional steroid are also effective in some cases of alopecia areata. But probably, the most useful treatment is to reassure the patient about the general usual total recovery of the condition.

C. For female pattern hair loss, topical Minoxidil can be tried and hair transplantation is also a viable option in carefully selected cases.

Radiology Quiz

Dr. Wendy WM LAM

Consultant, Department of Radiology, Queen Mary Hospital

Dr. Wendy WM LAM

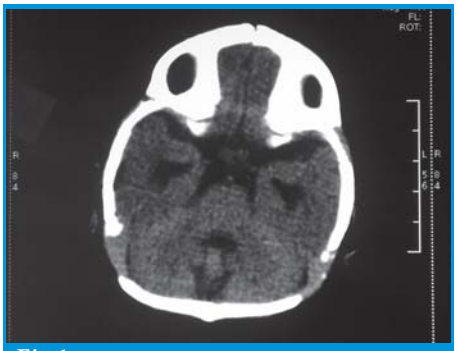


Fig 1

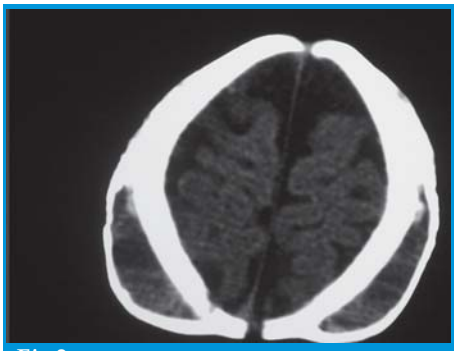


Fig 2

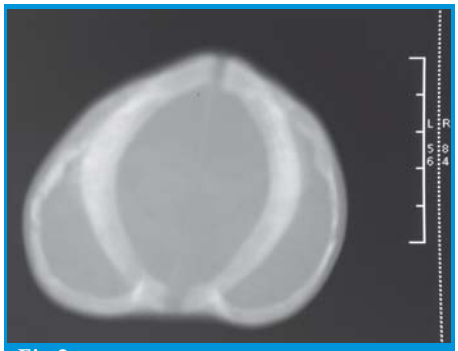


Fig 3

Newborn baby

Difficult delivery
Discovered to have scalp swellings.
This is his CT brain.

Questions:

1. What are the radiological findings ?
2. What is your diagnosis or DDX?

(See P.29 for answers)

Cosmetic Surgery in 2009

Dr. Walter KING

Specialist in Plastic Surgery, Plastic & Reconstructive Surgery Centre, Hong Kong Sanatorium & Hospital

Dr. Walter KING

There are many myths and fallacies about cosmetic surgery, e.g. cosmetic surgery is better and less expensive in some overseas countries. The fact is Chinese living in Hong Kong, China Mainland, Taiwan, Singapore, Australia and North America often consider Cosmetic Surgery in Hong Kong to be one of the highest qualities and best valued overall. The Adages "The Best Time is Now" and "The Best Place is Home" echo louder and louder with the passage of time.

In 2009, the trend is towards minimally invasive surgery. Great efforts have been made to introduce minimal incision and minimal scar surgery, which also translates into surgery with low risk and fast recovery.

So what is available to men and women who want to look better and younger in 2009? Here are 10 popular Cosmetic Surgeries in Hong Kong:

1. Double Eyelid Surgery

Having a natural eyelid fold which imparts a larger, brighter and prettier eye is usually considered a major blessing or born with gift. Today double eyelid surgery can give one a natural and durable eyelid fold that has no visible scar to show. For young persons and those under the age of 50, double eyelid surgery is done with one to two tiny 2mm incisions through which fine permanent sutures are placed to create a natural eyelid fold at the level of the tarsal plate. The surgery is done under local anaesthesia and usually takes 30 to 35 minutes. For people over 50, concurrent skin and fat excision are usually required in order to restore youthful look to the droopy eyelids. (Fig.1)

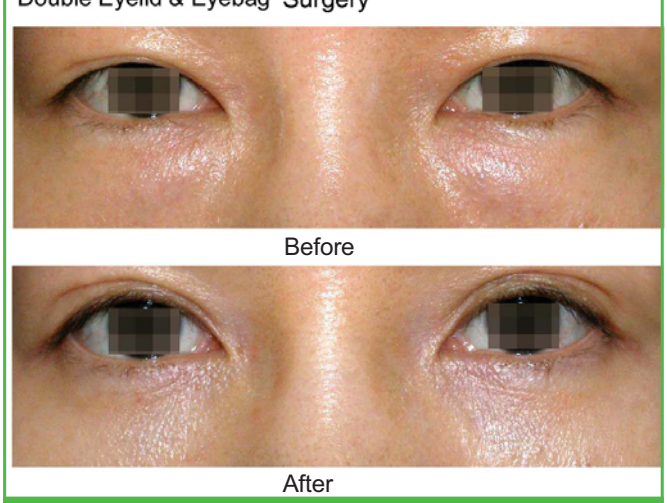


Fig.1

2. Eyebag Surgery

Baggy eyes often connote the beginning of ageing and frequently draw the comment of a tired look.

Eyebag surgery is a safe day surgery usually done under local anaesthesia with short recovery time of 4 - 5 days. Recovery time is shortest when surgery is carried out with carbon dioxide laser using the conjunctival route. Transconjunctival lower blepharoplasty done by carbon dioxide laser offers the advantages of less tissue oedema and bruising due to the coagulation effect of CO2 laser(Fig.1). There is no external scar to show unless the skin excision is also contemplated due to laxity. The majority of the men and women undergoing eyebag surgery under the age of 50 will not require any skin excision. Skin excision by the pinch method can be done at the same time when required. (Fig. 2)

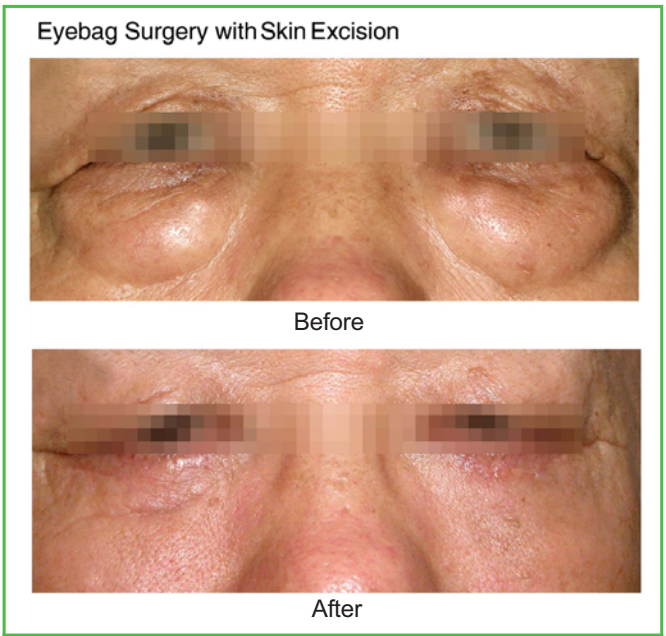


Fig.2

3. Liposuction

If a person has already been exercising and dieting but still finds annoying excessive baggage around the waist, tummy, thighs, legs and arms, one can consider the most effective way of fat removal i.e. by liposuction.

Liposuction is the earliest form of minimally invasive surgery whereby 3mm - 5mm cannulae

attached to vacuum suction are inserted via small incisions to aspirate fat. Tumescent anaesthesia is used to minimise pain and bleeding.

Liposuction surgery can be done under local or general anaesthesia and recovery time is usually 2 - 3 days. Liposuction is most useful in reducing localised fat collections of the abdomen, flanks, lateral and inner thighs, arms and legs. Liposuction can be combined with mini- or full abdominplasty such that abdominal skin and fat excision as well as fascia plication can be carried out for laxity of the abdominal wall. (Fig.3)

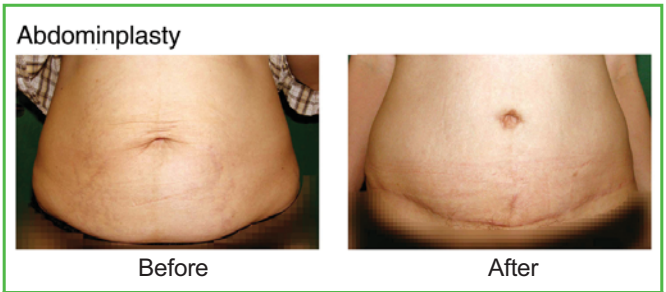


Fig.3

4. Breast Augmentation

Advances in the shape and quality of breast implants mean women can now safely improve the size and shape of their breasts by surgery and become proud of their body contour. Tear drop shaped cohesive silicone gel breast implants placed under video-assisted endoscopic approach represent the epitome of breast augmentation surgery and allows young women with underdeveloped breasts or postpartum women with atrophic breasts to regain confidence in their body image. Likewise patients requiring mastectomy for disease can have their breasts reconstructed by breast implants to regain symmetry and body shape.

