



[www.fmshk.org](http://www.fmshk.org)

THE HONG KONG 香港醫訊  
*MEDICAL DIARY*

VOL.15 NO.9 SEPTEMBER 2010

*Plastic Surgery*





**Blue Cross 藍十字**

Member of BEA Group

## *Medical Professional Protection*

A NEW CHOICE of insurance to meet your needs at last!



**Free 1-year  
Travel Insurance**  
(worth HK\$1,680)

Blue Cross is proud to present you the *Medical Professional Protection Insurance (MPPI)*, a new option of MPL insurance specially tailored for physicians registered in Hong Kong based on the local malpractice situation.

### Key Benefits:

- Up to 30% premium saving <sup>1</sup>
- Fixed premium rate for the first 2 years <sup>2</sup>
- Choice of 3 protection limits <sup>3</sup> to meet your practice's needs
- No claim discount <sup>4</sup>, even for new enrolment
- Early bird privilege of a full-year comprehensive travel insurance for free till 30 Sept 2010 <sup>5</sup>
- Comprehensive coverage for medical professional liability, public relations cost, medical data, accidental death and dismemberment, and needle-stick injury

Visit our website for more information, to apply or get a quote. Alternatively, you can simply call our representative at **3608 2869** to arrange a meeting for discussion.

*Medical Professional Protection Insurance* is a product developed by Blue Cross in collaboration with Aon and Allied World Assurance Company. Aon is a leading insurance broker for a diverse range of professional indemnity insurance solutions. Allied World is a global reinsurer specialising in healthcare liability insurance.

<sup>1</sup> The percentage of premium saving will vary depending on the chosen protection limit, specialty, years of experience and claim history of the applicant. <sup>2</sup> Eligible policies must take effect on or before 28 February 2011 and policyholders who have reported claims under the policy within the 1st policy year will not be entitled to this promotional offer. <sup>3</sup> 3 levels of protection limit: HK\$25 million, HK\$50 million and HK\$75 million per claim with respective annual aggregate protection amounts up to HK\$50 million, HK\$100 million and HK\$150 million in any one policy year. <sup>4</sup> The percentage of no claim discount will vary depending on the specialty, years of experience and claim history of the applicant or policyholder. <sup>5</sup> The minimum required premium fee will be HK\$10,000.



Hotline: 3608 2869

Fax: 3608 2990

Website: [www.bluecross.com.hk/mppinsurance](http://www.bluecross.com.hk/mppinsurance)



## Contents

<b>Message from the President</b>	2	<b>The Federation's ASM Highlights</b>	
<b>Editorial</b>		■ <b>Public Cord Blood Bank – Present and Future</b>	25
■ <b>Editorial</b>	5	<i>Dr. Cheuk-kwong LEE</i>	
<i>Dr. Clement SY YING</i>		■ <b>Umbilical Cord Blood Collection: an Obstetrician's Perspective</b>	25
<b>Medical Bulletin</b>		<i>Dr. Dominic FHLI</i>	
■ <b>The Current Status of Breast Augmentation</b>	6	■ <b>Cord Blood Banking: a Paediatrician's Perspective</b>	26
<i>Dr. Chun-on MOK</i>		<i>Dr. Shau-yin HA</i>	
■ <b>MCHK CME Programme Self-assessment Questions</b>	9	■ <b>Potential Use of Umbilical Cord Blood Cells in the Treatment of Spinal Cord Injury</b>	29
■ <b>Botulinum Toxin A Facial Rejuvenation</b>	11	<i>Dr. Gilberto KK LEUNG</i>	
<i>Dr. Francis HO</i>		■ <b>Umbilical Cord Blood Transplantation in Children</b>	29
■ <b>SCULPTRA / Poly-L-Lactic Acid (PLLA) (A Collagen Stimulator to build up the Cranial-Facial Platform)</b>	15	<i>Dr. Chi-kong LI</i>	
<i>Dr. Philip Cheung HSIEH</i>		<b>Dermatological Quiz</b>	
■ <b>Laser Assisted Transconjunctival Lower Lid Blepharoplasty</b>	16	■ <b>Dermatological Quiz</b>	17
<i>Dr. Walter KING</i>		<i>Dr. Ka-ho LAU</i>	
■ <b>Laser Lipolysis</b>	18	<b>Federation News</b>	31
<i>Dr. Wai-hong WONG</i>		<b>Society News</b>	32
■ <b>Inauguration Speech for the Hong Kong Association of Cosmetic Surgery in 6<sup>th</sup> June 2010</b>	20	<b>Medical Diary of September</b>	33
<i>Dr. Otto YT AU</i>		<b>Calendar of Events</b>	
		■ <b>Courses / Meeting</b>	36

## Disclaimer

All materials published in the Hong Kong Medical Diary represent the opinions of the authors responsible for the articles and do not reflect the official views or policy of the Federation of Medical Societies of Hong Kong, member societies or the publisher.

Publication of an advertisement in the Hong Kong Medical Diary does not constitute endorsement or approval of the product or service promoted or of any claims made by the advertisers with respect to such products or services.

The Federation of Medical Societies of Hong Kong and the Hong Kong Medical Diary assume no responsibility for any injury and/or damage to persons or property arising from any use of execution of any methods, treatments, therapy, operations, instructions, ideas contained in the printed articles. Because of rapid advances in medicine, independent verification of diagnoses, treatment method and drug dosage should be made.

## The Cover Shot



### RESIGNATION vs DETERMINATION

Take a minute to study this photo and what do you see?

A centenarian whose weather beaten look and expression suggests resignation to poverty or a determined fighter?

This photograph captures in exquisite detail every line, and facial feature.

Harsh mid-day natural light accentuates the wrinkles of this woman.

A dark simple plank wood background to suggest her spartan living conditions.

In any case, a steep challenge for our plastic surgery colleagues, wouldn't you say?

This photo was taken in Lin Chau, China Mainland, Nov 2005.

f8, 1/200sec, ISO 200, at 58mm



### Dr. Amy LM PANG

MBBS(HK),  
FRCR, FHKCR,  
FHKAM(Radiology)  
*Specialist in Radiology*



## Message from the President on the FMSHK's 45<sup>th</sup> Anniversary

**Dr. Raymond SK LO**

**President**

*The Federation of Medical Societies of Hong Kong*



Dr. Raymond SK LO

The Federation of Medical Societies of Hong Kong was founded in the year 1965, and this year marks our 45<sup>th</sup> anniversary. To date we now have 128 members, and FMSHK is truly our family of all health professionals, of which we are proud to belong to. With our increasing membership year by year, we are more determined to treasure and reach out to every single member society. We shall invite our members for collaboration in our various functions.

To commemorate our 45<sup>th</sup> anniversary, a series of social, professional and charity events has been planned. Our Spring Gathering in March was well attended and the memorable photography on display reminded us on the rich heritage of the Federation built by our predecessors. Our two social events, the interest talk on safe driving in March, and the test driving cum family fun day at the Disneyland Hotel in July proved successful and popular. The latter was indeed an excellent occasion for professionals and their families to gather together on a fine Sunday afternoon. Coming social events include a talk on smart investment in overseas property on September 21<sup>st</sup>, and another on overseas education in October. Soccer five competition in autumn will attract our keen sportsmen as previous. On the academic side, our annual scientific meeting in July raised a very good platform to discuss the scientific evidence, issues and concerns with the clinical application of cord blood, and we look forward to also a half day symposium on health services later in the year.

The highlight of activities this year will have to be our charity project for bereaved children. Our affiliated Foundation has been established in 1999, to synergise the good will of our fellow professionals in contribution to our society, not just through our work capacity, but also through our commitment as a member of the Hong Kong community. On September 19<sup>th</sup> this year, we shall be hosting a charity concert and announce the commencement of a Foundation fund, towards the mission of helping bereaved children, who have lost their parents through tragedy and illnesses. Through my work in palliative care, I have seen unfortunate children: 3 year old girl holding tight and not letting go her 30 year old mother who

has passed away; an 8 year old losing her mother and father, while also being forsaken by her step-father. You must have seen equally if not more heart-breaking scenarios. The charity event on September 19<sup>th</sup> will help to enable a series of projects, for which we hope to engage you and other colleagues in participation. The programme details can be found in the next page. We would like to appeal for donations from you, and all our Friends of the Federation. Your generous support is needed, and will be fully acknowledged.

As for now, best wishes to you and your families from all of us in FMSHK. Thank you for your continuing support and I look forward to seeing you in our various activities soon.

香港醫學組織聯會四十五週年

關懷失親兒童慈善計劃開展禮 暨 音樂會

# 「乘風破浪創明天」

19-9-2010 SUN 7:30 PM

香港演藝學院 Hong Kong Academy for Performing Arts

查詢及捐款 Enquiries & Donation:

香港醫學組織聯會秘書處

Tel: 2527 8898

E-mail: info@fmshk.org



## 表演節目

- 小提琴演奏 - 西崎崇子  
(Violin Performance - Ms. Takako NISHIZAKI)
- 鋼琴演奏 - 施敏倫、陳雋騫  
(Piano Performance - Ms. Amy SZE & Mr. Phoebus CHAN)
- 特別表演 - 香港演藝學院學生  
(Special Performance - Hong Kong Academy for Performing Arts)
- 特別嘉賓司儀 - 廖安麗  
(Guest MC - Ms. Annie LIU YIP)

- 主禮嘉賓及特別表演嘉賓 - 食物及衛生局副局長梁卓偉  
(Special Performance by Officiating Guest - Professor Gabriel M. LEUNG, JP, Under Secretary for Food and Health Bureau)
- 醫學界特別表演嘉賓 - 方津生醫生、袁劭謙醫生  
(Special Performance by Dr. David FANG & Dr. Jonathan YUEN)

主辦機構 Organised By:



香港醫學組織聯會基金  
HKFMS Foundation

協辦機構 In Collaboration With:



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

# The Federation of Medical Societies of Hong Kong 45<sup>th</sup> Anniversary

「乘風破浪創明天」關懷失親兒童慈善計劃 - 開展禮暨音樂會

## Charity Project for Bereaved Children – Charity Concert and Kick-Off Ceremony

19.9.2010 SUN 7:30-9:30PM

Hong Kong Academy for Performing Arts – Concert Hall

### REPLY & DONATION FORM

I would like to join the Federation in building the Seed Funds for the Bereaved Children to enable the below series of proposed meaningful projects:

1. A SIMPLE WISH LIST with a capped ceiling amount for each individual child to benefit
2. A SCHOLARSHIP award programme for justified educational purposes
3. RECREATIONAL PROGRAMME jointly organised with sponsors and NGOs, e.g. play therapy, outings & visits to theme parks, museums & CX City
4. PROFESSIONAL ADVICE by colleagues of member societies of Federation as needed
5. One to one MENTORSHIP of child from our volunteers
6. "CHILDREN FOR CHILDREN" activities, to enhance mutual peer support for children in need

#### I wish to Donate as Patron:

##### sponsorship

- DIAMOND  
 PLATINUM  
 GOLD

##### seed funds

HK\$ 50,000  
HK\$ 30,000  
HK\$ 10,000

##### you will be acknowledged by receiving

8 complimentary VIP tickets  
6 complimentary VIP tickets  
4 complimentary VIP tickets

#### I wish to Donate by joining the Charity Concert:

##### seed funds

HK\$ 1,000  
HK\$ 500

##### you will be acknowledged by receiving

1 complimentary VIP tickets  
1 complimentary guest tickets

- HK\$ 1,000 x \_\_\_\_\_ complimentary VIP tickets  
 HK\$ 500 x \_\_\_\_\_ complimentary guest tickets

TOTAL: HK\$ \_\_\_\_\_

#### I wish to place an Advertisement/Compliments in the Charity Concert Programme Book:

##### placement position

- OUTSIDE BACK COVER  
 INSIDE FRONT COVER  
 INSIDE BACK COVER

##### seed funds

HK\$ 10,000  
HK\$ 9,000  
HK\$ 8,000

##### placement position

- FULL PAGE - corporate  
 FULL PAGE - individual  
 HALF PAGE - individual

##### seed funds

HK\$ 5,000  
HK\$ 5,000  
HK\$ 2,000

#### I wish to Donate below seed fund to the Charity Project for Bereaved Children:

HK\$ \_\_\_\_\_

#### CONTACT INFORMATION

DONOR NAME (company or individual):

CONTACT PERSON (for company):

TELEPHONE:

MOBILE:

FAX:

EMAIL:

CORRESPONDENCE ADDRESS:

(Any personal data collected will be treated in strict confidentiality and used only for receipt issuance, communications, funds raising and donor survey for the Federation of Medical Societies of Hong Kong and HKFMS Foundation.)

Please send the FORM and CROSSED CHEQUE payable to "The HKFMS Foundation Limited" to  
4/F Duke of Windsor Social Service Bldg., 15 Hennessy Rd., Wanchai, Hong Kong.  
For enquiries, please call 2527-8898 or email to [info@fmshk.org](mailto:info@fmshk.org)



**Published by**  
The Federation of Medical Societies of Hong Kong

**EDITOR-IN-CHIEF**

Dr. MOK Chun-on  
莫鎮安醫生

**EDITORS**

Prof. CHAN Chi-fung, Godfrey  
陳志峰醫生 (Paediatrics)  
Dr. CHAN Chun-hon, Edmond  
陳振漢醫生 (General Practice)  
Dr. KING Wing-keung, Walter  
金永強醫生 (Plastic Surgery)  
Dr. YU Kong-san  
俞江山醫生 (Orthopaedics & Traumatology)

**EDITORIAL BOARD**

Dr. CHAN Chi-wai, Angus  
陳志偉醫生 (General Surgery)  
Dr. CHAN, Norman  
陳諾醫生 (Diabetes, Endocrinology & Metabolism)  
Dr. CHIANG Chung-seung  
蔣忠想醫生 (Cardiology)  
Dr. CHIM Chor-sang, James  
詹楚生醫生 (Haematology)  
Dr. CHONG Lai-yin  
莊禮賢醫生 (Dermatology & Venereology)  
Dr. FAN Yiu-wah  
范耀華醫生 (Neurosurgery)  
Dr. FOO Wai-lum, William  
傅惠霖醫生 (Oncology)  
Dr. FONG Ka-yeung  
方嘉揚醫生 (Neurology)  
Prof. HO Pak-leung  
何栢良醫生 (Microbiology)  
Dr. KWOK Po-yin, Samuel  
郭寶賢醫生 (General Surgery)  
Dr. LAI Kei-wai, Christopher  
賴奇偉醫生 (Respiratory Medicine)  
Dr. LAI Sik-to, Thomas  
黎錫滔醫生 (Gastroenterology & Hepatology)  
Dr. LAI Yuk-yau, Timothy  
賴旭佑醫生 (Ophthalmology)  
Dr. LAM Tat-chung, Paul  
林達聰醫生 (Psychiatry)  
Dr. LAM Wai-man, Wendy  
林慧文醫生 (Radiology)  
Dr. LEE Man-piu, Albert  
李文彪醫生 (Dentistry)  
Dr. LO, Richard  
羅光彥醫生 (Urology)  
Dr. LO See-kit, Raymond  
勞思傑醫生 (Geriatric Medicine)  
Dr. MAN Chi-wai  
文志偉醫生 (Urology)  
Dr. MOK, Mo-yin  
莫慕賢醫生 (Rheumatology)  
Dr. TSANG Wai-kay  
曾偉基醫生 (Nephrology)  
Dr. TSE Tak-fu  
謝德富醫生 (Cardiology)  
Prof. WEI I, William  
韋霖醫生 (Otorhinolaryngology)  
Dr. WONG Bun-lap, Bernard  
黃品立醫生 (Cardiology)

**Design and Production**

A-PRO MULTIMEDIA [www.apro.com.hk](http://www.apro.com.hk)

## Editorial

### Dr. Clement SY YING

MBChB, FRCS(Edin), FCSHK, FHKAM(Surgery)  
Specialist in Plastic Surgery

Editor



Dr. Clement SY YING

Unlike many other medical specialties which deal with life-or-death situations, cosmetic surgery deals with issues of beauty, confidence, success and even happiness. Every woman walking into our clinics is beautiful; a cosmetic surgeon makes her even more beautiful. It is not surprising that many non-core surgeons, and even non-physicians join this 'Success' market. Big commercial companies treat plastic surgery as a commercial commodity, and are delivering retail medical spas as over-the-counter services.

As a consequence of these phenomena, we are seeing more complications and more undesirable outcomes. The recent tragedy of PAAG breast injections and the boom of some 'medical cosmetic' treatments with unproven results are vivid examples of this trend.

Shall we cosmetic surgeons be concerned with these phenomena? Shall we be concerned with the unqualified competitors who lack basic plastic surgery training? Or shall we be concerned with new machinery and treatments with unproven effects? Or shall we be concerned with patient safety?

The answer is simple: we cosmetic plastic surgeons are concerned with patient safety first. Patient safety is the keystone of our practice. We are dedicated to promote for the benefit of the public the advancement in the field of cosmetic surgery and its associated services.

May I take this opportunity to thank all the authors for their input to turn this issue into reality. In particular, Dr. Otto Au has contributed his insightful forecast on the future of plastic surgery in Hong Kong, based on his unsurpassed 40+ years' practice locally. Dr. King is practising in one of the leading centres of plastic surgery in town, and he shares with us his experience of combining fire and steel together. Dr. Francis Ho and Dr. Philip Hsieh bring to us some recent advancements in minimally invasive cosmetic procedures. Dr. CO Mok has a unique and successful practice of breast surgery, and he is kindly sharing his experience with us. And lastly, Dr. WH Wong presents his view on laser lipolysis, which is a new development in energy-assisted liposuction.

I hope readers find this issue interesting, and I wish the Hong Kong Medical Diary every success in the future.

