



NewsLetter

院訊



Medical Article:

- Selective Nerve Root Block
a simple and safe alternative
of spinal surgery

Pharmaceutical Updates

Hospital Activities:

- Christmas Dinner 2018
- Green Power Hike for a Green Future
- Thanksgiving Mass for Lunar New Year

修 女 的 話

**新春伊始，萬象更新
在此祝福各位身體健康、萬事勝意、杯爵滿溢！**

過去一年，為慶祝聖保祿醫院創辦一百二十周年，醫院舉行了一系列的慶祝活動，以紀念這別具意義的發展歷程。猶記得初春時那充滿活力和歡笑的健康日，內容豐富且多元化，既有專業的醫療檢查，亦有高潮迭起的小寶寶爬行大賽和競賽跑，別出心裁、造型奪目的鬼馬跑更盡顯員工的無限創意和團隊精神。此外，我們懷抱感恩的心出席感恩聖祭，感謝天主一直以來的護蔭，帶領醫院克服重重難關，跨越時代變遷，積極拓展服務，恆守至今。四月下旬的慶典暨主樓開幕典禮、慶典晚宴更是慶祝活動的高潮，典禮和晚宴獲多位貴賓和同業撥冗出席，歡聚共慶，實乃醫院之光榮。去年我們更有幸與桃園和宿霧的姊妹醫院進行訪談交流，相互學習，獲益良多。醫院於十一月成功舉辦歷史足跡導賞團，帶領團員尋訪沙爾德聖保祿女修會和聖保祿醫院的發展蹤跡，探古尋根，趣話昔日，傳承先賢的服務精神。為配合院慶，醫院誠邀得香港中文大學天主教研究中心主任夏其龍神父為我們編撰《關愛服務百二載 聖保祿醫院歷史足跡》紀念特刊，並在十二月十七日的聖誕聯歡晚宴上正式發佈，特刊備有中英文版本，為豐富的醫院發展史留下珍貴完整的紀錄。

在此由衷感謝各位的辛勤付出和積極參與，讓上述慶祝活動得以順利舉行。慶祝活動雖已圓滿落幕，但這並非代表完結，反之，這是一個新開始。聖保祿醫院從一八九八年起始，扎根香港，關愛大眾，服務社群百二載。此刻，讓我們懷着感恩的心、服務的熱誠，攜手開展聖保祿醫院新的一頁，「齊服務 展關懷」(We Serve & We Care)，邁步向前，共創未來，迎接下一個十年。

在天主的引領和祝福下，願聖保祿醫院持續為香港社會提供優質、專業的醫療服務，願「你們的光也當在人前照耀，好使他們看見你們的善行，光榮你們在天之父。」

(瑪竇福音5:16)

祝大家豬年諸事順遂! 主佑各位!

張柱見修女





MESSAGE

FROM THE MEDICAL SUPERINTENDENT



Dr. William Ho
Medical Superintendent

Wishing Everybody God's Blessing and a Prosperous Year of the Pig!

With 2018 coming and going, St. Paul's Hospital has served the Hong Kong community for 120 years with dedication and humility. Last year had not only been an auspicious year by date, but also in terms of solid results in our clinical services:

