"I made myself all things to all men" (1 Cor. 9:22)
" 我為一切人成為一切" (格前 9:22)

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聖保祿醫院
St. Paul's Hospital

NEWSLETTER 院訊

Medical Information 醫療資訊

Cardiovascular Imaging

Over the past ten years, we have witnessed a dramatic technological advancement leading to a rapid evolution of the multi-detector row computer tomography scanner (MDCT) and a more robust magnetic resonance imaging scanner (MRI), This has allowed us to develop new method of visualizing the cardiovascular anatomy. Cardiovascular imaging has become an integral part of all modernized imaging department. With the use of the newest MDCT for coronary angiography and calcium scoring and cardiac magnetic resonance imaging (CMR) for myocardial structure and viability, we are now able to allow physicians a non-invasive method to assess the coronary arteries and myocardium at risk. This has the advantage of allowing the physician to focus on treating those patients who are likely to develop coronary insufficiency sooner and to follow less closely, those who have little or no disease. Cardiovascular imaging is proven to be a valuable tool for the management of patient with cardiac and non-cardiac related diseases.

Indications for Cardiac CT :

Based on the American College of Cardiology Foundation (ACCF) for cardiovascular imaging, Appropriate Use Criteria Task force 2010, the current indications for cardiac CT includes but is not limited to the following:

A) Detection of coronary artery disease (CAD) in symptomatic patients without known heart disease with low / intermediate pretest probability of CAD.

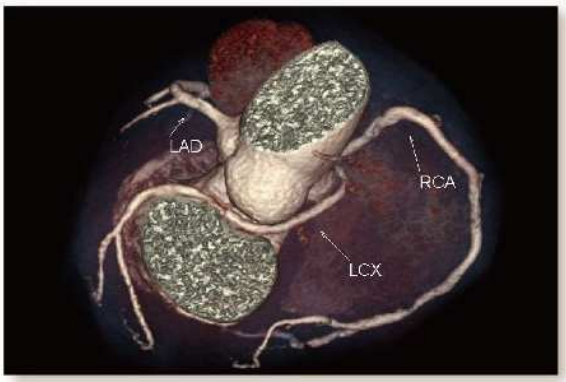
B) Detection of CAD / Risk assessment in a asymptomatic patients without known CAD with intermediate risk for coronary heart disease (CHD) or family history of premature CHD.

C) Patient with reduced left ventricular ejection fraction with low / intermediate pretest probability for CAD.

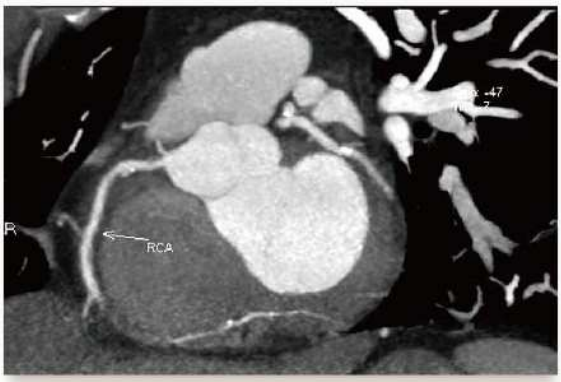
D) Patient with equivocal stress test.

E) Pre-operative coronary assessment prior to non-coronary cardiac surgery such as valve replacement / ASD closure.

F) Assessment of cardiac structure and function, including coronary anomalies, congenital heart disease, left / right ventricular function, native / prosthetic cardiac valves, pericardial / cardiac mass, pulmonary vessels, thoracic aorta, coronary vein mapping and coronary bypass grafts.



Anomalous left circumflex artery from right coronary cusp. Focal severe stenosis in the distal right coronary artery.