# The Current Status of Breast Augmentation

**Dr. Chun-on MOK**

MBBS(HK), FRCS(Edin), FRACS, FCSHK, FHKAM(Surgery)  
Specialist in Plastic Surgery



Dr. Chun-on MOK

*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 September 2010.*

Following the introduction of the silicone gel prosthesis in 1962<sup>1</sup>, breast augmentation has become a frequently performed operation in plastic surgery. Most patients were satisfied with the procedure with enhanced self-image, increased self-assurance, improved sexual functioning, and better interpersonal relationship after augmentation<sup>2,3</sup>. With the refinement in surgical techniques and anaesthesia, and the continual evolution of breast implants, breast augmentation has become a safe, reliable and satisfying procedure for women who seek breast enlargement to correct for their glandular hypo-mastia that occurs either developmentally or by postpartum involution.

## Surgical Setting and Anaesthesia

Breast augmentation can be performed in the operating room of a hospital or surgery centre, or the well-equipped surgical suite in a surgeon's office. General anaesthesia is commonly used to allow better patient comfort but with good anaesthesia technique and tumescent infiltration, local anaesthesia under MAC (monitored anaesthetic care) is also an option.

## Incision Sites

The three common sites of incision for implant placement are the transaxillary, peri-areolar and inframammary incisions. Each of these incision sites has its own advantages and limitations and the choice of the site has to be determined and tailored with each individual patient's need.

### - Transaxillary (Armpit) Incision

The armpit is a good site for access to the subpectoral muscle space especially with a breast dissector. It has minimal interference with the breast tissues and breast feeding subsequently. However, as the site is far away from the inframammary line and the midline, accurate dissection of the subpectoral pocket is more demanding and in the past release of the pectoralis major muscle origin from the costosternal attachment could only be performed by blunt dissection. Nowadays, under endoscopic view, the muscle attachment can be accurately divided with a long electrocautery tip to give accurate and more pleasant medial and inferior borders.

The transaxillary incision, though less concealed in the armpit especially in a swimsuit or sleeveless clothing, is a good choice for young nulliparous women with small nipple-areolar complex or who want to spare

the breast the surgical incision and scar. However, the incision site may provide limited access for revision surgery or capsulectomy later when needed.



Fig. 1 Typical scar of trans-axillary breast augmentation.

### - Peri-areolar Incision

This is the most concealed incision that allows for good access to the subpectoral pocket under direct vision. Dissection of the pocket can be done accurately with an electrocautery needle tip under direct vision to give a pocket with a bloodless field. It also allows easy access for revision surgery or capsulectomy when needed later. It is a good choice for women with relative large nipple-areolar complex especially parous women.

### - Inframammary Incision

Because of the occasional occurrence of hypertrophic scar formation, it is not a popular incision site for breast augmentation locally although it allows for good access with good control of implant position and does not interfere with the breast tissues.

## Implant Placement

Breast implants placed in the subpectoral position has been shown to have a significant decrease in capsular contracture by this surgical approach<sup>4,5</sup>. In women with relatively thin breast tissues, the overlying pectoralis muscle may provide better coverage of the breast implant. Occasionally, the implants may be placed in the subglandular position when the overlying breast tissue is relatively thick and lax, or when the breast is slightly ptotic.





Fig. 2 Transaxillary subpectoral breast augmentation in a young nulliparous woman with thin breast tissue.



Fig. 3 Peri-areolar subglandular breast augmentation in a multiparous woman with post-partum breast involution. Note the typical peri-areolar wound.

## Choice of Implants

### - Size and Projection (Profiles)

In selecting the right implant, the implant base width should not be larger than the breast base width measured from the parasternal region to the lateral border of the breast. The implant profile / projection would be determined by the thickness of the overlying breast tissue and the improvement in breast profile (cup size) requested by the patient. By combining the base-width and the expected projection of the implant, appropriate breast implant dimension can be determined pre-operatively. Exact implant selection can also be fine tuned during operation by fitting a pair of sizers.

### - Saline / Gel Implants

The saline-filled implants were developed for their inflatable nature, thus allowing smaller incisions for implantation. Saline implants are, however, associated with a higher deflation rate of up to 10% in 7 years' time<sup>6</sup>, due to its "shell" failure (leakage through the silastic shell) or valve failure. When underfilled, it may transmit visible surface wrinkles in certain body positions (rippling effect) especially in thin patients with little breast tissue. Sometimes, it may form a knuckle at the edge or surface (shell folding). When overfilled, it may look and feel like a firm ball and create "scalloping" along the periphery.

The silicone gel implants, due to the un-inflatable nature, usually demand a large incision for placement (usually 3 cm) than the saline implants. The gel implants, however, can better meet the demand of breast augmentation by providing a soft yet form consistent natural appearance. Early gel implants had a high incidence of shell rupture with gel leakage and high incidence of gel "bleed". Improvements in the 1980s, on improving the strength and integrity of the silicone shell and increasing viscosity of the silicone gel had enhanced the shell life and lessened the occurrence of gel "bleed". Since 1992, gel implants had been withdrawn from breast augmentation in USA because of the insufficient safety evidence and the Dow Corning law suit. Subsequently with the report from the Institute of Medicine (IOM) of the National Academy of Sciences

"Safety of Silicone Breast Implants" in 1999 stating that there is insufficient evidence linking silicone gel implants to systemic health effects and cancer causation, silicone gel implants were re-considered in breast augmentation. In 2006, FDA approved the use of silicone gel-filled breast implants in breast augmentation again.

### - Texture-surface Implants

In the mid 1980's, breast implants of textured silicone surface were available in the market. Prospective clinical studies have demonstrated that the textured implants have a significantly lower incidence of capsular contracture compared with their smooth counterparts, whether they are filled with silicone gel or saline<sup>7,8,9</sup>. The Biocell textured implants from McGhan Medical and the Siltex textured implants from Mentor are the two texture technologies available today. The Biocell is a textured surface with a dense pattern of interconnected pores which promote light adhesion to the tissue causing the formation of a thin capsule and immobility of the implant within the pocket. The Siltex is characterised by a raised, dense pattern of irregular nodules which reduce capsular contracture, but it does not adhere to the surrounding tissues and causes no immobility.

### - Cohesive / Anatomical Gel Implants

By increasing the cross-linkage, the consistency of the silicone gel changes to that of a soft cheese. The firm consistency of these "cohesive gel" reduces the leakage of silicone even with rupture of the implant shell. It also makes these implants stable and can be produced as "tear-drop" shape implants (anatomical implants) which mimic the profile of a natural breast with a sloping upper pole and fuller low pole. It comes with a wide selection of different dimensions and projections to allow for individual aesthetic result. It is particularly suitable for young women who want a more natural body proportion after breast augmentation and also indicated in breast reconstruction after breast cancer surgery. Due to the asymmetrical dimension of the anatomical implants, the dissection of the subpectoral pocket would be more demanding and exact, should only minimally larger than the dimensions of the implant to minimise the possibility of implant rotation. Some plastic surgeons will prefer to put the incision over the peri-areolar or inframammary line for more accurate dissection.



Fig. 4 Natrelle™ style 410 Form Stable Cohesive Gel Implant.

## Post-op Management and Complications

With good dissection of the pocket, the surgical field should be dry and usually surgical drainage is not indicated. The breast wound is closed in layers and covered with pressure dressing for a couple of days, thereafter replaced with a surgical bra for 4 weeks. The



patient can be discharged on the same day if operated as a day case patient. Otherwise, an overnight stay after a GA is advisable.

With the administration of intravenous peri-operative antibiotics and meticulous haemostasis, infection and bleeding should rarely occur (1 - 2%). Malpositioning or asymmetry after the breast augmentation may warrant post-op revision or adjustment of the implant position. The most common and significant long term complication would be capsular contracture which may occur in 8 - 15% of patients as reported<sup>10,11</sup>.

Fibrous encapsulation represents the bodily response to any foreign implant material. The exaggerated scar response to the breast implant causes capsular contracture which may constrict the breast implant and restrict its mobility and soft feel. Excessive capsular contracture occurs occasionally and would render the augmented breast firm, deformed and painful. In such case, capsulotomy or capsulectomy is indicated. Recently, with the introduction of the highly cohesive gel implants, the incidence of capsular contracture has been decreased. The Mentor CPG gel study at 2-year follow-up showed a 0.8% capsular contracture in augmentation mammoplasty<sup>12</sup>. Allergan's style 410 highly cohesive breast implant core study at 3 year showed a 1.9% capsular contracture rate<sup>13</sup>.

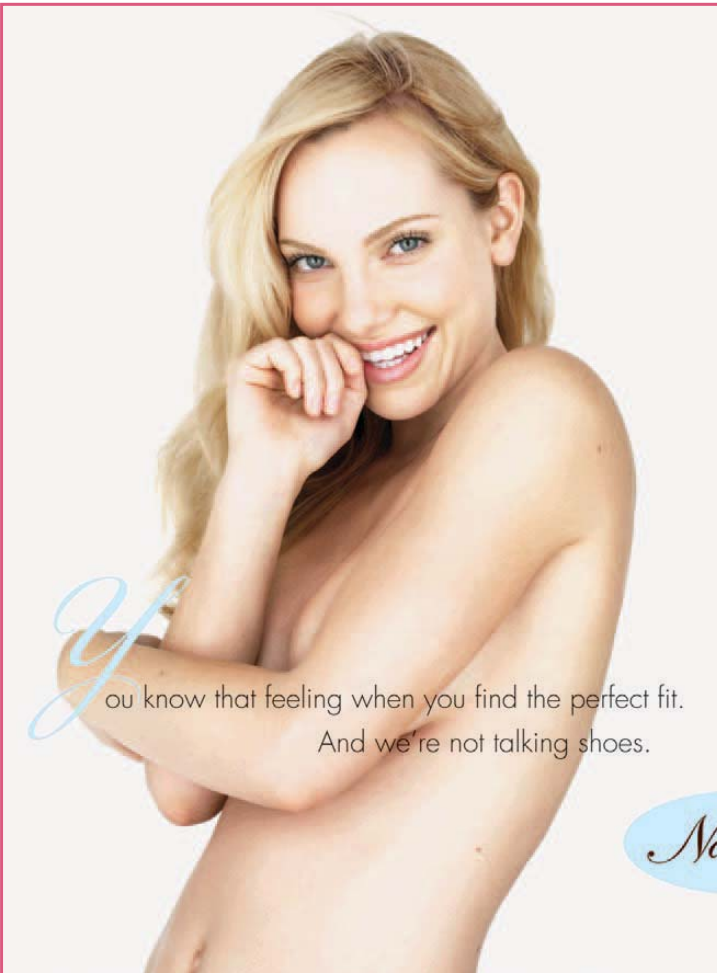
### Summary

Silicone gel prosthesis has been used for breast augmentation for fifty years and there are now abundant evidence to confirm that silicone is not

related to systemic health effects and cancer causation. With the continual evolution of the texture technology and improvement in silicone cross-linking, silicone gel breast implants are now available in varying shapes and dimensions with low risk of gel leakage, gel bleed and capsular contracture to satisfy the different individual aesthetic needs for women who want to improve their body proportion by breast augmentation.

### References

1. Cronin TD, Gerow FJ. Augmentation mammoplasty: a new natural feel prosthesis. Transactions of the Third International Congress of Plastic Surgery, October 13-18, 1963. Amsterdam: Excerta Medica Foundation; 1963. p. 41-9.
2. Hetter GP. Satisfaction and dissatisfaction of patients with augmentation mammoplasty. *Plast Reconstr Surg* 1979;64:151.
3. Druss R. Changes in body image following augmentation breast surgery. *Int J Psychoanal Psychother* 1973;2:248.
4. Biggs TM, Yarish RS. Augmentation mammoplasty: retropectoral versus retromammary implantation. *Clin Plast Surg* 1988;15:549.
5. Puckett CL, Croll GH, Reichel CA, et al. A critical look at capsule contracture in subglandular versus subpectoral mammary augmentation. *Aesthetic Plast Surg* 1987;11:23.
6. INAMED's 2004 Annual Report for BIOCELLTM Textured and Smooth Saline-Filled Implants.
7. Maxwell GP, Hammond DC. Breast implants: smooth versus textured. *Advances in Plastic and Reconstructive Surgery* 1993;9:209.
8. Hakelius L, Ohlsen L. Tendency to capsule contracture around smooth and textured gel-filled silicone mammary implants: a 5-year followup. *Plast Reconstr Surg* 1997;100:1566.
9. Coleman DJ, Foo IT, Sharpe DT. Textured or smooth implants for breast augmentation? A prospective controlled trial. *Br J Plast Surg* 1991;44:444.
10. Cunningham B. The Mentor core study on silicone MemoryGel breast implants. *Plast Reconstr Surg* 2007;120:195.
11. Spear SL, Murphy DK, Slicton A, et al. Inamed silicone breast implant core study results at 6 years. *Plast Reconstr Surg* 2007;120:85.
12. Cunningham B. The Mentor Study on contour profile gel silicone MemoryGel breast implants. *Plast Reconstr Surg* 2007;120:335.
13. Bengtson BP, Van Natta BW, Murphy DK, et al. Style 410 highly cohesive silicone breast implant core study results at 3 years. *Plast Reconstr Surg* 2007;120:405.



## The Natrelle™ Breast Enhancement Collection

A complete line of breast implant styles to help your patients find a perfect fit, created by Allergan, a maker of BOTOX™ and a trusted leader in aesthetic innovation.

- Silicone**  
Silicone shell with cohesive gel-filler.
- Saline**  
Silicone shell with liquid saline-filler.

### Find the Fit That's Right for Your Patients

There are many options for you and your patients to consider. Whether you choose silicone or saline, the **Natrelle™** Collection offers a broad range of sizes, shapes and profiles.

For more information, visit [www.natrelleasia.com](http://www.natrelleasia.com).

Caster (HK) Medical Supplies Company Ltd  
Room 606, Chevalier Commercial Centre,  
8 Wang Hoi Road, Kowloon Bay, Hong Kong.  
Tel: 2755-8200 Fax: 2755-8208  
Email: [info@casterhk.com](mailto:info@casterhk.com)



To each her own.™



© 2007 Allergan, Inc. All rights reserved. TM marks owned by Allergan, Inc.



## MCHK CME Programme Self-assessment Questions

Please read the article entitled "The Current Status of Breast Augmentation" by Dr. Chun-on MOK 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 September 2010. 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. Breast augmentation, when properly performed, is a safe, reliable and satisfying procedure.
2. Breast augmentation should be carried out in a well-equipped surgical setting.
3. The transaxillary incision provides good access for capsulectomy if needed subsequently.
4. The peri-areolar incision has the least interference with breast tissues and subsequent breast feeding.
5. Placing a textured silicone implant subpectorally is associated with a lower incidence of capsular contracture.
6. The saline-filled implants were developed because saline is safer than silicone. When the saline implant is overfilled, the patient may show the 'rippling' effect.
7. Silicone gel implants have been improved in the 1980's by strengthening the silicone shell and increasing the viscosity of the silicone gel to reduce gel 'bleed'.
8. The FDA has approved the use of the silicone gel implants for breast augmentation.
9. Bleeding and infection is uncommon with breast augmentation. The commonest long term complication is capsular contracture.
10. The high viscosity of the 'cohesive gel' reduces the leakage of silicone even with implant shell rupture and also makes available the more natural form-consistent 'anatomical implants'.

## ANSWER SHEET FOR SEPTEMBER 2010

Please return the completed answer sheet to the Federation Secretariat on or before 30 September 2010 for documentation. 1 CME point will be awarded for answering the MCHK CME programme (for non-specialists) self-assessment questions.

## The Current Status of Breast Augmentation

### Dr. Chun-on MOK

MBBS(HK), FRCS(Edin), FRACS, FCSHK, FHKAM(Surgery)  
Specialist in Plastic Surgery

1  2  3  4  5  6  7  8  9  10

Name (block letters): \_\_\_\_\_ HKMA No.: \_\_\_\_\_

HKID No.: \_\_\_ - \_\_\_ X X (X) HKDU No.: \_\_\_\_\_

Contact Tel No.: \_\_\_\_\_ DCHK No.: \_\_\_\_\_

## Answers to August 2010 Issue

Eating and Growing Less Than Expected

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

**NEW**  
**Juvéderm**<sup>®</sup>  
 WITH LIDOCAINE

**BOTOX**<sup>®</sup>  
 Botulinum Toxin Type A

**Total Facial  
 Rejuvenation**



JUVÉDERM<sup>®</sup> family is the first & only HA filler FDA approved\* to last up to 1 year<sup>#</sup> from initial treatment<sup>1-5</sup>

BOTOX<sup>®</sup> is the FIRST Botulinum Toxin Type A approved by FDA in 1989. BOTOX<sup>®</sup> has been approved by Hong Kong Department of Health for cosmetic purpose.

\*JUVÉDERM<sup>®</sup> family only includes ULTRA<sup>™</sup>, ULTRA PLUS<sup>™</sup>, ULTRA<sup>™</sup> XC and ULTRA PLUS<sup>™</sup> XC.

References:

1. JUVÉDERM<sup>®</sup> ULTRA<sup>™</sup> DFU, Allergan Inc
2. JUVÉDERM<sup>®</sup> ULTRA<sup>™</sup> XC DFU, Allergan Inc
3. JUVÉDERM<sup>®</sup> ULTRA PLUS<sup>™</sup> DFU, Allergan Inc
4. JUVÉDERM<sup>®</sup> ULTRA PLUS<sup>™</sup> XC DFU, Allergan Inc
5. Pinsky MA, Thomas JA, Murphy DK, Walker PS; for JUVÉDERM<sup>®</sup> vs. ZYPLAST<sup>®</sup> Nasolabial Fold Study Group. Juvéderm injectable gel: A multicenter, double-blind, randomized study of safety and effectiveness. Aesthetic Surg J. 2008;28(1):17-23.

<sup>#</sup> In the United States, JUVÉDERM<sup>®</sup> is indicated for correction of moderate to severe facial wrinkles and folds (such as nasolabial folds).

