

Adventist Health 港安

# PULSE

EXTENDING THE HEALING MINISTRY OF CHRIST – PROFESSIONALLY WE SERVE, PERSONALLY WE CARE

MAR/APR 2010



## New Tests for H1N1 and Drug-Resistant TB

Clinical laboratories have launched an innovative instrument

## ACHS Consultant Surveyors' Visit and Education Day

Valuable evaluation and guidance

# STAY AWAY from Electronic Games!

Hidden dangers exposed

## Content

**1** **CEOMessage**  
Message from Dr. Frank Yeung, President/CEO of Adventist Health.

**2** **MedicalNews**  
**2-3** **HKAH** | • Foot for Thought written by Dr. Daniel Wu.  
• Continuous Renal Replacement Therapy (CRRT) in ICU Patients with Acute Renal Failure written by Dr. Vincent Tam.  
**4** **TWAH** | Management of Dementia written by Dr. Sally Yiu.

**5** **NewsFromDepartments**  
**AH** | New Tests for H1N1 and Drug-Resistant TB.  
**HKAH** | Diagnostic Imaging - MRI Safety.

**6** **LifestyleManagementCenter**



Stay Away from Electronic Games!

**7** **Physician'sCorner**  
Profile of our doctor at HKAH.

**8** **HospitalNews**



ACHS VISIT AND EDUCATION DAY

**8** **AH** | ACHS Consultant Surveyors' Visit and Education Day.  
**9-10** **HKAH** | New Room Rates, Promotion of IPD/ OPD Business Managers, Informed Consent, New Template of Doctor Schedule, Diagnostic Imaging - Radiologist Services Required.

**11** **EventHighlights**  
**11-12** **HKAH** | Seminar for AIA Privilege & MDRT Agents and Highlights on CME Events.  
**13** **HKAH** | Highlights on CME.  
**TWAH** | Highlights on CME.

**BACK COVER** **ForthcomingEvents**  
Upcoming CME.

### Ephesians 4:26,27,29,32

**Healthy ways to deal with children's misbehavior:**

**Don't overreact:** "Be angry, but don't you do anything wrong in response."

**Deal with it that day:** "Do not let the sun go down on the cause of your anger."

**Watch what you say:** "You must let no unwholesome word come out of your mouth, but only what is beneficial for the building up of the child in need."

**Be firm, but compassionate:** "Instead, be kind to your child, compassionate, forgiving, just as God in Christ also forgave you."



### **Australian Council of Healthcare Services GAP ANALYSIS**

A significant development this year was our decision to achieve Australian Council of Healthcare Services (ACHS) accreditation. As a preliminary step, both Tsuen Wan Adventist Hospital and Hong Kong Adventist Hospital were visited by a team of professional consultants from ACHS in March in order to perform a 'Gap Analysis'.

The visiting consultants have identified areas in our hospitals where we should direct attention prior to the official Quality Assurance assessment, which is to be conducted during June this year.

Having already achieved accreditation from Joint Commission International (JCI) and TREN, we believe that achieving ACHS accreditation will be a significant step forward, and will underline our commitment to ever 'raising the bar' in terms of excellence in the delivery of health services to the community.

### **HOKLAS ACCREDITATION**

Our Clinical Laboratory has received a significant accreditation from the Hong Kong Laboratory Accreditation Scheme (HOKLAS). We are the first Private Hospital in Hong Kong to achieve this prestigious accreditation, and we see it as validation of our commitment to high professional standards.

We are proud of the way our Clinical Laboratory team has worked so diligently in order to provide professional services of the highest standard. We congratulate them on this significant award.

### **TSUEN WAN ADVENTIST HOSPITAL NEW BUILDING PROGRESS REPORT**

Longway Hall and Miller Hall at Tsuen Wan Adventist Hospital will be demolished in order to make way for the new hospital building. It is our plan to vacate Longway Hall during April, whilst offices of the Administration, Accounts and Finance, Human Resources, Marketing, Lifestyle Management, Performance Improvement, and the Chaplaincy Department, will all vacate Miller Hall in the middle of this year, and be relocated to the Tsuen Wan Center.

Hopefully, by September 2010, the Dental Department, Breast Health Center, Clinical Laboratory, and Rehabilitation Center, will all be relocated as well. This will allow the rebuilding project to commence in October 2010.

We look forward to our new and enhanced facilities, which will enable us to provide a wider range of services to a larger section of our community.