Occluded mid right coronary artery

Indications for cardiac MRI :

MRI is especially useful for evaluating the cardiovascular system. In addition to being non-invasive and radiation-free, it can provide static and moving images of the heart throughout its pumping cycle. It is the gold standard for volume and function assessment (ejection fraction and volumes), myocardial viability assessment (to determine if the myocardium has any viable myoctyes remaining or if the area is entirely infracted and scarred), cardiomyopathies (infiltrative and hypertrophic) and thrombus imaging. With the addition of adenosine, myocardial perfusion can be assessed. The more common indications for cardiac MRI include but are not limited to the following:

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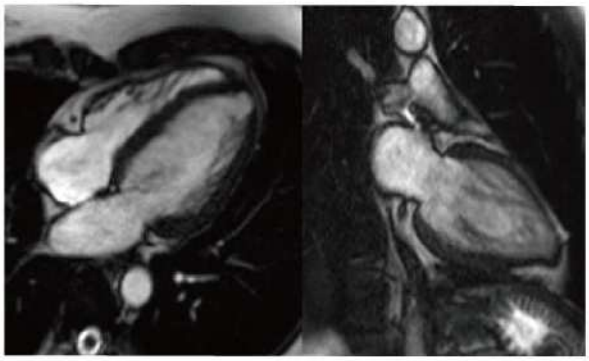
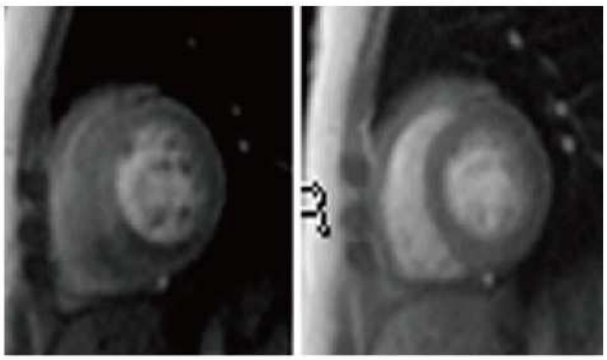
A) Quantifying left and right ventricular function.
B) Assessment of heart failure.
C) Assessment of myocardial perfusion / viability. (to look for areas of hypoperfusion after stress, using adenosine)
D) Complication of infarction.
E) Assessment of acute myocarditis / cardiomyopathy. (eg.Hypertrophic and dilated cardiomyopathy)
F) Assessment of ventricular dysplasia. (eg. Arrhythmogenic right ventricular cardiomyopathy)
G) Congenital heart disease.
H) Cardiac or para-cardiac mass.
I) Pericardial disease. (constrictive or restrictive pericarditis, pericardial mass and pericardial effusion)
J) Diseases of the thoracic aorta, vena cava and pulmonary vessels.
K) Quantitative assessment of valvular heart disease and cardiac shunts, especially aortic stenosis and regurgitation. (when echocardiogram and Doppler studies are inconclusive)
L) Assessment of cardiac function, morphology and structure. (when echocardiogram is inconclusive)



Steady state free precession
four chamber (left) and two chamber(right) cine images.



Stress (left) and rest (right) perfusion images, showing pharmacological induced hypoperfusion in the inferior wall of left ventricle.

Having these examinations performed at a well-equipped, modernized hospital with state of the art technology will be to the benefit of our patients. At St Paul's Hospital, we have installed two multi-detector CT systems (Siemens CT Definition AS and Siemens CT Somatom Sensation 64 scanners) and two MRI systems (Siemens Avanto 1.5 Tesla scanners) capable of delivering high-resolution two- and three-dimensional images of the heart and great vessels in Diagnostic & Interventional Radiology Department (D.I.R.D.). A dedicated team of radiologists and technologists are trained to analyze and interpret these images.

The examinations can be performed on an out-patient / in-patient basis. The examination time ranges from about 5 minutes for routine CT coronary studies to 60 minutes for a complete cardiac MRI assessment. Although cardiac CT involves radiation, the risk of radiation induced cancer is small. With the newest machines, there are many strategies to lower the radiation dose. On an average the radiation from a cardiac CT examination is about 6-7 mSv, which is similar to the natural background radiation over a 3 year period. Cardiac MRI does not involve radiation and is relatively risk-free. The use of pharmacological agents such as adenosine is sometimes necessary for assessment of myocardial perfusion. All medications have some unwanted side effects, most of the time they are not serious but sometimes they can be serious. Therefore having these examination performed in a hospital setting will be safer for the patients.

In April 2011, DIRD will also extend our collaboration with Cardiac Centre in imaging service. Investigation packages and joint-venture approach in management may facilitate seamless and timely diagnoses and result deliverable to patients.