**ALLERGAN**  
 THE SCIENCE OF REJUVENATION<sup>™</sup>

Allergan Hong Kong Limited  
 Suites 705-06, Cityplaza Three, 14 Taikoo Wan Road, Taikoo Shing, Island East, Hong Kong  
 Website: [www.juvederm.com](http://www.juvederm.com) Tel: (852) 8203 2121



# Botulinum Toxin A Facial Rejuvenation

**Dr. Francis HO**

MBBS, FHKAM, FRCS(Ed), FCSHK  
Private Plastic Surgeon



Dr. Francis HO

## Background of Cosmetic Use of Botulinum Toxin Type A

Use of B toxin for cosmetic indications has dated back to the 1990's. It was used only off label until 2002 when FDA officially approved Botox (Allergan) to treat glabella wrinkles as a cosmetic indication. At first, the use of Botulinum toxin A has been only in the hands of the Plastic Surgeons and the Dermatologists. Now the use of the toxin has become so popular that the use of the toxin had extended across almost all major medical specialties. According to the statistics of ASPRS, cosmetic procedures using B toxin had exceeded 4 millions in 2008.

Botulinum toxin A is a neurotoxin produced biologically by *Clostridium Botulinum*. A small dose of the toxin injected locally produces local muscle paralysis, which lasts for 4 months. Injection to facial muscles underneath a facial wrinkle results in effacement of the wrinkle and the much welcome cosmetic effect! Cosmetic indication has expanded from the treatment of individual wrinkle lines like the glabella and crows feet to facial feature enhancement, facial reshaping and total rejuvenation of the face. The list of cosmetic indications has been ever expanding. Botulinum toxin A has a long history of safety record. Recent reports of death incidents after B toxin treatment have aroused concern over the safety of the toxin. However most the cases reported were treated with high dosage of the toxin and they were all associated with other medical conditions. With all evidences in hand, cosmetic use of Botulinum toxin A has been very safe in good hands.

## Botulinum Toxin Type A Treatment is Antiaging

Dynamic wrinkles occur when we use our muscles for facial expressions. During facial expressions such as smiling and frowning our muscles contract and cause our skin to wrinkle. For example, when we smile periorcular wrinkles become prominent and when we frown the glabellar lines between our eyebrows become noticeable. When we are young our skin springs back to its resting position when we finish making the facial expression. When we get older, the dynamic wrinkles will eventually end up in a static wrinkle. The very first facial wrinkle ever causes a female to be concerned with is usually a dynamic one. Untreated dynamic facial wrinkles will end up in permanent static wrinkles. Early treatment of dynamic wrinkles with Botulinum toxin

A is therefore considered anti-ageing. Maintenance injections with Botulinum toxin A for early dynamic wrinkles prevent premature occurrence of permanent facial wrinkles which are much more difficult to be treated. One study on twin sisters demonstrated that the sister on maintenance Botulinum toxin A treatment of her face for 5 years looks a lot younger than her twin sister who had not been treated with B toxin.

## Facial Wrinkles

B toxin was first approved to be used cosmetically for the treatment of glabellar frown lines. Glabella lines are produced with the action of the corrugator complex, which act to pull the medial brow inferiorly and medially with presentation of vertical and horizontal wrinkles and a tired anxious appearance. 12-16 units of B toxin injected locally to the complex reduce the wrinkles and produce a relaxed and pleasant appearance of the patient. Similarly crows feet and forehead wrinkles can be treated with B toxin. 16-20 units of B toxin for crowsfeet on each side and 16 units for the forehead produce optimal results. Pharmaceutically the drug effects last for 4 months. However it is usual for the average patient to turn up for maintenance every 6 months. Good treatment results lie on good surgical technique, understanding of the condition and patient selection.

## Facial Harmony

Facial features like the brow, the nose, and the mouth are never static. These facial features "float" on, or are supported by a balanced complex system of facial muscles. Voluntarily or many a time involuntarily, changes in the traction and counter traction force of antagonistic facial muscles result in expressions which tell the mood of the patient. We don't have to limit our perspective on individual lines or wrinkles. Use of B toxin can go a long way to producing an overall pleasing young looking face.

As we age, the facial muscles tend to be hyperactive with the depressors overpowering the elevators. The depressors pull down the lateral brows and the angles of the mouth. The forehead lines become apparent as a result of the hyperactive frontalis, the only levator trying to counteract the depressors.

A pleasing young looking face should be that of a

relaxed and free from tension muscle lines. Depressors and elevators are in harmonious balance. The forehead should be smooth. The brows arch and flare up from medial to lateral without tension glabella lines and crowsfeet. The angles of the mouth should be horizontal or slightly upward. The chin should be smooth and undimpled. Instead of injecting and paralyzing a single muscle, we can treat the whole face as a single cosmetic indication. Rebalancing the elevators and depressors with B toxin as I call it "total facial toxin" we can produce a pleasing young looking face.

## Facial Shape and B Toxin Type A

By objective aesthetic standards, an oval shaped face looks younger, softer and more feminine while a boxy square shaped face is masculine and arrogant. In Asian patients a square shaped face mainly due to bilateral masseter hypertrophy is very common. Personal habits e.g. chewing gum, stress and bruxism are contributing factors.

Reduction surgery used to be the only option. Botulinum toxin A is now offering a noninvasive treatment to soften and change the shape of the face from that of a square one to a more gentle graceful oval shaped one with no downtime. 28 to 36 units of Botulinum toxin A is injected to each of the bilateral masseters. The toxin weakens the muscles and in time leads to shrinkage and reduction in size of the muscles and therefore reduction in facial width. Patients typically notice weakness in one week and softening of the facial shape in one month. Permanent change is not possible. Patients need further injections for maintenance. Yearly visits and reinjections are the typical protocol.

## Successful Treatment and Prevent Complications

In good hands Botulinum toxin A treatment is safe and a highly effective tool of facial rejuvenation. Treatment results however are highly technique dependent. There is a vast difference in treatment results from doctors of different levels of experience. Understanding the anatomy cannot be over emphasized. We don't just study the static anatomy; we have to understand the dynamic anatomy. Muscles interact with each other. There are agonists and antagonists; and there are depressors and elevators. When you treat one muscle, effectively you weaken it. When the agonist is weakened the antagonist will take over and alter the balance. When the depressor is weakened by Botulinum toxin A the elevators will be enhanced. Take for example the brow where the orbicularis being the main depressor is treated with B toxin, the frontalis being the elevator will be enhanced and pull the brow up resulting in a pleasing brow lift. While on the other hand when the frontalis is excessively treated, the orbicularis will be enhanced and pull the brow down resulting in brow ptosis. This distressing complication leaves the patient a hard time to open up her eyes. Since there is no antidote to B toxin, the patient will only get her relief in 4 months when the drug wears off by itself.

Most of the complications of Botulinum toxin A injection

are related to misplacement and migration of the toxin. Thorough understanding of anatomy and attention to detailed technique is the key to success. Injection pattern varies from patient to patient and very often from time to time in the same patient. The doctor is left with so much room for innovation and situational judgement. Since there is no antidote to B toxin, there is no reversal of the treatment. The "less is more" treatment philosophy should be taken. Patients can be treated conservatively in the first incident and followed up in one-week time for reinjection in case of inadequate correction.

## Conclusion

B toxin rejuvenation of the face is a safe and highly rewarding procedure. The long-term safety and its role in rejuvenation of the face have been a common understanding. The success however depends on thorough understanding of the toxin, knowledge of static and functional anatomy, patient evaluation, mastering of the technique and last but not the least a good aesthetic sense on the part of the doctor.

### References

Carruthers J Carruthers A. treatment of glabellar frown lines with C Botulinum exotoxin. J Dermatol Surg Oncol 1992; 18:17-21.

Choe SW, Cho WI Lee CK, et al. Effect of Botulinum toxin type A on contouring of the lower face. Derm Surg 2005

KimN, Chung JH, Park RH, et al. The use of botulinum toxin type A in aesthetic mandibular contouring. Plast Reconst Surg 2005; 115(3): 919-30.

Package insert. Botox. Irvine (CA): Allergan, Inc.; 2009.

**FOR LEASE**  
OFFICES – suitable for clinics

**Manning House**  
48 Queen's Road Central

**No Agency Fee is required**  
**Very attractive rental package**

- \* 737 - 2,348 sq.ft.
- \* High concentration of clinics
- \* Next to Central MTR exits
- \* Professional property management

**LEASING HOTLINE :**  
**Ms Pang - 2844 3259**  
**Ms Lee - 2844 3257**



# Lumenis Family



call now +852 2714 2800  
[www.aesthetic.lumenis.com](http://www.aesthetic.lumenis.com)

# sculptra® 塑然雅

poly-L-lactic acid

## Redefine over time

- A unique, biocompatible, biodegradable injectable medical device
- Gradually replenishes lost collagen
- Results last up to 25 months<sup>1</sup>
- US FDA-approved<sup>2</sup>

### Reply Slip (Fax No: +852 2506 2537)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Hospitals / Institution / Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Physician's brochure

Clinical documentation

Patient material

Contact with sales representative

Reference:

1 Lacombe V. Facial Plast Surg. 2009; 25:95-99

2 [http://www.accessdata.fda.gov/cdrh\\_docs/pdf3/P0300505002a.pdf](http://www.accessdata.fda.gov/cdrh_docs/pdf3/P0300505002a.pdf)

MEDICAL AESTHETICS | CONFIDENCE THAT SHOWS

sanofi-aventis Hong Kong Limited Tel: (852) 2506 8333 Fax: (852) 2506 2537 www.sanofi-aventis.com.hk

sanofi aventis

Because health matters

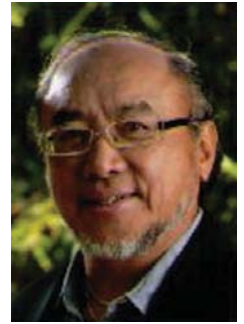




## SCULPTRA / Poly-L-Lactic Acid (PLLA) (A Collagen Stimulator to build up the Cranial-Facial Platform)

### Dr. Philip Cheung HSIEH

MBBS, FRCSE, FHKAM (Surgery), FHKCS  
*Specialist in Plastic Surgery*



Dr. Philip Cheung HSIEH

We, as plastic surgeons, know how the body and the face age. In the face, the essential feature is the loss of volume, mainly in subcutaneous fat and collagen. In severe cases, the muscle and bony elements are also involved.

So the new approach to restore Youth is a volume replacement treatment in various forms.

We have started off with collagen injection followed by the use of hyaluronic acid. With these two absorbable materials, we were able to build up volume loss and thus created a more youthful look. But we have the problem of re-absorption with ultimate volume loss again.

Because of that, the good results we have usually last for around nine to twelve months.

Can we stimulate the body to produce collagen? The answer is yes. We have done it by radio-frequency treatments - like Thermage. The partial cellular injury resulted in a subdermal collagen formation and therefore skin tightening. However the collagen is at a superficial level.

Then Poly-L-Lactic-Acid (PLLA), which has been shown to stimulate collagen formation after injection, came into the market. It was used originally in patients with lipodystrophy secondary to HIV infection. The results were so promising that in 2009, it was approved by FDA for cosmetic improvement of facial features secondary to fat and collagen loss.

PLLA can be injected as a day case with application of skin anaesthetic cream and most of the time, there will be minimal down-time. Occasional bruising may occur but with a proper post-injection skin care regime, complications are rare provided straight rules are followed. A proper injection training course and supervision is required.

The PLLA is injected into the subcutaneous and preperiosteal areas where build up of collagen will enhance facial features that will lead to a youthful appearance.

It is best for the temporal area depressions, the tear trough fat loss, the loss of the malar mount, the nasolabial groove build up, the correction of the Marionette line and the defining of a better jaw-line (thus smoothing of the jaw). With deep mentalis muscle injections, it can also produce a chin prominence. In Caucasians, building up of cheek-hollowing, which is the main area of lipodystrophy in the HIV group of patients, is also possible. It is NOT for the creation of a nasal bridge or tip nor is it for correction of forehead supra-brow depressions. These areas are too superficial and complications will occur.

Before the sessions of injections --- and there are usually

between 2 to 3 sessions—the operator should agree with the patients the areas that they would like to build up in volume.

There are minor differences between Caucasians and Orientals as to what they prefer and these should be addressed beforehand. We usually use 2 vials of solution (each 7 ml) for the first session and probably 1 to 2 vials for the second. The third session, which may or may not be needed, usually means another vial. The reaction and the regeneration power of the patient need to be allowed for. The older their age group, the less reactive they are. For those individuals, a much longer period should be allowed for the full effects to occur. Patients should be forewarned to prevent disappointments.

The intended areas to be corrected should be marked out. Local skin anaesthetic cream is applied to the sites where you intend to have the needle insertions. After the injections, the patient should be able to see the immediate effect of the volume replacement achieving the desired youthful features. This effect will GRADUALLY materialises in 3 to 4 months.

One must emphasise that the immediate “good-looking” effect will disappear in a day or two when the fluid is re-absorbed, but they should expect their youthfulness to return over the next few months. As the improvement is so gradual, patients will seldom notice it themselves. Photographic record MUST be taken to show the improvements which gradually happen. This gradual improvement can last up to and beyond six months. A friend’s compliment is usually their first sign of rejuvenation.

We usually space the sessions of injection four to six weeks apart.

As we are asking the patients to produce their own collagen (experimentally proven by serial biopsies), those new collagen will last longer. Conservatively speaking, it may take over two years before they start to disappear.

So we are looking at a product that uses the patients’ own body mechanism to produce their own collagen. It is intended to be a gradual process. Patients wanting immediate results will be disappointed but for the group of forties to fifties who like to look younger but not wanting friends to notice “things being done” to them, this is the ideal treatment.

With a renewed Cranial-Facial Platform of adequate volume enhancement, we will be able to add-on other modalities of facial rejuvenation like laser for pigmentations, Botox for superficial expression line, Thermage for skin tightening etc.

# Laser Assisted Transconjunctival Lower Lid Blepharoplasty

**Dr. Walter KING**

*Plastic & Reconstructive Surgery Centre, Hong Kong Sanatorium & Hospital, Hong Kong*



Dr. Walter KING

Most patients with eyebags can be treated adequately with transconjunctival lower lid blepharoplasty(TCB). The transconjunctival approach to remove protruberant or sagging orbital fat is believed to be less disruptive to lid position than the transcutaneous approach and is suitable to patients of all ages.

Blepharoplasty was used by von Graefe in 1818 to describe a case of eyelid reconstruction. In recent times, blepharoplasty is one of the most common cosmetic surgeries. However, blepharoplasty is no simple surgery as it can be associated with significant complications including bleeding, retrobulbar haematoma, lagophthalmos with exposure keratitis, ectropion, entropion, blepharoptosis and asymmetry. Therefore, blepharoplasty should be done only by properly trained aesthetic surgeons who are well versed in wound healing, scar management, physiology and anatomy of the eyelids so that surgical morbidity can be kept at a minimum.

In 1974, Thomlinson and Hovey first reported on TCB for removal of orbital fat. In 1990, Perkins and Dyer reported on their experience in TCB in 300 patients. There was no incidence of lower lid malposition. In 1988 David advocated using the Carbon Dioxide laser to perform TCB.

Patients with only lower lid skin excess or orbicularis muscle hypertrophy alone will not benefit from orbital fat removal. Young patients with familial pseudoherniation of orbital fat are good candidates for TCB as are the majority of patients aged 30 to 60 with eyebags. Fig 1 shows a patient before and after TCB. Eyelid skin excision may be required in some and the "pinch technique" can be incorporated for skin excision at the time of TCB or thereafter as a separate minor procedure. Fig 2 shows an elderly patient with large eyebags who has undergone TCB and pinch excision of skin. Superficial fine wrinkles of the lower lid are usually more effectively improved by skin therapy such as laser or filler injection than by surgical tightening.



Fig 1. Before and after picture of a patient after TCB

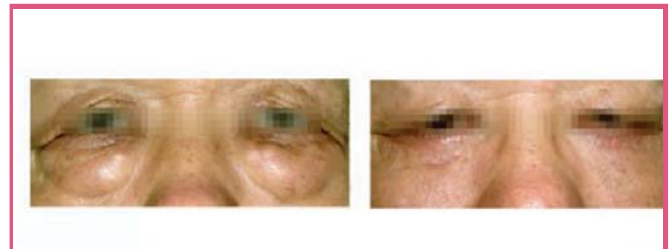


Fig 2. Before and after picture of a man who received TCB and pinch excision of skin



Fig 3. Carbon Dioxide Laser assisted TCB done under local anaesthesia

In general, carbon dioxide laser assisted TCB (Fig 3) results in less postoperative bruising, swelling, pain and discomfort. Protective eye-shields are required for eye protection during surgery. The Ultrapulse laser is set at 4W of continuous power with a 0.2 mm focused hand piece pointed at a focal length. The laser is used to incise the conjunctiva. Specially designed dull-finish metal shields are placed as a "back stop" behind the elevated fatty tissue selected for laser removal so that the laser beam will not strike beyond the area to be removed (Fig 4). Other safety measures including smoke evacuation and moist gauze draping of the surgical field are routinely practised.

During the year of 2009, we treated 76 patients with laser assisted TCB using Ultrapulse carbon dioxide laser and standard fine needle cautery. All of the surgical procedures were done under local anaesthesia as day surgeries. Of the 76 patients, 10 were males and 66 were females, with an age range of 28-76 .25% received concomitant skin excision by the "pinch technique (Fig 5). There was no laser related complications. Patients



followed up at 2 days postoperatively showed very little bruising and swelling and most were free of residual swelling and ecchymosis after 1 week. There was one case of transient delayed bleeding (patient was on Warfarin) and one case of entropion that required repair.

The carbon dioxide laser is one more tool in the surgeon's armamentarium that is useful in carrying out lower lid TCB with a shortened recovery time. When performed correctly, TCB improves the aged appearance of the eyes and rejuvenates the face.

