

NewsLetter

院訊

Vacuum-assisted Excision for *Benign* *Breast Lesions*

Hospital Updates:

- Let's Talk About Levofloxacin
- New Drugs Available at SPH
- St Paul's Hospital Antibigram Microbiology Report

Message from Managing Director

Time flies in the blink of an eye and the Year of the Horse has come. I'd like to take this opportunity to wish you all a Happy and Prosperous New Year of the Horse!

Chinese New Year has long been one of the most important festivals in our tradition. Not only does it symbolize a year of new hopes, but also a time to show our love, care and blessings to the dearest ones. Yet a question comes up: why the latter seems to be out of our hands most of the time? This story may give you some inspiration and insights.

It begins with a simple question - "What did you miss in your life?" which a woman asked her husband at the age of 25, and in the years after. The first time the husband said he desperately missed a job opportunity; at 35 he said annoyingly that he had just missed a bus; at 45 he regretted missing an opportunity to see his close relative before his death; at 55, he was disappointed to have missed a good chance to retire. He was no longer asked at 75. Looking at his wife lying weakly on the bed, he asked her the same question for the first time. She smiled and answered peacefully, "I did not miss having you in this life." The husband burst into tears and felt so sorry for never being thoughtful to his wife over the past 50 years.

The story gives the city dwellers a chance to reflect on our relationships with people around us, and the meaning of life. We are driven by self-interest, the pursuit of social or peer recognition, and other physical desires in most of our lifetime, but rarely do we realize the importance of love, family and friends, not until they are gone. As Mother Teresa said, "we have been created for greater things, not just to be a number in the world, not just to go for diplomas and degrees, this work and that work. We have been created in order to love and to be loved."

"May the Lord increase and enrich your love for each other and for all, so that it matches ours for you." (1Thessalonians 3:12). I believe that God created the world not because of co-incidental intentions but to reflect His love through a healing mission. We love our patients as much as God loves us. I am thankful that the healing mission of Jesus Christ is being carried out in St. Paul's Hospital through the tremendous support, strong commitment and unwavering dedication of our medical professionals and staff to the people in need. I'd like to express my deepest gratitude to you at the turn of a new year, and may you be filled with blessings and the love of God at all time.

Sr. Nancy Cheung





Dr. Tsang Yee Yan, Yvonne
Specialist in General Surgery,
St. Paul's Hospital

Vacuum-assisted Excision for *Benign Breast Lesions*

The vacuum-assisted breast biopsy (VABB) system was first developed in 1995.¹ It was initially designed as a diagnostic tool to obtain a sufficient amount of breast specimen to provide a more accurate diagnosis compared with conventional core biopsy.

In 2002, the Food and Drug Administration approved the use of the VABB system for the therapeutic purpose of benign lesions,² as could provide complete removal of lesions under real-time ultrasonic guidance. Many studies have evaluated the use of the VABB system, and the authors of those studies have concluded that using the VABB system in resecting breast fibroadenoma with a small incision is feasible and safe, and yields a high patient satisfaction rate of up to 97 per cent. It can be performed under local anaesthesia in outpatient settings. The complete removal of breast fibroadenoma using the VABB system was found to have only minimal complications. Lesions up to 2.5–3 cm can be completely removed with minimal or no scarring.³ The use of an 8-gauge needle is recommended for nodules > 1 cm in size. During the procedure, lesions must be removed as completely as possible to prevent re-growth, and extra samples should be obtained in different directions to ensure complete removal.

Incomplete excision is attributed to the limitation of the use of the VABB system in the excision of benign breast lesions. Fine et al. reported that 97 per cent of women in their study demonstrated complete removal of the imaged mass immediately after biopsy.⁴ However, 27 per cent had a residual mass during a follow-up ultrasound 6 months later. They suggested several possibilities for this issue, which included the use of local anaesthesia, which might blur the operative field and contribute to a visual challenge when the mass became smaller during the procedure, bleeding during the procedure and that the mass was not completely removed and became enlarged over the ensuing months. Nevertheless, the rate of successful initial complete removal of a lesion varies widely,

from 22 to 100 per cent, although most studies report rates of 75–100 per cent. Follow-up rates without recurrence are 62–98 per cent. These variations might be explained by the use of different gauge devices and different methods for assessing the completeness of removal, including clinical, radiological and histological assessments.