Today, cohesive gel implants are more durable than saline implants because of the lower leakage rate (1-2% for gel implants versus 5-6% for saline implants) and cohesive gel implants are softer than saline implants. With proper assessment including measurements before surgery, women in 2009 are more likely to be successfully fitted with a natural-appearing implant that has a size and projection appropriate to her chest shape and body build. (Fig 4)

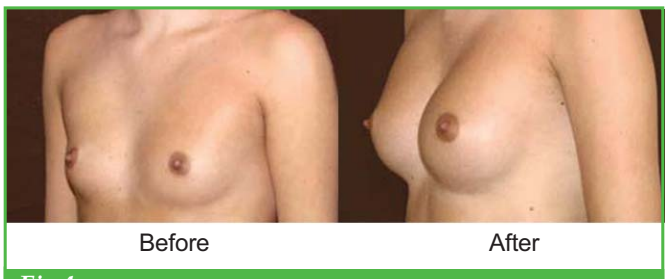


Fig.4

Nipple improvement surgeries include nipple reduction and correction of inverted nipples can be done by minimal scar approach. (Fig.5)

Fig.5

5. Nasal Augmentation

A straight and high nose can make a face stand out and look attractive. Asians with low bridge of nose can have a higher nose by placement of a silicone nasal prosthesis or cartilage graft. The chin can also be augmented by a silicone prosthesis. There are usually no external scars to show. A nostril rim or columella incision is used to prepare a subperiosteal pocket for the placement of a pre-fabricated L-shaped silicone prosthesis(Fig.6). When necessary, ear cartilage graft can be harvested for refinement of the nasal tips.

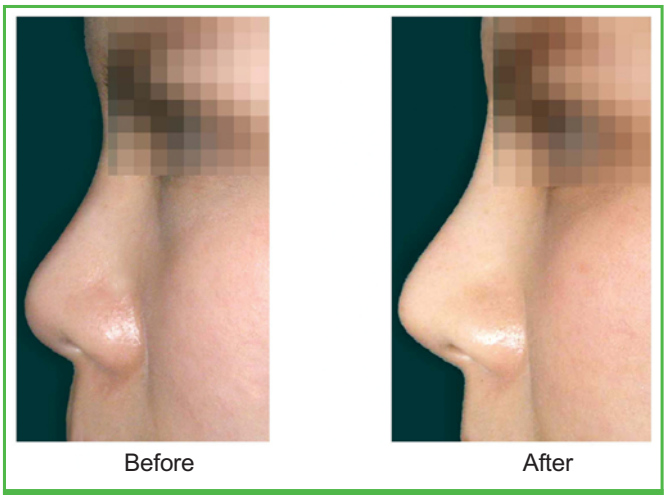


Fig.6

6. Fat Transplantation

Body fat is an excellent filler that can be strategically placed to make a nose higher, cheeks more prominent, chin sharper, forehead more wide and hands more full and smooth. Multiple sessions are usually required to make the injected fat long-lasting and effective. Fat is usually harvested from the abdomen or thighs, and centrifuged fat is injected by small blunt cannulae to improve their chance of survival. (Fig. 7)

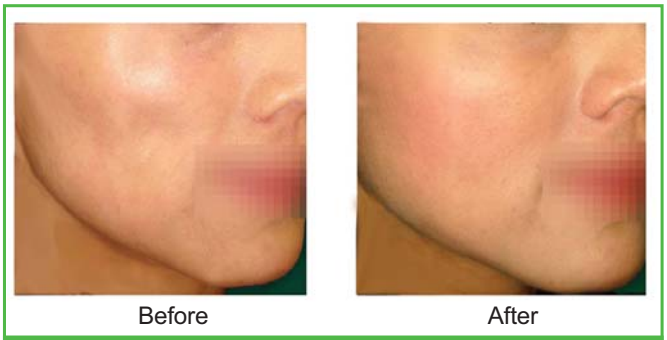


Fig.7

7. Face Lift by Threads

Increasingly popular is the insertion of strategically placed anchor sutures or special threads with cogs by specially designed needles to create anti-gravity lifting of the facial skin and underlying tissues. Surgery is done under local anaesthesia via tiny skin openings and scars are minimal. The recovery time is shorter than the traditional facelift with incisions around the ear. This minimally invasive approach is best for brow lift, temporal lift and cheek lift. (Fig. 8)

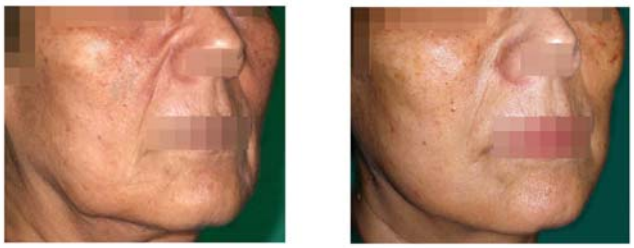


Fig.8

8. Endoscopic Forehead Lift

For patients with drooping eyelids and eyebrows as well as prominent frown lines, the endoscopic forehead lift is the best minimally invasive procedure that can naturally restore the youthful appearance of the upper one third of the face. Using keyhole surgery carried out via 4 to 5 tiny incisions placed behind the hairline, the endoscopic forehead lift will naturally uplift the drooping brow and forehead. Skin excision is not necessary and surgery can be done as a day surgery under local anaesthesia. (Fig. 9)

Fig.9

9. Hair / Eyebrow Transplantation

While male and female pattern baldness can be helped by medications, hair transplantation by micrografts or single follicular units offer the best alternative solution. In one to three hair transplant sessions, the sparse hairline or the top of the head can have hair follicles dissected out under the microscope and transplanted from the back or the sides of the head to give the scalp hair a fuller look. A combination of strip graft harvested from the back, and single hair grafts from the sides of the head generate optimal number of hair grafts for transplantation to the scalp or the eyebrows. (Fig. 10)

Fig.10

10. Otoplasty

Persons with prominent ears no longer have to use hair style to hide their outstanding ears. Today prominent ears can be easily corrected with minimally invasive surgery using special sutures or threads that will securely keep prominent ears close to the sides of the head. Surgery is done under local anaesthesia and recovery time is about a week. (Fig.11)

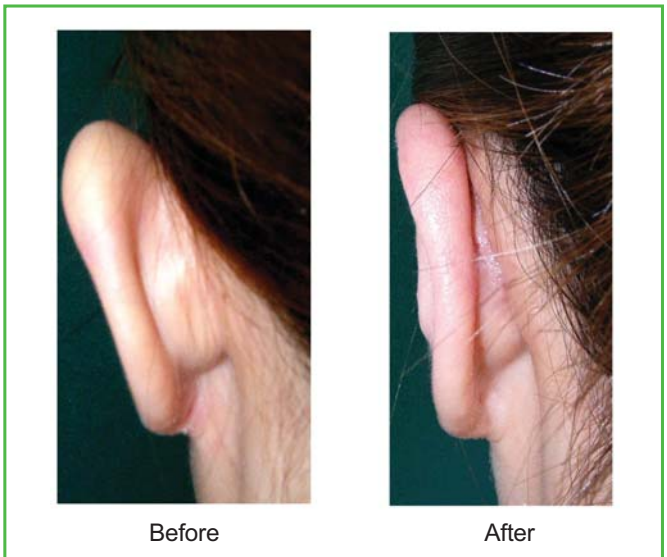


Fig.10

Cosmetic surgery can have side-effects but with advances in surgical techniques, the side-effects are usually minor and low in incidence. Like all surgeries, cosmetic surgery also has side-effects like infection, oedema, haematoma formation and excessive scar formation. Revision surgery occasionally may also be required to achieve the best results.