Yours truly,

A handwritten signature in black ink that reads "Frank Yeung". The signature is written in a cursive, flowing style.

**Frank Yeung**

**President/CEO | Hong Kong and Tsuen Wan Adventist Hospitals**



# Foot for Thought

BY **Dr. Daniel WU** | Specialist in Orthopaedics & Traumatology/Sports Medicine

Everyone would probably agree that feet are mainly functional rather than ornamental. Despite the extreme strains put on our feet in cross-country running and ballet dancing, these common activities are neither medically inadvisable nor proven damaging to our feet. But, why are the devilishly beautiful high-heel shoes always painted as evil instruments for feet? Admittedly, they can be uncomfortable, tiring, bad for knees and back but do they really cause bunion deformities?

**A**fter having seen a great number of bunion feet (both women's and men's) that are not caused by wearing high-heel shoes, in cooperation with the HK Baptist University, a 2008 survey of over one thousand Chinese women was finally conducted to explore the prevalence and common causes of bunion deformity in Hong Kong.

The findings were 36.5% of surveyed had varying degrees of bunion deformity which was in line with international incidences of 33-50%. Within our bunion sub-group, 88% gave a positive family history and 83% denied much taste for high-heels. Further analysis revealed 74% of bunions were linked to family history alone and only 3% to high heels. In other words, family history could be

25 times as important as high heels in association to bunion development. (“**Does Wearing High Heeled Shoes Cause Hallux Valgus? A Survey on Chinese Females**”, a scientific paper based on our findings has been accepted for publication in Foot and Ankle Online Journal.)

Since females are known to dominate bunion condition over males by the ration of 9:1 and if high heels are not at fault then what is responsible for the gender-related propensity? To understand the reason, it is necessary to recognize that the bunion condition is caused by over-flexibility of ligaments. What makes female more flexible and even to the point of dislocating their pubic symphysis during pregnancies are female hormones, not high heels. <sup>14</sup>



BEFORE SURGERY



6 MONTHS AFTER 'NON-BONE-BREAKING' SYNDESOSIS PROCEDURE



## A Question to Ponder

If high heels play only a small role in bunion debacles, can they still be worn after surgery with impunity? Unfortunately, the answer may not be quite so simple. According to websites of the American Academy of Orthopedic Surgeons and the British Orthopaedic Association, both advise that patients will have some shoe and activity restrictions after current surgical techniques. However, not all bunion surgeries are created equal and it is self-explanatory by simple x-ray illustration below to compare traditional 'bone-breaking' procedures (>95% of all bunion surgeries done around the world) and the minimal-traumatic 'non-bone-breaking' syndesmosis procedure which carries no activity or shoe restrictions after surgery.

### Different Osteotomy Procedures



# Continuous Renal Replacement Therapy (CRRT) in ICU Patients with Acute Renal Failure

BY **Dr. Vincent TAM** | Specialist in Nephrology | Chairman of Hemodialysis Committee



CRRT (CONTINUOUS RENAL REPLACEMENT THERAPY)

## Drawbacks of Conventional Hemodialysis

- Blood removed rapidly from the body may cause hypotension
- Limited amount of fluid removed from the body within the hemodialysis session making infusion of parenteral nutrition difficult or impossible
- Fluctuation of electrolytes in the patient's blood

## Drawbacks of Conventional Peritoneal Dialysis

- Low clearance of urea and toxic substances
- Low ultrafiltration (inadequate removal of excess water from patient's body)
- Infectious complications
- Frequent mechanical problems (low volume of fluid outflow)

## Advantages of CRRT

- Blood removed slowly and steadily from the body causes less hypotension
- Large amount of fluid may be removed from the body over a longer period of time
- Parenteral nutrition feasible
- Optimal correction of electrolytes disorder
- Better control of acid-base disorders

Renal failure in ICU patients is associated with high morbidity and mortality rates. Patients' conditions are usually complicated by hypotension, arrhythmia, sepsis and/or multiple organ failure. Conventional therapies such as intermittent hemodialysis or peritoneal dialysis are unlikely to be the most optimal treatments for removing toxins and waste products due to the complex co-morbid factors. CRRT (Continuous Renal Replacement Therapy) is rapidly gaining popularity and offers various clinical advantages over the conventional therapies.

Six years ago, Hong Kong Adventist Hospital purchased a special machine for CRRT. As the name implies, it performs continuous dialysis therapy for patients.

