


Adventist Health 港安

PULSE

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

JAN/FEB 2011



Medical News

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By Dr. CHAN Lung Wai

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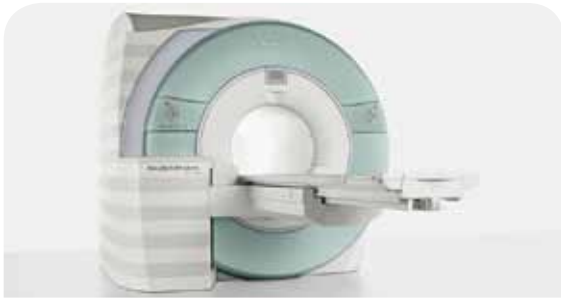


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Give Your Child the Gift of Wisdom

Proverbs 4:3-5 "When I was a son to my father, a tender only child before my mother, he taught me, and he said to me: "Let your heart lay hold of my words; keep my commands so that you will live. Acquire wisdom, acquire understanding; do not forget and do not turn aside from the words I speak."



Kung Hei Fat Choi! Wishing you all a prosperous Year of the Rabbit.

Before we look into the future, let us review the events of the past year.



January 2010



HKAH Staircase Beautification Project



HKAH Foundation Visited Guangzhou Rehabilitation Center

March 2010



Clinical Laboratory Gained Accreditation from HOKLAS (Hong Kong Laboratory Accreditation Scheme)

April 2010



HKAH Visited Homes for Elderly

July 2010



TWAH Gained Accreditation from HKCOG (Hong Kong College of Obstetricians and Gynecologists)

May 2010



TWAH LMC "Tsuen Wan Healthy Union 2010"



HKAH Foundation Parent Support Group Gathering



TWAH Longway Hall Demolished

September 2010



AH Gained Accreditation from Australia Council on Healthcare Standards (ACHS)



AIA "Healthy and Wealthy Day"



HKAH New Cafeteria Opened



TWAH Dental Clinic Relocated

October 2010



TWAH Baby Massage and Child Talent Show



World Heart Day

November 2010



TRENT Surveyors Visited Both Hospitals

December 2010



HKAH Foundation "Little Heroes Sharing the Love" Concert



HKAH Slope Remedial Project Phase I Completed

February 2011



HKAH Renovation of Integrated Ward



HKAH Driveway Upgraded



The start of a New Year is time for reflection and preparation. It provides the perfect opportunity to look back at what we have achieved in the year gone by and to look ahead and anticipate what we can achieve in the 12 months to come.

The Year of the Tiger was one in which Adventist Hospital took positive strides forward in our renovation and building project. The progress we made during 2010 has taken us a step closer to finishing the work, which will ensure our hospitals retain their position as quality healthcare providers in the region.

To date, at Hong Kong Adventist Hospital we have almost completed the installation of the glass panels on the 8th floor and we are now on course to complete our new state-of-the-art theatres by the end of the second quarter.

Our Diagnostic Imaging Department has recently acquired a new MAGNETOM® Verio MRI Siemens Scanner which will enable physicians at Hong Kong Adventist Hospital to provide the most advanced MRI imaging services possible, while at the same time ensuring the maximum comfort for patients.

Phase One of the slopes work was finished in December, 2010 and Phase Two is scheduled for completion by the end of March, 2011.

At Tsuen Wan Adventist Hospital, construction is under way to erect temporary accommodation in the car park area for the departments currently located in the soon-to-be-demolished Miller Hall. This work has involved the installation of six car elevators which will provide 12 new parking spaces. We are also providing valet parking and renting extra parking spaces in the nearby Joyful Building.

All of these works play a crucial role in taking us closer to realizing our vision. I would like to take this opportunity to thank each and every one of you for your continued support, I feel confident you will share our excitement as our new hospital building and facilities take shape in the year ahead.

I wish all of you a happy and healthy 2011.

Yours truly,

Dr. Frank Yeung

President/CEO | Hong Kong and Tsuen Wan Adventist Hospitals

Current Advances in Ureterorenoscopy (URS)

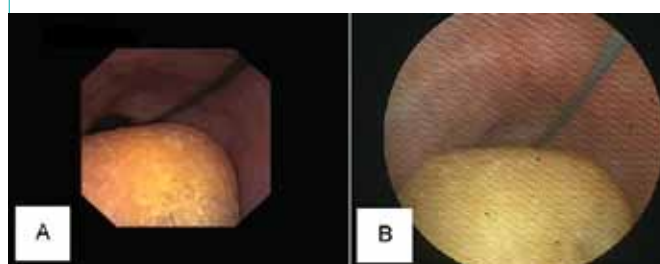
By **Dr. CHAN Lung Wai, MBChB FRCS(Edin) FCSHK FHKAM** | Specialist in Urology

Ureteroscopy was introduced in the late 1970s to help diagnose and treat conditions in the distal ureter. Today it has evolved into a standard minimally invasive procedure for the diagnosis and treatment of pathology within the upper urinary tract. Common indications of ureteroscopy included urolithiasis, ureteric stricture, pyelo-ureteric junction obstruction, upper tract transitional cell carcinoma, and upper tract investigation of haematuria and space occupying lesions.