Slimlift

Blended 1064nm & 1320nm Laser Lipolysis System

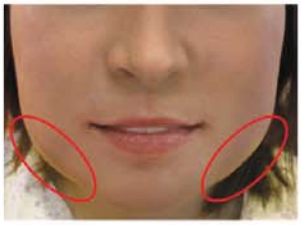
Application:

- Any part of the body where the traditional liposuction could not be applied : Face (cheek, chin, forefront of cheek bone), double chin, heap (saddle line), calves, rear part of armhole, forearm and others.
  Reoperation on the irregularity part of post liposuction
- Lifting and tightening by stimulation dermis on saggy skin after liposuction
  Facial skin lifting
  (ex: Nasolabial fold & others)
- Osmidrosis axillae & hyperhidrosis
- Improving Striae Distensae & Skin rejunvenation using 1320nm

Advantages:

- Less blood loss,pain and scar than Liposuction
- No severe side effects
- Fast Recovery
- Flatness on the treatment area
- Short treatment time (Lunch time treatment)
- Less post-treatment care
- Combination of 1064nm & 1320nm makes best effect on skin tightening

Before



After

Before

After

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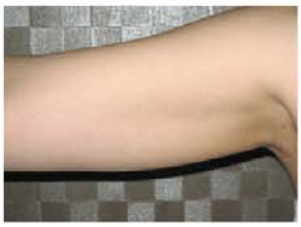

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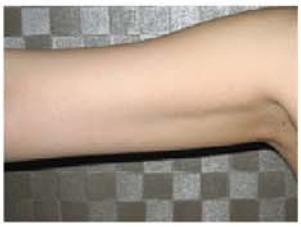

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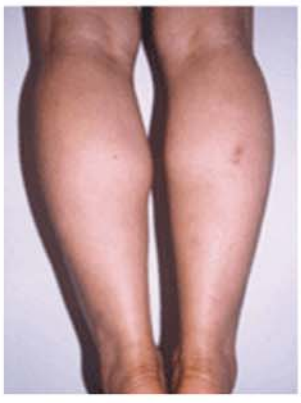

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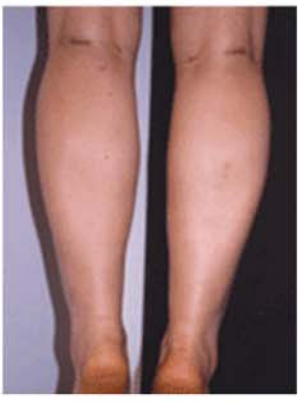

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The Growth of Cosmetic Surgery in Hong Kong

Dr. Otto AU

Dr. Otto AU

MD (JEFFERSON, USA) 1957, MCPS (MANITOBA) 1963, FHKAM (SURGERY) 1995
Diplomate American Board Plastic Surgery
Plastic Surgery Specialist

On the surface, cosmetic or aesthetic surgery has nothing to do with curing diseases. Yet it is a medical discipline that promotes psychological well-being. It helps to achieve self-confidence and self-esteem. Back in the 1800s and 1900s, cosmetic surgery began to gain attention in Europe and the US. In China, life-prolonging and anti-ageing methods were recorded in as early as the Qin and Han dynasties. Aesthetic practices like hairdressing and removal of blackheads, freckles and scars were described in texts dating back to the Tang and Soong dynasties. Humans are no different from animals in the pursuit of beauty. For reasons ranging from ageing, career development to marriage, cosmetic surgery can make a person look good. In times of economic boom, it's no wonder that cosmetic surgery, as now being much safer and reliable, is becoming as popular as ever. In fact, a few years ago an article on the Hong Kong Economic Times highlighted the virtues of seeking cosmetic surgery besides the usual grooming routine.

With all the news and advertisements featuring its development, cosmetic surgery has always been in the spotlight of public attention. Starting with a few experienced and well-trained specialists in the 1960s, cosmetic surgery has been developing in Hong Kong for almost half a century. The Association of Plastic & Reconstructive Surgeons was founded in 1967. While the number of plastic surgeons kept increasing in later years, it still remained relatively small at that time. It only began to change when the need of cosmetic surgery was finally recognised by the Government, which approved the practice of over 30 qualified specialists in Hong Kong. With cosmetic surgery as a compulsory subject, courses on par with international standards were conducted in a number of public hospitals. They included the Queen Mary Hospital, the Prince of Wales Hospital, the Kwong Wah Hospital, the Princess Margaret Hospital and the Tuen Mun Hospital. As a member of the Oriental Society of Aesthetic Plastic, Hong Kong hosted its very first international conference in cosmetic surgery in 1998. Today there are more than 40 practising plastic and reconstructive surgeons in Hong Kong. At least half of them are now in private practice and specialised in cosmetic surgery and reconstructive surgery.

As an international city, Hong Kong provides all kinds of cosmetic surgery to people worldwide. Most major surgeries are customised for Asians, e.g. eyelid surgery, rhinoplasty, breast augmentation, liposuction, skin laserl and facial endoscopic surgery, all achieving better and better results with decades of technological advances. Being less time-consuming and more cost-effective, minimally invasive techniques are now replacing some of the traditional major surgical procedures.

Back in the early 1960s, a simple surgery like mole removal was no small issue within a family. Women only sought a slight improvement in body shape from breast augmentation surgery. As time changes, the public is being more open-minded towards cosmetic surgery. While some may still have concerns about the procedures, all the reservations over cosmetic surgery are now nothing but history.

Looking forward, I believe that cosmetic surgery, with its ever rising popularity and technological level, will be an indispensable service in the future.

CME / CNE Course CERTIFICATE COURSE FOR MEDICAL AND OTHER HEALTHCARE PROVIDERS

Introduction to Clinical Molecular Genetics - the Science, Scope and Clinical applications

The Federation of Medical Societies of Hong Kong

Objectives: Recent advances in molecular genetics bring exciting revolution into modern medicine, from inherited disorders, cancer genetics to personalized medicine in screening and therapeutics. This course provides an introduction to health care providers who are interested to explore practical and useful information for their day-to-day work. The course is simple, selective rather than comprehensive and easy to understand. Basic genetic concepts are explained along with local clinical cases. The outlined areas include DNA structure and gene expression, Mendelian and other inheritance mechanisms, mutation types, DNA analysis techniques, common genetic disorders in Hong Kong, pediatric genetics, neurogenetics, pharmacogenetics, genetic assessment and counseling, locally available genetic services, and treatment of genetic disorders.

Course No. C142

1 Introduction to Molecular Genetics

How to decipher common genetic jargons? What are different mutation types and their relevant pathogenesis? How many inheritance patterns are there? What is polymorphism? What are the genetic techniques commonly used in clinical setting? How to determine genotype-phenotype correlation? What are PCR and DNA sequencing? How to do genetic assessment and counseling? Which genetic internet resources are useful to clinical work?

Speaker: Dr. Chloe MAK
Date: 3 June 2009

2 Introduction to Molecular Diagnostic Services

The role of molecular pathology services? The need for integrated clinical pathology services. Limitations of molecular diagnostics and its cost-effectiveness? Messages to be illustrated with clinical cases. Availability of services in Hong Kong?

Speaker: Dr. Albert CHAN
Date : 10 June 2009

3 Molecular Genetics in Neurological Diseases

The course is of value to clinicians caring for patients with hereditary neurologic disorders that will cover triplet repeat diseases, genetic epilepsies, hereditary ataxias and other degenerative diseases, hereditary neuropathies and muscular disorders, Wilson disease, cerebrotendinous xanthomatosis, mitochondrial disorders, and other related inborn errors of metabolism.

Speaker: Dr. Albert CHAN
Date : 17 June 2009

4 Molecular Genetics in Paediatrics

The majority of inherited diseases present in the infantile period or during childhood. Coupled with timely biochemical investigations, molecular genetic tests represent the best confirmatory tests for inherited metabolic diseases and many other Mendelian disorders. Furthermore, molecular genetic testing is the best single laboratory tests for prenatal diagnosis and identification of carriers. Better understanding of the existing laboratory service for molecular genetic testing will enhance daily clinical practice of paediatricians. Local cases with different clinical presentations will be used for illustrations.

Speaker: Dr. Liz Yuet-Ping YUEN
Date : 24 June 2009

5 Clinical Relevance of Molecular Genetics to Every Clinical Specialty

DNA is the genetic fingerprint of everybody. Molecular genetics after the completion of human genome project bring unprecedented changes in almost every aspect of clinical medicine. However, despite these exciting advances, many practicing clinicians perceive the role of molecular genetics as confined to the research arena with limited clinical applications. Genomic medicine applies the knowledge and understanding of all genes and genetic variations in human diseases. This session introduces genomics-based advances in disease susceptibility screening, diagnosis, prognostication, therapeutics, and prediction of treatment outcome in various areas of medicine.

Speaker: Dr. Chloe MAK
Date : 8 July 2009

6 Pharmacogenetics, Drug Safety and Personalized Medicine

What is pharmacogenetics? What is adverse drug reaction? How will personalized medicine affect health care?

Speaker: Dr. Wing-Tat POON
Date : 15 July 2009

Dates	: 3 June 2009 - 15 July 2009 (Every Wednesday)
Time	: 7:00 p.m. - 8:30 p.m.
Venue	: Lecture Hall, 4/F., Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong
Course Fee	: HK$750 (6 Sessions)
Language Media	: English (Supplemented with Cantonese)
Enquiry	: The Secretariat of The Federation of Medical Societies of Hong Kong
Contact	: Tel.: 2527 8898 Fax: 2865 0345 Email: info@fmshk.org

CME/CPD Accreditation in application
A total of 9 **CNE** points for the whole course and the points will be awarded according to the number of hours attended.