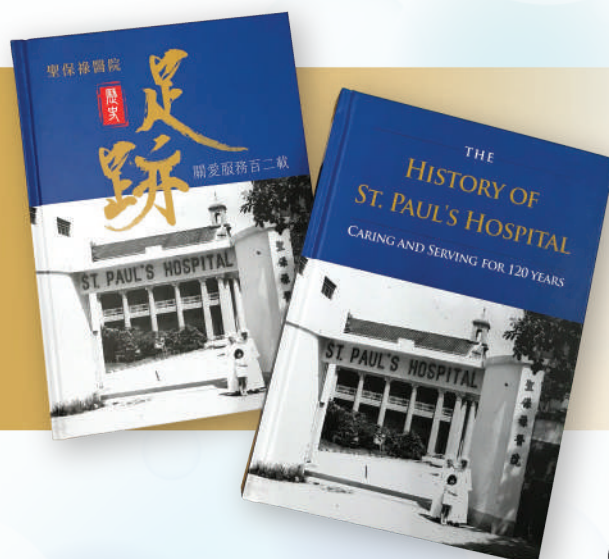
- A record high in the number of Percutaneous Cardiac Interventions, with 98.1% success rate and 1.8% complication rate which were better than international benchmarks.
- 21% growth in the number of deliveries particularly from local mothers; 21% growth in Urology Centre activities; 10% growth in number of operations; and 44% growth in dietetic consultations.
- A record high ROSC (return of spontaneous circulation) rate of 79% for all resuscitation cases. While there could be an element of chance in this surprisingly high figure, we had kept very respectable ROSC rates throughout the last few years. This is no doubt the result of high vigilance among nursing staff, and speedy action by the hospital's CPR team (CPR commenced within 1 minute and arrival of RMO within 5 minutes achieved in 100% of cases).
- Zero in-hospital MRSA transmission, and zero Central Line Associated Blood Stream Infection (CLABSI).
- Steady year-on-year improvement of Hand Hygiene compliance to 88.3% overall.
- Achieving radiation dose reduction of up to 80% with the new CT machine and revised protocols, way below average dose in international benchmarks.

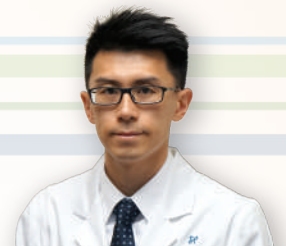
For such good results, we have to thank the excellent teamwork among all ranks of staff as well as visiting doctors. For the coming year, we will embark on further improvements, including launching of TAVI (Transcatheter Aortic Valve Implantation) service in the Cardiac Centre, and Electromagnetic Navigation Bronchoscopy in the Electro-diagnostic Centre. We will also be commissioning a PET-CT service, as well as refurbishing 18/F of Block A into a fully equipped Auditorium of around 200 seats for medical conferences and professional educational activities. Stay tuned.

Fresh from the Press – SPH 120 History Book

For purchase of the book please contact Ms. Fung of Hospital Management Department (Tel: 2830 3771).
Proceeds will be donated to Caritas Hong Kong.

The books are also on sale in Swindon Book Co. Ltd.,
Hong Kong Book Centre, and Kelly & Walsh Ltd.





Selective Nerve Root Block

a simple and safe alternative of spinal surgery

Lumbar radiculopathy or spinal stenosis can be very disturbing to patients with limitations in daily activities, especially walking ability. Although most patients do not need surgical treatment, it may take up to 6 weeks or more to return to normal daily activities and work. Some patients may need even longer time to achieve symptom-free recovery. Most cases of lumbar radiculopathy are caused by degenerative spinal stenosis or PID, causing nerve root compression and inflammation.

Occasionally, patients with mild or moderate PID, may still experience some residual symptom despite there is no significant nerve compression. This is due to nerve root inflammation caused by the protruded nucleus. In this situation, risk of surgical decompression may out-weigh the benefit of surgery.

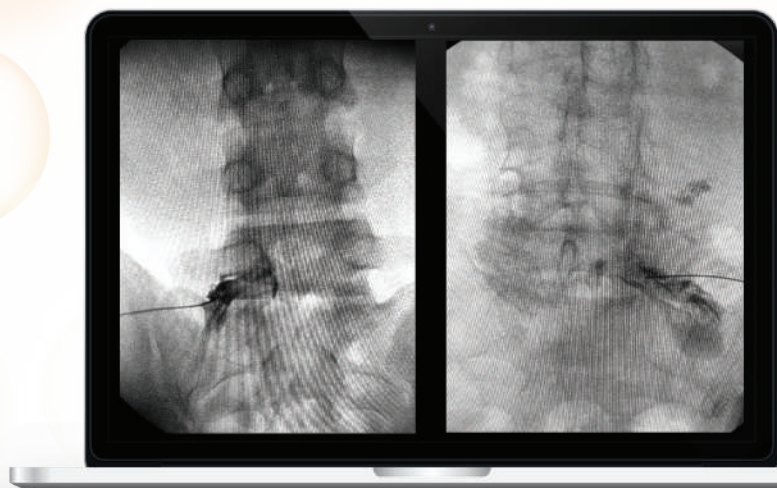
Selective Nerve Root Block (SNRB) provides an alternative option for patients with mild to moderate symptoms, or those who are not keen for surgery or medically not fit for surgery. The injection contents include local anaesthetic and steroid, which can help to relieve the nerve root inflammation and speed up the recovery process. The merit of SNRB is that an ultra-major surgery can be avoided or delayed. It also provides a diagnostic or predictive value for subsequent decompression surgery. This provides especially valuable information in patients with imaging showing equivocal results.