The reported complication rate of this procedure ranges 0 to 9 per cent, with a mean of 2.5 cent.

Haematoma is the most frequent post-procedure complication; others include subcutaneous bleeding, skin defects and pneumothorax. Most complications are of mild-to-moderate severity. Careful ultrasonic monitoring throughout the whole procedure is mandatory to avoid skin tear. Usually, subcutaneous bleeding can be controlled by direct compression, and crepe bandage for 24 h is recommended to diminish bruising.

In conclusion, the vacuum assisted excision of breast lesions using the VABB system is a feasible and safe procedure. Careful real-time ultrasonic monitoring is mandatory to avoid complications.

Reference

1. Parker SH, Dennis MA, Stavros AT, Jahnson KK. Ultrasoundguided mamtmeotomy: a new breast biopsy technique. *J. Fiagn. Med. Sonogr.* 1996; **12**: 113–8.
2. Johnson AT, Henry-Tillman RS, Smith LF et al. Percutaneous excisional breast biopsy. *Am. J. Surg.* 2002; **184**: 550–4.
3. Tagaya N, Nakagawa A, Ishikawa Y, Oyama T, Kubota K. Experience with ultrasonographically guided vacuumassisted resection of benign breast tumors. *Clin. Radiol.* 2008; **63**: 396–400.
4. Fine RE, Boyd BA, Whitworth PW, Kim JA, Harness JK, Burak WE. Percutaneous removal of benign breast masses using a vacuum-assisted hand-held device with ultrasound guidance. *Am. J. Surg.* 2002; **184**: 332–6.



HOSPITAL
UPDATES

Let's Talk About Levofloxacin

Based on the elimination half-life of 6-8 hours, one would argue that Levofloxacin is best dosed twice daily. However, the usual recommended doses are given with a twofold potency to allow for once-daily dosing as quinolones exhibit concentration-dependent killing and post-antibiotic effects, similar to that of aminoglycosides.¹ If pharmacodynamic modeling is not convincing enough for our prescribers, the IMPACT guidelines will hopefully persuade you from a different

perspective. According to the fourth edition published in 2012, it specifically mentions that the use of Levofloxacin less than 500mg in divided doses should be avoided as it has been associated with increased resistance to the fluoroquinolone family by *S. pneumonia*.² With the benefit of Levofloxacin once-daily dosing, our prescribers can surely be the spearheads to promote better patient compliance and to limit the emerging fluoroquinolone-resistance.

Reference

1. Preston SL, Drusano GL, Berman AL, et al. Pharmacodynamics of levofloxacin: a new paradigm for early clinical trials. *JAMA* 1998; **279**:125.
2. Ho, P.L., and Wong, S.Y, eds. Reducing bacterial resistance with IMPACT. 4th ed. 2012. Print.

New Drugs Available at St. Paul's Hospital

Following DTC's decision in October, the following drugs are now approved to be used in St. Paul's Hospital

Edarbi (azilsartan) tablet - This is a new angiotensin II receptor blocker (ARB) for the treatment of essential hypertension. The usual dosage is 40-80mg daily, lower dosage 20mg can be used as starting dose for patients age \geq 75years. Edarbi can be used in patients with mild or moderate renal impairment without dosage adjustment. For patients with hepatic impairment, close monitoring is required with mild to moderate hepatic impairment and a lower starting dose of 20mg.

Phoxilium 1.2mmol/L phosphate solution - This is a solution for haemodialysis or haemofiltration. Compare to Hemosol B0, Phoxilium contains 1.2mmol/L of phosphate after reconstitution. Such addition of phosphate can prevent hypophosphataemia during therapy. It also contains a small amount of potassium (4mmol/L).

Tiotropium Resipmat inhaler - This is a new formulation of tiotropium inhaler and allows the delivery of tiotropium in the form of soft mist. It is especially useful in patients who have poor dexterity and cannot handle the HandiHaler. Patients should inhale 2 puffs (5mg) once daily from Tiotropium Resipmat inhaler. Resipmat and HandiHaler have similar efficacy and safety profile. In terms of cost, the new Resipmat inhaler is about 30% higher than the original Handihaler.