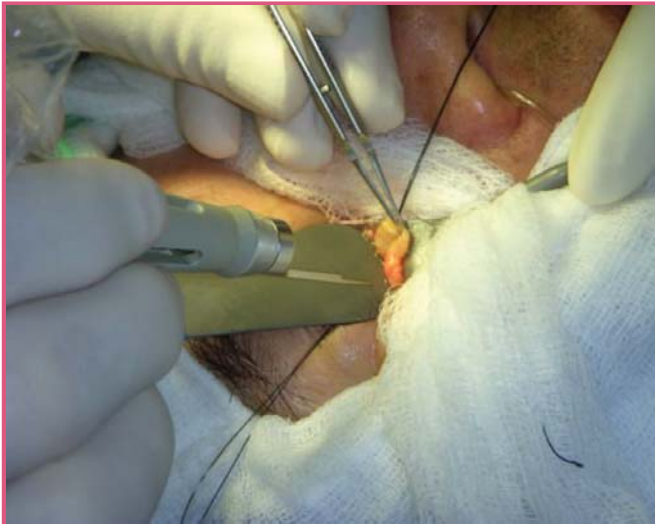


Fig 4. CO<sub>2</sub> Laser Excision of orbital fat

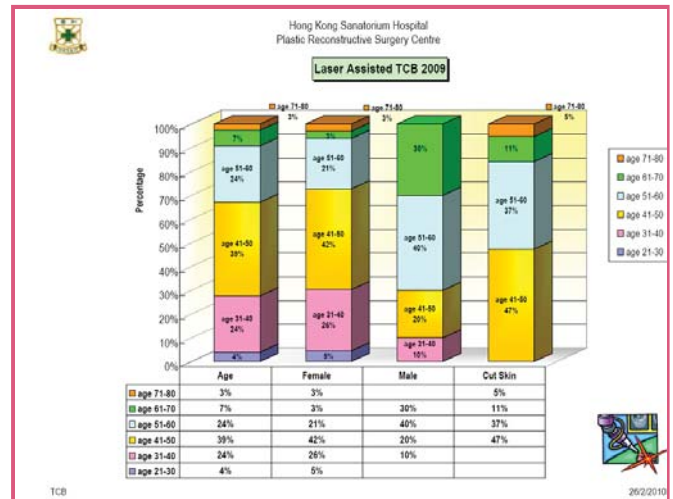


Fig 5. Age distribution of 76 patients treated by laser assisted TCB in 2009

### References

1. Thomlinson F B, Hovey M: Transconjunctival lower lid blepharoplasty for removal of fat. *Plast Reconstr Surg* 56:314-318,1975
2. Perkins SW, Dyer WK, Simo F: Transconjunctival approach to lower lid blepharoplasty: experience, indications, and technique in 300 patients. *Arch Otolaryngol* 120:172,1994
3. David LM : The laser approach to blepharoplasty. *J Dermatol Surg Oncol* 14:7, 27-41,1988.
4. Von Graefe CF: *De Rhinoplastice*. Berlin, Germany, Reime:1818 :13.
5. Parkes MI, Bassilios MI: Experience with the pinch technique in blepharoplasty. *Laryngoscope* 88:364-366,1978

## Dermatological Quiz



## Dermatological Quiz

### Dr. Ka-ho LAU

MBBS(HK), FRCP(Glasg), FHKCP, FHKAM(Med)  
Yaumatei Dermatology Clinic, Social Hygiene Service



Dr. Ka-ho LAU



Lesions at the perivulval area

This 45-year-old woman complained of these very itchy skin lesions at her vulval area for three years. The skin lesions increased in size progressively despite various topical creams she bought over the counter.

### Questions:

1. What is your diagnosis or possible differential diagnoses?
2. How will you confirm your clinical diagnosis?
3. What is the treatment for her skin condition?

(See P.37 for answers)

# Laser Lipolysis

## Dr. Wai-hong WONG

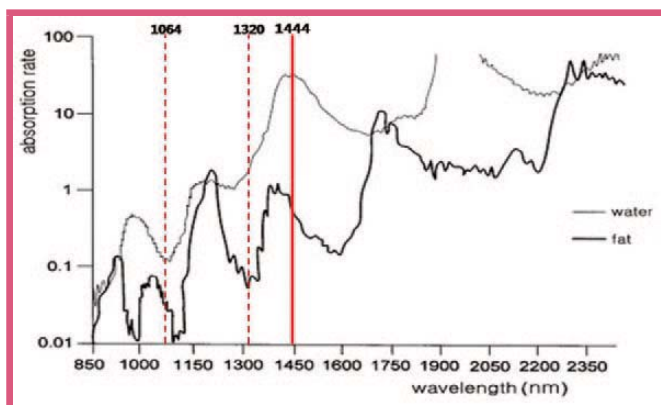
MBChB(CUHK), FRCS(Edin), FCSHK, FHKAM(Surgery)  
Specialist in Plastic Surgery, Hong Kong Plastic Surgery Specialists Centre



Dr. Wai-hong WONG

The first body contouring operation can be dated back to 1920. This operation was performed by a Gynaecologist Charles Dujarrier who used an intrauterine curette to contour the legs of a ballet dancer. In 1976, the concept of liposuction with a hollow curette was developed by Fischer. Then, there were a lot of evolutions in liposuction in terms of techniques and technologies. The new technologies include motor assisted, ultrasonic, water-jet, laser and radiofrequency.

Laser lipolysis means using laser to destroy the cell membrane of adipocytes. In 1988, Hukki reported using 1064nm Nd Yag laser for subcutaneous fat<sup>1</sup>. In theory, infrared vibrational bands could be used for selective photothermolysis of lipid rich tissues. In a study by measuring the absorption spectra of human fat, promising bands near 1210 and 1720nm were identified<sup>2</sup>. However, only 1064nm Nd Yag laser, 1320nm Nd Yag laser and 1444nm Nd Yag laser are used for laser lipolysis in the market. Different wavelengths showed different absorption coefficients by water and fat tissue. The wavelength, pulse duration and maximum power of the laser machine will affect the result of fat ablation and the outcome of treatment<sup>3</sup>.



## Mechanism of Laser Lipolysis

The laser works on the fat in twofold mechanisms: photoacoustic and photothermal effects.

When the laser is fired, plasma forms early in the laser pulse from disintegration of tissue in focal volume. Plasma expands outwards creating shock waves and acoustic waves which result in mechanical destruction of adipocytes. The photothermal effect may act on the proteins on the adipocyte membrane by denaturation of protein. Therefore, the contents of adipocytes are released into the extracellular space.

The laser also targets the water as chromophore. When water absorbs the laser light, the light energy is converted to heat energy. The dermis and fibrous septa are heated up. Immediate protein contraction may occur. Collagen synthesis is stimulated and skin tightening will appear with time. Therefore, laser lipolysis is good for patients with localised fat collection and mild skin laxity<sup>4</sup>.

## Histology

Scanning Electron Microscopy of human fat specimens after laser irradiation shows destructive changes of the adipose tissues with crater formation. Preservation of nerves was shown in the histological study by Blugerman and Schaulzon. Fat removal without laser lipolysis showed intact fat cells. Fat removal following laser lipolysis showed disruption of cell walls.

## Biochemical

Fat elimination is so gradual that an increase in circulating lipid levels is not measurable<sup>5</sup>. Most of the triglycerides are excreted via the kidneys. The rest becomes lipoprotein in the liver.

## Surgical Procedure

Pre-operative contouring line of localised fat is marked. Skin is disinfected and the operative field draped. Small incisions are made under local anaesthesia at concealed sites. Tumnescent solution is infiltrated via an infiltration cannula. Tumnescent solution is composed of saline solution, lignocaine, adrenaline, and sodium bicarbonate.

A thin cannula (around 1mm wide hollow metal tube) with the optical fibre is pushed into the subcutaneous layer via the incision. The laser is delivered through the optical fibre. The cannula is passed in repeated strokes with fanlike back and forth movements in different layers. The non-dominant hand stabilises the skin and guides the cannula. The aiming beam of the laser machine will indicate the position of the fibre's tip. The size of the aiming beam on the skin surface also gives a tip about the depth of treatment. Cross-tunnelling via different incisions is important for smooth result.

Laser lipolysis should be stopped when the signs of end point appear.



- The treated area becomes soft
- Loss of resistance for the passage of the laser probe
- Heat perception by the guidance hand

If skin laxity is present, the cannula can be passed in the subdermal layer to heat the dermis.

After laser lipolysis, the fat is liquefied and oily emulsion gushes out from the incisions. For small area treatment, the lysate can be aspirated or left alone. The body will eliminate the fat via the lymphatic system. For a large area, the fat should be sucked out as traditional liposuction. This step is more gentle and easier.

## Advantage of Laser Lipolysis

- Small incisions - even a needle puncture is large enough for advancement of the cannula.
- The Fine cannula is suitable for superficial liposculpture and fibrotic area.
- Suction of liquefied fat is more gentle and easier. This results in shorter downtime in terms of bruising and swelling.
- Post operative pain is less because of preservation of nerves during laser lipolysis.
- Skin tightening is an additional effect aside from fat removal.

## Disadvantage of Laser Lipolysis


- Cost of laser machine and consumable are expensive.
- There is potential risks of laser injury to the patient and staff.

## Personal Opinion

Laser lipolysis is suitable for small areas, fibrotic regions, revision areas, areas with lax skin and facial areas where scar is not acceptable. For large area treatment, its advantage may not be superior to other technologies. However, its skin tightening effect is another weapon. Correction of the nasolabial fold, jaw and Marionette lines by facial sculpturing with subdermal laser treatment is a good option.

### References

1. Jyri Hukki: Effects on different contact laser scalpels on skin and subcutaneous fat. *Lasers in Surgery and Medicine* 8:276-282 (1998)
2. R. Rox Anderson, MD: Selective Photothermolysis of Lipid- Rich Tissue: A Free Electron Laser Study, *Lasers in surgery and Medicine* 38:913-919 (2006)
3. Jong-In Youn, Ph. D.: A comparison of Wavelength Dependence for Laser-Assisted Lipolysis Effect Using Monte Carlo Simulation, *Opt. Soc. Korea* 13, 267-271 (2009)
4. Ana Zulmira Diniz Badin: Laser lipolysis: Flaccidity under control, *Aesth. Plast. Surg.* 26:335-339. 2002
5. Serge Mordon: Serum lipid changes following laser lipolysis, June 2009, Vol. 11, No. 2, Pages 74-77 *Journal of cosmetic and laser therapy*
6. Ichikawa K: Histologic evaluation of the pulsed Nd:YAG laser for laser lipolysis., *Lasers Surg Med.* 2005 Jan;36(1):43-6

Certificate Course for General Practitioners and Allied Health Professions		
Certificate Course on Clinical Ophthalmology		CME/CNE Course Course No. C166
		Jointly organised by
		 
Date	Topics	Speakers
4 Oct 2010	Cataract	<b>Dr. Jeffrey Chiu-Fai PONG 龐朝輝醫生</b> <i>Specialist, Hong Kong Adventist Hospital</i>
	Refractive Errors and Refractive Surgeries	<b>Dr. Kenneth Wing-Ho NG 吳永浩醫生</b> <i>Specialist, Private Practice</i>
11 Oct 2010	Red Eyes, Ocular Trauma and Emergencies	<b>Dr. Albert Chak-Ming WONG 黃澤銘醫生</b> <i>Specialist, Union Hospital</i>
	Corneal and External Eye Diseases	<b>Dr. Alvin Lerrmann YOUNG 楊樂政醫生</b> <i>Specialist, Prince of Wales Hospital</i>
18 Oct 2010	Common Ophthalmic Eye Drops	<b>Dr. Billy Kwok-Tung WONG 黃國棟醫生</b> <i>Specialist, Caritas Medical Centre</i>
	Glaucoma	<b>Dr. Nancy Shi-Yin YUEN 袁淑賢醫生</b> <i>Specialist, Alice Ho Miu Ling Nethersole Hospital</i>
25 Oct 2010	Paediatric Ophthalmology	<b>Dr. Flora Hoi-Shan LAU 劉凱珊醫生</b> <i>Specialist, Hong Kong Eye Hospital</i>
	Squint	<b>Dr. Joan Siu-King NG 吳少琮醫生</b> <i>Specialist, Union Hospital</i>
1 Nov 2010	Functional and Cosmetic Oculoplastic Surgery	<b>Dr. George Pak-Man CHENG 鄭柏文醫生</b> <i>Specialist, Private Practice</i>
	Neuroophthalmology	<b>Dr. Andy Chi-On CHENG 鄭智安醫生</b> <i>Specialist, Hong Kong Eye Hospital</i>
8 Nov 2010	Retinal Detachment and Diabetic Retinopathy	<b>Dr. Shaheeda MOHAMED 杜曉華醫生</b> <i>Specialist, Hong Kong Eye Hospital</i>
	Common Macular Diseases	<b>Dr. Alvin Kwan-Ho KWOK 郭坤豪醫生</b> <i>Specialist, Hong Kong Sanatorium &amp; Hospital</i>
<b>Enquiry</b>	The Secretariat of The Federation of Medical Societies of Hong Kong Tel.: 2527 8898 Fax: 2865 0345 Email: info@fmshk.org	



# Inauguration Speech for the Hong Kong Association of Cosmetic Surgery in 6<sup>th</sup> June 2010

**Dr. Otto YT AU**

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



Dr. Otto YT AU

Ladies and gentlemen, I am extremely honoured today to have this opportunity in speaking to you at this inauguration of our new Association, the Hong Kong Association of Cosmetic Surgery. May I explain our objectives of this new association.

- To promote the advancement and safe practice of cosmetic surgery and medicine in Hong Kong.
- To maintain a high ethical professional standard in the practice of cosmetic surgery and medicine.
- To disseminate professional information to the public and to promote awareness of the practice of cosmetic surgery and medicine.
- To assist members in the practice of cosmetic surgery and medicine through continuous professional education research and development of new products.
- To foster inter-society and international links
- Finally to promote fellowship, humanitarian service and charity work.

Our new association would be no more a spin off factor than was the Hong Kong Society of Plastic and Aesthetic surgery.

Plastic Surgery has its origin from general surgery, with new refinements in technique; cosmetic surgery uses even more refined surgical techniques in an already refined surgical specialty, the plastic and reconstructive surgery.

The practice of aesthetic surgery confines itself to the care of patients who are in excellent physical and medical condition. It is purely elective. The well prepared and conscientious cosmetic surgeons have received thorough training in general surgery as well as in plastic reconstructive and cosmetic surgery. Also he or she must possess a firm and honest ethical standard, preferably to have artistic perception.

The two world wars created thousands and thousands of wounded soldiers. They required many talented surgeons for their repairs. These groups of surgeons were called plastic surgeons. In America, they formed the American Society of Plastic Surgeons in 1931.

The government recognised the importance of their contributions and allowed the formation of the American Board of Plastic Surgery (ABPS) in the late 1930s. The Board conducted an exam for physicians to qualify as plastic surgeons. In 1941, the ABPS came under the jurisdiction of the American Board of Medical specialties.

The chronology of the formation of the specialty of Plastic surgery in Hong Kong is as follow:

1. Plastic Surgery Service – early 80's
2. Formation of Plastic Surgery Board 1990
3. Formal Formation of Plastic Surgery Board of the College of Surgeons 1990
4. Recognition of the specialty of Plastic and Reconstructive Surgery by the Hong Kong Academy of Medicine and the Medical Council - 1993

It is no question that the specialty of Plastic and Aesthetic surgery has been formally recognised in Hong Kong.

You would like to know what a plastic surgeon is and how they are trained. Through out the world, they have to have six or seven years of post graduate surgical training. The period of Training in Plastic and Reconstructive Surgery in Hong Kong. A total of six years of post-graduate Training

- 2 years of basic surgical training
- 4 years of Plastic and Reconstructive surgery (Higher surgical training)

Before they are certified, they have to go through an exit examination. The training of plastic surgery in Hong Kong follows international standards.

## *Syllabus of Plastic and Reconstructive Surgery Training*

1. Congenital deformities such as cleft lip and cleft palate, Hypospadias, microtia
2. Treatment of Burn
3. Microvascular Surgery
4. Oro-Maxillo-Facial Surgery
5. Treatment of skin tumours
6. Hand Surgery
7. Breast Surgery (tumour surgery, reconstruction & aesthetic surgery)
8. Treatment and Reconstruction of Head and neck Tumours & conditions
9. Laser Treatment
10. Aesthetic Surgery

One wonders why we have to go through so much for the training of a plastic surgeon or cosmetic surgeon and the answer is only one word, Safety!

Now I will go on to explain to you the origin and the development of cosmetic surgery in the world and in Hong Kong.



The love of beauty is inborn in humans and even in animals. Good appearance has the advantage of better job advancement, easier to find a mate of the opposite sex.

In Chinese history several thousands years ago in the Tsun Dynasty, people then tried to search for eternal health and beauty and in the Tong Dynasty, ladies tried to care for their eyebrows and treatment of black heads on the face.

Scientifically and medically speaking, cosmetic surgery had its origin in 1800 in early America and Europe; writings could be found in the cosmetic treatment of eyelids, facial wrinkle, rhinoplasty and protruding ears.

The following cosmetic surgeons had performed different cosmetic surgical operations.

- Diffenbach-in mid 1800-external incision in the facial region
- J.O.Roe-1887-introduced intranasal correction of the nose
- Jacques Joseph 1898 in Berlin- external excision for correction of big nose
- Ely 1882 and Kolle 1911 in New York first correction of protruding ears
- Madame Noel and Charles Conrad Miller 1906-operation of eye bag and crowfeet
- Eugene Hallander (1867-1932) of Berlin-Removing facial wrinkles
- Passot 1919 (1886-1933) did similar operation

During those early period of the 20th century, most of the cosmetic operations were not welcomed by the surgical communities. Cosmetic surgeons were looked down because it was thought that they were not saving lives and their operations were unnecessary. At the same time the numbers of trained surgeons to perform cosmetic surgeries were limited. Many unscrupulous untrained physicians took this opportunity to perform cosmetic surgeries. The name of cosmetic surgery and the cosmetic surgeons were tabooed due to a large number of complications.