The procedure is done in operation theatre or radiology department equipped with fluoroscopy. Sometimes it is done under CT guidance. The procedure is done under local anaesthesia with patient awake. A small spinal needle is used to insert into the pathology level's neuroforamen under fluoroscopic guidance. The position of needle tip is further confirmed with injection of small amount of contrast, to show the outline of nerve root.

Patient may experience some mild leg numbness during procedure. The procedure can be done as a day procedure. The nerve pain usually disappears immediately after the injection due to the effect of local anaesthesia. Sometimes, however, it does take a couple of days for the inflammation in the nerve to subside, leaving a few days of symptomatic "window period".

According to different literatures, the response can last from 3 months to 1 year, while there are exceptional case with minimal improvement only, especially for those patients with very stenotic nerve root canal or injection solely for diagnostic purpose.

A small percentage of patients may have no response with persistent pain. We always need to remind patient the possibility of symptom



recurrence or no effect at all if it is for diagnostic purpose. In case of recurrence of pain, one option is to have another nerve root injection or to consider surgery to decompress the nerve.

Although the risk is low, possible complications include infection, bleeding, haematoma requiring surgery, or rarely, neurological injury. There are several contraindications e.g. patients taking anticoagulants or multiple anti-platelet agents, allergy to contrast etc. The risk related to steroid is minimal as this is acted locally and the dosage used is relatively low.

SNRB is most useful for patients with relatively mild/moderate symptoms, slower progress in recovery from acute episode of sciatica due to PID, or elderly with moderate claudication symptoms but not keen for major spinal surgery. And it is a simple and safe procedure with promising result in symptom control.

References:

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2. Spine J. 2018 Nov 2. Ko S Prolonged pain reducing effect of Sodium Hyaluronate-Carboxymethyl Cellulose solution in the Selective Nerve Root Block(SNRB) of lumbar radiculopathy: A Prospective, Double-Blind, Randomized Controlled Clinical Trial.
3. Spine J. 2018 Jan;18(1):29-35. Kennedy DJ A minimum of 5-year follow-up after lumbar transforaminal epidural steroid injections in patients with lumbar radicular pain due to intervertebral disc herniation.
4. Hong Kong Med J. Leung SM 2015 Oct;21(5):394-400. Clinical value of transforaminal epidural steroid injection in lumbar radiculopathy.
5. Pain Med. 2013 Jan;14(1):14-28 MacVicar J The effectiveness of lumbar transforaminal injection of steroids: a comprehensive review with systematic analysis of the published data.
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9. Radiology. 2007 Nov;245(2):584-90. Jeong HS Effectiveness of transforaminal epidural steroid injection by using a preganglionic approach: a prospective randomized controlled study.
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11. J Bone Joint Surg Am. 2006 Aug;88(8):1722-5. Riew KD Nerve root blocks in the treatment of lumbar radicular pain. A minimum five-year follow-up.
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CME

ANNOUNCEMENT

CME/CPD/CNE Programme 2019

RIGHT antimicrobials in the RIGHT way: what's new?

