

**THE HONG KONG  
COLLEGE OF ANAESTHESIOLOGISTS  
NEWSLETTER  
FOR MEMBERS**



**VOL 3 : 2**

**OCTOBER 1994**

**Editor:**

Chandra Rodrigo  
Honorary Deputy Secretary

**Co-Editor of this issue:**

Edwin Tong

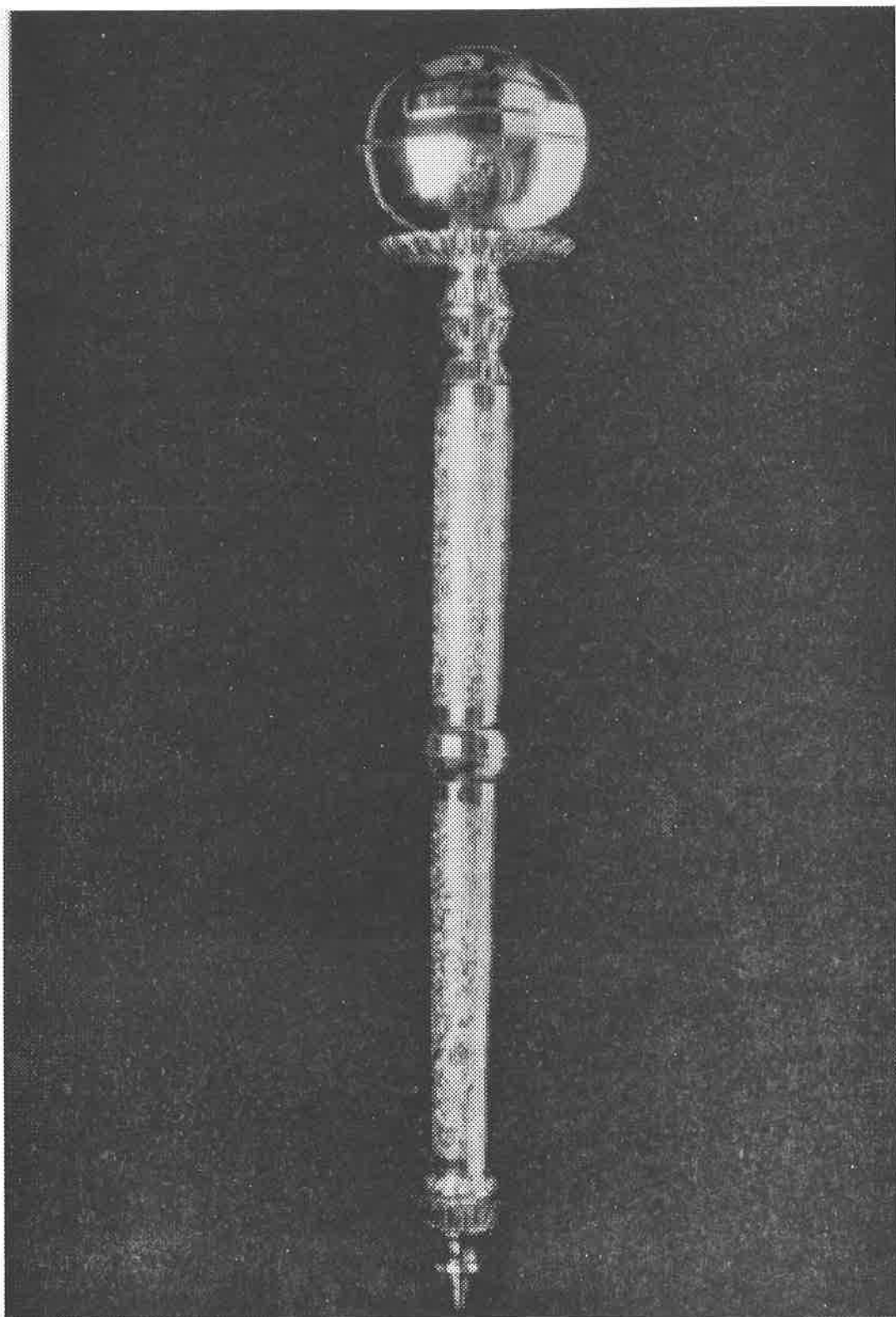
**Sub Editor:**

Denis Fitzpatrick

All correspondence should be addressed to the College Secretariat, Department of Anaesthesiology, Queen Mary Hospital, Pokfulam Road, Hong Kong.