Onbrez (Indacaterol) Breezhaler - This is a long acting beta2-adrenergic agonist, indicated for maintenance bronchodilator treatment of airflow obstruction in adult patients with chronic obstructive pulmonary disease (COPD). The recommended dose is 150mg capsule once daily and can be increased to 300mg capsule daily. The use of Onbrez has

shown to improve the breathlessness especially in patients with severe COPD. Onbrez Breezhaler is not indicated in asthma due to the lack of long term outcome data in this group of patients. Long-acting beta2-adrenergic agonists may increase the risk of asthma-related serious adverse events, including asthma-related deaths, when used for the treatment of asthma.

Oxynorm (oxycodone) injection and tablet (Dangerous Drug) - Oxynorm is an μ -opioid receptor agonist but it has a lower μ -opioid receptor binding affinity than morphine. It is indicated for the treatment of moderate to severe pain, and currently it is mainly used in post-operative pain management at SPH. Oxynorm injection can be administered as IV bolus (dilute to 1mg/ml in NS 0.9% or water for injection, at 1 to 10mg slowly over 1 to 2 minutes every 4 hours), IV infusion (dilute to 1mg/ml in NS 0.9% or D5W, at the starting dose of 2mg/hour), IV PCA (dilute to 1mg/ml in NS 0.9% or D5W, with bolus dose of 0.3mg/kg and lockout time of 5 minutes), subcutaneous injection (undiluted, with a starting dose of 5mg every 4 hours). Oxynorm capsule is given every 4 to 6 hours, with starting dose of 5mg in opioid naïve patients. The dose can be increased according to the patient's response. When switching patients between Oxynorm capsule and injection, the dose should be based on the ratio 2:1 (oral: parenteral). It must be emphasized that this is a guide to the dose required. Inter-patient variability requires that each patient is carefully titrated to the appropriate dose. Oxynorm has a similar safety profile to other opioids such as morphine. Common adverse effects include anorexia, dizziness, sedation, constipation, nausea/vomiting, dry mouth, rash.

St Paul's Hospital (Clinical Microbiology)

Antibiogram of Bacteria Isolated in 2013^a

Organisms (no. of isolates)	Ampicillin	Amoxycillin/clav	Cloxacilin	Piperacillin/tazo	Cefuroxime	Ceftazidime	Ceftriaxone	Cefepime	Amikacin	Gentamicin	Netilmicin	Ciprofloxacin	Levofloxacin	Ertapenem	Imipenem	Meropenem	Azithromycin	Clarithromycin	Clindamycin	Co-trimoxazole	Nitrofurantoin	Linezolid	Vancomycin
Enterococcus species (117)	2								53			21										0	0
Escherichia coli (805)	72	38			27		25	25	5	33			34	0		0				47	5		
Haemophilus influenzae (23)	43	22			13			0					0				0			71			
Klebsiella pneumoniae (186)	100	31			24		21	22	2	11			20	0		0				37	55		
Proteus mirabilis (54)	37	17			15		9	9	0	6			31	0		0				31	100		
Pseudomonas aeruginosa (137)		5		7		8		7		9		19	21		20								
Staphylococcus aureus (341)		29	29		29												40	40	36	0		0	0
Stenotrophomonas maltophilia (35)													21							0			
Salmonella species (63)	43										0	35								13			

^a Interpreted according to CLSI (Clinical & Laboratory Standards Institute)

Indicated 10% more increase in resistant rate compared to 2012 figures

Indicated 10% more reduction in resistant rate compared to 2012 figures

HOSPITAL ACTIVITIES



主禮嘉賓及全體義工合照。

開心家庭健康日

(01/12/2013)

本院於二零一三年十二月一日假聖保祿學校(小學部)舉辦「開心家庭健康日」。是次活動對象為本院職員、家屬及堂區教友。義工們為接近一千名參加者提供健康檢查服務，包括血壓量度、上下肢血壓比、足部健康檢查、乙型肝炎抗原快速測試、膽固醇及血糖測試、心電圖檢查、口腔檢查、骨質密度測試、眼科白內障檢查以及腹部(肝膽)、婦女盤腔(子宮內膜厚度)、腹腔大動脈及頸動脈(血管壁內層厚度)等超聲波掃描檢查。當日，除了提供各項健康檢查服務外，活動更設有由牙科診所及內視鏡中心負責的攤位遊戲，與眾同樂。同時本院亦開放轄下的心臟中心、內視鏡中心及磁力共振中心予大眾參觀。是次活動能順利舉行，全賴本院合共約五十名醫護人員、修女、醫生及義工的熱心參與和支持。