Speakers:

Dr. Ng Ho Leung

Consultant, Centre for Health Protection, Department of Health

Dr. Leo Lui

Associate Consultant, Centre for Health Protection, Department of Health

Chairman:

Dr. Yuen Siu Tsan

Deputy Medical Superintendent, St. Paul's Hospital

Date:

21 March 2019 (Thursday)

Time:

7:00 pm – 7:30 pm	Reception (light refreshment provided)
7:30 pm – 8:00 pm	Antimicrobial Resistance (AMR) : an Overview by Dr. Ng Ho Leung
8:00 pm – 8:30 pm	Surgical Prophylaxis and Prevention of Surgical Site Infections by Dr. Leo Lui
8:30 pm – 9:00 pm	Q&A session

Venue:

Meeting Room, 2/F, Block B, St. Paul's Hospital

Registration & Enquiry:
(First-come-first-serve)

Contact Person: Ms. Merrill Leung
Tel: 2830 8857, Fax: 2837 5271, E-mail: sph.sdd@mail.stpaul.org.hk

CME / CPD / CNE Accreditation for all Colleges (Pending approval)

齊服務 展關懷 WE SERVE & WE CARE



Obituary for Bishop Michael Yeung (1945-2019)

With great sadness, we mourn the passing away of beloved Most Rev. Bishop Michael Yeung, Bishop of Hong Kong, who dedicated his life to the Catholic mission and had always been most supportive of our hospital all through the years. Sr. Nancy, Dr. Ho and Mr. Lee attended the memorial and wrote our messages in the condolence book.





New trend of influenza medicines in Hong Kong

SPH Pharmacy Department

Seasonal influenza is an acute illness of the respiratory tract caused by influenza viruses; it is usually more common in periods from January to March and from July to August in Hong Kong. Although seasonal influenza is usually self-limiting with recovery in two to seven days, it can be complicated by chest infection causing serious illness to young children, elderly and immunocompromised persons. This article aims to give an overview of latest vaccine and treatment for influenza.

1. FluMist Quadrivalent influenza intranasal vaccine

FluMist Quadrivalent live attenuated influenza intranasal vaccine, although widely used in foreign countries for years, is not registered in

Hong Kong until 13 April 2018. It has provided an alternative to those who prefer non-invasive formulation of vaccine. Despite the common goal of optimising vaccine coverage and optimal protection for all ages, different organisations have various opinions on the effectiveness of FluMist against H1N1 strain. US Centres for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) has no preferential recommendation between injectable vaccines and the inhaled formulation while American Academy of Pediatrics (AAP) recommends inactivated injectable vaccine for children ages 6 months or above and reserves FluMist as last resort. Comparison of FluMist Quadrivalent intranasal spray with inactivated injectable quadrivalent flu vaccine is shown below, including some recommendations from ACIP.

	Injectable Quadrivalent	FluMist Quadrivalent
	Inactivated Influenza vaccine (IIV)	Live Attenuated Influenza Vaccine (LAIV)
Strains	Two influenza A strains and two influenza B strains	
Age group	>6 months	2-49 years
Dosing information	0.5mL IM or subcutaneous injection	0.1mL intranasal spray per nostril
	Children <9 years of age who have not received vaccination before, both vaccines require a second dose that should be separated by at least 4 weeks	
Pregnancy	Can be used in all stages of pregnancy	No studies on pregnancy. No LAIV should be used during pregnancy as recommended by ACIP
Breastfeeding	Maybe used during breastfeeding	Not known if excreted in milk Use cautiously
Common side effects	<ul style="list-style-type: none"> Local injection site reaction Malaise Headache 	<ul style="list-style-type: none"> Nasal congestion Runny nose Fever in children and sore throat in adults
Contraindications	<ul style="list-style-type: none"> Have a severe allergy to egg protein Have ever had a life-threatening reaction to any influenza vaccinations 	<ul style="list-style-type: none"> History of severe allergic reaction to any component of the vaccine or after a previous dose of ANY influenza vaccine Concomitant aspirin- or salicylate-containing therapy in 2-17 years old because of associated between Reye's syndrome with aspirin and wild-type influenza. Avoid aspirin-containing therapy during the first 4 weeks after vaccination unless clearly needed 2-4 years old had wheezing or asthma during the preceding 12 months ACIP recommends that LAIV not to be used in immunocompromised patients and their carers Receipt of influenza antiviral medication within the previous 48 hours as it may reduce the effectiveness of LAIV if given within 48 hours before to 14 days after LAIV. Patients who receive influenza antiviral medication during this period may be revaccinated with another appropriate vaccine formulation (e.g. IIV)
Precautions	<ul style="list-style-type: none"> Patients with thrombocytopaenia or bleeding disorder Appropriate medical treatment and supervision should always be readily available in case of an anaphylactic reaction following the administration 	<ul style="list-style-type: none"> History of Guillain-Barré syndrome within 6 weeks of receipt of any type of influenza vaccine Asthma in any person aged ≥5 years old
Administration with other vaccines	May be administered concomitantly or sequentially with other inactivated or live vaccine	May be administered simultaneously with other inactivated or live vaccine. Otherwise, at least 4 weeks should pass before another live vaccine is administered