It is a form of slow and steady treatment that offers much more hemodynamic stability, meaning that patient has less hypotensive episodes. As the treatment is continuous, it offers excellent fluid balance and steady physiologic state, like electrolyte concentration, etc. It is extremely useful in ICU patients, especially in patients with borderline blood pressure as they can not tolerate the standard intermittent hemodialysis treatment. Over the years, the CRRT machine has serviced more than 8,000 patient-hours and the results are far superior to conventional hemodialysis or conventional peritoneal dialysis.

In order to improve our dialysis service, we have recently purchased the latest version (state-of-art) CRRT machine. It is called Prismaflex. It offers even more flexibility and therapeutic options for our patients.

**High volume hemofiltration is possible.** (Larger volume of fluid exchange than before, making it more efficient in removing toxins from the patient's blood)

**The use of heparin or LMW heparin as anticoagulant can be avoided.** We can use citrate as anticoagulation, minimizing the risk of bleeding in our patients.

**Plasma exchange or Plasmapheresis is possible.** (It is one of the therapies for Guillain-Barre Syndrome).

**Can even perform Charcoal hemoperfusion** for our patients who suffer from certain types of drug intoxication. [\[4\]](#)

# Management of Dementia

BY Dr. Sally YIU | Specialist in Neurology

Nowadays, human lifespan is increasing because of modern medicine techniques, better economic environment and improved nutrition. However, our focus is not only on prolonged lifespan but also quality of life. We hope to have an enjoyable social and family lifestyle after retirement. Nevertheless, the incidence of dementia increases almost exponentially with age from 65 onwards. Dementia represents an increasing challenge to public health planning and has a tremendous impact on patients and their families.

## We have 4 'early' aims:

- (1) to diagnose dementia early,
- (2) to find out its cause early (because some causes are reversible if early diagnosis is made),
- (3) to provide treatment early to slow down its progression &
- (4) to provide support/ counseling early to patients and their families.

**D**ementia is a clinical syndrome defined as cognitive impairment in at least two domains interfering with daily living activities. Dementia may be caused by a wide range of brain disorders and systemic diseases. Alzheimer's disease (AD) is the most frequent

cause of dementia. It is a clinical diagnosis based on characteristic symptoms and signs at the exclusion of other causes. Therefore, clinical interviews with patients and their caregivers, neuropsychological assessments, brain imaging, routine blood tests, and neurological examination are the most important instruments for differentiating between the causes of dementia.

AD should be differentiated from:

**Other CNS disorders known to cause cognitive impairment**

e.g. frontotemporal dementia, dementia with Lewy bodies, vascular dementia, Parkinson's disease & Parkinson Plus syndrome, Huntington's disease, space-occupying lesions, normal pressure hydrocephalus, neuroinfections such as neurosyphilis

**Systemic conditions known to cause cognitive impairment**

e.g. hyper- or hypothyroidism, electrolytes disturbance, vitamin B12 deficiency

**Psychiatric disorders known to cause cognitive impairment**

e.g. depression, delirium, schizophrenia

**Substance abuse**

e.g. alcohol, drugs

The pharmacotherapy of AD includes cholinesterase inhibitors (ChEIs) and NMDA receptor antagonists. ChEIs, such as donepezil orally,



rivastigmine orally/transdermal patch and galantamine orally have shown consistent efficacy on cognition across the spectrum of mild to moderate AD. They have also been shown to improve non-cognitive aspects of AD such as neuropsychiatric symptoms, caregiver burden, and ADLs. Memantine, an NMDA receptor antagonist, has shown efficacy for moderate to severe AD and may have advantages for treating the non-cognitive symptom related to agitation.

Support for patients and their caregivers are crucial. Patients should be offered continued support, counseling and regular follow-ups. Caregivers also experience psychological distress, physical ill health, social isolation & financial hardship. Training & counseling programs for caregivers have demonstrated efficacy in reducing caregiver depression & delaying nursing home admission. Caregivers should be reminded of the importance of maintaining their own physical, social and emotional well-being. <sup>14</sup>

## Clinical Laboratories

# New Tests for H1N1 and Drug-Resistant TB

**W**e would like to announce that Clinical Laboratories have launched an innovative instrument for drug-resistant tuberculosis bacteria detection via PCR. In addition to the already available Respiratory Virus PCR panel (code RVPCR) which is composed of 19 viruses, we are now going to start a single test for the detection of Influenza A subtype H1N1 swine (code H1N1). The turn around time for the single H1N1 test is only 80 minutes.