Application form can be downloaded from our website: http://www.fmshk.org

Scar Management

Dr. Man-kwong TUNG

Dr. Man-kwong TUNG

MBBS(HKU), FRCS (Edin), FRCS(Glas), FCSHK, FHKAM(Surgery),

Specialist in Plastic Surgery,
Associate Director, Plastic & Reconstructive Surgery Centre, Hong Kong Sanatorium & Hospital

Introduction

Scar is the result of injury, whether iatrogenic or natural. Not all factors that determine the final outcome of the scar are known. In this short note, the writer will try to list out the available means to make the final outcome of the **scar on the skin** more acceptable.

Prevention

More education to public in risk management will result in less industrial & domestic accidents. It is also important for the public to realise that a medically managed wound always gives a better scar than a self treated / untreated one.

History & Examination

The doctor must note down the patient's age, when, where & how the injury was inflicted, what was done & the present treatment regime; plus related past health, medication & psychological history. The physical examination will chart down the size, location & typing (maturity, keloid?) of the scar, the resulting loss of function & asymmetry (static & dynamic). It is during the history & physical examination process that the rapport with the patient (& the family) should be well established. This is essential as scar management is never a brief treatment process.

Conservative Management

Most scars will gradually mature & improve, except keloid; though the maturation period is different with different races. Other than some minorities that have Caucasian characteristics, the maturation period for most Chinese people is 6 to 9 months.

UV light can cause the scar to be more obvious especially for keloids & to some extent hypertrophic scars. Smoking (whether 1st or 2nd hand) will lengthen the period by 2 to 3 times. Patients with newly formed scars have a higher chance of keloids formation if they ingest food or soup cooked with ingredient of Snakehead fish.

Fig.1[1]

The patients should be informed of the approximate time of the scar progression; cautioned to avoid UV light, smoking & Snakehead fish.

Pressure garment bought over the counter & not tailored made is only useful for psychological support. Tailored made pressure garment by the Occupational Therapist should be used with common sense; as wearing it in the hot & humid weather in Hong Kong will do more harm than good unless in an air conditioned cool environment. (fig. 2)

The same is true for the application of Silicone Gel. (fig. 3)

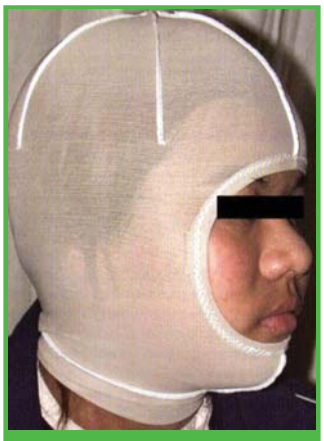


Fig.2

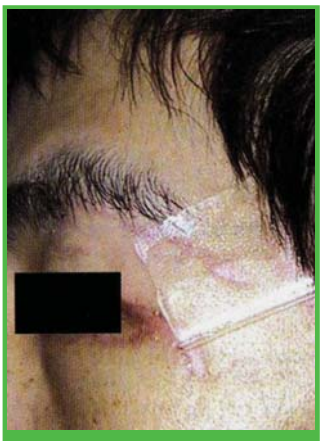


Fig.3

Massage of the scar is very useful if correctly taught. The mal-aligned collagen fibres in the scar will be realigned more properly & is most helpful to hypertrophic scars. It is also most useful to patients with impending scar contracture. (e.g. primary cleft lip repair)

Make up, hair styling & dressing can reduce the effect of scarring. The 2 photos below illustrate what my cosmetician can do to the outlook of a person.

Follow Up with Planning & Expectation

Very often the wounds heal well & the resulting scars also become soft & similar in colour to the surrounding skin. However these scars will not grow at the same speed as the rest of the body. With growth spurt in paediatric patients, scar contracture will occur; & if treated late or left untreated, will lead to facial asymmetry (static or dynamic), decrease joint movement & joint deformities.

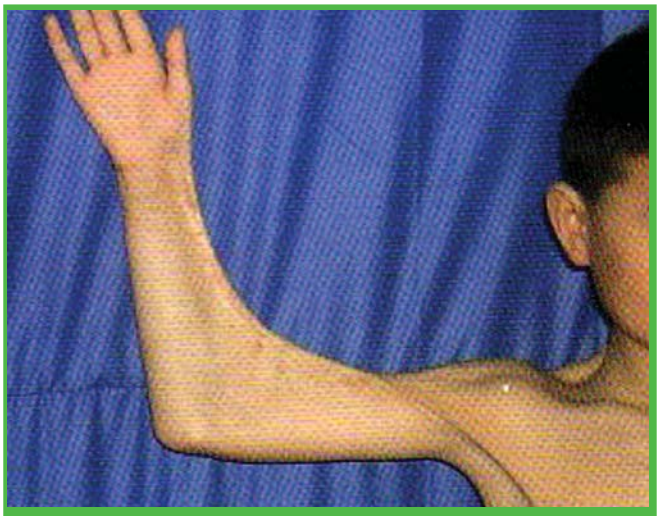


Fig.4[2]

Telling the parents what are the possible outcome & treatment protocol will ensure their compliance to yearly or half yearly follow up till full grown. **Do not send these patients away & instruct them only to come back when contracture occurs; because the prime time may have passed or their files already destroyed!**

Release of Scar Contracture

The spirit of management of scar contracture is anticipation with regular follow up. When contracture does happen, one can either refer or performed the release operations. The release procedures available are multiple z-plasty (fig. 5), local flap, full thickness skin graft & even free flap.

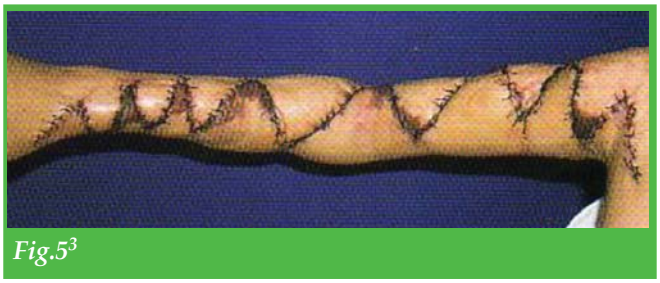


Fig.5[3]

The full thickness skin graft should be taken from an area that matches the recipient site; for example skin from back of ear is good for the face. Using the preputial skin graft[4] for release of joint contracture is very acceptable by Chinese parents as they thought circumcision is good for growth development. To the surgeons, the preputial skin is most stretchable with no underlying fat & there is little worry of another operation when the patient grows up further.

Scar Excision, Revision

Ugly narrow scar almost parallel to skin crease can be excised & re-sutured. If the scar crosses the skin crease at a big angle, it should be excised plus multiple z-plasty or w-plasty; to make the new scar more parallel to the skin crease.

Fig. 6 Pre-op

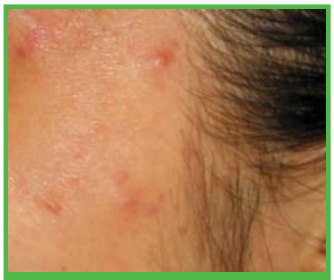


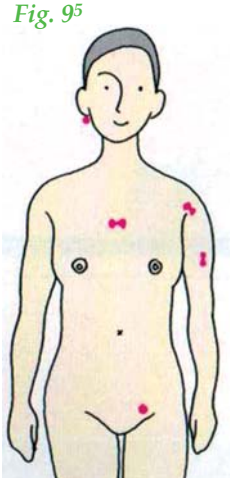
Fig. 7 Post-op Excision + W-plasty

For hair bearing area like the scalp, scar can be excised, serially excised or, insertion of tissue expander followed later by excision. Hair transplant is also quite effective for scars on the scalp & eyebrow region.

Fig. 8 Hair transplant, Pre & Post

Keloids

Fig. 9[5]



Keloid can occur soon after wound healing or sometime later. Some areas are more common to form keloids.

Keloids are occasionally itchy & painful. They grow beyond the size of the original wound & are progressive. Steroid injection can reduce the attacks of itchiness & pain. Excision usually results in a recurrence of bigger size. Only excision plus immediate postoperative irradiation may improve the outlook; though there is still a chance of 15 to 20% recurrence.