Together with our latest success in implementation of the public-private interface (PPI) with Hospital Authority (HA) hospitals and our in-house HIS-RIS-PACS interface, the images and reports can now be delivered almost instantaneously to our referring physicians as well as to HA.

Dr Alan Sy
Radiologist of DIRD

Predictors of outcome in patients with benign prostatic hyperplasia maintained on alpha-blockers

Congratulations to **Dr. Lo Hak Keung, Alex,** our staff specialist in Urology, on his academic achievement in the completion and publication of the study – "Predictors of outcome in patients with benign prostatic hyperplasia maintained on alpha-blockers" with Dr Chi-Fai Kan and Dr Bill T.H. Wong, which is published in the Journal of Surgical Practice (2010) 14, 126-131.

ABSTRACT

Aim :

To determine factors that could predict failure of medical treatment or the need for surgical intervention in patients with benign prostatic hyperplasia (BPH) who were maintained on alpha-blockers.

Methods :

124 eligible patients aged 52-82 years (mean 66.8) with lower urinary tract symptoms attributable to BPH treated with alpha-blockers were included in the study. Initial assessments included a complete medical history, physical examination, blood biochemistry, serum prostate-specific antigen and urinalysis. Baseline symptoms were assessed by International Prostate Symptoms Score (IPSS) questionnaire, peak urine flow rate (Qmax) and post-void residual urine volume (PVR). Transrectal ultrasound (TRUS), prostate biopsy, cystoscopy and urodynamic study were carried out when indicated. Mean follow-up was 47.7 months. Baseline parameters were compared between the cohort of patients requiring surgical intervention and the remaining cohort who were still maintained on alpha-blockers.

Results :

Forty-four patients (35.5%) demanded surgical intervention despite treatment with alpha-blockers. Patients requiring surgical intervention had significantly worse baseline IPSS, quality-of-life score, Qmax and PVR when compared with those not requiring surgery. Risk analysis using binary logistic regression model showed that IPSS (odds ratio: 1.096 ; $P=0.001$) and PVR (odds ratio: 1.006 ; $P=0.008$) were independent predictors for surgical intervention. Receiver-operating characteristics curves further demonstrated that IPSS was slightly better than PVR as a single predictor. Kaplan - Meier cumulative risk analyses showed that patients with baseline IPSS ≥ 14 or PVR ≥ 100mL were more likely to require subsequent surgical intervention than their counterparts.

Conclusions :

In patients with BPH who were maintained on alpha-blockers, baseline IPSS and PVR were two useful independent predictors for failure of medical treatment and the need for surgical intervention.

Minimally Invasive Gynaecology development at St. Paul's Hospital

With advancing technology and demands from the public, there is an increasing trend of performing minimally invasive surgery in gynaecology. This is now known as minimally invasive gynaecology (MIG). The known advantages of performing these surgeries are less postoperative pain, less analgesic used, early mobilization and early discharge from the hospitals. Lastly, patients enjoy a rapid recovery from the surgery, not to say the cosmetic appearance of small scars. Over last 20 years, MIG is replacing many open abdominal surgeries. However, in order to ensure a smooth and safe surgery, more practices, continuous training and education in MIG are important.

But how is the situation of MIG in Hong Kong especially its prevalence in the private sector? Hong Kong has a high standard medical service in the private sector. For example, in St. Paul's Hospital, it has been providing this service of minimally invasive surgeries for more than 15 years. The management of St. Paul's Hospital has always supported and encouraged the practice of MIG in the hospital. Today, these surgeries are performed in the new Block A of St. Paul's Hospital which was opened in December 2009.

To continue its support to endoscopic surgery, St. Paul's Hospital is one of the organizing partners in the coming conference "The Australia-China-Asia Pacific Minimally Invasive Gynecology Forum" to be held in Hong Kong in May 2011. This conference is one of the annual meetings organized by the Forum Expert Committee established in Hong Kong. The Forum Expert Committee is formed by Professor Felix Wong, professor of the University of New South Wales, Sydney, Australia (1992-2010) and an international expert in endoscopic surgery. His committee is responsible to organize conference activities to be held every year in Asia Pacific countries. The first conference was held in Anzhen Hospital, Beijing (China), followed by in Liverpool Hospital, Sydney (Australia), Shenzhen Hospital, Shenzhen (China) and Auckland Hospital for Women, Auckland (New Zealand). These meetings had great success to promote academic exchange and friendship among endoscopists in Asia Pacific countries. This year, the meeting will be held in May 2011 in Hong Kong.

