"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)

Issue 77 | May - June 2012
第七十七期 | 二零一二年五月至六月

聖保祿醫院
St. Paul's Hospital

NEWSLETTER 院訊

Message from the Medical Superintendent

"The quota for 'double-no' pregnant ladies to deliver in Hong Kong for 2013 is … Zero", declared the Chief Executive Elect, referring to non-Hong Kong mothers with Mainland husbands.

The media have since repeatedly asked us how the hospital will be affected. Numerically speaking, around 8% of all patients in St. Paul's Hospital are obstetric cases of non-entitled persons (NEP), and the majority of whom are NEP2, or 'double no'. So there will no doubt be a significant reduction in obstetrics services, but the impact to the hospital is not overwhelming, taking into account current competition for beds and operating theatre time for other specialties.

Modern organizations have to face changing environments all the time. Hong Kong is known for its fast pace and vulnerability to external influences. The ups and downs of economic cycles have brought us alternative periods of feast and famine. We clearly remember how the Asian Economic Crisis turned the Hospital Authority from yearly expansion to budgetary deficit; and how the doom and gloom of the private sector soon gave way to wards bursting at the seams. It was also not that long ago that Infectious Diseases was regarded as a declining clinical specialty – until SARS struck; or Obstetrics as a shrinking one in view of the declining local birth rate – until the Chong Fung Yuen case was ruled. Life is always full of surprises.

On the day-to-day basis, hospital management can be hectic. A single complaint case can cause a frenzy of activities. The threat of a flash mob targeting our hospital back in February mobilized scores from the media, the police, the hospital management, and many other hospital staff. Likewise, an untoward happening can mean prompt arrival of DH officials, and myriads of meetings and reports. This is the day of transparency and accountability, where responsiveness and speed are paramount.

Yet among the noise and fanfare, clear directions are important. The hospital has gone through a few years of modernization with very significant improvements; but reform, as always, is bitter sweet. In some areas, time and patience are required, while the opposite may be true in others. At this juncture, hospital management has resisted rushing into ACHS accreditation right away, but put our focus back to basics. The emphasis is on improving key processes like customer focus, quality and safety, and proper clinical governance. To do them well, we have to crack the core issues in culture and systems, change mindsets and induce a learning atmosphere. It all boils down to influencing and motivating our people to deliver their best individually and through teamwork. We believe that once the culture and systems are there, accreditation will be a straightforward business. The hard work should be now, not then.

Today's notion of private hospitals is no longer merely passive platforms for visiting doctors to earn their living. The hospital's concern is how to attract the best talents, be they in-house or visiting doctors, nurses and other staff, who can work with others to deliver ethical and high quality services to our patients. The effort of enthusiasts in our various advisory committees is pivotal in promoting proper medicine and curb substandard practices. At the same time, we wish to pursue excellence in all aspects of hospital management ranging from the hardware, management systems, to caring for our own people. The future is certainly bright with all the opportunities in sight, and the challenges that keep us constantly alert and sharpened. Meanwhile, we have to remain nimble to embrace the changes.

Dr. William Ho
Medical Superintendent

St.Paul's Hospital
2, Eastern Hospital Road,
Causeway Bay, Hong Kong
Tel: 2890 6008
Fax: 2576 4558
Website:www.stpaul.org.hk

聖保祿醫院
香港銅鑼灣東院道2號
電話: 2890 6008
傳真: 2576 4558
網址: www.stpaul.org.hk

Presentation at a CME/CPD/CNE Meeting 持續醫學進修講座

Hypertension and Lipid Management

St. Paul's Hospital, 21st February 2012

Statin Benefits Beyond Lipid Lowering: From Evidence to Clinical Practice

Dr Tse Tak Sun
Specialist in Cardiology
St. Paul's Hospital

Cardiovascular disease (CVD) was the primary cause in 864,480 deaths (35.3% of total) and the secondary cause in another 507,520 deaths in the United States. The most preventable form of CVD is coronary heart disease (CHD). In the United States, CHD annually results in 502,000 deaths, of which 185,000 are due to myocardial infarction (MI); 1.2 million MIs, of which 700,000 are first infarctions; and an economic burden of $133 billion.