Drug-resistant TB (DR TB) is resistant to the most common anti-TB drugs, rifampicin. This drug is considered a first-line drug and is used to treat all TB patients. According to CDC, TB bacteria can become drug resistant when medicines are misused or mismanaged.

FOR ENQUIRIES [HKAH]  
(852) 2835 0534

FOR ENQUIRIES [TWAH]  
(852) 2276 7386

Examples include:

- when patients do not complete their full course of treatment;
- when health-care providers prescribe the wrong treatment, the wrong dose, or wrong length of time for taking the drugs;
- when the supply of drugs is not always available; or
- when drugs are of poor quality.

As we continuously aim for improvement by incorporating new procedures and technology, the laboratory would like to encourage our physicians to make use of this new process to help them diagnose and clinically analyze their patients.

DR TB (LIS code: DRTB) must be requested independently on the discretion of the physician from the routine TB PCR. DR TB results will be available on the same day if requests are received by the laboratory in the morning. We will continue to perform the routine TB PCR as requested. [a](#)

HKAH

## Diagnostic Imaging

# MRI Safety

Modern MRI machines are providing clinicians with incredibly sharp images in high resolution. The magnetic force of MRI of HKAH's 1.5T machine is 30,000 times of the force of earth, according to Danny Leung, Director of the Diagnostic Imaging Department at HKAH.

Some medical staff may not have experienced any adverse effects after carrying MRI non-compatible equipment into an MRI room, and therefore mistakenly believe that MRI safety guidelines are over-cautious. However, this is an invitation to disaster. "Deadly accidents have happened in MRI rooms in many parts of the world. We must remain vigilant all the time," said Danny Leung. "You cannot see or feel the danger until it happens. Although some objects or devices may not be magnetically attracted and does not cause any apparent physical harm, the quality of the diagnostic information may be jeopardized," he added.

FOR ENQUIRIES (852) 2835 0515

All medical and paramedical staff are reminded of the following MRI safety precautions:

### UNIVERSAL

- Never enter the MRI exam room without the permission of the MRI Technologist
- Work with the MRI Technologist to screen yourself to ensure that there is no contra-indication
- Remove all potentially Ferromagnetic material before you enter the MRI exam room (empty your pockets)
- Before you bring any item into the MRI exam room, the item must be screened by the MRI Technologist
- Inform the Technologist in case of any questions

### FOR PATIENTS

- Always screen patients for contra-indication(s)
- Clear all potential Ferromagnetic materials including makeup
- Remove all non-MRI compatible electronics
- Give clear explanation & instructions
- Ensure that the patient is not claustrophobic, or have it managed in advance
- Frequent communication with the patient
- Close observation
- Be prepared for any emergency



# Stay Away from Electronic Games!

In the US, children aged 8 to 18 spend more time sitting in front of the computer, television, and games screens than at any other activity in their lives except sleeping (Kaiser Family Foundation, 2005). It seems that the situation in Hong Kong is not far from that. Research studies in Hong Kong shows that each child owns 2.7 electronic games. Some children have been playing for five to nine years, and some started to play since they were in K1. This explains the increase number of overweight children in Hong Kong.

**O**besity is not the only problem caused by long hours of playing electronic games.

#### Other problems may also arise:

- Eyesight may be affected by the small screen on portable electronic games
- Neck muscle overused from prolonged neck flexion
- Improper posture while playing games affects the growth of healthy spine
- Overuse of fingers and wrist could cause deformation of joints



Thus, the best gift for your children this Easter is a NEW START! Help your kids schedule a healthy new lifestyle now.

#### Here are some tips for you:

- Set a time limit on television viewing, computer use and electronic games
- No eating in front of television, computer or electronic games
- Reduce the amount of sugary drinks to 1-2 glasses a week
- Limit intake of fast food to once or twice a week
- Participate in outdoor physical activities at least 7 hours a week
- Active video game can be a good alternative, but outdoor physical activities are first priority
- Remind children of good posture in front of screens

Physically active lifestyles help children control weight, improve strength and endurance, build healthy bones, muscles, and joints, and provide a lot of other health benefits! What are you waiting for? [▶](#)

FOR ENQUIRIES [HKAH]  
(852) 2835 0555

FOR ENQUIRIES [TWAH]  
(852) 2276 7331



## PLEASE EXTEND A WARM WELCOME TO THE FOLLOWING DOCTOR



**Name** Jeffrey PONG Chiu Fai

**Specialist** OPHTHALMOLOGY

**Scope of service**

- General ophthalmology
- Cornea and external eye diseases
- Cataract surgeries

**Strength**

Difficult cataract surgeries.  
 Penetrating keratoplasty, lamellar keratoplasty and Descemet stripping endothelial keratoplasty.  
 Ocular surface reconstruction.  
 Ocular allergies and dry eye syndrome.