Improvement in design of the endoscopes parallel advances in medical technology. Smaller caliber semirigid ureteroscopes have been developed, so that routine dilatation of ureteric orifices prior to ureteroscopy may be obviated. Some ureteroscopes have been developed with a continuous irrigation feature that optimizes the view and prevents proximal migration of stone fragments. Charged Coupled Device (CCD) chips were incorporated into the distal tip of semirigid and even flexible ureteroscopes. This “chip on a stick” technology has revolutionized the image quality of the endoscopes. There were no moiré (honeycomb) effect for the videoscope, and the image size was greater than that of the standard endoscope on the TV monitor. Further enhancements included the use of Narrow Band Imaging (NBI) technology, which provided improved visual contrast of the mucosal surface structures and fine capillary network of the mucous membrane, to improve on detection of suspicious malignant changes. The incorporation of high-definition TV (HDTV) to the endoscopy system delivered high-definition images with much higher levels of contrast, details and colour reproduction than conventional images.

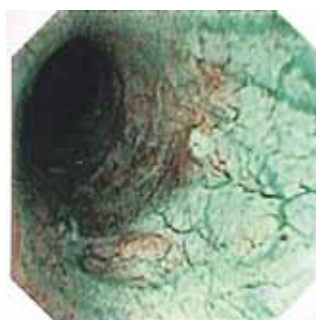
Extracorporeal Shock Wave Lithotripsy (ESWL) is a well known treatment for urinary stones, but it is not the only way. With respect to the size, site and number of urinary stone; it can be variably managed by ESWL, Ureterorenoscopy (URS), Percutaneous Nephrolithotomy (PCNL), open surgery; or a combination of them. Urolithiasis is the most common indication for ureteroscopy. Stone-free rates in the distal ureter exceed 97% after ureteroscopy, and 75% to 90% after ESWL. Ureteroscopy is more invasive than ESWL, while ESWL is likely to require more than one treatment session, and is not as widely available as ureteroscopy. ESWL is the preferred treatment for proximal ureteric stones, while ureteroscopy and PCNL are salvage procedures for

FIGURE 1



The difference in image quality between flexible video scope and fibrotic endoscope is shown in this upper ureteric stone. A. Image taken by video scope. B. Image taken by fibreoptic endoscope. The moiré (honeycomb) effect is clearly seen in B.

FIGURE 2



The Narrow Band Imaging (NBI) technology showed up more details of the mucosal capillary pattern of this carcinoma-in-situ lesion of the upper urinary tract.

unsuccessful ESWL. Ureteroscopy with holmium laser lithotripsy produced excellent stone-free rates (>92%) in the treatment of proximal ureteric stones. With the introduction of better designed flexible ureteroscopes, ureteroscopy for intrarenal stones has recently been popularized. Because of the small caliber of the irrigation channel and the moiré effect of fiber optic ureteroscopes, the clarity of the endoscopic view used to be limited. With the introduction of the new flexible ureterorenoscopes, the intrarenal visibility has been greatly improved and the application of endoscopic intrarenal surgery is expected to increase tremendously. [4](#)

Minimally Invasive Breast Surgery (MIBS)

By **Dr. Wai-Ka HUNG** | Specialist in General Surgery

Minimally invasive surgery has been applied to various surgical subspecialties including breast surgery. The fundamental principle of minimally invasive surgery is to achieve the same treatment effect as the standard surgery but achieving that with a smaller morbidity and hence leading to a better quality of life. The 2 main areas of minimally invasive breast surgery (MIBS) are radiofrequency excision (RFE) to remove benign breast lesion and endoscopic mastectomy (EM) for breast cancer.

Radiofrequency Excision (RFE)

RFE (Intact®) is a percutaneous biopsy device that deploys a basket and uses radiofrequency currents to cut around a breast lesion. The lesion, which is trapped inside the basket, is removed together with the needle. The specimen is comparable to that of a surgical specimen providing enough tissue for accurate diagnosis. Lesions less than 1.5cm can be removed completely with this device.