After the Second World War, due to the great economic boom, the demand for cosmetic surgeries mushroomed and there were many trained plastic surgeons and cosmetic surgeons came to the service. The results of their surgeries became safer and more successful and they were finally accepted by the surgical fraternity and the public.

Starting in 1968 in USA, a group of plastic surgeons saw the need to form a society of cosmetic surgery with the objective to inform and educate the public that well trained cosmetic surgeons armed with their solid background of plastic surgery, cosmetic surgeries can be performed with safety and satisfaction. Their membership is now well over 5,000.

Most countries in the world have similar societies established. Several years later the International Society of Aesthetic Surgery, the so called ISAPS was formed with membership from all over the world. They are all certified plastic surgeons.

In Japan – according to one of the pioneers of Japanese plastic surgery Dr. Uchida, in his book he stated, after the 2nd World War, Cosmetic Surgery was handled by

many unscrupulous operators and was a shame. In 1955 the Japan Plastic Surgery Society was formed and cosmetic surgery began to have a formal development.

In the region of South East Asia, it was discovered that Asians have much different features from Caucasians. Cosmetic surgeries are invented to treat them differently and accordingly, a society was formed by a group of cosmetic plastic surgeons from several South East Asian countries in 1988. It is called the Oriental Society of Aesthetic Plastic Surgery (OSAPS). Membership countries include China Mainland, Hong Kong, Japan, Taiwan, South Korea, the Philippines, Indonesia, Malaysia and Singapore Membership now numbered several hundred.

You may be interested to know the practice of plastic surgeons and cosmetic surgeons in Hong Kong. Practice of Cosmetic surgery in Hong Kong

- 1964-67, already had 3 certified plastic surgeons performing cosmetic surgery
- 1967 – Formation of Hong Kong Society of Plastic Surgeons
- 1990 – since the formation of the plastic surgery board, over a dozen of plastic surgeons were practising cosmetic surgeries. There were 39 certified plastic surgeons then.
- 2010-over 40 certified plastic surgeons, over half are in private practice, a great % of their practice are in cosmetic surgeries
- In Summary, the practice of cosmetic surgery and plastic surgery in Hong Kong is well organised.

My message today Ladies and Gentlemen, Hong Kong has and has had the services of properly trained cosmetic surgeons for years. We would like the public to know that before they look for cosmetic surgical treatments, they can obtain the names of properly certified plastic and cosmetic surgeons from the Hong Kong Medical Association, the Hong Kong Federation of Medical Societies, the Medical Council and from today on the Hong Kong Association of cosmetic surgery.

I would like to share with you the advances of cosmetic surgeries in this century:

Many new techniques are found in all aspects of cosmetic surgeries, with excellent results and above all with safety. Now I would like to list out some of the highlights.

Facial rejuvenation is done with better and longer lasting results. Eyelid surgeries can offer many new techniques to obtain better and younger appearance.

Nose surgeries are being performed with precision and improved techniques in sculpturing and manipulation of the nasal anatomy specially the tip. The nose can be made longer, shorter and in all dimensions to have a better looking nose.

Breast surgeries are being performed with much improved materials for augmentation since the discovery of the use of silicone prosthesis in the early sixties by Dr. Cronin in U.S.A.



A variety of super techniques have been invented for breast reduction with excellent results and above all with absolute safety.

Body sculpture has great results with a number of devices since the day of discovery by a French surgeon Dr. Illeus in the late 70's

Minimally invasive procedures enjoy a fantastic boom in the last 10 years. You probably already know the use of Botulinum Toxin to remove wrinkles. It enjoys a more than double digit growth annually.

Various kinds of fillers to treat facial wrinkles and depression are being used with good results and safety. The use of special sutures to suspend the droopy facial features were invented about 10 years ago. The technique may be called the weekend facial lift with practically very little or no downtime although the result may only last for weeks or months.

Hair transplant is being done with much natural results with minigraft or unigraft, it used to be performed with great difficulty and less perfection.

Skin pigment, various vascular problems and unwanted hair growth or many other skin ailments may be treated with numerous new laser technologies.

The discovery of stem cells offers great future in tissue engineering. We are awaiting the final report before it can be applied to plastic and cosmetic surgeries on a wider scale.

Future challenges :

1. Plastic surgeons and cosmetic surgeons are researching methods to reduce surgical scarring and patient recovery time.
2. Devising new outcomes studies to prove with comprehensive data the quality improvements that plastic and cosmetic surgery provides via its vast array of procedures.
3. Some researchers are now trying to unblock the secrets of growth – factor environment of the womb where scars healing takes place, so that this knowledge can be applied to cosmetic and plastic surgery.

While the specialty of cosmetic surgery enjoys a fantastic growth all over the world in this decade, there is a hidden concern similar to the event occurred in the early 19th century. Many untrained physicians try to perform cosmetic operations. There are hundreds of cosmetic surgery advertisements, all promise to produce impossible and magical results. The gullible public has no way in knowing the quality and safety of their services done by untrained physicians. There have been a large number of patients suffering from dreadful complications and some were irreparable. I point this out to serve as a reminder of what could happen. This are similar situations happening in many regions, thus some governments like France started to place restrictions, i.e. cosmetic surgeries can be performed only by properly trained surgeons such as the plastic surgeons.

I therefore would like to take this opportunity to inform our public, before they jump for a cosmetic surgical treatment, make certain to go to the proper channels which I already stated earlier where to find them.

## 7<sup>th</sup> CUHK Dermatology Symposium & Social Hygiene Symposium

31 October 2010 (Sunday)

Postgraduate Education Centre, Prince of Wales Hospital  
Shatin, New Territories, Hong Kong

**EARLY BIRD**  
24 SEPTEMBER 2010

**Dr. CHAN Po Tak**

Recombinant Desmoglein: Contribution to the understanding in Pathophysiology of Pemphigus

**Dr. CHENG Kim Fung**

Adolescent Sexually Transmitted Diseases in a Male Social Hygiene Clinic

**Dr. CHENG Tin Sik**

Environmental Factors and Skin

**Prof. GIAM Yoke Chin**

Neonatal Dermatology - Skin Barrier in relationship to Neonatal Problems, some Ichthyoses and Management

**Prof. Ellis HON**

Myths About Childhood Eczema in Hong Kong

**Dr. Peter KU**

Management of Keloid and Hypertrophic Scar

**Prof. LEUNG Ping Chung**

Integrated Approach to Research on Chinese Medicine and Some Examples Related to Skin

**Dr. LO Kuen Kong**

Review of Genital Wart

**Dr. David LUK**

Cross Sectional Study with Self-administrated Questionnaire for the Point Prevalence of Hand Eczema among Nurses in a Regional hospital and the Possible Risk Factor(s)

**Dr. Rikako SASAKI**

Skin Care for Baby

**Dr. Moniz WONG**

Recent Advance in the Laser Treatment of Pigmented Lesions

**Dermatology Research Centre  
Department of Medicine & Therapeutics  
The Chinese University of Hong Kong**



**Social Hygiene Service  
Centre for Health Protection, Department of Health**



**Conference Secretariat**

7<sup>th</sup> CUHK Dermatology Symposium & Social Hygiene Symposium  
c/o Department of Otorhinolaryngology,  
Head and Neck Surgery  
The Chinese University of Hong Kong  
Prince of Wales Hospital, Shatin, N.T., Hong Kong

Tel : (852) 2632 1407 Fax : (852) 2145 8876

Email : tanny@cuhk.edu.hk

Website : www.ent.cuhk.edu.hk/ds2010



Sponsored by:



# Hot Property?! The Australian & UK Markets



Drink and snacks  
will be served.

National Australia Bank, a one-stop bank for Hong Kong, Australian and UK property loans, and FMSHK invite you to learn more about investment in Australian & UK properties.

**This seminar will address the UK & Australian property markets, including recent trends, buying patterns, and the pros and cons to be considered by property investors in these regions.**

- Date:** Tuesday 21 September 2010  
**Time:** 7:00pm - 9:00pm  
**Venue:** Lecture Hall, FMSHK, 4/F Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai  
**Speaker:** Mr Darien Bradshaw, Regional Director, Colliers International  
**RSVP:** Ms Erica Hung on 2527 8898 or email [erica.hung@fmshk.org](mailto:erica.hung@fmshk.org)

# Hong Kong's **MOST ADVANCED** Cord Blood Bank Facility

In March this year, CordLife announced the Grand Opening of its HK\$20 million flagship facility in the region at Hong Kong Science Park. The larger and newly-enhanced facility locates at the park's Biotech Centres, the only cluster of buildings dedicated for the biotechnology industry in Hong Kong capable of supporting the stringent safety requirements required for banking cord blood.

Capable of storing 50,000 cord blood units, CordLife's newly upgraded 24/7 facility has been built to the most rigorous international standards set by AABB and ISO. The Cord Blood Processing Suite and Cryopreservation Suite, controlled via the state-of-the-art Laboratory Monitoring System, are equipped with the best processing and storage technologies-fully-automated Sepax™ and MVE Anti-contamination Vapour-phase Liquid Nitrogen Storage System.

To know more about CordLife and its top-notch laboratory, please visit

[www.cordlife.com](http://www.cordlife.com)



## No. 1 cord blood bank in Asia Pacific

Listed on the Australian Securities Exchange, CordLife operates the most experienced and largest network of cord blood banks in Asia Pacific. In 2009, CordLife was named among the top 50 fastest growing publicly listed companies in Asia<sup>1</sup>. We are financially and professionally well-positioned for the long haul.



She couldn't sit nor speak at the beginning and her muscles were tensed. In these two months, her condition has improved. She can sit up on her own now. Physiotherapy and occupational therapy show good progress. Her muscles are relaxed. These show that her brain has improvement.

**Dr. Keith Goh,**  
*lead clinician and neurosurgeon,*

commented on his patient Georgia Conn 3 months after the first cord blood transplant to treat cerebral palsy in Singapore. Georgia's cord blood had been stored at CordLife before transplant.

Oriental Daily News, 3 December 2009



1. BioSpectrum Bureau/Magazine's website. ([www.biospectrumasia.com/content/07030808th5721.asp](http://www.biospectrumasia.com/content/07030808th5721.asp))  
\*ACORN: 2010 Hong Kong O&G Specialists Survey



## Public Cord Blood Bank – Present and Future

### Dr. Cheuk-kwong LEE

Senior Medical Officer, Hong Kong Red Cross Blood Transfusion Service



Dr. Cheuk-kwong LEE

Banking of umbilical cord blood is not only having clinical values in saving patients' lives through unrelated haematopoietic stem cells transplantation, but also growing more popular in the private market to serve as a biological insurance. Dr Lee went through the latest development in a public cord blood bank. Around the world, there were more than 530,000 units of umbilical cord blood units stored in public banks and about 100,000 were kept in various private ones in Asia in 2009. In the same year however, only 3749 units were used for unrelated haematopoietic stem cells transplantation of which one third was used in paediatric patients. Nevertheless, there was a trend of growing popularity in the use of umbilical cord blood.

Hong Kong has its public cord blood bank run by the Hong Kong Red Cross Blood Transfusion Service and stores more than 3600 units. More than 50 patients have received unrelated cord blood from this public bank and a number of them have been successfully treated and

are free from disease. With a growing need in looking for alternative sources of haematopoietic stem cells for adult patients and double units of umbilical cord blood for transplantation, the public cord blood bank has recently revised its target inventory size aiming to provide better matched umbilical cord blood units (5 out of 6 HLA antigen matched) to more than 90% of patients.

Dr Lee expressed his view on the future position of the public cord blood bank that it will still focus on transplantation application but noted that other potential clinical applications were emerging and should be actively monitored. The latter might have a significant impact on the umbilical cord blood units demand if clinical efficacy is proven of value. However, he stressed that the emerging clinical applications of the use of the stem cells derived from umbilical cord blood remains experimental. It was too early to conclude the value of biological insurance.

## Umbilical Cord Blood Collection: an Obstetrician's Perspective

### Dr. Dominic FH LI

Specialist in Obstetrics & Gynaecology



Dr. Dominic FH LI

Umbilical Cord Blood Storage has been in practice in Hong Kong for over a decade. For private cord blood banking this is only available for deliveries at private hospitals and the collections are mostly performed by obstetricians. This can be performed after the baby is born with the placenta in utero or ex-utero after the placenta is delivered. The collection can also be done after a vaginal delivery or caesarean section. In September 2009, the first case of autologous cord blood stem cell infusion from Hong Kong was performed at Duke University, USA to treat a seven-year-old girl who suffered from cerebral palsy. The stem cells were found to be 100% recoverable and viable after having been stored for 7 years. Her clinical response is still under close monitoring.

Cord blood collection is not without problems. In a recent mortality and morbidity meeting at a private hospital, we found that 28% of patients with primary postpartum haemorrhage were due to cord blood collection during delivery. The reasons could be as follows:

1. Delay in delivery of the placenta leading to a prolonged third stage of labour
2. Prolonged bleeding of the uterine incision during caesarean section while cord blood collection is being performed in utero
3. Bleeders at corners of the uterine incision were not controlled before cord blood collection
4. Delayed usage of uterotonic medications to improve uterine contraction at the third stage of labour

Collecting cord blood ex-utero and the timely use of uterotonic medications can help to reduce the problem of PPH. Active and quick haemostasis of either the uterine or vaginal wound is important to reduce blood loss. Collection of cord blood should not be performed at the expense of the well-being of the mother and newborn.

Recently there are concerns on who should be the qualified persons to do the cord blood collection. Whether guidelines on umbilical cord blood collection and storage are required is another issue worth consideration. In United Kingdom, cord blood collection



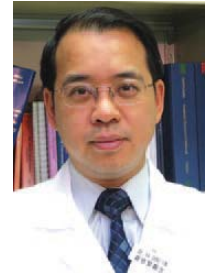
is regulated by the Human Tissue Authority (HTA). A HTA licence is required for the institute and a Third Party Agreement is also required. The HTA regulations stress on four aspects of cord blood collection: SAFETY, QUALITY, CONSENT AND LAWFULNESS. At the present moment in Hong Kong, there is no

establishment of an HTA and there are no guidelines on cord blood collection and storage. Obstetricians are usually the first persons pregnant mothers will seek for advice on cord blood storage. The moral and legal obligations of the obstetricians to their patients are issues worth studying.

## Cord Blood Banking: a Paediatrician's Perspective

Dr. Shau-yin HA

Department of Paediatrics and Adolescent Medicine, Queen Mary Hospital, the University of Hong Kong



Dr. Shau-yin HA

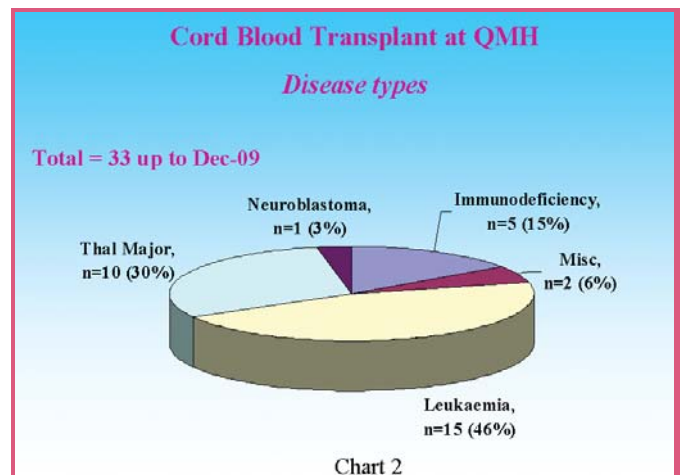
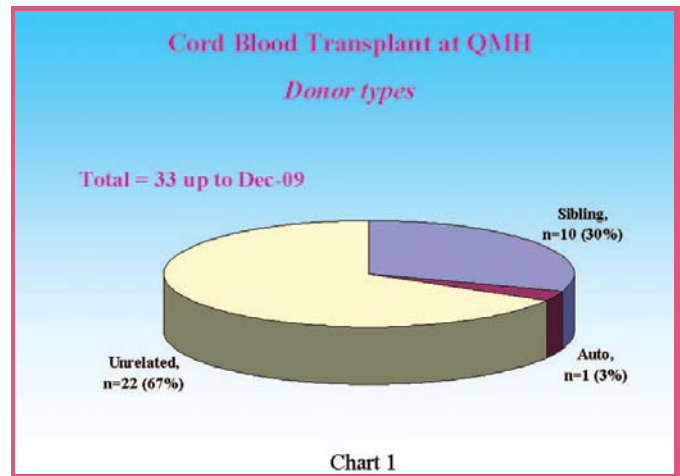
Since the first successful case of cord blood transplantation (CBT) was reported in the late 80', cord blood (CB) has been increasingly used for transplantation in patients with serious haematological disorders. It is now one of the options of haemopoietic stem cell sources other than bone marrow (BM) and peripheral blood stem cells (PBSC).

We performed the first CBT in Hong Kong for a child with thalassaemia major in 1994. Cord blood transplant has since been performed for various diseases including leukaemia, immunodeficiency syndromes, rare disorders such as osteopetrosis and recently, advanced solid tumour. At Queen Mary Hospital, cord blood was the stem cell source in 33 (13%) of 245 paediatric transplants (Chart 1 and 2). Transplantation using matched sibling cord blood has achieved excellent results in all the patients with thalassaemia major, who became transfusion free after the procedure. For other disease types, CBT results in outcome comparable to transplantation using BM or PBSC. There are pros and cons in using cord blood and the selection depends on consideration of factors such as cell doses, urgency for transplant and availability of suitable cord blood units.