**Education background**

- MBChB (Auckland)
- DFM (Monash)
- Dip Med (CUHK)
- M Sc (CUHK) (Epidemiology and Biostatistics)
- PhD (CUHK)
- FRCS RCPS(Glasg)
- FRCSEd (Ophth)
- FCOphth HK
- FHKAM (Ophthalmology)

**Hobbies or interests** Music and a capella singing, artwork, travelling, research, Chinese medicine and medico-legal issues.

**What would you like to share with us?** I believe a good doctor/patient relationship and a holistic approach are important elements to quality healthcare.

**Clinic hours**

**Monday:** 14:00 – 16:30,  
**Tuesday:** 09:00 – 16:30,  
**Wednesday:** 09:00 – 12:00,  
**Thursday:** 09:00 – 16:30,  
**Friday:** 09:00 – 16:30

# ACHS Consultant Surveyors' Visit and Education Day

All of you understand how important gaining the accreditation from ACHS is to us and how we see it as one of the priorities facing us in the year ahead. On the 3rd week of March, we were fortunate to receive the assistance of an experienced team of ACHS Consultant Surveyors who evaluated the preparedness of both hospitals for this accreditation. They gave us an invaluable, detailed presentation on their analysis and expert recommendations. This has provided us a strategic plan to achieve the ACHS accreditation and further establish our reputation as premier international hospitals.



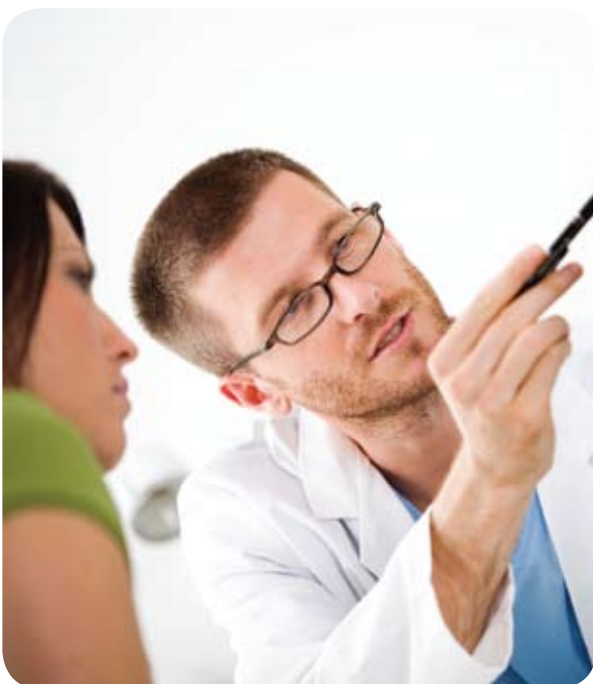
## New Room Rates

Effective on 14 April, 2010, there are some amendments on the daily room rate. Details of the changes can be found on our leaflets and website.

[WWW.HKAH.ORG.HK](http://WWW.HKAH.ORG.HK)

## Informed Consent

To enhance our quality of service, we are inviting physicians to explain the potential risks of complications and side effects of surgery or other procedures to their patients before admission. Various informed consent forms are ready at HAKH Intranet for doctors to download and submit on behalf of their patients.



## Promotion of IPD/OPD Business Managers

Please join us in congratulating Ms. Becky Yau and Ms. Isabelle Leung on their promotions to the new position of Manager of Outpatient Business and Manager of Inpatient Business respectively. We thank them for their many years of faithful service in their respective areas, and their diligent and significant contributions relating to the management of their offices. We hope that they will lead their teams well in serving our patients, staff, doctors and guests and continue to play crucial roles in the promotion of the SHARE culture and also uphold the motto of our hospital.



MS. BECKY YAU - MANAGER OF OUTPATIENT BUSINESS



MS. ISABELLE LEUNG - MANAGER OF INPATIENT BUSINESS



# New Template of Doctor Schedule

To provide more information to our visitors, we have updated our Doctors' Schedule with their photos, specialties, qualifications and clinic hours. The new schedule is available at our OPD waiting area and website.