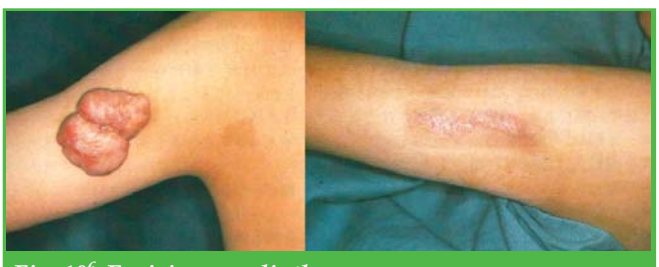


Fig. 10[6] *Excision + radiotherapy*

Conclusion

Scar management is a long battle. Both doctors & patients need to spend time & have patience. Whether it should be provided in the public service or not is a matter of debate; but it certainly is not 'unimportant' as commented by some public medical administrators!

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6. p131 症例 3 美容外科手術 1 編集: 市田正成, 谷野隆三郎, 保阪善昭. 文光堂出版社 ISBN4-8306-2611-9

Society News

Welcome New Member

The Hong Kong Society of Professional Optometrists
Office-bearers for the year 2009-2010 are as follows: President: Ms. Rufina CHAN; External Secretary: Dr. Helen ENG; Treasurer: Mr. Jack WONG

The FMSHK would like to welcome The Hong Kong Society of Professional Optometrists as associate member of the Federation.

News from Member Societies

Asian Surgical Association
Updated office-bearers for the year 2009-2010 are as follows: President: Prof. Po-huang LEE; Honorary Secretary: Prof. Kent-man CHU; Honorary Treasurer: Prof. William WEI

Australian Doctors & Dentists Association of Hong Kong
Updated office-bearers for the year 2008-2009 are as follows: President: Dr. Ben FONG; Honorary Secretary: Dr. Robert LI; Honorary Treasurer: Dr. Lewis FUNG

Hong Kong Nutrition Association
Updated office-bearers for the year 2008-2009 are as follows: President: Ms. Ivy NG; Honorary Secretary: Ms. Carmela LEE; Honorary Treasurer: Mr. Kenny CHENG

Hong Kong Society of Digestive Endoscopy
Updated office-bearers for the year 2008-2009 are as follows: President: Prof. James Yun-wong LAU; Honorary Secretary: Prof. Joseph Jao-yiu SUNG; Honorary Treasurer: Dr. William Sai-chik CHAO

Hong Kong Society of Endocrinology, Metabolism and Reproduction
Updated office-bearers for the year 2008-2009 are as follows: President: Dr. Kathryn Choon-beng TAN; Honorary Secretary: Dr. Wing-sun CHOW; Honorary Treasurer: Dr. Wing-yee SO

Hong Kong Society of Orthodontists
Updated office-bearers for the year 2008-2009 are as follows: President: Dr. Ricky W.K. WONG; Honorary Secretary: Dr. C.D. TRAN; Honorary Treasurer: Dr. Lily M.Y. SHUM

Osteoporosis Society of Hong Kong
Updated office-bearers for the year 2008-2009 are as follows: President: Dr. Sue Seen-tsing LO; Honorary Secretary: Dr. Andrew Yiu-yan HO; Honorary Treasurer: Dr. Jenny Yin-yan LEUNG

The Hong Kong Society of Neurosciences
Updated office-bearers for the year 2008-2009 are as follows: President: Prof. Wing-ho YUNG; Honorary Secretary: Prof. Kwok-yan SHUM; Honorary Treasurer: Prof. Ya KE

The Society of Anaesthetists of Hong Kong
Updated office-bearers for the year 2009-2010 are as follows: President: Dr. Chi-wai CHEUNG; Honorary Secretary: Dr. Ha-yun LEE; Honorary Treasurer: Dr. Tze-yan LI

The FMSHK would like to send its congratulations to the new office-bearers and looks forward to working together with their societies.

Luncheon Meeting with Dean, Faculty of Medicine, The University of Hong Kong

On 20 February 2009 (Friday), Executive Committee (EXCO) Members from the Federation visited the LKS Faculty of Medicine of the University of Hong Kong. We had an opportunity to meet with the new Dean of the Faculty, **Prof. Sum-ping LEE**. Prof. LEE shared with us his passion and wisdom in Medical Education. He also echoed on the Federation's objective of promoting fraternity among all the healthcare professions in Hong Kong. The lunch meeting was also attended by **Prof. Raymond H S LIANG**, Senior Advisor to the Dean; **Prof. Daniel T M CHAN**, Associate Dean; **Dr. Godfrey C F CHAN**, Assistant Dean and EXCO Member of FMSHK; **Dr. James C S CHIM**, Associate Professor in Medicine and EXCO Member of FMSHK. The Federation EXCO Members attending the meeting included: **Dr. Dawson FONG**, President; **Dr. Raymond LO**, 1st Vice-President; **Dr. S K CHAN**, Hon. Secretary; **Mr. Nelson LAM**, Hon. Treasurer; and **Dr. C O MOK**, EXCO Member and Editor-in-Chief of the Hong Kong Medical Diary.

From left to right:
Dr. SK CHAN, Mr. Nelson LAM, Dr. CO MOK, Dr. Raymond LO, Dr. Dawson FONG, Prof. Sum-ping LEE, Prof. Daniel TM CHAN, Prof. Raymond HS LIANG, Dr. James CS CHIM, Dr. Godfrey CF CHAN

Signing Ceremony for Collaboration Agreement between IVE (Shatin) and the Federation

On 17 February 2009, the Federation and IVE signed a collaboration agreement. That officially marked the collaboration between the two parties, to promote the professional interests for medical societies as well as to provide learning opportunities for the students of IVE (Shatin).

Throughout the year, the Federation organises activities and academic events for its members. Students of IVE (Shatin) are encouraged to participate in these events, assisting in their rundowns and organisations. To share the responsibility of developing and training young para-professionals, the Federation has agreed to donate four scholarships of HK$1,000 each to the outstanding students of the Department of Business Administration and Department of Applied Science during the agreement period of 3 years.

Riding on the success of the first one, this is the second agreement term that both parties have committed. We trust that this collaboration will be another success.

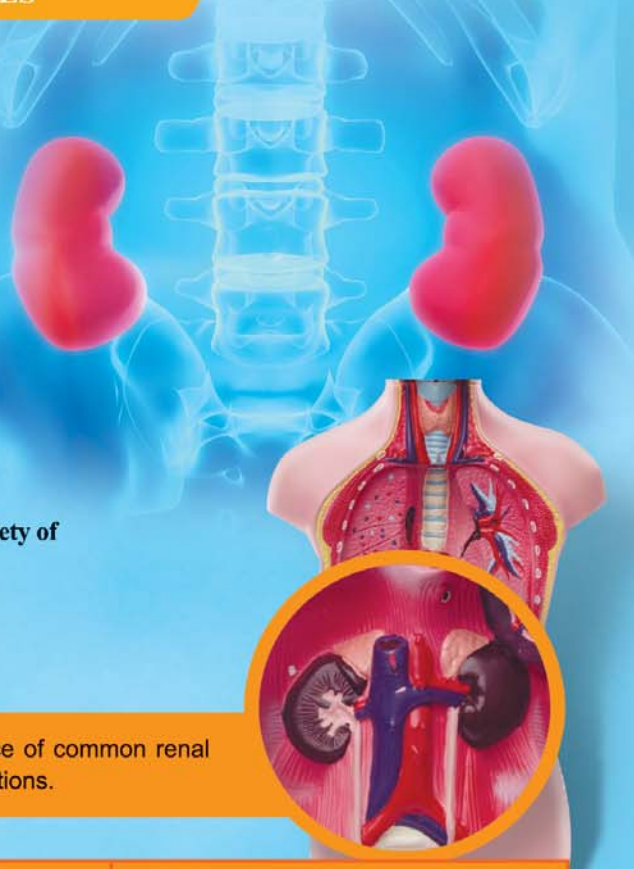
Dr. Dawson FONG, President of FMSHK and Dr. Michael FUNG, Principal of IVE (Shatin)

CME / CNE Course

CERTIFICATE COURSE FOR MEDICAL AND HEALTH PROFESSIONALS

Certificate Course on Renal Medicine 2009

Course no. C140



Jointly organised by

The Federation of Medical Societies of Hong Kong
香港醫學組織聯會

Hong Kong Society of Nephrology
香港腎科學會

Objectives

To update the participants on new advances in renal medicine and clinical practice of common renal problems, and to help the participants to interpret results of common renal investigations.