Same as other vaccines, influenza vaccines contain various components that might cause allergic or anaphylactic reactions. Most of the currently available influenza vaccines are prepared by propagation of virus in embryonated eggs. ACIP recommends any licensed, recommended and age-appropriate influenza vaccine that is otherwise appropriate for the recipient's health status for person with history of

egg allergy of any severity. For persons who have experienced reactions such as angioedema, respiratory distress, light-headedness or recurrent emesis; or who required epinephrine or other emergency medical intervention, influenza vaccine should also be received and administered in a medical setting and under the supervision of a healthcare provider who is able to recognise and manage severe allergic reactions.

2. Xofluza (Baloxavir marboxil)

For nearly 20 years, Tamiflu was the gold standard of treating the influenza. On 24 October 2018, the US Food and Drug Administration (FDA) has approved Xofluza (baloxavir marboxil), a first in the class selective inhibitor of influenza cap-dependent endonuclease, for the treatment of acute uncomplicated influenza in patients aged 12 years or older who have been symptomatic for no more than 48 hours.

Xofluza has demonstrated its efficacy in a phase 2 dose-ranging placebo-controlled trial, a phase 3 placebo-controlled trial (CAPSTONE-1) and a Tamiflu-controlled trial of single oral dose of Xofluza during the 2016-17 season. In the phase 3 CAPSTONE-1 trial, 1436 patients who had fever, at least one systemic symptom and at least one respiratory symptom of at least moderate severity, and a symptom duration of no more than 48 hours were enrolled. They were randomized to either receive a placebo, 75 mg of Tamiflu twice daily for 5 days or a single weight-based dose of Xofluza (40 or 80 mg). The time to alleviate flu symptoms and the time to resolve fever and return to usual health were compared between those study groups.

The median time to alleviation of symptoms was shorter in the Xofluza group than in the placebo group (53.7 hours vs 80.2 hours, $P < 0.001$). The median time to alleviation of symptoms was similar in the Xofluza group (53.5 hours) and the Tamiflu group (53.8 hours). Notably, the difference in time to alleviation of symptoms was greater in patients who started the antiviral treatment within 24 hours of symptom onset. However, there is no statistically significant difference between the placebo and Xofluza group in median time to a return to usual health, which suggests that the antiviral therapy may not be able to shorten the total disease duration. Xofluza demonstrated significant more rapid

decline in infectious viral load than placebo or Tamiflu. The median duration of infectious virus detection was shorter in the Xofluza group (24.0 hours) than in the Tamiflu group (72.0 hours, $P < 0.001$) and the placebo group (96.0 hours, $P < 0.001$). Adverse events were comparable between Xofluza, Tamiflu and placebo (20.7%, 24.8% and 24.6% respectively). The most common adverse effects in patients taking Xofluza included diarrhoea and bronchitis.

In comparison to Tamiflu, Xofluza may confer higher patient compliance and acceptance due to its convenient dosing, a single oral dose of 40 mg or 80 mg for patients with body weight of 40-80 kg or ≥ 80 kg respectively. Xofluza is also effective for influenza strains resistant to neuraminidase inhibitors or M2 ion-channel inhibitors and hence can be used to treat patients with Tamiflu-resistant influenza. Moreover, Xofluza causes a significantly more rapid reduction in viral load than Tamiflu by 1 day after the initiation of treatment. Although the time to alleviation of symptoms was similar with Xofluza and Tamiflu in the CAPSTONE-1 trial, it is suggested that Xofluza may be more effective in treating complicated or severe influenza or in high risk patient groups.