Professor Felix Wong has recently returned to Hong Kong after serving as a senior academic for 18 years in Sydney, Australia. He was introduced to the Hospital Advisory Committee via the collaboration of honorary consultants of Obstetrics and Gynaecology Advisory Panel at St Paul's Hospital, namely Dr. Chau Wing and Dr. Chan Kuen Ting. Together with the hospital management of St. Paul's Hospital,the first MIG Advisory Panel at St. Paul's Hospital is formed. Professor Wong was voted into chairmanship by the other panel members ex governing body. The goal of the MIG SPH advisory panel is to support, regulate, improve, maintain good standard of practice, and last but not least to promote future development of MIG in the hospital in the years to come. Further goals of the advisory committee may include

1) Assisting the training and accreditation of its visiting staff
2) Conducting audit, evaluation and accreditation to ensure patients' safety
3) Resolution to adverse surgical outcome
4) Providing education to all other staff in the field
5) Promoting the international and national status of MIG services
6) Advising the Hospital about future surgical development

It is anticipated that the upcoming conference in May 2011 will be a great success because it has invited many distinguished speakers from Australia, USA, China, Japan, Korea and Vietnam to participate and speak at the meeting. One of the key presentations is delivered by Professor Xia En Lan. Professor Xia is the "mother" of hysteroscopy in China and she will reveal the development of hysteroscopic surgery in China for the last 20 years. Among the lecture topics, various new advances and techniques of endoscopic surgery and its applications in cancer, advanced endometriosis and pelvic floor surgery will be presented. This is a great opportunity for our Hong Kong doctors especially those serving St. Paul's Hospital to use this forum to further advance their endoscopic surgery.

This MIG forum will be held at Hong Kong Regal Hotel at Causeway Bay in the Hong Kong Island. The venue is within a walking distance from St. Paul's Hospital which is well positioned to lend its facilities for a live demonstration of surgery as well as to serve an introductory tour for visiting delegates from China and overseas. This meeting would also be an opportunity for overseas delegates to learn our practice and development of MIG in Hong Kong and China and befriended with us.

MIG Advisory Panel Members: (from left to right) Dr. CHAN Kuen Ting, Dr. CHAU Wing & Prof. WONG Wu Shun, Felix.

MIG Advisory Panel
St. Paul's Hospital

CME/CNE Programme

Programme Announcement

Date:	17th May 2011 (Tuesday)	21st June 2011 (Tuesday)
Topic:	**Gastrointestinal Stromal Tumor** (Review & Update)	**1. Right upper quadrant pain - the Echo-Endoscopist approach** **2. Obscure Gastrointestinal bleeding - No Man Land in the Past**
Speakers:	**Dr. Chan Kam Wai, John** *Specialist in Radiology, St. Paul's Hospital* **Dr. Yuen Siu Tsan** *Specialist in Pathology, St. Paul's Hospital* **Dr. Lee Siu Wing** *Specialist in General Surgery, St. Paul's Hospital* **Dr. Ma Shing Yan** *Specialist in Haematology & Haematological Oncology, St. Paul's Hospital*	**Dr. Lee Yuk Tong** *Specialist in Gastroenterology and Hepatology* *Honorary Clinical Associate Professor,* *The Chinese University of Hong Kong* **Dr. Lai Hin** *Associate Consultant, Division of Gastroenterology and Hepatology,* *Department of Medicine and Therapeutics,* *Prince of Wales Hospital*
Chairman:	**Dr. Taw Jin Liam** *Specialist in General Surgery*	**Dr. Lok Ka Ho** *Specialist in Gastroenterology and Hepatology,* *St Paul's Hospital*

Time: 7:30pm – 9:00pm (Light refreshment provided at 7:00pm)