Considerable clinical benefit can be derived from the management of 3 major modifiable coronary risk factors: hypercholesterolemia, hypertension, and cigarette smoking. Every 1 mmol/L (38.7 mg/dL) decline in LDL cholesterol results in a 21% decrease in cardiovascular events. Statins rapidly reduce the risk for CVD across a broad spectrum of patient profiles. Apart from LDL-C reduction, , statins has LDL independent pleiotropic effects, i.e., restore endothelial function, maintain SMC function, anti-inflammatory effects, and decreased thrombosis.

The Adult Treatment Panel III NCEP guidelines, published in 2001, include initiation of lifestyle and drug management with the following goals. A primary goal of reducing LDL cholesterol level is as follows:

- < 2.6 mmol/L in high risk individuals (Known CHD, diabetes, or >20% 10-year Framingham risk)
- <3.4 mmol/L in intermediate risk individuals (≥ 2 major risk factors)
- <4.1 mmol/L in low risk individuals (0-1 risk factor)

Risk Factor: Smoking, HT, low HDL <1, FHx of premature CAD (1st degree relative male <55, female <65), age (male >45, female >55)

In response to the recent trial results, the European Lipid Guidelines has recommended lowering of the LDL target goals to <1.8mmol/L in very high-risk individuals, such as those with ACS or diabetes and to < 100 mg/dL for those at moderately high risk.[21] The value of intensive cholesterol reduction is best documented for patients with ACS in the recent TnT, MIRACL, and PROVE-IT trials.

In our clinical practice, most of our patients belonged to intermediate risk, which the current guideline recommended the LDL target of <3.4mmol/L. However, is the so called intermediate risk patient really intermediate risk? How to further risk stratify our patients?

1. CT coronary angiogram: With the widespread use of this noninvasive imaging modality, early coronary atherosclerosis can be detected. However, it is not recommended for cardiovascular risk assessment in asymptomatic adults.
2. Carotid intima-media (IMT) wall thickness is a reliable, noninvasive method to detect early atherosclerosis. Increased carotid IMT is a surrogate marker of atherosclerosis and imparts prognostic information independent of traditional cardiovascular risk factors.
3. hsCRP is a global indicator of future vascular events in adults without any previous history of cardiovascular disease (CVD). On the basis of the JUPITER trial, treating intermediate-risk patients with normal LDL-cholesterol levels (<3.4mmol/l) but elevated CRP levels >2mg/dLwould significantly reduce the risk of cardiovascular events.

My Practice

Risk Category	LDL-c Target
Very High Risk High Risk CAD CVD with DM	<1.8mmol/L
High Risk DM without CAD CAD Clinically Intermediate Risk Patients with further risk stratification - Evidence of early coronary atherosclerosis by CT coronary angiogram - Increased Carotid IMT - Raised hsCRP	<2.6mmol/L
Intermediate Risk (Presence of 2 Risk Factors)	<3.4mmol/L
Low Risk (Presence of 0-1 Risk Factors)	Preferably <3.4mmol/L

Management of hypertension in chronic kidney disease

Dr. Tse Kai Chung
Specialist in Nephrology
St. Paul's Hospital

Hypertension (HT) is highly prevalent in patients with chronic kidney disease (CKD). It may be the underlying cause of CKD or the result of CKD as glomerular filtration rate progressively falls. The underlying mechanism of HT in CKD is multifactorial including sodium retention, increased renin-angiotensin activity, increased sympathetic tone etc. It is a significant risk factor for progression of CKD and early effective therapy has been shown to be important in slowing down progression. The target of blood pressure control should be less than 130/80mmHg in proteinuric CKD and 140/90mmHg in nonproteinuric CKD.

While non pharmacological therapy with salt restriction and life style modification should be encouraged for all patients, majority of them require medical treatment for optimal blood pressure control. In this context, treatment with angiotensin converting enzyme inhibitor (ACEI) or angiotensin receptor blocker (ARB) should be considered as the first line treatment, since they are also effective in control of proteinuria and slowing down CKD progression. However, the role of combined ACEI and ARB treatment is controversial. In any case, if combination treatment is considered for better blood pressure or proteinuria control, it is advisable to start at a relatively earlier stage of CKD with close monitoring of renal function and watch for hyperkalemia.