Pharmacist point of view

Annual vaccination of flu vaccine provides protection against influenza in individuals. Compare to the traditional injection formulation, FluMist as the intranasal influenza vaccine provides a needle-free vaccination option which may especially valuable in improving vaccination rate. FluMist is available on request in St. Paul's Hospital. Xofluza as a new antiviral agent which is seeking registration in Hong Kong is expected to play an important role in future influenza treatment by providing a more convenient treatment regimen.

References:

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2. American Academy of Pediatrics. (2018). AAP Influenza Immunization Recommendations Revised for 2018–19 Season. Available at: Accessed June, 22.
3. Hayden, F. G., Sugaya, N., Hirotsu, N., Lee, N., de Jong, M. D., Hurt, A. C., ... & Kawaguchi, K. (2018). Baloxavir marboxil for uncomplicated influenza in adults and adolescents. *New England Journal of Medicine*, 379(10), 913-923.
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The following drugs are approved for use in St. Paul's Hospital (SPH) following Drug and Therapeutics Committee meeting in November 2018:

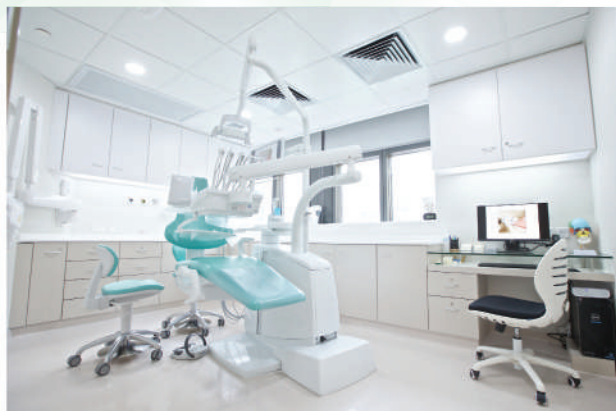
Drugs	Indication	Usual dosage	Remarks
Neurobion Forte (Vitamin B ₁ , B ₆ & B ₁₂) tablet	Supplement of vitamin B ₁ , B ₆ and B ₁₂ in cases of malnutrition, individuals on medication which has influence on the vitamin status.	1 tablet daily with or after meals.	-
Zepatier (Elbasvir 50mg & Grazoprevir 100mg) tablet	For the treatment of chronic hepatitis C (HCV) genotype 1 or 4 infection in adults.	One tablet daily, with or without food.	On special request only Please contact Pharmacy Department.
Ryzodeg 70/30 (70% insulin degludec and 30% insulin aspart) Flextouch injection 100units/mL	To improve glycaemic control in adult patient with diabetic mellitus requiring basal and prandial insulin.	Once or twice daily subcutaneous injection with main meals.	-



(左起) 方德生醫生、香港教區主教楊鳴章主教、省會長張月娥修女、陸鍾沐醫生
主持新牙科中心開幕典禮

聖保祿醫院 全新牙科中心開幕

St. Paul's Hospital Brand New Dental Centre Grand Opening Ceremony



本中心於2018年12月15日已正式開幕，我們會繼續提供更高質素的牙科服務，一流的標準，竭誠為病人提供優質的治療。您的笑容，是我們的承諾。

We are pleased to announce that our new Dental Centre has commenced service and the opening ceremony was held on 15 December 2018. We shall continue to offer a comprehensive range of high quality dentistry with international standard of infection control. You smile is our concern.