修女及義工為參加者提供不同類型的健康檢查。



各種遊戲攤位吸引了不少男女老幼參加。





本院職員、聖保祿學校師生及修女熱心參與，與眾同樂。



各同事帶同家人參加，將健康訊息宣揚至家家戶戶。



主禮嘉賓及全體義工合照

油尖旺區外展健康檢查日

(27/10/2013)

聖保祿醫院於二零一三年十月二十七日與旺角街坊會陳慶服務中心、沙田婦女會及旺角金域扶輪社合辦外展活動。當日，本院合共五十名熱心的醫護人員、修女、醫生及義工全力參與支持此活動。除替超過二百名旺角區街坊和長者量度血壓及骨質密度測試外，義工亦替百多名市民提供血液檢驗，包括膽固醇及血糖測試。另有數十名市民接受腹部及頸動脈超聲波檢查。



義工為市民進行超聲波檢查。



修女及義工為市民量度血壓、骨質密度及血液測試。

修女及護士為市民解答健康問題。



沙爾德聖保祿女修會何美蘭省會長及執行董事張柱見修女頒發十年、二十年及三十年長期服務獎予有關員工。



醫生及同事們濟濟一堂參與晚宴。



劉業光醫生與其他部門同事傾力演奏歌曲。



祝酒儀式為聯歡晚宴揭開序幕。

二零一三年 聖保祿醫院聖誕聯歡晚宴

(10-11/12/2013)

「二零一三年聖保祿醫院聖誕聯歡晚宴」於二零一三年十二月十日及十一日一連兩晚假銅鑼灣富豪酒店舉行。是次聯歡晚宴共延開八十席，有近千名來賓出席，包括神父、修女、醫生、職員及本院的合作伙伴。晚宴亦有頒發長期服務獎予服務了十年、二十年及三十年的同事，以表揚他們多年來為本院作出的貢獻。在表演節目方面，骨科中心的劉業光醫生除了表演色士風外，更聯同復康中心、人力資源部和診斷及介入放射部之同事一起為來賓演奏耳熟能詳的歌曲。他們的精彩表演充分發揮了團隊的合作精神，將晚宴氣氛推至頂峰。本院更有幸邀請到神秘嘉賓——方津生醫生為晚宴高歌一曲。方醫生的精湛歌唱技巧、現場魅力更是令人難以忘懷。在互動遊戲方面，同事們透過互相合作的精神，在「收賣佬」及「分甘同味」兩項遊戲中擁奪冠軍。此外，兩晚均設有幸運大抽獎環節，獎品豐富，不少同事都滿載而歸。





同事們興高采烈地參與晚宴。



聖誕老人向來賓及同事分享愛和喜悅。



方津生醫生擔任神秘嘉賓，為來賓高歌一曲，掀起晚宴高潮。



大抽獎的禮品豐富，不少同事都滿載而歸。



同事們熱烈參與互動遊戲，展現團隊的合作精神。



週年火警演習

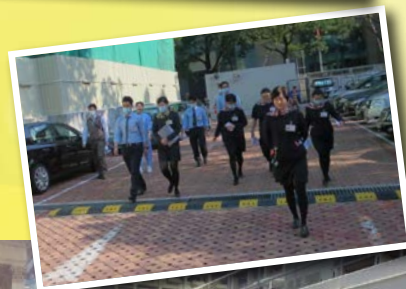
(03/12/2013)

保障病人及員工的安全是聖保祿醫院一向堅守的承諾。為確保醫院一旦發生火警時，對病人及員工的影響減至最低，本院於二零一三年十二月三日舉行了週年大型火警演習，模擬A18病房之醫療儀器失火，以測試有關部門的應變反應。參與是次大型火警演習的員工及模擬病人來自醫院各個部門，人數多達三百多名。香港消防處亦派出一隊消防人員到本院觀察整個演習過程。

演習的結果理想，參與的臨床醫護人員及後勤支援部門員工，均能在事發時按照既定機制執行有關的應變措施，並能有序地進行疏散。分享會於演習後進行，本院感謝消防人員在場為我們提供寶貴意見，以進一步完善及優化本院的火警應變措施。