Calcium channel blocker (CCB) can be considered for blood pressure control for CKD patients, and there is evidence that nondihydropyridine CCBs have moderate effects on proteinuria reduction either when used as monotherapy or combined with ACEI or ARB. Diuretics are another important adjunct to hypertensive therapy as most CKD patients are sodium overloaded and treatment with diuretics helps to achieve better BP control and relieve edema. Loop diuretics are more effective in this regard, while potassium sparing diuretics may have additional effects of proteinuria control, but one should be cautious about the risk of hyperkalemia when they are used. Finally, aliskiren (Rasilez), a relatively new renin inhibitor, may be used for BP and proteinuria control in CKD patients, but its role as combination treatment with ACEI or ARB needs to be better defined. It is because although earlier trials show that combination of aliskiren with ACEI or ARB is effective for CKD protection, there are concerns of adverse effects of increased nonfatal stroke, renal complications, hyperkalemia and hypotension in the Altitude trial, leading to early termination of the study.

In summary, management of HT is important in CKD patients and effective medical treatment can help to slow down progression of CKD in addition to optimal HT control.

Management of Tinnitus

St. Paul's Hospital, 20th March 2012

Management of Tinnitus - An Integrative Approach

Dr. Tong Fu Man
Consultant ENT Surgeon
Pamela Youde Nethersole Eastern Hospital

Tinnitus is defined as the perception of sound in the absence of an external acoustic stimulus. It can be a simple tone or complex sound, continuous or intermittent, high pitched or low pitched, subjective or objective that can be heard by the examiner. Clinical differentiation into pulsatile or non-pulsatile tinnitus is useful.

Pulsatile tinnitus may be classified further as vascular or nonvascular in etiology. Nonvascular causes are usually related to myoclonus of the palatal musculature, stapedius, or tensor tympani. Vascular causes can be divided into venous and arterial subgroups.

Arterial causes include atherosclerotic carotid artery disease, arteriovenous fistulas and malformations, aberrant arterial anatomy and hypertension. A common cause of venous pulsatile tinnitus is benign intracranial hypertension, whereas other possibilities include jugular bulb anomalies and hydrocephalus.

Non-pulsatile tinnitus is usually associated with hearing loss. The common conditions are presbyacusis, noise-induced hearing loss, sudden hearing loss, otosclerosis, Meniere disease and acoustic neuroma.

Prevalence of tinnitus increases with age, 12% of men aged 65–74 years are affected. A large-scale study in UK showed 10% prevalence. However, only 0.5% reported tinnitus having a severe effect on their lives.

Systemic reviews showed no well-established treatment that can consistently eliminate tinnitus. However, despite our inability to 'cure' tinnitus, there are many medical and behavioral strategies that may result in symptomatic relief.

The integrative approach in Department of ENT, PYNEH is as follows:

Treatable causes like acoustic neuroma, otosclerosis should be identified. If no treatable cause of tinnitus is found, the severity of tinnitus and secondary symptoms such as depression, anxiety, and insomnia should be assessed. It is important to inquire how tinnitus is affecting the patient's quality of life, including auditory perceptual difficulties, sleep disturbance, interference with work and leisure and loss of concentration. Symptoms of tinnitus and hearing loss should be treated as well as the secondary symptoms and co-morbidities. Habituation of tinnitus is facilitated by thorough explanation and reassurance. Medication including antidepressants, sedative and hypnotics should be prescribed if necessary. Psychologist or psychiatrist referral should be initiated if there is significant psychological problem; cognitive behavioral therapy is one of the strategies that may benefit patients with severe tinnitus.

Tinnitus Clinic of our Department provides audiological evaluation and rehabilitation, in form of tinnitus matching and assessment, relaxation advice and sound therapy. About 50% of patients attended the Tinnitus Clinic showed substantial improvement.

Referral to Chinese Medicine Clinic is another option; some patients found their tinnitus that persisted despite Western Medicine therapy improved with herbal treatment.

Audiological Evaluation and Rehabilitation on Tinnitus

Dr. Janet Leung
AuD Senior Clinical Audiologist
Head of Audiology
Widex HK Hearing & Speech Centre Ltd.

Assessing the audiological status via Pure Tone Audiometry and Tinnitus Evaluation is the first step to manage those who experience tinnitus. Pure Tone Audiometry evaluates the degree and nature of hearing loss, which also serves as the baseline information for Tinnitus Evaluation. Tinnitus Evaluation usually includes information regarding patient's case history, attempts in pitch and loudness matching of tinnitus, measures of effectiveness of masking tinnitus by a foreign noise (Residual Inhibition) and also determination of Loudness Discomfort Level.