(左起) 眼科中心主管何啟傑醫生，執行董事張柱見修女，周志潔修女，香港教區宗座署理湯漢樞機，省會長張月娥修女，何美蘭修女，醫務總監何兆煒醫生，總經理李業鴻先生主持新眼科中心開幕典禮

聖保祿醫院 全新眼科中心開幕

St. Paul's Hospital Brand New Eye Centre Grand Opening Ceremony

全新的眼科中心於2019年1月14日正式開幕。中心具備先進的科技，配合豐富經驗的專業眼科醫生，為病人提供安全，快捷又全面的一站式服務。

We are pleased to announce that our new Eye Centre has commenced service and the opening ceremony was held on 14 January 2019. The Centre is equipped with advanced technology, operated by experienced eye specialists. We provide safe, convenient and complete one-stop services to patients.





台上嘉賓舉杯為聖保祿醫院聖誕聯歡晚宴祝酒



晚宴歡樂笑聲一浪接一浪

聖保祿醫院

聖誕聯歡晚宴2018

2018年聖保祿醫院聖誕聯歡晚宴於12月18及19日一連兩晚假座銅鑼灣皇室堡景逸軒舉行，共筵開六十八席。當晚出席的神父、修女、醫生及各部門的同事共超過九百人聚首一堂。

當晚率先由「聖保祿合唱團」為大家獻唱悠揚聖誕樂章，再由醫務總監何兆煒醫生為大家致歡迎詞並介紹籌備多年聖保祿醫院歷史書——「關愛服務百二載 聖保祿醫院歷史足跡」為晚宴揭開序幕；於麥英健神父及關傑棠神父領禱後，晚宴便正式開始。

首先是頒發長期服務獎，今年共六位同事獲得三十年長期服務獎；而獲得十年長期服務的同事亦有五十六位之多。為感謝各得獎同事多年來為醫院作出的貢獻，院方致送紀念水晶及獎狀給各人表達謝意，期望各人能繼續與醫院一起成長，見證醫院不同階段的發展。

席間，由總經理李業鴻先生介紹各項於2018年為慶祝聖保祿醫院建院120周年舉行之活動，更播放院方精心輯錄的部分精華片段，與大家一同重溫當中精彩時刻。晚宴節目當然不少得讓大家全情投入的遊戲環節。



另外，院方今年更首度舉辦「聖誕裝飾佈置比賽」，比賽以創意、環保意識、節日氣氛及體現「天主是愛」為主題，並於晚宴上進行頒獎儀式。各參與部門均發揮其獨有創意，把部門環境佈置得美輪美奐。最後，比賽的冠、亞、季軍及最佳節日氣氛獎得主分別為住院登記部、手術室、19樓病房及病理部。

隨著獎品豐富的幸運大抽獎的所有幸運兒誕生後，晚宴到這裡亦接近尾聲，眾嘉賓與同事均盡興而歸。





HOSPITAL

ACTIVITIES



本院首次參加

Green Power
綠色力量

Hike Champion 2019!
環島行就奪冠!

為支持環保及提倡健康運動，本院於2019年1月12日派出兩隊健兒，參加50公里環島行競賽。是日天氣潮濕，增加了難度，不少隊員都有抽筋現象。但憑著意志和團隊精神，加上支援隊的美食和打氣，都順利完成賽事並取得理想成績。其中袁兆燦醫生的隊伍更以7小時56分鐘的佳績，勇奪醫療組別冠軍！

參賽健兒：
(左起) Kevin, Hugo, Yan, 何醫生,
袁醫生, 世葉, 「保七」, Carol。



支援：Law Sir, Jacqueline, 子軍

袁兆燦醫生的隊伍奪得
醫療組別冠軍



農曆團圓彌撒

30/1/2019

2018年是一個感恩之年，醫院慶祝了修會醫療服務120周年紀念，一連串的喜慶活動，嘉賓們的蒞臨、參與者的熱誠、觀禮者的投入，在在見證到上天對醫院的眷顧與祝福。今年雖遇到基督君王小堂的裝修時期，小堂竹簾處處，整座都佈滿帳棚，但卻無礙謝主團圓彌撒於二零一九年一月三十日，在小堂內如常舉行。感恩祭的主禮是聖瑪利大堂司鐸黃君右神父。正因為是修會及醫院的感恩祭會，本修會的會長張月娥修女、醫院執行董事張柱見修女、醫務總監何兆煒醫生及總經理李業鴻先生都有蒞臨，亦有不少醫生、病室及部門主管、護士、職員、義工...；當然，還有修院的修女、女子宿舍的長者，熱心教友等都到來參與，人數約一百八十人。