There are 3 forms of cord blood banking, namely hospital based storage for directed patient use, public banking for altruistic use, and private banking for own use. The concern about hospital based cord blood storage is the possibility of unnecessary intervention on sibling foetus as parents may wish to have a savior baby. For public cord blood banking, there is the obvious resource implication and concern about the utilisation rate.

More controversies have occurred surrounding private (autologous) CB banking and the medical field initially looked with skepticism, especially on issues of profit making and the queries about promotion on potential uses which may not be evidence-based. To address these controversies, the following questions need consideration. Firstly, is it true that the stored cord blood units have a reasonable utilisation rate? Secondly, is it true that there is no alternatives? If alternatives are available, is CB the superior source of the stem cells? Thirdly, is it true that the cost and resources are affordable and worth spending? Lastly, is it true that the current CB banking systems, the software and hardware

are reliable? For private CB banking, it should be an individual's choice of "insurance" in view of the low application and availability of alternatives. The parents should make their own choices after receiving proper information and giving consent. Special attention is required on different issues, i.e. accreditation and regulations, quality control, protection of consumers' rights, and conflict of interests for the involved parties.





**The Most Recommended**  
**cord blood bank by**  
**Private O&G Doctors<sup>1</sup>**  
**70% parents entrusted HealthBaby<sup>2</sup>**

Source 1: IMS-2010 Cord Blood Bank Market Research in Hong Kong  
 Source 2: Synovate Healthcare 2009 Cord Blood Bank Survey

**Healthbaby Group has cryo-preserved ~60,000 cord blood units**



Service Hotline  
**3188 8899**  
[www.healthbaby.hk](http://www.healthbaby.hk)

HealthBaby laboratory is:



# CRYOLIFE

生命之緣家庭臍血庫

Since 1996 in Hong Kong

## Leading the way in Asia for 14 years

Pass on love with cord blood banking



Founded in 1996, we are safeguarding the health of over 15,000 families with advanced technology and world-class facilities. Preserving the love of parents. Be your most trusted guardian angel.

Enquiry hotline : 2110 2121 [www.cryolife.com.hk](http://www.cryolife.com.hk)



香港Q標優質服務計劃  
Hong Kong Q-Mark  
Service Scheme





## Potential Use of Umbilical Cord Blood Cells in the Treatment of Spinal Cord Injury

**Dr. Gilberto KK LEUNG**

*Assistant Professor, Department of Surgery, The University of Hong Kong*



Dr. Gilberto KK LEUNG

Spinal cord injury (SCI) is a major cause of mortality and morbidities. Functional recovery from severe SCI is often unsatisfactory due to the numerous obstacles against neuronal regeneration within the central nervous system. These include the inhospitable environment for axonal re-growth and survival at the injury site, the long distance taken for axons to re-grow towards the target organs, the presence of molecules which inhibit regeneration, the lack of growth factors, and the formation of glial scar. While many therapies have been developed to overcome these factors individually, it is likely that a clinically efficacious treatment needs to address all these obstacles.

Cellular transplantation has received considerable attention recently as a therapeutic approach to promote the regeneration of neurons across the injury site in SCI. Transplanted cells with neuro-regenerative potential, including Schwann cells and mesenchymal stem cells, have been shown to survive and proliferate within the host spinal cord, and were able to bridge the injury site. Umbilical cord blood (UCB) cells have emerged as another promising candidate. The mononuclear cell fraction of UCB contains stem cells, as well as other cells such as lymphocytes, macrophages, and other monocytes. For SCI, most investigators focused on using CD34<sup>+</sup> cells, which are generally considered to be haematopoietic stem cells.

Human UCB (hUCB) cells have long been used to treat haematopoietic disorders with an excellent safety record. In experimental SCI studies, both intravenous infusion and intraspinal transplants of human CD34<sup>+</sup>

hUCB cells were found to improve recovery in various rodent and canine models.<sup>1-2</sup> Nishio et al demonstrated that intraspinally injected hUCB cells were able to reduce the size of cystic cavities at the injury site, promote distal axonal re-growth, and improve lower limb locomotor functions in rats. However, there was no evidence of trans-differentiation of the transplanted cells into neurons or glial cells. The mechanisms by which transplanted hUCB cells produce histological and functional improvement are incompletely understood. More recent studies indicated that hUCB cells may reduce apoptosis in the injured spinal cord and promote the remyelination of injured axons.<sup>3</sup>

hUCB is a promising candidate for clinical transplantation since it is versatile, readily available, relatively easy to handle, and arouses fewer ethical controversies. There is as yet no published controlled study on the clinical efficacy of hUCB transplantation for SCI although some institutions have indicated possible benefit in individual cases. At present, the two medical schools in this locality are involved in a Phase I/II trial on the safety and feasibility of hUCB cells transplantation in chronic SCI patients in collaboration with other overseas investigators.

### References

1. Nishio Y, et al. The use of hemopoietic stem cells derived from human umbilical cord blood to promote restoration of spinal cord tissue and recovery of hindlimb function in adult rats. *J Neurosurg Spine*. 5(5):424-433, 2006.
2. Lim JH, et al. Transplantation of canine umbilical cord blood-derived mesenchymal stem cells in experimentally induced spinal cord injured dogs. *J Vet Sci*. 8(3):275-282, 2007.
3. Disari et al. Axonal Remyelination by Cord Blood Stem Cells after Spinal Cord Injury. *J Neurotrauma*. 24(2):391-410, 2007.

## Umbilical Cord Blood Transplantation in Children

**Dr. Chi-kong LI**

*Department of Paediatrics, Prince of Wales Hospital, The Chinese University of Hong Kong*



Dr. Chi-kong LI

Bone marrow transplantation (BMT) has been extensively applied in the treatment of blood cancers and other severe haematological or hereditary diseases. However BMT is limited by the availability of a HLA compatible donor, either from a matched family donor or an unrelated bone marrow donor. Since the first umbilical cord blood transplantation (UCBT) was performed in 1989 for a patient with Fanconi Anaemia, there had been rapid development of UCBT activity. The recent results showed that the outcome of UCBT was comparable to unrelated bone marrow donor transplantation for leukaemia and other fatal hereditary diseases in children. The international transplant registry data showed that over 40% of the unrelated donor transplant in children were from UCBT. Unrelated

UCBT is now considered as an alternative source of allogeneic stem cells for transplantation in children with severe genetic diseases and malignant disorders. With the establishment of public cord blood banks in different countries, the number of UCBT is rapidly increasing. The advantage of UCBT is a short searching time (< 4 weeks) which is especially important for leukaemia patients requiring rapid transplant. UCBT is also associated with less severe graft versus host disease that allows less strict requirement of HLA matching between donor and recipient. One to two antigen mismatched (out of 6 antigens) is acceptable for UCBT and this increases the chance of searching a compatible cord blood unit for transplant. One study in US showed that 93% of UCBT performed were 1 to 2 antigen mismatched.



The following diseases have been successfully treated with unrelated UCBT: acute leukaemia, severe immunodeficiency diseases, some inborn errors of metabolism such as mucopolysaccharidosis. One of the limiting factors for successful UCBT is the adequate stem cell dose in the cord blood unit. The number of stem cells (per recipient body weight) predicts the chance of successful engraftment, thus most of the UCBT were performed in children or adults of smaller body size. With the expansion of public cord blood banks, thus better quality cord blood units (i.e. higher cell dose and better HLA matched) can be identified for bigger size patients. There is now a trend of using UCBT in adults more frequently in some countries, such as over 50% of unrelated donor transplant in Japan are from UCBT. The number of stem cells in each

cord blood unit is finite and a matched UCB unit may not contain enough progenitor cells for a successful transplant. Recent reports showed that combining two cord blood units will achieve a higher cell dose and also engraftment rate without an increase of complications. PWH has started the unrelated UCBT programme since 1998, and only 19 UCBT performed in the first 8 years. With the introduction of double unit UCBT in 2006, 20 UCBT were performed in 3 years period, of which 17 were double unit UCBT. With further expansion of the Hong Kong Red Cross Blood Transfusion Service public cord blood bank, it is anticipated that a 10000 units inventory will provide 92% chance to find a good matched cord blood unit for transplant, i.e. virtually all children requiring transplant should have a suitable donor identified.

## The 3<sup>rd</sup> Hong Kong International Burns & Wound Healing Symposium

Advanced scientific knowledge into clinical practice

Burns & Wound Care

MRSA Control

Cosmetic Surgery

Stem Cells Technology

### Scientific Programme Highlights

- Chemical assault burns in Hong Kong
- Medical and surgical treatment of chemical burns
- Post-irradiation lymphoedema & wounds in advanced malignant disease
- Latest development of MRSA control
- Cosmetic surgery
- Stem cells and tissue engineering
- Nutrition therapy in wound healing: Western and Chinese perspectives

### Symposium Features

- Leading international and local experts will present cutting edge scientific findings as these relate to clinical practice
- The scientific programme has multiple interactive sessions and hands-on workshops
- Live demonstrations of new wound management products, techniques & skills
- CME and CNE accredited

### Who Should Attend

- Medical Doctors
- Nurses
- Allied Health Professionals
- Research Scientists
- Medical / Nursing / Allied Health / Research Students

### Overseas Faculty

Roelf BREEDERVELD, Holland  
 Wook CHUN, Korea  
 Sandy DEAN, Australia  
 Isao KOSHIMA, Japan  
 Peter MAITZ, Australia  
 David MILLISS, Australia

Pornprom MUANGMAN, Thailand  
 Att NITIBHON, Thailand  
 Anthony SPARNON, Australia  
 Andrew WILLIAMS, UK  
 Kotaro YOSHIMURA, Japan

### Local Faculty

Tor CHIU	Walter KING	Peter PANG
Chi Wai HO	Shekhar KUMTA	David WONG
Margaret IP	Lai Na LEE	SY YING

### Date

27-28 November 2010

### Venue

Auditorium  
Main Clinical Block and Trauma Centre  
Prince of Wales Hospital  
Shatin, Hong Kong

### Organisers



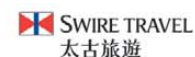
Division of Plastic, Reconstructive & Aesthetic Surgery, Department of Surgery  
The Chinese University of Hong Kong

Prince of Wales Hospital

### Major Sponsors



### Conference Secretariat



T: (852) 3151 8900; F: (852) 2590 0099  
E: woundhealing2010@swiretravel.com

Website : [www.surgery.cuhk.edu.hk/woundhealing2010](http://www.surgery.cuhk.edu.hk/woundhealing2010)

Email : [Woundhealing2010@swiretravel.com](mailto:Woundhealing2010@swiretravel.com)





## “Driving Talk & Test Drive Day” at Hong Kong Disneyland (July 25, 2010)



On July 25, we experienced a wonderful members' day with overwhelming success ~ Driving Talk & Test Drive Day at the Hong Kong Disneyland Hotel, which was a fantastic crossover collaboration between the FMSHK and Lexus.

The fun day was a nice mix of practical yet entertaining talks delivered by Dr H.K. Mong, Chairman of the Institute of Advanced Motorists, & the Lexus customer service representatives; a cozy & delicious lunch buffet, a lucky draw with decent gifts of Lexus watches & crystals, a seamless arrangement for the test drive and some lovely kids entertainment with games & magic activities.

There was very good attendance with 166 participants, and we were glad to have been able to provide a fun day with various activities to both our members and their families, which added leisure to their hectic professional work life.

Here, we have to salute our excellent FMSHK Secretariat team and our great collaboration partner, Lexus, who together delivered professional secretarial and event management services to make the day a great day. Moreover, we were delighted to have the prestigious presence of our Executive Council members and many Federation friends, who made the event a very memorable one!

Thank you for your continuing support and look forward to seeing you in our various activities soon!





The Paediatric Neurology Association of Hong Kong (PNAHK) was inaugurated on December 4 2009. The aim of the Association is to maintain and advance the knowledge and the standard of management and care for children and adolescents with neurological disorders in Hong Kong.

The PNAHK also acts as an advocate for these children and adolescents with developmental, educational and rehabilitation needs.

The Association organises scientific, academic and social meetings in order to encourage interchange of ideas with consensus on standardisation and cooperation in the management of neurological disorders in children. In addition, it coordinates territory-wide paediatric neurology services, researches and training and the most important mandate is the accreditation of this subspecialty in Hong Kong. Local, national, regional and international organisations interested in the field of paediatric neurology will be liaised to achieve the objective of our Association.

The founding members of our Association consisted of 33 paediatric neurologists from all 12 public hospitals under the Hospital Authority, 2 academic institutes (the University of Hong Kong and the Chinese University of Hong Kong) and the private sector in Hong Kong. The Founding President is Professor Virginia Wong (the University of Hong Kong); Vice President is Dr Wu Shun-ping (Associate Consultant of Queen Elizabeth Hospital); Honorary Secretary is Dr KWONG Ling, (Consultant of Tuen Mun Hospital) and the Honorary Treasurer is Dr Chan Kwok-yin (Consultant of Princess Margaret Hospital). Most of our members had been members of the Asian Oceanian Association of Child Neurology (AOACN) and the International Child Neurology Association (ICNA).

Any Paediatric fellow who is fully registered under the Medical Registration Ordinance and has completed training in paediatric neurology shall be eligible for application to be admitted as a Full Member of the Association upon the written recommendation of two Full Members of the Association. Any person who is interested in the field of paediatric neurology but is not qualified as Full Membership shall be eligible for application to be admitted as an Associate Member of the Association upon the written recommendation of two Full Members.

The theme of our inauguration symposium was "Neurometabolic and Neurotransmitter Diseases" with experts invited from the University of Melbourne. Regular bimonthly scientific meetings and annual scientific meetings are organised. We look forward to future cooperation with all our international paediatric neurologists who are dedicated to improve the care of neurodevelopmental disorders in children.

## News from Member Societies

### 1. Hong Kong Society of Critical Care Medicine

Updated office-bearers for the year 2010-2011 are as follows: President: Dr. Wing-wa YAN; Honorary Secretary: Dr. Alfred Yan-fat CHAN; Honorary Treasurer: Dr. Osburga Pik-kei CHAN

### 2. Hong Kong Society of Orthodontists

Updated office-bearers are as follows: President: Dr. Vincent LEUNG; Honorary Secretary: Dr. C.D. TRAN; Honorary Treasurer: Dr. Lily SHUM

### 3. Hong Kong Urological Association

Updated office-bearers for the year 2010-2012 are as follows: President: Dr. Peggy Sau-kwan CHU; Honorary Secretary: Dr. Steve Wai-hee CHAN; Honorary Treasurer: Dr. Chi-wai FAN

### 4. The Hong Kong Medical Association

Updated office-bearers for the year 2010-2012 are as follows: President: Dr. CHOI Kin; Honorary Secretary: Dr. Fook-kay LEE; Honorary Treasurer: Dr. Chi-chiu LEUNG

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



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<p>*MPS - Mastering Adverse Outcomes</p> <p>*HKMA Badminton Tournament</p> <p><b>5</b></p>	<p>*A Pregnant Lady with Bleeding Renal Tumour</p> <p><b>6</b></p>	<p>*FMSHK Officers' Meeting</p> <p>*HKMA Council Meeting</p> <p><b>7</b></p>	<p>*HKMA Central, Western &amp; Southern Community Network - CME Lecture on Cardiovascular Disease (Pending)</p> <p>*MPS - Mastering Your Risk</p> <p>*HKMA - "Practical Health Informatics Course for Doctors" (II)</p> <p><b>8</b></p>	<p>HKMA Hong Kong East Community Network - Lecture Series on BPH &amp; Common Urological Diseases for Men after 50s' (Series One)</p> <p><b>2</b></p>	<p>Joint Surgical Symposium - Management of Recurrent Head and Neck Cancer</p> <p>*HKMA Kowloon East Community Network - Update on the Management of HRT</p> <p><b>3</b></p>	<p>*MPS - Mastering Your Risk</p> <p>*HKMA 90th Anniversary Singing Contest</p> <p><b>4</b></p>
<p>*MPS - Mastering Adverse Outcomes</p> <p>*HKMA Certificate Course on Family Medicine 2010</p> <p>*2010 Paediatric Grandrounds: Challenging Clinical Problems</p> <p>*Shanghai Expo Trip (4 days)</p> <p><b>12</b></p>	<p>*MEHK Association Forum for the Medical Industry in Hong Kong</p> <p><b>13</b></p>	<p>*Certificate Course in Critical Thinking &amp; Decision Making in Managing Nursing Practice (Code No. TC-CTD-10-01)</p> <p>*Certificate Course - Ward Management Module II</p> <p>*Service (Code No. TC-WM-II-10-02)</p> <p>*HKMA HK East Community Network - Advance in Diagnosis and Management of Allergic Rhinitis &amp; Rhinosinusitis</p> <p><b>14</b></p>	<p>*HKMA - "Practical Health Informatics Course for Doctors" (III)</p> <p>*MPS - Mastering Adverse Outcomes</p> <p>*HKMA Yau Tsim Mong Community Network - Use of Vaginal Probiotic in Clinical Practice</p> <p>*MEDICAL FAIR ASIA 2010 - 8th International Exhibition on Hospital, Diagnostic, Pharmaceutical, Medical &amp; Rehabilitation Equipment &amp; Supplies</p> <p><b>15</b></p>	<p>HKMA New Territories West Community Network - CME Lecture on Hypertension (Pending)</p> <p>(1) One Surprise after Another! (2) "I Have the Disease, I am so Lucky!"</p> <p>*MEDICAL FAIR ASIA 2010 - 8th International Exhibition on Hospital, Diagnostic, Pharmaceutical, Medical &amp; Rehabilitation Equipment &amp; Supplies</p> <p><b>16</b></p>	<p>Certificate Course in Wound Management (Code no. TC-WC-10-01)</p> <p>HKMA Shatin Doctors Network - Key to Sustainable Glycemic Control in T2DM</p> <p>*MEDICAL FAIR ASIA 2010 - 8th International Exhibition on Hospital, Diagnostic, Pharmaceutical, Medical &amp; Rehabilitation Equipment &amp; Supplies</p> <p><b>17</b></p>	<p>*MPS - Mastering Adverse Outcomes</p> <p>*Medical Expert Witness Training</p> <p><b>18</b></p>
<p>*MPS - Mastering Adverse Outcomes</p> <p>*HKMA Badminton Tournament</p> <p>*Medical Expert Witness Training</p> <p>*HKMA Yau Tsim Mong Community Network - Thyroid Disease Seminar</p> <p><b>19</b></p>	<p><b>20</b></p>	<p>*Certificate Course in Critical Thinking &amp; Decision Making in Managing Nursing Practice (Code No. TC-CTD-10-01)</p> <p>*Certificate Course - Ward Management Module II Managing Respite in Health Service (Code No. TC-WM-II-10-02)</p> <p>*HKMA Kowloon West Community Network - Certificate Course on Dermatology Session I (Eczema and Tinea Unguim Management - Any Update?)</p> <p><b>21</b></p>	<p>*HKMA - "Practical Health Informatics Course for Doctors" (IV)</p> <p>*HKMA Golf Tournament</p> <p><b>22</b></p>	<p>HKMA New Territories West Community Network - CME Lecture on Influenza Vaccine (Pending)</p> <p>*HKMA Yau Tsim Mong Community Network - Community Disease Screening and Treatment ("Screening for hypertension and complications", "Treatment Strategy") (Pending)</p> <p>*FMSHK Executive Committee Meeting</p> <p><b>30</b></p>	<p>Certificate Course in Wound Management (Code no. TC-WC-10-01)</p> <p><b>24</b></p>	<p>*Transitions in Midwifery and their Impact</p> <p><b>25</b></p>
<p>*A day tour on Tung Ping Island</p> <p>*Joint Professional Table-Tennis Tournament 2010</p> <p>*HKMA Tennis Tournament</p> <p><b>26</b></p>	<p><b>27</b></p>	<p>*Certificate Course in Critical Thinking &amp; Decision Making in Managing Nursing Practice (Code No. TC-CTD-10-01)</p> <p>*Certificate Course - Ward Management Module II Managing Respite in Health Service (Code No. TC-WM-II-10-02)</p> <p>*HKMA Kowloon West Community Network - Pneumococcal Vaccine (Pending)</p> <p><b>28</b></p>	<p>*MPS - Mastering Adverse Outcomes</p> <p>*HKMA Central, Western &amp; Southern Community Network - Use of Vaginal Probiotic in Clinical Practice</p> <p><b>29</b></p>	<p><b>23</b></p>	<p><b>24</b></p>	<p><b>25</b></p>