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**THE MACE OF THE HONG KONG COLLEGE OF ANAESTHESIOLOGISTS**

On a design approved by the Council of the College,  
the mace was crafted in Sri Lanka on the instructions of Dr. Chandra Rodrigo.

## **EDITORIAL BOARD**

**Editor: Chandra Rodrigo**

**Sub Editor: Denis Fitzpatrick**

**Assistant Editors:**

Representing various hospitals

**Eileen Au (Queen Elizabeth Hospital)**

**Wallace Chiu (Pamela Youde Nethersole Eastern Hospital)**

**Fung - ming Lai (Princess Margaret Hospital)**

**Lilian Lau (Tuen Mun Hospital)**

**John Liu (Ruttonjee Hospital)**

**Bhaskar Menon (Caritas Hospital)**

**Timothy Short (Prince of Wales Hospital)**

**Hing So (Yan Chai Hospital)**

**Devasirivardem Sudharman (Grantham Hospital)**

**Kai-on Sun (Tung Wah Group of Hospitals)**

**Edwin Tong (Queen Mary Hospital)**

**Dominic Woo (Private Hospitals)**

**Clement Yuan (United Christian Hospital)**

## PRESENT COUNCIL

- President** : **Dr. Ronald Lo** - Chief of Anaesthesia, Queen Mary Hospital  
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- Deputy Treasurer** : **Dr. John Low** - Senior Lecturer in Anaesthesia and Intensive Care,  
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- Dr. Joseph Lui** - Senior Medical Officer in Anaesthesia, Grantham Hospital
- Prof. Teik E Oh** - Professor and Chairman of Department of Anaesthesia  
and Intensive Care, Chinese University of Hong Kong
- Dr. Andrea O'Regan** - Senior Medical Officer in Anaesthesia, Queen Mary  
Hospital (and Chairman, Publications and Guidelines Committee)
- Dr Edwin Tong** - Senior Medical Officer in Anaesthesia, Queen Mary  
Hospital
- Dr. SL Tsui** - Consultant in Anaesthesia, Queen Mary Hospital  
(and Chairman, Board of Censors)
- Dr. Clement Yuan** - Chief of Anaesthesia, Department of Anaesthesia,  
United Christian Hospital (and Chairman, Board of Accreditation)

## EDITORIAL

*From Chandra Rodrigo:*

Our College has conducted its first examination, the Part I of the Fellowship Examination. We were honoured by the Royal College of Anaesthetists in sending their Chief of Examination who is also the Chairman of their Part II Basic Science Examinations, and by the Australian and New Zealand College of Anaesthetists in sending their Chairman of the Primary Examination to conduct our examination. We are proud of the fact that both of them have found the conduct of our examination of a standard at least as good as for that of their own respective examinations. We must thank our Board of Examiners for setting standards to make our College on a par with other major Anaesthesiology Colleges in the world.

## **NEWS FROM THE COUNCIL**

## PRESIDENT'S MESSAGE

*From Ronald Lo:*

Despite the summer holidays when people are usually away, it has been a busy time for the Council in the last few months as we prepared for our first Part I Fellowship examination, and further established the infrastructure for the future smooth running of College affairs. For some of the issues, we preferred to wait for guidance from the Academy of Medicine in order to avoid duplication and waste of effort, and hence we had not been able to proceed as quickly as we had hoped. On the other hand, the Council has started deliberations on an Intensive Care Training Programme and a separate Intensive Care Committee has started to formulate our strategies and policies without any reference to the Academy. It is hoped that in the near future, a credible Intensive Care programme recognized by the Academy can be started, giving the trainees and Fellows a choice in their careers.

As you will see from other sections of the Newsletter, the Fellows of the College have been very busy indeed in their various roles. We take our hats off to these colleagues who have made personal sacrifices for their colleagues and the future anaesthesiologists.

As I mentioned earlier, and you would read elsewhere in this Newsletter, we have successfully conducted our first Part I Fellowship examination in July/August with external examiners from both Australasia and the United Kingdom. Although the number of candidates fell short of our expectations, the standard of the examination was high and was complimented by the external examiners. We are now actively planning for continuing with the Part I examination in 1995 and the first Part II Fellowship examination which we hope to mount sometime in 1995.