AT LOBBY



AT REGISTRATION DESK

## Diagnostic Imaging

# Radiologist Services Required

Hong Kong Adventist Hospital is a not-for-profit Christian organization with international accreditation. We are renowned for our dedication to providing a premium health care service to the community, supported by state-of-the-art technology. Hong Kong Adventist Hospital proudly boasts a professional medical team and multinational staff, allowing us to cater for all nationalities and cultures. We are inviting proposals to provide the following radiology services to our medical teams:

- **Diagnostic General and Special X-ray Diagnostic Mammogram**
- **Diagnostic Ultrasound**
- **Diagnostic CT Scan**
- **Diagnostic Nuclear Medicine and / or PET/CT;**
- **Diagnostic General MRI and Cardiac MRI;**
- **Diagnostic / Therapeutic Interventional Procedures**
- **Therapeutic Lithotripsy**

**Detailed specifications for services required are available upon request.**

Please send your proposals to:

**Vice President for Medical Affairs**  
**Hong Kong Adventist Hospital**  
**40 Stubbs Road, Hong Kong**

or by fax:  
**(852) 2574 6001**

or by email:  
**marla.lan@hkah.org.hk**

**SEMINAR FOR AIA PRIVILEGE & MDRT AGENTS**

**DATE** 24 February 2010  
**VENUE** Hong Kong Convention and Exhibition Center  
**SPEAKER** Dr. Chris Wong  
 SPECIALIST IN CARDIOLOGY



**CME**  
**ACUTE AIRWAY PROBLEMS IN CHILDREN**

**DATE** 4 March 2010  
**SPEAKER** Dr. Hui Yau  
 SPECIALIST IN OTORHINOLARYNGOLOGY





**CME**

**CASE PRESENTATION – MALARIA MULTI-ORGAN FAILURE TREATED WITH EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)**

**DATE** 16 March 2010

**SPEAKER** Dr. John Simon

SPECIALIST IN INTERNAL MEDICINE

Dr. Kenneth Tsang

SPECIALIST IN RESPIRATORY MEDICINE

Dr. Ignatius Cheng

SPECIALIST IN NEPHROLOGY





HKAH

**CME**

**CYANOSIS IN NEONATES**

**DATE** 20 April 2010

**(A) Pulmonary Disorders**

**SPEAKER** Dr. Barbara Lam  
SPECIALIST IN PEDIATRICS

**(B) Cardiac Disorders**

**SPEAKER** Dr. Eddie Cheung  
SPECIALIST IN PEDIATRICS



TWAH

**CME**

**UTERINE FIBROID EMBOLIZATION**

**DATE** 12 March 2010

**SPEAKER** Dr. Jimmy Lee  
SPECIALIST IN RADIOLOGY



# Upcoming CME

HKAH

## Kawasaki's Disease – Update on Modern Management for Local Patients

**SPEAKER** Dr. Rita Sung  
SPECIALIST IN PAEDIATRICS  
**DATE** 6 May, 2010  
**TIME** 14:00 – 15:00  
**VENUE** 1B Seminar Room, La Rue Building, HKAH

## Emergencies in Infants/ Children – Acute Management & Stabilization in Private Hospital

**SPEAKER** Dr. Hui Yim Wo  
SPECIALIST IN PAEDIATRICS  
**DATE** 3 June, 2010  
**TIME** 14:00 – 15:00  
**VENUE** 1B Seminar Room, La Rue Building, HKAH

## Cord Blood Storage

**SPEAKER** Dr. Robert James Stevenson  
SPECIALIST IN OBSTETRICS & GYNAECOLOGY

## Rhesus Isoimmunization

**SPEAKER** Dr. Shell Wong  
SPECIALIST IN OBSTETRICS & GYNAECOLOGY

**DATE** 22 June, 2010  
**TIME** 19:00 – 22:00  
**VENUE** American Club  
49/F Two Exchange Square  
Central, Hong Kong

FOR BOOKING (852) 3651 8837

TWAH

## Sport Injury of the Knee

**SPEAKER** Dr. Au Kin Ming  
SPECIALIST IN ORTHOPAEDICS  
**DATE** 11 June, 2010  
**TIME** 13:00 – 15:00  
**VENUE** Tuen Mun Gold Coast Yacht and Country Club

FOR BOOKING  
(852) 2276 7180

Adventist Health 港安

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**WWW.HKAH.ORG.HK**

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