Date / Time	Function	Enquiry / Remarks
<b>1</b> 1:00 pm (8, 15, 22) <b>WED</b> 6:00 pm (5, 11, 12, 15, 18, 19, 29)	<b>HKMA - "Practical Health Informatics Course for Doctors" (I) - (IV)</b> Organiser: The Hong Kong Medical Association, Speakers: Mr. Edmund TSE; Mr. Michael CHIU & Mr. Clifford TSE, Venue: Lecture Theatre, Basement, Block A, Staff Quarters, Prince of Wales Hospital, 30-32 Ngan Shing Street, Shatin, N.T.  <b>MPS - Mastering Adverse Outcomes</b> Organiser: The Hong Kong Medical Association, Speakers: Various, Venue: The HKMA Dr. Li Shu Pui Professional Education Centre, 2/F, Chinese Club Building, 21-22 Connaught Road Central, Hong Kong or Mongkok	Miss. Carman WONG Tel: 2527 8285  Miss Viviane LAM Tel: 2527 8452 2.5 CME Points
<b>2</b> 1:00 pm (9) <b>THU</b>	<b>HKMA Hong Kong East Community Network - Lecture Series on BPH &amp; Common Urological Diseases for Men after 50s' (Series One &amp; Two)</b> Organiser: HKMA Hong Kong East Community Network, Speakers: Dr. LEUNG Yiu Lam Simon & Dr. LEE Chan Wing Francis, Venue: HKMA Head Office, 5/F., Duke of Windsor Social Service Building, 15 Hennessy Road, Hong Kong	Miss Alice TANG Tel: 2527 8285
<b>3</b> 8:00 am - 9:00 am <b>FRI</b> 1:00 pm	<b>Joint Surgical Symposium - Management of Recurrent Head and Neck Cancer</b> Organiser: Department of Surgery, The University of Hong Kong & Hong Kong Sanatorium & Hospital, Chairman: Prof. William I. WEI, Speakers: Prof. William I. WEI & Dr. Victor TO, Venue: Hong Kong Sanatorium & Hospital  <b>HKMA Kowloon East Community Network - Update on the Management of HRT</b> Organiser: HKMA Kowloon East Community Network, Speaker: Ms. Edith CHAN, Venue: Kwun Tong, Kowloon	Department of Surgery, Hong Kong Sanatorium & Hospital Tel: 2835 8698 Fax: 2892 7511 1 CME Point (Active)  Miss Alice TANG Tel: 2527 8285 2 CME Points
<b>4</b> 2:30 pm (8) <b>SAT</b> 7:00 pm	<b>MPS - Mastering Your Risk</b> Organiser: The Hong Kong Medical Association, Speakers: Dr. HAU Ka Lam & Dr. Danny LEE, Venue: The HKMA Dr. Li Shu Pui Professional Education Centre, 2/F, Chinese Club Building, 21-22 Connaught Road Central, Hong Kong or Mongkok  <b>HKMA 90th Anniversary Singing Contest</b> Organiser: The Hong Kong Medical Association, Venue: Leighton Hill Community Hall	Miss Viviane LAM Tel: 2527 8452 2.5 CME Points  Ms. Candy YUEN Tel: 2527 8285
<b>5</b> 1:00 pm (19) <b>SUN</b>	<b>HKMA Badminton Tournament</b> Organiser: The Hong Kong Medical Association, Chairman: Dr. NG Chun Kwan Alan, Venue: MacLehose Medical Rehabilitation Centre	Miss Peony CHAN Tel: 2527 8285
<b>6</b> 7:30 pm - 8:30 pm <b>MON</b>	<b>A Pregnant Lady with Bleeding Renal Tumour</b> Organiser: Hong Kong Urological Association, Chairman: Dr. CHU Sau Kwan Peggy, Speaker: Dr. CHEUNG Chi Kin Arthur, Venue: Seminar Room, G/F, Block A, Queen Elizabeth Hospital, Kowloon	Dr. HUNG Hing Hoi / Ms. Tammy HUNG Tel: 2958 6006 / 9609 6064 Fax: 2958 6076 / 8344 5115 1 CME Point
<b>7</b> 8:00 pm - 10:00pm <b>TUE</b> 8:00 pm	<b>FMSHK Officers' Meeting</b> Organiser: 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  <b>HKMA Council Meeting</b> Organiser: The Hong Kong Medical Association, Chairman: CHOI Kin, Venue: HKMA Head Office, 5/F., Duke of Windsor Social Service Building, 15 Hennessy Road, Hong Kong	Ms. Sonia CHEUNG Tel: 2527 8898 Fax: 2865 0345  Ms. Christine WONG Tel: 2527 8285
<b>8</b> 1:00 pm <b>WED</b>	<b>HKMA Central, Western &amp; Southern Community Network - CME Lecture on Cardiovascular Disease (Pending)</b> Organiser: HKMA Central, Western & Southern Community Network, Chairman: Dr. LAW Yim Kwai, Venue: The HKMA Dr. Li Shu Pui Professional Education Centre, 2/F, Chinese Club Building, 21-22 Connaught Road Central, Hong Kong	Miss Alice TANG Tel: 2527 8285
<b>9</b> 2:00 pm <b>THU</b>  (10,11,12)	<b>HKMA Structured CME Programme with Hong Kong Sanatorium &amp; Hospital Year 2010 - Common Endocrine Emergency</b> Organiser: The Hong Kong Medical Association, Speaker: Dr. LOK Kwok Wing, Venue: The HKMA Dr. Li Shu Pui Professional Education Centre, 2/F, Chinese Club Building, 21-22 Connaught Road Central, Hong Kong  <b>Shanghai Expo Trip (4 days)</b> Organiser: The Hong Kong Medical Association, Venue: Shanghai	Miss Viviane LAM Tel: 2527 8452 1 CME Points  Miss Peony CHAN Tel: 2527 8285
<b>10</b> 1:00 pm <b>FRI</b> 6:30 pm - 9:30 pm (17, 24)	<b>HKMA Shatin Doctors Network - Updates on Management of Rhinitis and Rhinosinusitis</b> Organiser: HKMA Shatin Doctors Network, Speaker: Dr. YIP Kim Kwong, Venue: Shatin  <b>Certificate Course in Wound Management (Code no: TC-WC-10-01)</b> Organiser: College of Nursing, Hong Kong	Miss Alice TANG Tel: 2527 8285 2 CME Points  Secretariat Tel: 2572 9255 Fax: 2838 6280 24 CNE/PEM Points
<b>11</b> 12:45 pm <b>SAT</b> 2:30 pm	<b>HKMA CME - 1) New Arena in Stroke Rehabilitation; 2) Psychology of Love and Marriage (從心開始)</b> Organiser: The Hong Kong Medical Association, Speakers: Dr. CHEUNG Kwong Yu Hobby & Dr. TAM Mo Shing Paul, Venue: Kowloon Hospital  <b>Refresher Course for Health Care Providers 2010/2011</b> Organiser: The Hong Kong Medical Association, Speaker: Dr. MENG Chia Shing William, Venue: OLMH	Miss Viviane LAM Tel: 2527 8452 2 CME Points  Miss Viviane LAM Tel: 2527 8452 2 CME Points
<b>12</b> 2:00 pm <b>SUN</b> 2:00 pm - 5:00 pm	<b>HKMA Certificate Course on Family Medicine 2010</b> Organiser: The Hong Kong Medical Association, Speakers: Prof. Albert LEE; Dr. WONG Chung Kwong, Queen Elizabeth Hospital, Kowloon  <b>2010 Paediatric Grandrounds: Challenging Clinical Problems</b> Organiser: Hong Kong College of Paediatricians, Chairman: Dr. WONG Sik Nin, Speakers: Dr. LEE Tze Leung & Dr. TSE Kei Chiu Niko, Venue: Lecture Theatre, Hospital Authority Head Office, Argyle Street, Kowloon	Miss Viviane LAM Tel: 2527 8452 3 CME Points  Ms. Vanessa WONG Tel: 2871 8773 Fax: 2785 1850 3 CME Points
<b>13</b> 5:00 pm - 8:00 pm <b>MON</b>	<b>MEHK Association Forum for the Medical Industry in Hong Kong</b> Organiser: Meetings & Exhibitions Hong Kong (MEHK), Speakers: Various, Venue: Kowloon Shangri-la Hotel, LL2 Orchid Room, 64 Mody Road, TST East, Kowloon	Ms. Phoebe SHING Tel: 2807 6293



Date / Time	Function	Enquiry / Remarks
<b>14 TUE</b> 6:30 pm - 9:30 pm (21, 28) 6:30 pm - 9:30 pm (21, 28) 1:30 pm	<b>Certificate Course in Critical Thinking &amp; Decision Making in Managing Nursing Practice (Code No: TC-CTD-10-01)</b> Organiser: College of Nursing, Hong Kong	Secretariat Tel: 2572 9255 Fax: 2838 6280 24 CNE/PEM Points
	<b>Certificate Course - Ward Management Module II Managing Resource in Health Service (Code No. TC-WM-II -10-02)</b> Organiser: College of Nursing, Hong Kong	Secretariat Tel: 2572 9255 Fax: 2838 6280 24 CNE/PEM Points
	<b>HKMA HK East Community Network - Advance in Diagnosis and Management of Allergic Rhinitis &amp; Rhinosinusitis</b> Organiser: HKMA HK East Community Network, Chairman: Dr. LAM See Yui Joseph, Speaker: Dr. WONG Hon Wai Simon, Venue: HKMA Head Office, 5/F., Duke of Windsor Social Service Building, 15 Hennessy Road, Hong Kong	Miss Alice TANG Tel: 2527 8285 1.5 CME Points
<b>15 WED</b> 1:00 pm	<b>HKMA Yau Tsim Mong Community Network - Use of Vaginal Probiotic in Clinical Practice</b> Organiser: HKMA Yau Tsim Mong Community Network, Speaker: Dr. KUN Ka Yan, Venue: Pearl Ballroom, 2/F., Eaton Hotel Hong Kong, 238 Nathan Road, Jordan, Hong Kong	Miss Carman WONG Tel: 2527 8285
	<b>MEDICAL FAIR ASIA 2010 - 8<sup>th</sup> International Exhibition on Hospital, Diagnostic, Pharmaceutical, Medical &amp; Rehabilitation Equipment &amp; Supplies</b> Organiser: Messe Dusseldorf Asia Pte Ltd, Venue: Suntec, Singapore	Ms Cathy NG Tel: 2838 3183 Fax: 2838 1107
<b>16 THU</b> 1:00 pm 6:30 pm - 8:00 pm	<b>HKMA New Territories West Community Network - CME Lecture on Hypertension (Pending)</b> Organiser: HKMA New Territories West Community Network, Venue: Plentiful Delight Banquet (元朗喜尚嘉喜酒家), 1/F., Ho Shun Tai Building, 10 Sai Ching Street, Yuen Long, N.T.	Miss Alice TANG Tel: 2527 8285
	<b>(1) One Surprise after Another! (2) "I Have the Disease, I am so Lucky"</b> Organiser: Hong Kong Thoracic Society/ACCP(HK & Macau Chapter), Chairpersons: Dr. LEUNG Wah Shing & Dr. CHAN Kam Keung, Speakers: Dr. CHEUNG Pik Shan & Dr. SHING Kam Kwok, Venue: LG1, Lecture Room, Ruttonjee Hospital, Wanchai	Dr. James C.M. HO / Dr. Johnny W.M. CHAN Tel: 2255 4999 Fax: 2872 5828 1 CME Point
<b>17 FRI</b> 1:00 pm	<b>HKMA Shatin Doctors Network - Key to Sustainable Glycemic Control in T2DM</b> Organiser: HKMA Shatin Doctors Network, Speaker: Dr. CHAN Wing Bun, Venue: Jasmine Room, Level 2, Royal Park Hotel, Shatin	Mr. Alan LEE Tel: 6397 7409
<b>18 SAT</b> 2:00 pm (19)	<b>Medical Expert Witness Training</b> Organiser: The Hong Kong Medical Association, Venue: HKMA Head Office, 5/F., Duke of Windsor Social Service Building, 15 Hennessy Road, Hong Kong	Miss Viviane LAM Tel: 2527 8452
<b>19 SUN</b> 1:00 pm	<b>HKMA Yau Tsim Mong Community Network - Thyroid Disease Seminar</b> Organiser: HKMA Yau Tsim Mong Community Network, Chairman: Dr. CHOI Cheung Hei, Speakers: Various, Venue: Lecture Theatre, G/F., Block M, Queen Elizabeth Hospital, 30 Gascoigne Road, Kowloon, Hong Kong	Miss Carman WONG Tel: 2527 8285
<b>21 TUE</b> 1:00 pm	<b>HKMA Kowloon West Community Network - Certificate Course on Dermatology Session I ("Eczema and Tinea Ungium Management - Any Update?")</b> Organiser: HKMA Kowloon West Community Network, Chairman: Dr. LAM Ngam Raymond, Speaker: Dr. CHAN Hau Ngai Kingsley, Venue: Crystal Room I-III, 30/F., Panda Hotel, Tsuen Wan, N.T.	Miss. Carman WONG Tel: 2527 8285
<b>22 WED</b> 11:30 am	<b>HKMA Golf Tournament</b> Organiser: The Hong Kong Medical Association, Chairman: Dr. HOU Lee Tsun Laurence, Venue: Eden Course, HK Golf Club	Miss Peony CHAN Tel: 2527 8285
<b>25 SAT</b> 4:00 pm	<b>Transitions in Midwifery and their Impact</b> Organiser: Hong Kong Museum of Medical Sciences Society, Speakers: Dr. LEE Kin Hung; Ms. FUNG Yuk Kuen & Dr. Kerrie MACPHERSON, Venue: Gordon King Lecture Theatre, Hong Kong Museum of Medical Sciences	Ms. Cathy HUNG Tel: 2549 5123 Fax: 2559 9458
<b>26 SUN</b> 10:00 am 10:00 am 7:30 pm	<b>A Day Tour on Tung Ping Island</b> Organiser: The Hong Kong Medical Association, Chairman: Dr. SIN Pui Yee Helena, Venue: Tung Ping Island	Miss Peony CHAN Tel: 2527 8285
	<b>Joint Professional Table-Tennis Tournament 2010</b> Organiser: The Hong Kong Medical Association, Chairman: Dr. KOO Hok Tin Hilton, Venue: Cornwall Street Sports Centre	Miss Peony CHAN Tel: 2527 8285
	<b>HKMA Tennis Tournament</b> Organiser: The Hong Kong Medical Association, Chairman: Dr. CHIN Chu Wah, Venue: Kowloon Tong Club	Miss Peony CHAN Tel: 2527 8285
<b>28 TUE</b> 1:00 pm	<b>HKMA Kowloon West Community Network - Pneumococcal Vaccine (Pending)</b> Organiser: HKMA Kowloon West Community Network, Speaker: Dr. TONG Kai Sing, Venue: Crystal Room I-III, 30/F., Panda Hotel, Tsuen Wan, N.T.	Miss Carman WONG Tel: 2527 8285
<b>29 WED</b> 1:00 pm	<b>HKMA Central, Western &amp; Southern Community Network - Use of Vaginal Probiotic in Clinical Practice</b> Organiser: HKMA Central, Western & Southern Community Network, Chairman: Dr. Ho Lai Ching Sabrina, Speaker: Dr. CHOW Chun Hing Stephanie, Venue: The HKMA Dr. Li Shu Pui Professional Education Centre, 2/F, Chinese Club Building, 21-22 Connaught Road Central, Hong Kong	Miss Alice TANG Tel: 2527 8285
<b>30 THU</b> 1:00 pm 8:00 pm - 10:00 pm	<b>HKMA New Territories West Community Network - CME Lecture on Influenza Vaccine (Pending)</b> Organiser: HKMA New Territories West Community Network, Venue: Plentiful Delight Banquet (元朗喜尚嘉喜酒家), 1/F., Ho Shun Tai Building, 10 Sai Ching Street, Yuen Long, N.T.	Miss Alice TANG Tel: 2527 8285
	<b>HKMA Yau Tsim Mong Community Network - Community Disease Screening and Treatment ("Screening for Hypertension and Complications", "Treatment Strategy") (Pending)</b> Organiser: HKMA Yau Tsim Mong Community Network	Miss Carman WONG Tel: 2527 8285
	<b>FMSHK Executive Committee Meeting</b> Organiser: 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. Sonia CHEUNG Tel: 2527 8898 Fax: 2865 0345