Date	Topic	Speaker
5 May 2009	How to screen for renal disease including approach to proteinuria & haematuria How to interpret the electrolyte and acid base tests in renal disease	Dr. Bonnie Ching-Ha KWAN Dr. Yuk-Lun CHENG
12 May 2009	Update and management of glomerular disease Update on DM Nephropathy	Dr. Kai-Ming CHOW Dr. Jonathan Timothy Chee-Unn YUNG
19 May 2009	Update and management of acute kidney injury How to interpret the common investigation tests for renal disease	Dr. Yan-Lun LIU Dr. Chik-Cheung CHOW
26 May 2009	Update and management of chronic kidney disease	Dr. Ping-Nam WONG
2 June 2009	Update on peritoneal dialysis therapy Update on hemodialysis therapy	Dr. Man-Fai LAM Dr. Hon-Lok TANG
9 June 2009	Overview and management of renal transplantation	Dr. Yiu-Han CHAN

Date	5 May 2009 – 9 June 2009 (Every Tuesday)
Time	7:00 p.m. – 8:30 p.m.
Venue	Lecture Hall, 4/F., Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong
Language	English (Supplemented with Chinese)
Course Fee	HK$750 (6 sessions)
Enquiry	The Secretariat of The Federation of Medical Societies of Hong Kong
Contact	Tel.: 2527 8898 Fax: 2865 0345 Email: info@fmshk.org

CNE/CME/CPD Accreditation applied for

A total of 9 CNE points for the whole course and the points will be awarded according to the number of hours attended.

For downloading the application form, please refer to our website: http://www.fmshk.org

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			★ HKMA Choir Rehearsal ★ HKMA Orchestra Rehearsal 1	★ HKMA CME - 1) Erectile Function as the Portal to Men's Health 2) Management of ED with PDE5 Inhibitors - What's New? ★ HKMA Council Meeting 2	★ Joint Surgical Symposium - Ablation Therapy for Liver Cancer 3	★ Refresher Course for Health Care Providers 2008/ 2009 - Psychotherapy in Primary Care Setting 4
★ Dragon Boat Practice Session 5	6	★ FMSHK Officers' Meeting 7	★ HKMA Choir Rehearsal ★ HKMA Orchestra Rehearsal ★ Hong Kong Neurosurgical Society Monthly Academic Meeting - Awake Craniotomy 8	★ HKMA Structured CME Programme with Hong Kong Sanatorium & Hospital Year 2009 (IV) - ENT-Emergencies 9	10	11
★ Dragon Boat Practice Session 12	13	★ FMSHK Executive Committee Meeting 14	★ HKMA Choir Rehearsal ★ HKMA Orchestra Rehearsal 15	16	17	★ Obstructive Sleep Apnoea from Children to Adults - The Surgical Perspective ★ Photo Sharing Session 18
★ HKMA Certificate Course on Family Medicine 2009 ★ HKMA Snooker Tournament ★ Dragon Boat Practice Session 19	20	21	★ HKMA Choir Rehearsal ★ HKMA Orchestra Rehearsal 22	★ Seminar on Cultural Relics ★ FMSHK Foundation Meeting 23	★ Management of Anxiety and Trauma-related Stress Disorder (Including Management of Medically Unexplained Symptoms) 24	★ Advanced Medical Life Support (AMLS) Provider Course 25
★ Dragon Boat Practice Session ★ HKMA Snooker Tournament ★ Advanced Medical Life Support (AMLS) Provider Course ★ HKMA Structured CME Programme with PMH Year 2009 (3) - 1) Practical Management of Chest Pain: Facts and Fallacies ii) Anti-thrombotic Therapy: Problems and Solutions iii) Update in Synocope Management 26	27	28	★ HKMA Choir Rehearsal ★ HKMA Orchestra Rehearsal 29	★ Certificate Course on Interpretation of Electrocardiography (Code no. TC-ECG-0901) 30		

Medical Diary of April

Date / Time	Function	Enquiry / Remarks
1 WED 8:00 pm *(8,15,22,29)*	**HKMA Choir Rehearsal** Organised by: The Hong Kong Medical Association, Venue: CR1, Hong Kong Cultural Centre	Ms. Candy YUEN Tel: 2527 8285
8:00 pm *(8,15,22,29)*	**HKMA Orchestra Rehearsal** Organised by: The Hong Kong Medical Association, Venue: Pui Ching Education Centre	Ms. Candy YUEN Tel: 2527 8285
2 THU 1:00 pm	**HKMA CME - 1) Erectile Function as the Portal to Men's Health 2) Management of ED with PDE5 Inhibitors - What's New?** Organised by: The Hong Kong Medical Association, Speakers: Dr. LI Po Shan John & Dr. LEE Chang Hyun Jay, Venue: Ballroom I & II, Level 7, Langham Place, 555 Shanghai Street, Mongkok, Kowloon	Miss Viviane LAM Tel: 2527 8452 1 CME Point
8:00 pm	**HKMA Council Meeting** Organised by: The Hong Kong Medical Association, Chairman: Dr. H.H. TSE, Venue: HKMA Head Office, 5/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong	Ms. Christine WONG Tel: 2527 8285
3 FRI 8:00 am - 9:00 am	**Joint Surgical Symposium - Ablation Therapy for Liver Cancer** Organised by: Department of Surgery, The University of Hong Kong & Hong Kong Sanatorium & Hospital, Chairman: Prof. LO Chung-Mau, Speakers: Prof. Ronnie POON & Dr. CHEUNG Tan-To, Venue: Hong Kong Sanatorium & Hospital	Department of Surgery, Hong Kong Sanatorium & Hospital Tel: 2835 8698 Fax: 2892 7511 1 CME Point (Active)
4 SAT 2:30 pm	**Refresher Course for Health Care Providers 2008/ 2009 - Psychotherapy in Primary Care Setting** Organised by: The Hong Kong Medical Association & Our Lady of Maryknoll Hospital, Chairman: Dr. TAM Ho Shan, Speaker: Dr. CHEUNG Kit Ying Andy, Venue: Training Room II, 1/F., OPD Block, Our Lady of Maryknoll Hospital, 118 Shatin Pass Road, Wong Tai Sin, Kowloon, Hong Kong	Ms. Clara TSANG Tel: 2354 2440 2 CME Points
5 SUN 3:00 pm *(12,19,26)*	**Dragon Boat Practice Session** Organised by: The Hong Kong Medical Association, Venue: Sai Kung, New Territories	Ms. Dora HO Tel: 2527 8285
7 TUE 8:00 pm - 10:00pm	**FMSHK Officers' Meeting** Organised by: The Federation of Medical Societies of Hong Kong, Venue: Gallop, 2/F., Hong Kong Jockey Club Club House, Shan Kwong Road, Happy Valley, Hong Kong	Ms. Paulina TANG Tel: 2527 8898 Fax: 2865 0345
8 WED 7:30 am	**Hong Kong Neurosurgical Society Monthly Academic Meeting - Awake Craniotomy** Organised by: Hong Kong Neurosurgery Society, Chairman: Dr. X.L. ZHU, Speaker: Dr. Rebecca NG, Venue: Seminar Room, G/F, Block A, Queen Elizabeth Hospital, Kowloon	Dr. Y.C. PO Tel: 2990 3788 Fax: 2990 3789 2 CME Points
9 THU 2:00 pm	**HKMA Structured CME Programme with Hong Kong Sanatorium & Hospital Year 2009 (IV) - ENT-Emergencies** Organised by: The Hong Kong Medical Association & Hong Kong Sanatorium & Hospital, Speaker: Dr. WONG Lap Ching, Venue: The HKMA Dr. Li Shu Pui Professional Education Centre, 2/F, Chinese Club Building, 21-22 Connaught Road Central, Hong Kong or HKMA Wanchai Premises, 5/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong	Miss Viviane LAM Tel: 2527 8452 1 CME Point
14 TUE 8:00 pm - 10:00 pm	**FMSHK Executive Committee Meeting** Organised by: The Federation of Medical Societies of Hong Kong, Venue: Council Chambers, 4/F., Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong	Ms. Paulina TANG Tel: 2527 8898 Fax: 2865 0345
18 SAT 1:30 pm	**Obstructive Sleep Apnoea from Children to Adults - The Surgical Perspective** Organised by: Hong Kong Medical Association Kowloon East Community Network & United Christian Hospital, Chairman: Dr. LEUNG Man Fuk, Speaker: Dr. Victor ABDULLAH, Venue: Lecture Theatre, G/F, Block P, United Christian Hospital, Kowloon	Miss Alice TANG Tel: 2527 8285
2:00 pm	**Photo Sharing Session** Organised by: The Hong Kong Medical Association, Venue: HKMA Head Office, 5/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong	Ms. Dora HO Tel: 2527 8285
19 SUN 2:00 pm	**HKMA Certificate Course on Family Medicine 2009** Organised by: The Hong Kong Medical Association, Speakers: Dr. CHENG Chi Man; Dr. CHUH An Tung Antonio, Venue: Queen Elizabeth Hospital, Kowloon	Miss Viviane LAM Tel: 2527 8452 3 CME Points
2:00 pm *(26)*	**HKMA Snooker Tournament** Organised by: The Hong Kong Medical Association, Venue: Prat Billiard Club	Ms. Dora HO Tel: 2527 8285
23 THU 7:30 pm	**Seminar on Cultural Relics** Organised by: The Hong Kong Medical Association, Venue: HKMA Head Office, 5/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong	Ms. Dora HO Tel: 2527 8285
8:00 pm - 10:00 pm	**FMSHK Foundation Meeting** Organised by: The Federation of Medical Societies of Hong Kong, Venue: Council Chambers, 4/F., Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong	Ms. Paulina TANG Tel: 2527 8898 Fax: 2865 0345
24 FRI 1:30 pm	**Management of Anxiety and Trauma-related Stress Disorder (Including Management of Medically Unexplained Symptoms)** Organised by: Hong Kong Medical Association Kowloon East Community Network & Department of Psychiatry, UCH, United Center of Emotional Health and Positive Living of UCMS (聯合情緒健康教育中心), Speaker: Dr. Ivan MAK, Venue: Seminar Room 2, 1/F, Block F, United Christian Hospital, Kowloon	Miss Alice TANG Tel: 2527 8285
25 SAT 8:00 am - 5:00 pm *(26)*	**Advanced Medical Life Support (AMLS) Provider Course** Organised by: Department of Surgery, Queen Mary Hospital & Hong Kong Chapter of the American College of Surgeons, Venue: The Jockey Club Skills Development Centre, C3, Main Block, Queen Mary Hospital, Pokfulam, Hong Kong	Course Administrator, Tel: 2855 4885 / 2855 4886 Fax: 2819 3416 Email: hnsrg@hkucc.hku.hk Website: http://www.hku.hk/surgery