Medical Audit (or whatever alternative terms one prefers to call this activity) and Continuing Medical Education are buzz words these days. However, we have to maintain our standards and be seen to be maintaining our standards by carrying out such activities. Your College will have to be doing something in this direction in the very near future and everybody will have to contribute to this activity to make it effective and worthwhile. Those of you who are also Fellows of the Australian & New Zealand College of Anaesthetists should have received a circular referring to such activities for their College.

As the College is a body of all its Fellows, your input and support are essential ingredients for its success. Do not hesitate to contact me or the Council if you have any comments, criticisms, or suggestions, not least, if you want to help (!) - we can always do with more help in the various activities of the College.

Hope you all have had a wonderful summer. I look forward to seeing you all again at our next Congregation on 3rd November 1994 when one of our Honorary Fellows, Prof. M.D. Vickers of Cardiff, UK will be conferred his Fellowship and will speak to us on "Post-graduate examinations - How to ensure quality".



## TREASURER'S REPORT

*From Chi-tim Hung:*

A reminder has been sent out to those members and fellows who have not paid up their subscriptions. Please send in your cheque and settle the outstanding account as soon as possible. Our subscriptions are counted on a calendar year basis and annual subscription are due on 1st January each year.

May I remind you that it is very important to keep your College informed of your latest correspondence address, otherwise important notices and debit notes may not reach you. Should there be any change of address or telephone numbers, please either inform the Hon. Secretary Dr. Arthur So at Department of Anaesthesia and Intensive Care, Kwong Wah Hospital, or fax to me at (852)- 7824725 accordingly.

The Academy of Medicine has admitted another 19 fellows of our College as Foundation Fellows of the Academy, on top of the 119 admitted in December 1993. The list of names will be found elsewhere in this newsletter. The newly admitted batch will have to pay the Academy of Medicine, through your College, the HK\$8,000 admission fee plus HK\$1,000 annual subscription fee for 1994, and I will start collecting this money for the Academy shortly. May I remind those Academy Foundation Fellows admitted in December and who has not yet decided to pay the HK\$9,000 that they can still do so. Please feel free to contact me at 7102176 if you have any problems.

As in previous years, the College will be ordering the 1994 ASA Refresher Course Lecturers and each Paid-Up member or fellow with a local address admitted before August 1994 will get a free copy. Usually the books will arrive in late December and they will be distributed in January and February.

## NEWS FROM THE BOARDS AND COMMITTEES

### ***BOARD OF CENSORS***

Dr. S.L. Tsui (Chairman and Censor in Chief)

Prof. T.E. Oh

Dr. C.K. Chan

Dr. C.S. Chan

Dr. R. Lo

Dr. D.A. Sudhaman

Dr. L. Lau

President Ex officio

Chairman Ex officio

#### ***From S L Tsui:***

The Council amends the Administrative Instructions on Fellowship admission *ad eundem*, effective from 1 January 1994:

1. Applicants will be required to have completed such **post-fellowship training** or equivalent training **after** obtaining the diploma as the issuing institution for the diploma has specified for the completion of specialist training. Where the total duration of the training period is less than that provided by the current FHKCA requirements, the **additional post-qualification** training shall be not less than the difference between the current FHKCA requirement and the prescribed minimum training period of the institution issuing the diploma.
2. Time spent in private practice **may** be considered individually by the Council on the recommendation of the Board of Censors. If such time is approved, **no more than one third** shall be accredited.
3. All applicants for membership shall provided the **original or a notarized copy** of either their **primary medical qualification** or a valid licensing / practicing certificate. Applicant who wish to be considered for the Fellowship must submit the **original or notarized copy** of their **relevant specialist qualification diploma**.

## **BOARD OF EDUCATION**

Dr. R. Lo (Chairman)  
 Dr. Cindy S.T. Aun  
 Dr. C. Rodrigo  
 Dr. S. Joyce Wong  
 President Ex officio  
 Secretary Ex officio  
 Chairman: Board of Examinations  
 Chairman: Board of Censors

### ***From Ronald Lo:***

The Education Committee is reviewing the implementation of the Vocational Training Programme since January 1994. It is recognized that there are still a number of administrative and practical deficiencies in the system. Allowances need to be made for failures to meet our goals. The programme will need the eventual approval of the Hong Kong Academy of Medicine. The following issues are being actively pursued :-

- a) The present number of registered trainees is very low . This may be a conscious wish of trainees not to be associated with our College system for the time being, or it may be an oversight on the part of the Hospitals and trainees. Trainees are strongly urged to join as Members and register as Trainees in order not to be left out of the system. They should be reminded that the future accreditation of training and specialist recognition in Hong Kong depends on participation in our Fellowship training programme, obtaining Fellowship of our College and the subsequent nomination to Fellowship of the Academy by our College.