黃君右神父的道理生動有趣，極生活化。首先他帶動我們反省今年有什麼要感謝？整年內其實有很多可感謝，



新年祝福包於
農曆團圓彌撒後派發



如工作順利、醫院興盛、病人康復、家人支持、同事團隊的合作成功等等。年近歲晚，不少家庭有吃湯丸的習俗，喻意是團團圓圓，闔家歡聚。但搓湯丸卻有其技巧可言：湯丸必須把麵粉搓得好，餡要堅實、圓圓，才不致裂破、漏餡出來。這好比醫院服務除要有專業知識、完善設備外，也要講求技巧。我們的主保聖人聖保祿宗徒亦常教導信友：處世待人要含忍、仁慈、良善、謙虛、溫和；對病人、家屬、同事等亦需要有智慧和愛德，相信這就是我們所需的技巧了；但願我們的服務能夠更完備滿全、工作生活得暢順而愉快，愈顯主榮！

牧靈部





INTRODUCTION

OF NEW FACES

Hi, I am Danny Chow. It's my pleasure to join the St. Paul's family. I graduated from the University of Hong Kong 2005 and worked at Princess Margaret Hospital as a physician since. I am an interventional cardiologist and had my overseas training in Denmark in structural heart intervention. Structural heart intervention is a rapidly growing field in cardiology and my special interests are percutaneous left atrial appendage occlusion (LAAO) and transcatheter aortic valve replacement (TAVR). LAAO is an alternative stroke prevention in patients with atrial fibrillation who have contraindications in anticoagulation. TAVR offers an alternative treatment option for high surgical risk elderly patients who have symptomatic severe aortic stenosis. I hope to continue helping cardiac patients and help develop structural heart intervention service at St. Paul's Hospital.



Dr. Chow Hoi Fan, Danny
Staff Consultant Cardiologist



Dr. Ng Tsz Ying, Chantel
Staff Specialist in Paediatrics

Hello everyone, I'm Chantel Ng. A pleasure to meet you all. I graduated from the Chinese University of Hong Kong in 2008, and have worked in the New Territories East cluster Paediatric units in PWH and AHNH since. My interests lie in Paediatric Dermatology and have been to the St. John's Institute of dermatology in UK for training last year. I am especially interested in the management of vascular tumours of the skin in children. I hope my future life in St. Paul's would be as fruitful as I remembered it in secondary school.

Mailing Option & Personal Contact Details Update

Mailing Option Update

To reduce paper consumption and help conserve natural resources, St. Paul's Hospital encourages distribution of St. Paul's Hospital Doctors' Newsletters electronically. Doctors' Newsletters with access up to past 24 months are now available on the Hospital's website. Should you wish to refer to our electronic version of the Newsletter and stop receiving the Newsletter by post, please tick the box below and return the form to us.

☐ I would like to receive upcoming St. Paul's Hospital Doctors' Newsletters electronically only

Personal Contact Details Update

To ensure you receive important updates from St. Paul's Hospital, please complete and return the following form to us (Email: vmo@stpaul.org.hk; Fax: 2837 5241) if you have updated or changed any of your previous information. Information collected will be used for Hospital communications only. Please note that it takes about ten working days to update your contact information in our system.

Personal Particulars

Name of Physician: (IN FULL NAME)

English: _____ Chinese: _____ Physician Code: _____

Correspondence (Please write down changed items only)

Address: _____

Phone: _____ Pager: _____ Mobile: _____

Fax: _____ Email: _____ Effective Date: _____

Others: _____

Signature: _____

Please return the completed form by

1) Fax: 2837 5241 2) Email: vmo@stpaul.org.hk

3) Post: 2 Eastern Hospital Road, Causeway Bay, Hong Kong (Attn: Hospital Management Department)

Thank you!