Other than medication, various approach via counseling, education, sound stimulation and usage of hearing aids are also crucial elements in effective tinnitus management. Counseling addresses the way in which the patient responds to the presence of tinnitus. During counseling, patients are guided to ways of relaxation and learn how to habituate to the occurrence of tinnitus. As healthcare professionals, we should not forget to educate patients on simple auditory anatomy and the origin of tinnitus. Also, patients are encouraged to understand that tinnitus may be a consequence of hearing impairment. Situation may be permanent but does not have to worsen and one's reaction will affect the degree of negative impact of their tinnitus. Tinnitus Retraining Therapy (TRT) first developed by Dr. Jastreboff in 1990, was designed to help patients to end their negative reaction by using a combination of tinnitus retraining and sound enrichment. Frequently, noise generators are used in TRT to provide a background noise level for easier habituation. Such therapy was aimed to help sufferers who are willing to take the time and make the effort to learn and implement it.

Noise generators or other tinnitus maskers are designed to reduce the tinnitus sensation using external noise. Results from Residual Inhibition can be used to roughly estimate the effectiveness of these devices. Hearing aids, on the other hand, not only able to "mask" tinnitus by amplifying speech and external ambient noise, it improves communication and reduces stress from being hearing impaired, which in turn makes it easier to accept or cope with tinnitus. Many studies from the literature confirm such positive effect of hearings aids on tinnitus perception. Some hearing aid manufacturers develop a hearing aid feature that generates background music for easier habituation of tinnitus. It reduces the contrast between the tinnitus and the surrounding sound environment. Sweetow and Herderson-Sabes in 2010 found that with music tones in the background, patients' self-perceived tinnitus severity improved. Those perceived more severe tinnitus showed greater improvement. Music tone is effective as a tool in promoting relaxation and reducing annoyance from tinnitus. Such effect may not be immediate and success is aimed towards improving the quality of life, reducing tinnitus awareness, reducing disturbance, improving sleeping quality and reducing negative feeling towards tinnitus.

Sound therapy without counseling is not likely to work; therefore, regular follow up is also important for successful management.

Department Updates 部門資訊

Pathology Department

Lab News

The Pathology Department has prepared the "Pathology Service Handbook", "Blood Transfusion Request- Cue Tips for user" and "Blood and blood component Therapy" to assist laboratory users to know tests information of our department as well as tips on requesting Blood Transfusion Service. One hard copy is kept in each clinical area while soft copy is accessible and printable from our intranet.

New Lab tests launched in June

Microbiology Lab will soon offer antenatal screening for Group B streptococcus (GBS) by conventional culture to aid the diagnosis of GBS at 35-37 gestation age or rapid PCR for urgent diagnosis in 4 hours. Direct smear for Cryptococcus will also be replaced by a more specific latex agglutination test for diagnosis of cryptococcal meningitis.

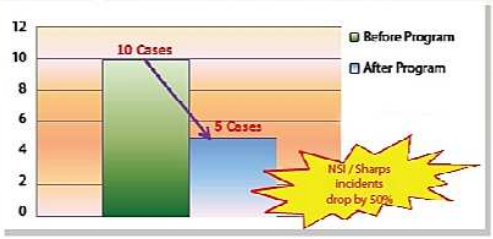
Infection Control Department

1. Surgical Site Infection Surveillance

SSI is an unexpected event that complicates a patient's postoperative course and adversely affects a patient's treatment outcome. The Infection Control Team of St. Paul's Hospital has SSI surveillance programme since 2008. To promote a culture of evidence-based auditing within the Hospital and benchmark with International Standards, the surveillance program has been revised on January 2012, following the definition of National Healthcare Safety Network (NHSN), USA. In addition to daily monitoring of patient's wound condition by reviewing the clinical notes and laboratory report during hospitalization, our team will follow up patients' wound condition after discharge by telephone calls on D30 post operation and one year for cases with implant. We hope to work closely with all doctors and colleagues to improve our service.