Medical Diary of April

Date / Time	Function	Enquiry / Remarks
26 SUN 2:00 pm	**HKMA Structured CME Programme with PMH Year 2009 (3) - I) Practical Management of Chest Pain: Facts and Fallacies ii) Anti-thrombotic Therapy: Problems and Solutions iii) Update in Synocope Management** Organised by: The Hong Kong Medical Association, Speakers: Dr. WU Chee Wo, Dr. TSUI Ping Tim & Dr. MOK Ngai Shing, Venue: G8 Hall, Princess Margaret Hospital, Kowloon	Miss Viviane LAM Tel: 2527 8452 2 CME Points
30 THU 6:30 pm - 9:30 pm	**Certificate Course on Interpretation of Electrocardiography (Code no. TC-ECG-0901)** Organised by: College of Nursing, Hong Kong	Secretariat Tel: 2572 9255 Fax: 2838 6280 24 CNE points

Calendar of Events

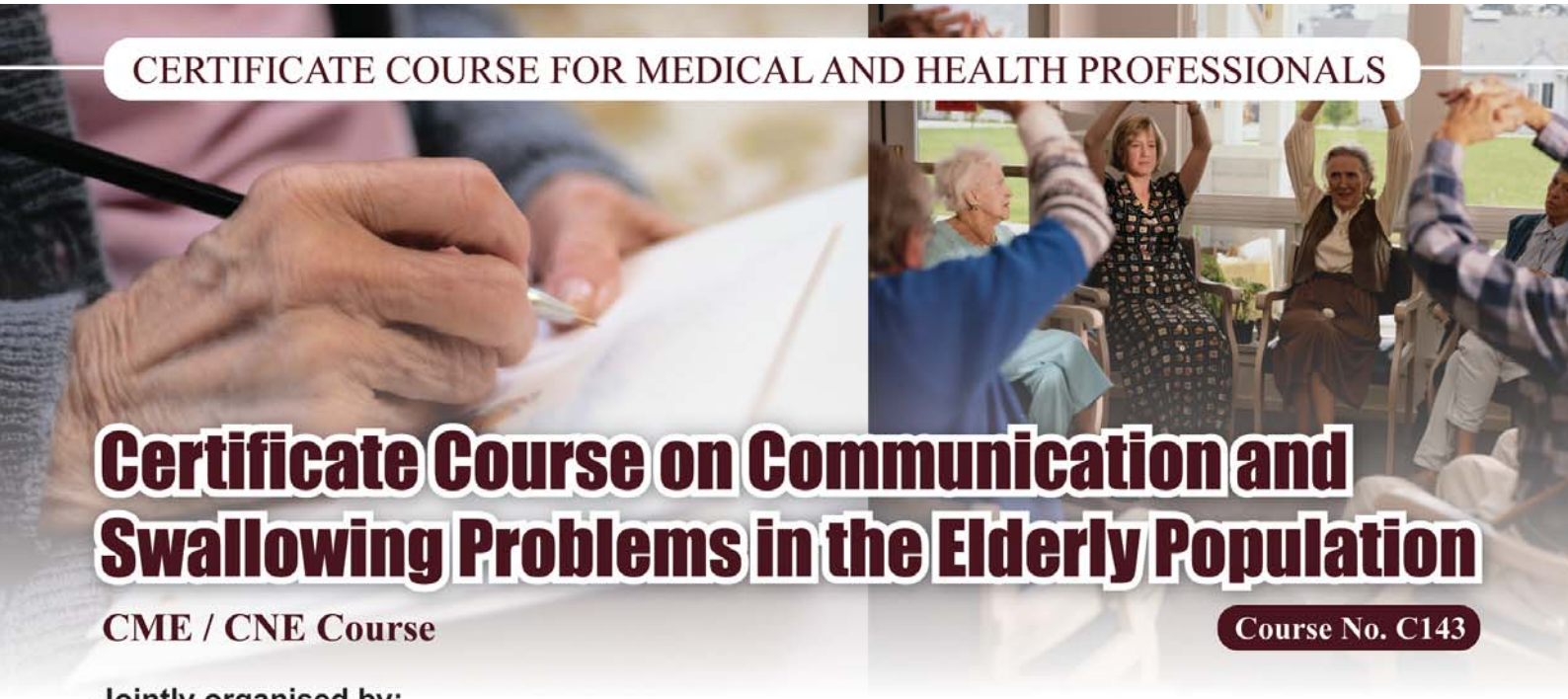
Meetings

16-17/5/2009	**Acupuncture in Pain Management 2009** Organised by: Hong Kong Association for Integration of Chinese-Western Medicine; Hospital Authority; Guandong Provincial Academy of Chinese Medical Sciences; Guangdong Provincial Hospital of C.M; Guangdong Provincial Association of Acupuncture & Moxibustion & Guangdong Provincial Association of Chinese Medicine, Chairmen: Dr. WONG Taam Chi Woon & Prof. ZOU Xu, Speakers: Various, Venue: Hospital Authority Building, 147B Argyle Street, Kowloon, Enquiry: Miss Jessie CHOW / Miss Y.C. YEUNG, Tel: 2871 8897, 2871 8841 / 3119 1858, Fax: 2871 8898

Courses

4/5/2009 - 29/6/2009 (Mon)	**Certificate Course on Stress Management (Code no. TC-SM-0901)** Organised by: College of Nursing, Hong Kong, Enquiry: Secretariat, Tel: 2572 9255, Fax: 2838 6280
5/5/2009 - 30/6/2009 (Tue)	**Certificate Course on Ward Management Module II - Managing Resources in Health Service (Code no. TC-WM-0902)** Organised by: College of Nursing, Hong Kong, Enquiry: Secretariat, Tel: 2572 9255, Fax: 2838 6280
5/5/2009 - 30/6/2009 (Tue)	**Certificate Course on Wound Management (Code no. TC-WC-0901)** Organised by: College of Nursing, Hong Kong, Enquiry: Secretariat, Tel: 2572 9255, Fax: 2838 6280
23&31/5/2009, 18&26/7/2009, 19&27/9/2009, 21&29/11/2009	**Pre-Hospital Trauma Life Support (PHTLS) Provider Course** Organised by: Department of Surgery, Queen Mary Hospital; Hong Kong Chapter of the American College of Surgeons & Hong Kong St. John Ambulance Association, Venue: St. John Ambulance Association, 2 Macdonnell Road, Mid-Levels, Hong Kong, Enquiry: Hong Kong St. John Ambulance Association, Tel: 2530 8020, Email: assn@stjohn.org.hk, Web site: http://www.hku.hk/surgery
14-16/8/2009, 11-13/9/2009, 20-22/11/2009	**Advanced Trauma Life Support (ATLS) Student Course** Organised by: Department of Surgery, Queen Mary Hospital & Hong Kong Chapter of the American College of Surgeons, Venue: The Jockey Club Skills Development Centre, C3, Main Block, Queen Mary Hospital, Pokfulam, Hong Kong, Enquiry: Course Administrator, Tel: 2855 4885 / 2855 4886, Fax: 2819 3416, Email: hnsrg@hkucc.hku.hk, Web site: http://www.hku.hk/surgery

CERTIFICATE COURSE FOR MEDICAL AND HEALTH PROFESSIONALS



Certificate Course on Communication and Swallowing Problems in the Elderly Population

CME / CNE Course

Course No. C143

Jointly organised by:

The Federation of Medical Societies of Hong Kong
香港醫學組織聯會

The Hong Kong Association of Speech Therapists
香港言語治療師協會

Objectives: Upon completion of the course, participants will be able to understand the communication and swallowing problems associated with common diseases in the elderly population. Speech therapists will share on how these problems can be identified and remediated. The course will feature solid theoretical background as well as some day-to-day tips. Participants will enhance their knowledge and confidence in handling individuals with communication and swallowing difficulties.