The procedure is done under local anesthesia under ambulatory setting. The access wound is around 7mm. The procedure takes about 30 minutes. Suturing is not required and the scar is much smaller than open surgery. Side effects, except minor bruising, are uncommon.

FIGURE 1 | Radiofrequency Excision Procedure



A: Needle inserted percutaneously and positioned next to the target (under ultrasound guidance)



B: Radiofrequency-charged wire cutting around the target



C: Target extraction together with the needle



D: 1.5 x 1.0 cm specimen obtained with RFE



E: Scar after RFE



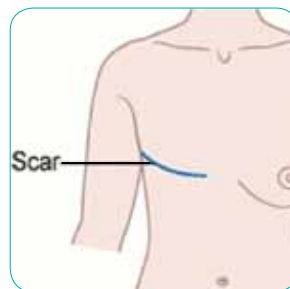
F: Scar after open excision

Endoscopic Mastectomy (EM)

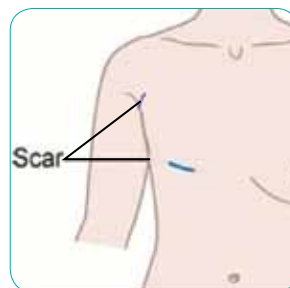
Endoscopic mastectomy is a new minimally invasive surgery pioneered by Japanese surgeons. The operation is done through small incisions with the help of special instruments used for breast augmentation. Tumour clearance is as good as standard mastectomy. However, wounds are smaller, resulting in less cosmetic disturbance. The operation is done through 2 small incisions (1 in the axilla and 1 in the breast). In addition, axillary lymph node clearance and prosthesis insertion can also be performed with endoscopic approach thereby maximizing its benefit.

There are concerns as to the safety of this procedure but with careful patient selection, this approach has been shown to have a similar local recurrence rate as the standard operation. The procedure takes longer (usually an extra hour) and requires extra skills and equipments. [4](#)

FIGURE 2 | Traditional vs. Endoscopic Mastectomy



A: Scar of traditional mastectomy



B: Scar of endoscopic mastectomy



Diagnostic Imaging

Arrival of New 3T MRI Machine



The Diagnostic Imaging Department in HKAH is proud to announce the arrival of a new 3T MRI machine. The new MAGNETOM® Verio MRI scanner from Siemens boasts the strongest magnet field strength used clinically today and is designed with patient's maximum comfort in mind. The system's large 70-cm opening is wide enough to accommodate individuals who have traditionally been hard to image, such as children, those who are obese, the elderly, and those who are claustrophobic. Since the system length is only 173cm, the patient's head can remain outside of the machine for examinations other than

the head area. The 'Whisper Mode' and 'Audio Comfort' features can reduce noise levels and alleviate anxiety for children and elderly patients. With less anxiety-related movement, the need for re-scans is minimized and captured images are sharper. The system can be used for orthopedics, neuroimaging, oncology, arterial systems, whole body scans and other screening procedures such as a whole leg or arm in a single run. [4](#)

FOR ENQUIRIES [HKAH] (852) 2835 0515

Pharmacy: Hospital Wide Unit Dose Medication Dispensing System



TWAH has become the second hospital in Hong Kong to roll out a hospital wide Unit Dose Medication Dispensing system, after its sister hospital HKAH.

In unit-dose dispensing, scheduled oral medications are dispensed in a clearly labeled package that is ready to administer to the patient. After a physician has written an order, the prescription is sent to the pharmacy to be verified by pharmacists. Dispensers then prepare the unit-dose orders through a double-checking system to ensure accuracy. Pharmacist will review the drug order for appropriateness before medication is administered to patient by the nurse.

The preparation of a patient's medications is a task that should never be interrupted. With the traditional ward stock system, nurses order drugs in bulk supplies from the pharmacy and prepare medication cups for each patient. In a busy ward, distractions are inevitable from alarms, call bells, telephones and patient inquiries.