2. NSI and Contaminated Sharps Injury Prevention Program

Over the past 6 months, the Occupational and Safety Health (OSH) Team and Infection Control Team have successfully launched a series of promotional activities such as video broadcasting, NSI free award, slogan competition, to promote a safety culture within SPH and to reduce occupational health hazards to our staff. Since then, the needlestick and contaminated sharps injuries have dropped by 44%. The results are encouraging but we need to keep our momentum and work together with all of our staff towards a healthy and safe working environment within SPH.



Hospital Activities 醫院活動

Live Surgery Demonstration at St. Paul's Hospital – 17th March 2012

A Summit for Laparoscopic Experts – The 'Hybrid' Laparoscopic Surgery For Minimally Invasive Gynecology was held on 17 & 18 March by the Forum Expert Committee, Hong Kong Gynaecological Endoscopy Society, and St. Paul's Hospital. Around 30 delegates from Hong Kong and Mainland China attended a half day live surgery demonstration at St. Paul's Hospital on 17 March 2012.

There were two operations for live surgery demonstration – a gasless laparoscopic myomectomy and a gasless laparoscopic ovarian cystectomy. They were performed by Professor Felix Wong, Chairman of the organizing committee. Professor Felix Wong received applauses several times from the attending delegates who watched these procedures at a distance away via video conference. During the meeting, a lot of questions had been raised by the delegates. Dr. Chau Wing and Dr. Eric Lee, the moderators at the lecture room coordinated the questions and answers from the floor and helped to explain to the delegates about these surgeries.


Dr. William Ho welcomed the delegates.


Over 30 delegates attended the live surgery demonstration.


Dr Eric Lee and Dr. Chau Wing facilitated the Q & A session.


Professor Felix Wong explained to the delegates about the surgeries after the live

2012年四旬期員工退省活動後感

醫院週年退省活動已於三月廿七日(星期二)在上水聖保祿樂靜院舉行, 今年出席參加者共計有36人, 包括神父、修女、醫生、天主教徒員工及非教友員工出席參與。

回想大家在陳永超神父簡介四旬期的由來及福音的教導下, 加深了我們的認知及誘發我們與主修和的熱忱, 信衆領受了修和聖事與主修好, 醒寤悔改皈依慈父;又在集體拜苦路中, 經驗到救主基督的苦難聖死與復活, 「靜」中感受主愛的滿全, 與主基督同行邁步「逾越之旅」——攀登上主的聖山, 感恩祂在我生命中的一切恩賜。

當天的退省活動流暢及充實, 實有賴各位主內弟兄姊妹的主動和熱誠, 互相合作去分擔禮儀及敬禮服務的分工, 彰顯愛主愛人的精神。

此刻誠心祝願未及抽空出席參與當天活動的弟兄姊妹, 都能分沾主恩及藉著照片中的意境得以分享我們喜悅、平安的情懷。

天主保佑!

牧靈部 陳慧芳

Outreach Activities 外展活動

聖保祿醫院積極參與義務社會工作活動, 致力提高市民大眾關注健康的意識, 尤其熱心於服務老弱社群, 關顧他們的健康需要。

本院分別於二零一二年三月及四月舉辦了兩次義工外展活動, 每次均有多達四十名熱心義工互相合作, 合共為超過一千名沙田區之街坊及旺角區之獨居老人及老弱社群進行免費身體檢查。檢查項目包括多項超聲波檢查(頸動脈、腹部、婦女盤腔)、眼科檢查、脂肪測試、及骨質密度測試等等。

有賴本院多名修女、眼科醫生、放射科醫生、放射師、護士及熱心義工的支持, 身體力行, 兩次活動才能成功舉行, 令愛心充滿人間。

旺角區外展活動

本院數十名義工參與旺角外展活動。

主辦單位向聖保祿醫院醫務總監何兆煒醫生頒發感謝狀。

主辦單位向聖保祿醫院總經理張文景先生頒發感謝狀。

骨質密度測試

血糖測試

馬鞍山區外展活動

本院數十名義工參與馬鞍山外展活動。

主辦單位向沙爾德聖保祿女修會何美蘭省會長頒發感謝狀

脂肪測試

International Nurses Day 12th May 2012

Thanks for your Professional Service!

Introduction of new faces 員工動態

Dr. Sylvia Doo
Specialist in Paediatrics

Hello! I am Dr. Sylvia Doo.