Date	Topic	Speaker
19 June 2009	Communication problems of patients with Parkinson's Disease 柏金遜症病人的溝通問題	Mrs. Lorinda KWAN 關陳立穎女士
26 June 2009	Neurological Communication Disorders (Part I) - Aphasia and cognitive communication disorders 神經性溝通障礙(一) - 失語症及意識障礙溝通問題	Ms. Becky CHAN 陳燕甜小姐
3 July 2009	Neurological Communication Disorders (Part II) - Dysarthria and Apraxia 神經性溝通障礙(二) - 構音障礙及失用症	Ms. Doris CHO 曹麗珊小姐
10 July 2009	Communication problems of dementia patients 老人痴呆症病人的溝通問題	Ms. Rita Wai-Ming WONG 王維明小姐
17 July 2009	Dysphagia Management in Elderly Population (Including Tracheostomy Management) 老人吞嚥障礙問題及處理	Mr. Joshua MAK 麥錦和先生
24 July 2009	Hearing ability in geriatric population 老年人士的聽覺問題	Ms. Polly LAU 劉淑嫻小姐

Dates : 19 June 2009 - 24 July 2009 (Every Friday)
Time : 7:00 p.m. - 8:30 p.m.
Venue : Lecture Hall, 4/F., Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong
Language Media : English (Supplemented with Cantonese)
Course Fee : HK$750 (6 sessions)
Enquiry Contact : The Secretariat of The Federation of Medical Societies of Hong Kong
Tel: 2527 8898 Fax: 2865 0345 Email: info@fmshk.org

CME / CPD Accreditation in application

A total of 9 CNE points for the whole course and the points will be awarded according to the number of hours attended.

Application form can be downloaded from our website: http://www.fmshk.org

Answer to Radiology Quiz

Radiological Findings:

Non-contrast CT Brain:
No abnormal cortical lesions seen. Ventricles are not dilated. Soft tissue swellings are seen at bilateral parietal regions. They are confined to the sutures. Rim calcification seen.

Diagnosis:

Bilateral parietal cephalhaematomas

Discussion:

The DDXs are:

1. Caput succedaneum- local swelling of the scalp usually a result of pressure on the presenting head. Contents are edema fluid and blood.

2. Subcutaneous haematoma (as in caput succedaneum)

3. Subaponeurotic (subgaleal) haematoma- known as cephalhaematocoeles and may contribute to the swelling and clinical findings in massive caput succedaneum.

These more superficial bleedings cross the suture lines and may extend widely into the face, neck and onto the zygomatic arches and mastoid processes.

4. Subperiosteal haematoma- known as cephalhaematoma. In contrast to the previous two conditions, cephalhaematomas are confined sharply by the edges of the bones they overlie and shells of bone form over them during resolution, arising from the elevated periosteum that covers them externally.

Dr. Wendy WM LAM

Consultant, Department of Radiology, Queen Mary Hospital

MSD
美國默沙東藥廠有限公司

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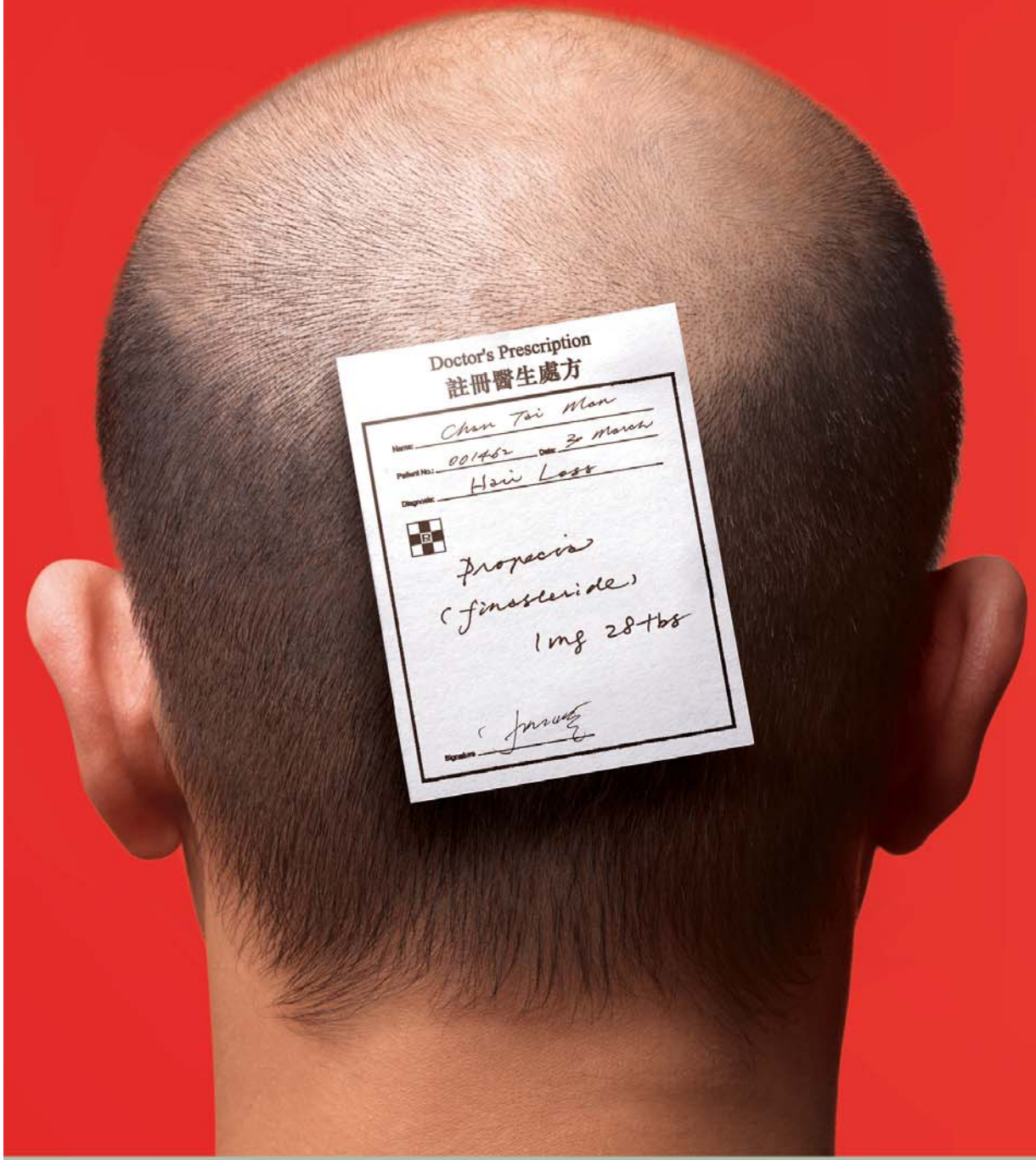

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保康絲®Propecia®(finasteride, MSD)是一種男士專用以改善一種常見脫髮之口服處方藥物。**注意：保康絲®(finasteride, MSD)必須經由醫生處方，祇適用於部份成年男士(輕度至中度脫髮)。孕婦及可能懷孕的女士切勿服用，亦不應接觸碎了的藥片，以免給胎兒帶來某種先天性缺損的可能性。保康絲®功效會因人而異，個別服用者或會出現不良反應。詳情請參閱盒內說明並向醫生查詢。***一項為期五年的臨床研究中, 1553位18-41歲有輕度至中度頭頂脫髮之男士，經由醫生診斷後安排服用保康絲®或安慰劑，以探討保康絲®之效用及安全性，量度方法包括頭髮數量，病人及醫生整體檢察，第三者觀察圖像測試等。於這臨床研究中, 顯示90%服用保康絲®達5年的男士比參與研究前停止進一步脫髮，p<0.001 (而服用安慰劑則有25%), 65%男士的頭髮數量更比參與研究前有所增長，p<0.001 (而100%服用安慰劑之男士的頭髮數量則有所減少)。此研究亦顯示，少於2%服用保康絲®的男士會出現藥物相關的性功能副作用。男士停止服用保康絲®後，與藥物相關的性功能副作用會隨之消失；副作用消失的情況亦出現於大部份繼續服用之男士身上。