**REMINDER:** Junior anaesthetists should become Members, occupy accredited training posts, and register as Trainees to have their experience counted towards their accredited training, otherwise their experience will be separately assessed which may be disadvantageous.

- b) Supervisors of Training will have to be appointed and a letter will be sent to all accredited hospitals for nominations/appointments. The duties and responsibilities of these Supervisors will be sent to hospitals at the same time.
- c) The Trainee Log Book is being prepared and should be available for use by all trainees in two to three months' time. All Trainees are to keep a record of their experience and the Supervisors will have a responsibility to ensure that the training experience of trainees are appropriate.
- d) Refresher course programmes are continuing for both Basic Sciences and Clinical Anaesthesia. The programmes are advertised elsewhere.

The Chairman of our Education Committee is ex officio member of the Education Committee of the Hong Kong Academy of Medicine (HKAM). This Committee of HKAM has just recently laid down the general principles for post-graduate training. It now has, as its major task, to vet and approve the Training Programmes of individual Colleges.

### ***BOARD OF EXAMINATIONS***

Dr. T. Gin (Chairman)  
 Prof. T.E. Oh  
 Prof. Joseph Yang  
 Dr. Cindy S.T. Aun  
 Dr. R. Lo  
 Chairman: Education Committee  
 President Ex officio  
 Secretary Ex officio

#### ***From Tony Gin:***

The first Part I examination of the College was held recently, the written on the 16th of July 1994 and the oral on the 13 of August 1994. There were eight candidates for the examination and five were successful. The external examiner for Pharmacology was Professor C.J.Hull, Chairman of Examinations and also Chairman of the Part II Basic Sciences Examinations for the Royal College of Anaesthetists (RCA). The external examiner for Physiology was Dr. P Roessler, Chairman of the Primary Examination for the Australian and New Zealand College of Anaesthetists (ANZCA). Both external examiners were satisfied with the conduct of the examinations and stated that the standard was at least as good as for their own respective examinations.

The College intends to hold two Part I examinations in 1995, probably in Feb./ Mar. and Jul./ Aug. The format of the examination may change slightly so that the written will be composed solely of short answer type questions. The first Part II examination will be held in the latter half of 1995. The format for this examination has not been decided but members of the Board of Examinations will be observing the Final fellowship examination of the ANZCA and the Part III examination of the RCA.

## **BOARD OF ACCREDITATION**

Dr. C. Yuan (Chairman)

Prof. T.E. Oh

Dr. S. Joyce Wong

Dr. C.T. Hung

Dr. L. Lau

Dr. A. O'Regan

President Ex officio

Secretary Ex officio

### ***From Clement Yuan:***

Of the ten hospitals inspected, nine were approved for anaesthesiology training posts. There were three Category A hospitals namely, Prince of Wales Hospital, Queen Mary Hospital, and Queen Elizabeth Hospital. They provide extensive training experience to provide three years of approved training in a six year anaesthesiology training programme for the Hong Kong College of Anaesthesiology.

Five hospitals were classified as Category B hospitals which means that worthwhile training experience can be achieved for those in post for a duration ranging from one year to two years. Those who occupy Category B posts must rotate to a Category A hospital and spend a minimum of thirty months in such a post. The following have been classified as Category B hospitals for the purpose of anaesthesiology training: Tuen Mun Hospital, Princess Margaret Hospital, Kwong Wah Hospital, United Christian Hospital, and Pamela Youde Nethersole Eastern Hospital.

The Grantham Hospital was the only Category C hospital that was approved for training in the subspecialty of cardiac anaesthesia. It is noted that Grantham Hospital does not have a funded medical officer training position to support the training of anaesthesiologists in the Hong Kong anaesthesiology training programme. Its administration is encouraged to establish such a position so as to be in line with other hospitals who have funded positions.