Unit-dose dispensing will do away with the need for nursing staff to find and prepare individual doses for inpatients and will reduce the potential for human error, and can minimize drug costs by limiting waste, loss and spoilage of increasingly expensive medications. To simplify the pre-packaging process, the Pharmacy has installed the Medi-Dose System, which is the industry leader in pharmacy supply for unit dose systems and bar coding products. While there is a startup cost and the process is labor intensive at least for the Pharmacy Department, pharmacists are delighted to be directly involved in the medication usage process and to further strengthen existing safeguards to enhance patient safety. [PH](#)

FOR ENQUIRIES [HKAH] (852) 3651 8812

FOR ENQUIRIES [TWAH] (852) 2276 7366



Lifestyle Changes to Prevent Benign Prostatic Hyperplasia

Benign Prostatic Hyperplasia (BPH) is one of the most prevalent conditions found in men, and increases with age. It affects more than half of all men aged over 60 years, and up to 90% of men aged over 80 years. Drug, surgical, and phytotherapy tend to dominate the medical literature when discussing potential treatments for this condition. These treatments have demonstrated remarkable effectiveness for the various degrees of BPH. In fact, the incorporation of lifestyle changes has consistent positive impacts to either prevent this disease or reduce the severity of this condition when used as an adjunct to conventional treatment. The time is ripe for us, as health care professionals, to discuss with patients the potential lifestyle changes that could influence risk. Obesity, a lack of physical activity, dyslipidemia, diabetes, hypertension, unhealthy diet, and other factors, may significantly increase the risk of BPH. Patients should be told that factors that increase the risk of cardiovascular disease seem to be associated with an increased risk of BPH or a greater severity of BPH (Moyad, 2003). ¹⁴

List of Lifestyle Changes/ Conditions That May Influence the Risk or Progression of BPH

Lifestyle Changes/Other Parameters	Comment
Blood Pressure	Increased pressure may increase risk
Cholesterol	High cholesterol and/or lower HDL ("good cholesterol") may increase risk
Diabetes	Increased insulin and glucose levels may stimulate prostate growth
Diet (overall)	Higher caloric intakes and zinc may increase risk, and fruit consumption may reduce risk
Obesity	Greater weight may increase risk
Physical Activity	Increased physical activity may reduce risk
Plant Estrogens	Soy, flaxseed, and other dietary sources of plant estrogens may reduce the risk of BPH
Zinc (diet) and Zinc Supplements	Zinc in mega-doses (> 100-150 mg/day) may increase the risk of BPH
Overall Recommendation	Heart Healthy = Prostate Healthy

Moyad M.A. (2003). Lifestyle changes to prevent BPH: heart healthy = prostate healthy. *Urological Nursing*. 23: 439-441.

Policy for 'Admissions To', and 'Transfers From' ICU

The details of our policy for admission of patients to the Intensive Care Unit have been formulated by the ICU Management Committee of HKAH, and physicians can access this policy at our HKAH Intranet Portal.



The ICU is a 'life saving area', and should be reserved for patients with serious and critical medical conditions, who require high-intensity nursing care

and treatment, if they are to have any reasonable prospects of recovery.

Admitting rights are limited to specialists in disciplines relevant to ICU, including, but not limited to, respiratory, cardiovascular, neurological, renal, endocrine, gastrointestinal, hematology, surgery, pediatrics, and multi-system conditions.

When a patient is about to be discharged or transferred from ICU, the relevant decisions should have been the result of discussions between the primary physician in charge of the case, the patient's relatives, the ICU nurses, and the Ward taking over the patient's ongoing care. [A](#)

Honorable Retirement of Dr. Albert Tsai and New Appointment of Dr. Robert Stevenson

Hong Kong Adventist Hospital Administration would like to express sincere appreciation to Dr. Albert Tsai for his valuable contributions to Obstetrics and Gynecology in our hospital over the last 32 years, and for his services in our Outpatient Clinic.

Dr. Tsai made the decision to retire from active practice as of January 2011, and the Administration and staff, as well as his colleagues, wish him good health, and a happy and well deserved retirement.

We wish to inform you that in effect from 7th January 2011, Dr. Robert Stevenson will be the Assistant Chief of Staff for the specialty of Obstetrics & Gynecology at Hong Kong Adventist Hospital.

We are confident that the high standards of our Obstetrics and Gynecology Department will be maintained. [A](#)



Dr. Albert Tsai



Dr. Robert Stevenson

Progress on New Wing Construction

Temporary Shed in Car Park

Intense construction work is underway in TWAH after completion of the slope works. By the end of April, the car park will be remodeled into a 2-storey temporary shed to provide a new home for the Rehabilitation Center, Dietician, Housekeeping and Staff Room. Two outpatient consultation rooms will also be built into the shed. The Clinical Laboratory will be housed on the top floor.

Office Space in Tsuen Wan Centre

We have hired additional office space in nearby Tsuen Wan Centre. Renovation works will be completed by mid February. Office for the Administration, Finance Department, Marketing and Business Development and Lifestyle Management Center will then be relocated to this new office.