Venue: Conference Room, 2/F, St. Paul's Convent

Registration & Enquiry: Ms Catherine Pang, Tel: 2830 3905, Fax: 2837 5271, E-mail: catherine.pang@mail.stpaul.org.hk

CME / CPD Accreditation for all Colleges (Pending approval), CNE Point :1 Point

Introduction of new faces 員工動態

Dr Alan Sy

By the time this goes to press, I will have joined the St Paul's family for about 6 months. Let me first introduce myself, I am Dr Alan Sy, Radiologist in the Department of Diagnostic and Interventional Radiology. I am an Australian medical graduate who had my radiology training at Queen Mary Hospital. I have had overseas training in interventional radiology at Westmead Hospital in Sydney, Australia and another fellowship in cardiac MRI at Samsung Medical center in Seoul, South Korea. Prior to joining, I was an Associate Consultant working at Pamela Youde Nethersole Eastern Hospital. My special interests are in cardiac and musculoskeletal imaging. I am looking forward to building a good working relationship with all of you.

Dr John Chan

Hi, everyone, I am Dr Chan Kam Wai, John, just joined the family of St. Paul's Hospital in October 2010. Before I came, I worked as Associate Consultant in the Department of Radiology of Pamela Youde Nethersole Eastern Hospital. I started my career as a physician in Queen Mary Hospital and then joined Radiology since 1999 in Pamela Youde Nethersole Eastern Hospital. I am particularly interested in Neuro-radiology and Interventional Radiology. I have been working as a honorary lecturer in Hong Kong University since 2004 and was a trainer in Neuro-radiology and Head and Neck Imaging in Pamela Youde Nethersole Eastern Hospital

It is a real challenge for me to start my new career in private sector, with the stress in adapting to all the changes. Fortunately, all the staff that I work with here have been very friendly and supportive. I should say thank you to all of them. It is my pleasure to share my experiences and skills to serve patients in St. Paul's Hospital.

Dr Leysia Chu

I am Dr Leysia Chu. I just joined the Department of Diagnostic & Interventional Radiology in December 2010. I am a Fellow of the Hong Kong College of Radiologist, Royal College of Radiologists, United Kingdom and the Hong Kong Academy of Medicine. I had received my radiology subspecialty training in Chest Imaging, Neuro-radiology and Interventional Radiology in Hong Kong. My previous overseas interventional radiology was at Monash Mediacal Centre, Melbourne, Australia. In 2008-2010, I have completed a 2-year fellowship focusing in Neuro-radiology and Cardiovascular Imaging at the Hospital for Sick Children and the University of Toronto in Canada. Before my overseas training, I was an Associate Consultant in PYNEH and co-trainer in chest imaging of The Hong Kong College of Radiologist. I enjoy my work in St. Paul's Hospital as colleagues I met here are all very friendly and supportive. It is my pleasure to use my expertise and serve patients in St. Paul's Hospital. So this is a brief summary of my medical life but without revealing my true year of graduation! See you all around in SPH!

Hospital update 醫院動態

Achievement of Full Accreditation

Our hospital is honoured to be awarded the accreditation certificate from the QHA Trent Hospital & Clinic Accreditation Board in United Kingdom on 23 March 2011. This certificate is a formal recognition of our service standard meeting the quality requirements as stipulated by the Trent Accreditation Scheme.

Our hospital has joined the Trent Accreditation Scheme for over 12 years. The scheme requires the participating hospital to conduct the survey every two years. Our hospital went through its 6th round of hospital survey in last October. It was a 6-day survey which was conducted by 6 surveyors (4 overseas and 2 local surveyors) and all surveyors unanimously concurred to grant a 2-year full accreditation to our hospital.

Thanks for the great effort from all hospital staffs in maintaining our hospital to such a high service standard!