## Courses / Meetings

2-5/10/2010	<b>PALS Course 2010</b> Organiser: Hong Kong College of Paediatricians, the Heart Institute for Children, Hope Children's Hospital, Illinois, USA & Hong Kong Paediatric Nurses Association, Speakers: Various, Venue: A & E Training Centre, Tang Shiu Kin Hospital, Enquiry: Ms. Prudence TANG / Vanessa WONG, Tel No.: 2871 8871, Fax No. 2785 1850 Email: enquiry@paediatrician.org.hk, Website: <a href="http://www.paediatrician.org.hk/entcnews.htm">http://www.paediatrician.org.hk/entcnews.htm</a> , CME :12 points for Provider course, College: Hong Kong College of Paediatricians (Application starting now until 2 Aug 2010)
16-18/10/2010	<b>The 1<sup>st</sup> Global Drug Safety Conference and Exposition Hong Kong 2010</b> Organiser: Global Drug Safety Development Center, Chairperson: Ms. Iris CHANG, Speakers: Various, Venue: The Regal Kowloon Hotel, Tsim Sha Tsui, Kowloon, Enquiry: Conference Secretary, Tel: 3151 8900, Website: <a href="http://www.globaldrugsafety.org">http://www.globaldrugsafety.org</a> (Special Rate at HK\$1800 for PPAHK Member)
30/10/2010	<b>C-Symposium - Collapsed Spine: Clinical Approach &amp; Contemporary Management</b> Organiser: Osteoporosis Society of Hong Kong, Chairman: Prof. Annie KUNG & Dr. CHAN Ying Ki, Speakers: Dr. William CHEUNG; Dr. LEE Ka Kui & Dr. WONG Yat Wah, Venue: The Langham Place Hotel, Mongkok, CME Accreditation for HKMA & HKAM, Enquiry: Ms. Sandy CHUNG, Tel: 3971 2929, Fax: 2834 0821
27-28/11/2010	<b>The 3<sup>rd</sup> Hong Kong International Burns and Wound Healing Symposium</b> Organiser: HK Society of Burns and Wounds Healing, Chairman: Prof. Andrew BURD & Prof. Shekhar KUMTA, Speakers: Various, Venue: Prince of Wales Hospital, Enquiry: Ms. Vicky CHUNG / Ms. Ruby LAM, Tel: 3151 8900, Fax: 2590 0099
30/11/2010 - 3/12/2010	<b>9<sup>th</sup> Asia-Pacific Conference on Human Genetics</b> Organiser: Hong Kong Society of Medical Genetics & The Asia Pacific Society of Human Genetics, Chairman: Dr. Stephen LAM, Speaker: Various, Venue: Hong Kong Academy of Medicine, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong, Enquiry: Conference Secretariat, Email: apchg2010@ctshk.com
17-19/12/2010	<b>2010 Asian Chinese Quality of Life Conference</b> Organiser: International Society for Quality of Life Research - Asian Chinese Chapter; Family Medicine Unit, Department of Medicine, Li Ka Shing Faculty of Medicine, The University of Hong Kong & Hong Kong Society for Quality of Life, Co-Chairmen: Prof. LIU Feng Bin, Prof. Cindy LAM & Mr. LEUNG Kwok Fai, Speakers: Various, Venue: Li Ka Shing Faculty of Medicine, The University of Hong Kong, 21 Sassoon Road, Pokfulam, Hong Kong, Enquiry: Ms. Candy LAW, Tel: 6509 6582, Fax: 3528 5727, Email: candy@hksoqol.org, Website: <a href="http://www.hksoqol.org/conf2010">http://www.hksoqol.org/conf2010</a>

## Upcoming Certificate Courses of the Federation of Medical Societies of Hong Kong

Date	Course No	Course Name	Target Participants	CME/CNE
14 Sep 2010 - 19 Oct 2010	C163	Certificate Course on Renal Medicine 2010	Medical and Health Professionals	9 CNE Points / CME Accreditation in application
15 Sep 2010 - 24 Nov 2010	C159	Certificate Course on Primary Care Geriatrics	General Practitioners and Healthcare Professionals	9 CNE Points / CME Accreditation in application
30 Sep 2010 - 4 Nov 2010	C164	Certificate Course on Respiratory Medicine 2010	Nurses and Allied Health Professionals	9 CNE Points / CME Accreditation in application
4 Oct 2010 - 8 Nov 2010	C166	Certificate Course on Clinical Ophthalmology	General Practitioners and Allied Health Professions	9 CNE Points / CME Accreditation in application
12 Nov 2010 - 3 Dec 2010	C169	Certificate Course on Assessing and Managing Violent Patients/People in the General Health Care Settings	Healthcare Professionals	10 CNE Points / CME Accreditation in application
15 Nov 2010 - 20 Dec 2010	C167	Certificate Course on Sports Medicine and Emergencies	Medical and Health Professionals	9 CNE Points / CME Accreditation in application
16 Nov 2010 - 21 Dec 2010	C170	Certificate Course in Obstetrics 2010	Medical and Health Professionals	9 CNE Points / CME Accreditation in application



### Rental Fees of Meeting Room and Facilities at The Federation of Medical Societies of Hong Kong (Effective from October 2009)

Venue or Meeting Facilities	Member Society (Hourly Rate HK\$)			Non-Member Society (Hourly Rate HK\$)		
	Peak Hour	Non-Peak Hour	All day Sats, Suns & Public Holidays	Peak Hour	Non-Peak Hour	All day Sats, Suns & Public Holidays
Multifunction Room I (Max 15 persons)	150.00	105.00	225.00	250.00	175.00	375.00
Council Chamber (Max 20 persons)	240.00	168.00	360.00	400.00	280.00	600.00
Lecture Hall (Max 100 persons)	300.00	210.00	450.00	500.00	350.00	750.00
<b>Non-Peak Hour: 9.30 am - 5.30 pm</b>			<b>Peak Hour: 5.30pm - 10.30pm</b>			
LCD Projector	500.00 per session					
Microphone System	50.00 per hour, minimum 2 hours					



## Answer to Dermatological Quiz

- The intensive pruritic symmetrical hypopigmented to whitish sclerotic macules and patches affecting this patient's perivulval area is most compatible with lichen sclerosus et atrophicus (LSeA). LSeA most commonly affects the female or male ano-genitalia, sometimes the extra-genital skin. The most prominent symptom is intractable pruritus and soreness which may lead to dysuria or dyspareunia. The lesion starts as a slightly elevated, sharply demarcated area of erythema, which can be slightly eroded. The area evolves into a dry, hypopigmented sclerotic lesion. Atrophy may not only affect the epidermis, but it can lead to severe shrinkage of the labia majora and especially the labia minora and the clitoris. In extreme cases obliteration of the vulva occurs. Sexual intercourse can become difficult. LSeA in women frequently presents as a lesion that encircles both the perianal and the genitalia in a figure of eight configuration. In the beginning, genital LSeA may present with a bruised, bluish colour resembling post-traumatic haemorrhage which, in girls, may be misdiagnosed as sexual abuse. Careful examination and confirmation of diagnosis by a biopsy is important. Differential diagnoses may include vitiligo (which is usually asymptomatic) and morphea (which very rarely affects the perivulval area) and lichen planus.
- Skin biopsy at the perivulval lesional skin shows thinning of the epidermis with orthohyperkeratosis and vacuolar degeneration of the basal layer. In the early stage, superficial dermal oedema dominates, associated with a lymphocytic infiltrate beneath that zone. The most prominent changes are found in the superficial dermis, where the pale staining reflects homogenised dermal collagen and extreme oedema in the early stage. Loss of elastic fibres is typical for LSeA and not found in morphea. The inflammatory infiltrate is especially pronounced during the early phases along the zone of hyalinisation and consists of lymphocytes, macrophages and mast cells. In older lesions the mononuclear infiltrate is reduced and sparse and patchy islands of mononuclear cells are dispersed in between the hyalinised dermis.
- Various therapeutic modalities have been reported for LSeA which are based on either small scale studies and single or limited observations only. The first line treatment of LSeA is ultrapotent topical steroids such as clobetasol propionate which is highly effective in relieving the intractable itchiness. Safety and efficiency of clobetasol in the treatment of genital LSeA were documented for all age groups in both sexes. Alternatively, corticosteroids such as triamcinolone can be injected intradermally. In severe cases, excision of the involved perivulval area in females with reconstruction may be indicated. In males, circumcision is the treatment of choice for genital LSeA leading to phimosis.

**Dr. Ka-ho LAU**

MBBS(HK), FRCP(Glasg, Edin), FHKCP, FHKAM(Med)  
Yaumatei Dermatology Clinic, Social Hygiene Service

**The Federation of Medical Societies of Hong Kong**  
4/F Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, HK  
Tel: 2527 8898 Fax: 2865 0345

### Patron

The Honourable  
Donald TSANG, GBM 曾蔭權先生

### President

Dr. LO See-kit, Raymond 勞思傑醫生

### 1st Vice-President

Prof. CHAN Chi-fung, Godfrey 陳志峰醫生

### 2nd Vice-President

Dr. LO Sze-ching, Susanna 盧時楨醫生

### Hon. Treasurer

Mr. LEE Cheung-mei, Benjamin 李祥美先生

### Hon. Secretary

Dr. CHAN Sai-kwing 陳世炯醫生

### Executive Committee Members

Dr. CHAN Chi-wing, Timmy	陳智生醫生
Dr. CHAN Chun-kwong, Jane	陳真淳醫生
Dr. CHAN Hau-ngai, Kingsley	陳厚恩醫生
Dr. CHIM Chor-sang, James	詹楚生醫生
Dr. CHOI Kin	蔡堅醫生
Dr. HUNG Che-wai, Terry	洪致偉醫生
Ms. KU Wai-yin, Ellen	顧慧賢女士
Dr. LEUNG Ka-kit, Gilberto	梁嘉志醫生
Dr. MAN Chi-wai	文志偉醫生
Dr. MOK Chun-on	莫鎮安醫生
Dr. NG Yin-kwok	吳國強醫生
Dr. WONG Mo-lin, Maureen	黃慕蓮醫生
Ms. YAP Woan-tyng, Tina	葉婉婷女士
Dr. YU Chau-leung, Edwin	余秋良醫生

### Founder Members

**British Medical Association (Hong Kong Branch)**  
英國醫學會 (香港分會)

### President

Dr. LO See-kit, Raymond 勞思傑醫生

### Vice-President

Dr. WU, Adrian 鄧揚源醫生

### Hon. Secretary

Dr. HUNG Che-Wei, Terry 洪致偉醫生

### Hon. Treasurer

Dr. LEUNG, Clarence 梁顯信醫生

### Council Representatives

Dr. LO See-kit, Raymond 勞思傑醫生  
Dr. CHEUNG Tse-ming 張子明醫生  
Tel: 2527 8898 Fax: 2865 0345

**The Hong Kong Medical Association**  
香港醫學會

### President

Dr. CHOI Kin 蔡堅醫生

### Vice-Presidents

Dr. CHAN Yee-shing, Alvin 陳以誠醫生  
Dr. CHOW Pak-chin 周伯展醫生

### Hon. Secretary

Dr. LEE Fook-kay 李福基醫生

### Hon. Treasurer

Dr. LEUNG Chi-chiu 梁子超醫生

### Council Representatives

Dr. CHAN Yee-shing 陳以誠醫生  
Dr. CHOI Kin 蔡堅醫生

### Chief Executive

Mrs. LEUNG, Yvonne 梁周月美女士  
Tel: 2527 8285 (General Office)  
2527 8324 / 2536 9388 (Club House in Wanchai / Central)  
Fax: 2865 0943 (Wanchai), 2536 9398 (Central)  
Email: hkma@hkma.org Website: http://www.hkma.org

**The HKFMS Foundation Limited 香港醫學組織聯會基金**

### Board of Directors

### President

Dr. LO See-kit, Raymond 勞思傑醫生

### 1st Vice-President

Dr. CHAN Chi-fung, Godfrey 陳志峰醫生

### 2nd Vice-President

Dr. LO Sze-ching, Susanna 盧時楨醫生

### Hon. Treasurer

Mr. LEE Cheung-mei, Benjamin 李祥美先生

### Hon. Secretary

Dr. CHAN Sai-kwing 陳世炯醫生

### Directors

Mr. CHAN Yan-chi, Samuel	陳恩賜先生
Dr. CHIM Chor-sang, James	詹楚生醫生
Ms. KU Wai-yin, Ellen	顧慧賢女士
Dr. WONG Mo-lin, Maureen	黃慕蓮醫生
Dr. YU Chak-man, Aaron	余則文醫生

Once-daily  
**Januvia**<sup>®</sup>  
(sitagliptin, MSD)

Enhancing incretins.  
Enhancing physiological control.

**OVER 20 MILLION**

**PRESCRIPTIONS  
DISPENSED IN OVER  
85 COUNTRIES<sup>3</sup>**

*For initial and adjunct use in patients with type 2 diabetes,\**

**JANUVIA<sup>®</sup> for substantial efficacy in a broad range of patients<sup>1</sup>**

**In clinical studies:**

- **Substantial HbA<sub>1c</sub> reduction** through a physiologic mechanism of action<sup>2</sup>
- Generally **weight neutral** therapy with a **low risk of hypoglycemia**<sup>2,a</sup>
- **Once-daily** oral treatment<sup>2</sup>

Before prescribing, please consult the prescribing information.

\* JANUVIA is indicated for initial use as monotherapy or in combination with metformin, sulfonylurea, PPAR $\gamma$  agonist.

<sup>a</sup> As typical with other antihyperglycemic agents (eg, metformin, thiazolidinediones) used in combination with a sulfonylurea, adding JANUVIA increased the incidence of sulfonylurea-induced hypoglycemia compared to a placebo. A lower dose of sulfonylurea may be considered to reduce the risk of sulfonylurea-induced hypoglycemia.

JANUVIA<sup>®</sup> is contraindicated in patients who are hypersensitive to any components of this product. A dosage adjustment is recommended in patients with moderate or severe renal insufficiency or with end-stage renal disease requiring hemodialysis or peritoneal dialysis. The adverse experiences reported regardless of causality assessment in >1% of patients and more commonly than placebo or the active comparator included hypoglycemia, diarrhea, dyspepsia, flatulence and headache.

*For appropriate patients with type 2 diabetes,*

**JANUMET<sup>®</sup> provides powerful HbA<sub>1c</sub> reductions to help patients who need more than metformin alone<sup>1,4#</sup>**

**In clinical studies:**

- **Powerful HbA<sub>1c</sub>, PPG, and FPG reductions** to help patients get to goal (HbA<sub>1c</sub> goal <7%)<sup>4</sup>
- **Comprehensive mechanism of action targets 3 key defects** of type 2 diabetes<sup>5</sup>

Before prescribing, please consult the prescribing information.

# HbA<sub>1c</sub> goal <7%

JANUMET is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus when treatment with both sitagliptin and metformin is appropriate.

JANUMET<sup>®</sup> is contraindicated in patients with: Renal disease or renal dysfunction, eg, serum creatinine levels  $\geq 1.5$  mg/dL [males], 1.4 mg/dL [females]; Known hypersensitivity to any other component of JANUMET; acute or chronic metabolic acidosis, including diabetic ketoacidosis with or without coma. In clinical studies as monotherapy and in combination with other agents, the adverse experiences reported regardless of causality assessment in >5% of patients and more commonly than placebo or the active comparator: hypoglycemia, nasopharyngitis, upper respiratory tract infection, headache, and peripheral edema. There have been postmarketing reports of serious hypersensitivity reactions: anaphylaxis, angioedema, and exfoliative skin conditions including Stevens-Johnson syndrome. When JANUMET<sup>®</sup> is used in combination with a sulfonylurea, a lower dose of the sulfonylurea may be considered to reduce the risk of hypoglycemia. For additional adverse experience information, see the product circular.

Illustration is an artistic rendition. Not necessarily representative of clinical effects.

References: 1. Data on File, MSD Hong Kong. 2. Hong Kong Product Circular (JANUVIA, MSD). 3. IMS Health, NPA weekly from week ending Oct 20, 2006 through week ending Jan 22, 2012. 4. Goldstein BJ, Feinglos MN, Luchford JK, et al, for the Sitagliptin 036 Study Group. Effect of initial combination of sitagliptin, a dipeptidyl peptidase-4 inhibitor, and metformin on glycemic control in patients with type 2 diabetes. Diabetes Care. 2007;30:1979-1987. 5. Hong Kong Product Circular (JANUMET, MSD).

 **MSD DIABETES**

27/F, Caroline Centre, Lee Gardens Two, 28 Yun Ping Road, Causeway Bay, Hong Kong.  
Tel: (852) 3971 2800 Fax: (852) 2834 0756

  
**Janumet**<sup>™</sup>  
(sitagliptin/metformin, MSD)

**Changing the course to glucose control.**