Office Space in Staff Quarters

The Maintenance Department has been relocated to the Staff Quarters since January. Renovation works is also underway to provide additional office space for the Nursing Administration,



Human Resources, Patient Relations, Performance Improvement, Infection Control, Occupational Safety & Health, Staff Education, Information Management and Chaplaincy.

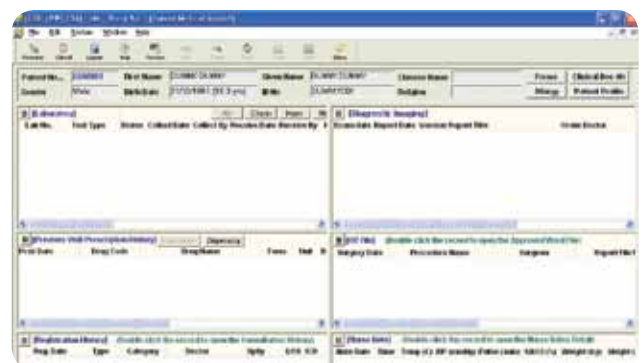
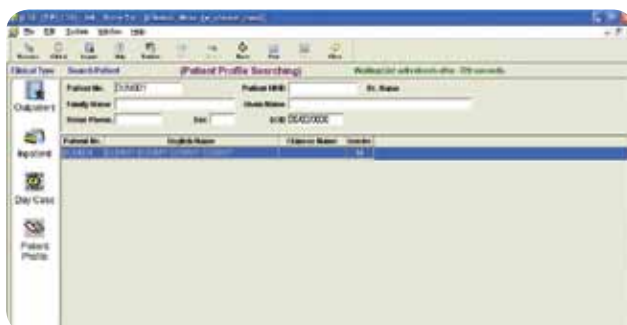
Relocation of Clinics to Joyful Building

By April, the Breast Health Center, the Surgical Clinic and some other Specialist Clinics will be moved to the Joyful Building. [A](#)

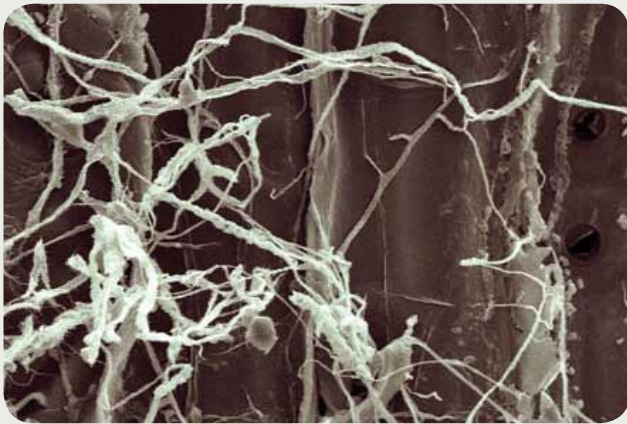
Medical Records

The Medical Records Department has completed digitalization of some hand written medical records and uploaded them into the Clinical Information System.

Doctors can retrieve a patient's old records from the hospital network after logging into the system. Affiliated doctors without a password should call **(852) 2276 7174** to register for a password in order to access the system. [A](#)



HKAH



CME

NEW DIRECTIONS IN THE MANAGEMENT OF INVASIVE FUNGAL INFECTIONS

SPEAKER Professor Cornelia Lass-Flörl
HEAD OF THE DIVISION OF HYGIENE AND MEDICAL MICROBIOLOGY, DEPARTMENT OF HYGIENE, MICROBIOLOGY AND SOCIAL MEDICINE, INNSBRUCK MEDICAL UNIVERSITY, AUSTRIA

DATE 18th March, 2011

TIME 13:30 – 15:30

VENUE 48/F American Club, Central, Hong Kong

FOR BOOKING (852) 3651 8837

TWAH



CME

VOICE DISORDER

SPEAKER Dr. Frank TING
SPECIALIST IN OTORHINOLARYNGOLOGY

DATE 11th March, 2011

TIME 13:00 – 15:00

VENUE Gold Coast Yacht and Country Club, Tuen Mun

FOR BOOKING (852) 2276 7185

Adventist Health 港安

Hong Kong Adventist Hospital

ADDRESS 40 Stubbs Road, Hong Kong

PHONE (852) 3651 8888

FAX (852) 3651 8800

EMAIL hkahinfo@hkah.org.hk

WWW.HKAH.ORG.HK

Tsuen Wan Adventist Hospital

ADDRESS 199 Tsuen King Circuit, Tsuen Wan, N.T., Hong Kong

PHONE (852) 2276 7676

FAX (852) 2415 6767

EMAIL info@twah.org.hk

WWW.TWAH.ORG.HK