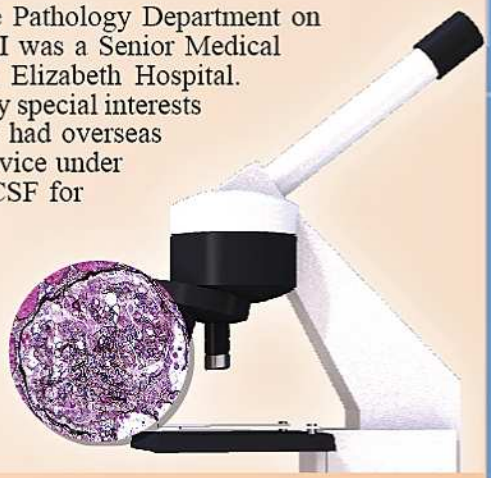
My career path is by no means straight forwards, but it gave me a very good exposure and experience in various scope of paediatric specialty. After graduation from the University of Hong Kong, I was trained in the University Paediatric Unit of Queen Mary Hospital. Later, I worked in the Family Health Service and then the Child Assessment Service of Department of Health. Before I come, I was the acting Senior Medical Officer In-charge of the Pamela Youde Child Assessment Centre (Shatin). In order to complete my paediatric fellowship, I was posted out to various paediatric units in the territories and finished off with overseas training in the child neurology unit of the Hospital for the Sick Children, University of Toronto. Besides clinical training, I obtained my Master of Science degree in Epidemiology and Biostatistics by the Chinese University of Hong Kong in 2004.

Being one of the newest members, I start my work in St Paul's Hospital this June, in setting up the new service of Child Development and Assessment Centre which situated at LG2 of Block A. Developmental Paediatrics is an infamous subspecialty but with growing demands. By establishing the new service here in St Paul's Hospital, I hope to better serve the patients, their families and the community! See you!!

Dr. Lee King Chung
Consultant Pathologist

I am Dr. King-chung Lee. I just joined the Pathology Department on June, 2012. Before joining this department I was a Senior Medical Officer in Anatomical Pathology in Queen Elizabeth Hospital. Apart from general Anatomical Pathology, my special interests are in dermatopathology and renal biopsy. I had overseas training in the UCSF Dermatopathology Service under Dr. Philip LeBoit and Dr. Jean Olson in UCSF for renal biopsy interpretation in 1996.

It is a great challenge and opportunity for me to explore Pathology service in the private sector. With your support, I am sure we can work together to bring benefit to patients making use of pathology service in St. Paul's Hospital.



ME/CPD/CNE Programme
持續醫學進修概覽

Program Announcement

Topic	Chairman	Speakers
Date: 17th July, 2012 (Tuesday)		
Vascular 1. *Varicose Veins treatment: Options other than stripping..... the Endovenous Therapy* 2. *Novel Treatment of Venous Thromboembolism (VTE) other than Warfarin*	**Dr Lee Siu Wing** *Specialist in General Surgery*	1. **Dr. Tse Cheuk Wa, Chad** *Vascular Surgeon,* *Specialist in General Surgery* 2. **Dr. Ma Shing Yan, Lawrence** *Specialist in Haematology & Haematological Oncology, St. Paul's Hospital*
Date: 21st August, 2012 (Tuesday)		
Stem Cell Medicine: **From Benchtop to Bedside** 1. *The "Here and Now" of Stem Cells in the Clinic* 2. *Hematopoietic Stem Cell Transplantation: The Past, Present and the Future*	**Dr. Robert Chin** *Obstetrician and Gynaecologist,* *Hon. Consultant O&G, Kwong Wah Hospital*	1a. **Prof. Richard Boyd** *Professor, Monash University, Australia* *Director, Monash Immunology and Stem Cell Laboratories* *Co-Director, Australia – China Centre for Excellence in Stem Cells* 1b. **Dr. Dan Bates** *Specialist in Sports Medicine, Lakeside Sports Medicine Centre, Melbourne* 2. **Dr. Leung Yu Hung, Anskar** *Department of Medicine,* *The University of Hong Kong*

Time: 7:30pm - 9:00pm (Light Refreshment provided)
Venue: Conference Room, 2/F, St. Paul's Convent
Registration: Ms. Merrillin Leung, Tel: 2830 3905, Fax: 2837 5271, E-mail: sph.sdd@mail.stpaul.org.hk

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