三百多名員工由工作崗位疏散至集合地點。



指揮中心成員在火警中擔當重要的統籌及溝通工作。



入院部透過廣播系統向全院發出火警訊息。



員工在模擬火警現場執行應變措施。



屏山盆菜宴 體驗圍村情

(08/02/2014)

圍村盆菜宴是鄧氏村民於農曆新年的一大盛事。今年，何醫生、袁醫生與骨科及復康中心一眾同事被邀請參與，與過百嘉賓同渡新春。

2013年追思彌撒

(13/11/2013)

人生變幻無常，對於我們日夕照顧和相處的病人及摯愛的親友的離世，我們都感到唏噓和懷念不已。聖保祿醫院每年一度的追思彌撒，正給予我們一個懷緬亡者，為他們的安息而祈禱的機會。

本年的追思彌撒已於十一月十三日在基督君王小堂舉行，由周景勳神父主禮。參禮者約有百多人，當中包括在本院去世的病人或職員的家屬、醫院各部門的代表、修女及熱心的堂區信友。在彌撒中，周神父勸勉我們要慎終追遠。他教導我們死亡只是生命的改變而非毀滅。我們應懷著永生的希望，為已故的親友及病人積極而滿懷信德地生活，善渡今生。彌撒最感人的部份是向亡者獻香及獻果。亡者家屬將帶來的亡者照片供奉在祭台前的小几

上，場面莊嚴而肅穆。全體參禮者在周景勳神父的帶領下，為亡者作深切的祈禱和鞠躬敬禮，以表示對他們的思念。

雖然追思彌撒已完結，家屬、職員及參禮者各人將繼續為亡者祈禱，希望他們能早登天國，獲享永恆福樂。儀式能順利舉行，全賴禮儀工作人員的努力合作。我們也感激醫院各部門派員工代表出席。願主福佑各位！

牧靈部



年終謝主感恩聖祭後記

(21/01/2014)

「請你們讚頌上主，因為祂美善寬仁，祂的仁慈永遠常存。」(詠118：1)。感謝天主整年的眷顧，無論大小的事情，天主都保守了我們，使我們平安地渡過。年近農曆歲晚，醫院特為員工於基督君王小堂舉行年終謝主彌撒。感恩聖祭由甘寶維神父主禮，出席人數約有一百二十人。

你們「不要為生命思慮吃什麼，也不要為身體思慮穿什麼，因為生命貴於食物，身體貴於衣服。」福音中提醒我們不要為身外物而營營役役或過於掛慮，卻忘記了那永恆及有真正價值的事物。甘神父提及，中國傳統的除夕歲晚團圓也引伸為我們在日常生活及工作中的團結、共融。適逢是基督徒合一週，他又鼓勵我們在醫院工作間，不管是教友、非教友、朋友或家人，都需要團結一致。我們在不同的崗位承擔著不同的責任，只有互

相包容和扶持，工作才可暢快及順利。

彌撒感恩祭亦是我們團聚、主內合一的隆重時刻。值得我們欣賞的是各部門都派出代表參與，同謝主恩。彌撒後，我們一同享用茶點，分享近況。我們感謝天主的眷顧與慈慰，及禮儀人員、歌詠團等努力合作，使彌撒得以順利進行。最後，我們為來年祈求天主福祐，身心平安，主寵滿盈！

牧靈部



INTRODUCTION

OF NEW FACES



Dr. Tsang Yee Yan, Yvonne
Specialist in General Surgery

Dr. Tsang Yee Yan, Yvonne is currently a Specialist in General Surgery in St. Paul's Hospital. Prior to the current appointment, she was the associate consultant and in charge of breast service in the Department of Surgery, Pamela Youde Nethersole Eastern Hospital. She is also honorary clinical assistant professor of University of Hong Kong and The Chinese University of Hong Kong.

Yvonne graduated from The Chinese University of Hong Kong and received her surgical training in the Prince of Wales Hospital and North District Hospital. She

also obtained overseas training in Nottingham Breast Institute and Seoul National University Hospital where she specialized in Oncoplastic Surgery. Her special interests include Oncoplastic Surgery for breast cancer patients and Minimal Access Surgery, vacuum-assisted excision for benign breast diseases. She also participates in Breast Cancer Registry in St Paul's Hospital in collaboration with Hong Kong Breast Cancer Foundation. Yvonne is also currently the vice chairlady of Women's Chapter of The College of Surgeons of Hong Kong.

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!