CERTIFICATE OF ACCREDITATION

ST PAUL'S HOSPITAL, HONG KONG

聖保祿醫院全力支持癌症基金會之「關注大腸癌教育活動」

為提升大眾對關注大腸癌的意識及鼓勵市民進行定期身體檢查，聖保祿醫院於2009年12月開始與香港癌症基金會合作，以優惠價為癌症基金會所轉介之人士作「大腸內鏡檢查」服務。至今，已為接近五十人作檢查。現由本院外科專科李少榮醫生負責診斷及檢查。

本院希望藉此服務可以鼓勵更多五十歲或以上人士定期作腸臟檢查，主動預防大腸癌。

本院分別於一月二十八日及三月二日舉行了大型火警演習及禽流感病案演習，藉此提供培訓予本院員工，以加強他們的應變能力，在突發及危急的情況下，仍然可以保持冷靜及專業的服務態度。

火警演習

火警演習由本院之職安健委員會統籌及職員發展部全力協辦。管理層組成指揮中心帶領各部門員工(共325人)積極參與，並安排了學護充當病人，可見演習非常認真。全程由觀察員評核，以作日後檢討。

禽流感病案演習

一年一度的禽流感病案演習，由本院的感染控制組統籌及職員發展部全力協辦。參與的部門及員工態度認真，包括當值醫生、當值護士長、門診部、入院登記部、中央運輸組和工程部，亦邀請了各病房的主管及有關同事前來觀察，以加強同事對處理禽流感病案的警覺性。

診斷及介入放射部(DIRD) - 最新動態

(一)放射科信息系統(RIS)及放射醫療紀錄互聯計劃

隨著本院的醫療資訊系統(HIS)於二零一零年十二月一日使用後，診斷及介入放射部的放射科信息系統(RIS)亦正式投入運作。醫療影像及數碼化檔案讓本部門能更有效率地為病人提供高質素的服務。如病人完成檢查後，其經過核對的數碼醫療影像在瞬間便能在本院的HIS系統內供醫生查看，讓病人得到最適切及適時的治療。 本院的RIS系統更於今年一月底，成功和醫管局合作推行放射醫療紀錄互聯計劃。凡經醫管局轄下醫院轉介至本部門所診斷之檢查影像及報告，將透過電子方式傳送，從而節省送遞放射醫療報告的時間，由一般三個工作天縮減至一個工作天。

(二)『收費』調整

而收費方面，本部門將採取更透明及更靈活方式，並下調多項收費，如超聲波檢查、細針穿刺檢查、肌肉骨胳及心臟電腦掃描 / 磁力共振掃描等檢查。另外，由**本院門診/訪院醫生轉介之病人**將有**九折**檢查優惠*，而**醫管局轉介之病人**則可享有**高達七折**優惠。

此外，本部門和健康中心將有更緊密合作，提供更多「套餐」式服務，如長者心、肺、腎及大動脈普查。其他「套餐」包括有婦女保健普查、監測肝癌 (HCC surveillance)、心臟普查等等。

*優惠期至二零一二年三月三十一日止，此優惠不適用於電腦掃描檢查、磁力共振檢查及介入放射檢查。

(三)『緊急服務收費時段』調整

鑑於病人對本院緊急服務需求增加，故本部門將於二零一一年四月一日起，把部份『緊急服務收費時段』縮短及延遲，更新如下：

緊急服務收費時段

日 期	檢查項目	更新時段
星期一至星期五	平片檢查	19:00 - 08:00
	超聲波檢查 電腦掃描檢查 磁力共振檢查	**18:00 - 08:00**
星期六	平片檢查	19:00 - 08:00
	超聲波檢查 電腦掃描檢查 磁力共振檢查	**16:00 - 08:00**
星期日及公眾假期	所有檢查	00:00 - 24:00

如有任何查詢，請致電本院診斷及介入放射部2830 3786。

Hospital activities 醫院活動

聖保祿醫院辛卯年春茗晚宴

晚宴分別於二月十日及十一日舉行。參加人數十分踴躍，一共超過750人，包括沙爾德聖保祿女修會修女、嘉賓、醫生及醫院員工。晚宴中，醫院管理層代表醫院頒發長期服務獎予本院服務三十年、二十年及超過十年之員工，以表揚他們對本院服務之忠誠及貢獻。

另外，大會安排的遊戲－「祝捷報喜」及「喜氣洋洋賀新春」，將晚宴之高潮掀起。每枱之賓客亦十分投入地參與，大家打成一片，發揮團結精神。

會長何美蘭修女帶領修女們及管理層向大家祝酒。

參加者踴躍參與遊戲

我們向兩位服務三十年的同事致敬。