The Caritas Medical Centre unfortunately did not meet the minimal criteria necessary for the approval of training by the Hong Kong College. The anaesthetic staffing structure required a qualified : nonqualified ratio in the establishment of 1:2 or greater. Thus in the Caritas Medical Centre one needed at least three fully qualified senior anaesthesiologists and another who was likely to have passed the Primary Fellowship examinations or who was a Provisional Fellow of the Australian and New Zealand College of Anaesthetists. Deficiencies in recovery area facilities and nursing complement, an inadequate library facility for the training of anaesthesiologists, were some of the problems that led the Council not to approve Caritas Medical Centre on this inspection visit.

<b><u>Hospital</u></b>	<b><u>No. of Approved Posts</u></b>	<b><u>Duration</u></b>	<b><u>Category</u></b>
PWH	15	3Year	A
QMH	12	3Year	A
QEH	10	3Year	A
TMH	4	2 Year	B
PMH	4	1 Year	B
KWH	4	1.5 Year	B
UCH	3	1.5 Year	B
PYNEH	3	1 Year	B
TGH	-	3-6 Months	C

Finally, the board recommended that five hospitals be approved for training in intensive care as part of the six year anaesthesiology training programme. They are Prince of Wales Hospital, Princess Margaret Hospital, Tuen Mun Hospital, Kwong Wah Hospital and Queen Elizabeth Hospital.

The criteria recommended by the Board for approval of intensive care training, are that the intensive care unit had a director in charge of the intensive care unit, that there was a fulltime intensivist and that there were two fulltime equivalents in the establishment for the intensive care unit, as a minimum requirement. For those trainees who are in post in such intensive units, a minimum of 3 months continuously in post was recommended and a maximum of twelve months of fulltime intensive care approved training was recommended for Princess Margaret Hospital, Tuen Mun Hospital, Queen Elizabeth Hospital and for Kwong Wah Hospital. Prince of Wales Hospital was deemed able to fulfill two years of fulltime intensive care training for the Hong Kong College of Anaesthesiologists.

Needless to say, deficiencies were identified both in anaesthesiology and intensive care training in nearly all hospitals and continued approval of training posts depends upon improvements outlined to the administration of the hospitals concerned. Many Fellows of the Hong Kong College have contributed in no small measure to the Board of Accreditation activity and due thanks must be accorded to all these Fellows both within the Council and as Fellows of the College. The next inspection will take place in late 1995. It is expected more intensive care units and new anaesthesiology departments in new or existing hospitals will be inspected. My sincere appreciation to the current members of the Board of Accreditation.

## ***COMMITTEE ON REVISION OF PUBLICATIONS AND GUIDELINES***

Dr. A. O'Regan (Chairman)  
Dr. C. Yuan  
Dr. R. Lo  
Dr. W.N. Tong  
Dr. J. Lui

***From Andrea O'Regan:***

Guidelines as stated in the previous newsletter have been formulated and are being prepared for distribution to all members and fellows.

## ***COMMITTEE ON ICU***

Prof. T.E. Oh (Chairman)  
Dr. H.Y. So  
Dr. R. Lo  
Dr. P.C. So  
Dr. S. Anandaciva  
Dr. M.C. Kung  
Dr. T. Buckley

## ***COMMITTEE ON RESUSCITATION***

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Dr. H.Y. So  
Dr. C. Rodrigo  
Dr. T. Gin

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Secretary Ex officio  
Treasurer Ex officio  
Dr. C.K. Chan  
Dr. J. Low  
Prof. T.E. Oh  
Prof. Joseph Yang  
Fund Raising Manger (To be co-opted)

## **HONG KONG COLLEGE OF ANAESTHESIOLOGY COURSES**

### **REPORT OF PART 1 FANZCA COURSE 1993**

*From S L Tsui:*

#### **A) ORGANIZATION OF THE COURSE**

The HKCA Primary FANZCA courses 1993/94 consists of four parts:

1. Part 1: Informative Course,
2. Part 2: Training on Answering Essay Questions
3. Part 3: Intensive Course conducted by Overseas Tutor
4. Part 4: Training on Oral Examination.

Training fee for Part 1 and 2: HK\$ 500.00

Training fee for Part 3 and 4: HK\$ 700.00

#### **B) COMMENTS AND RECOMMENDATIONS**

##### **Part 1: Informative Course**

The course took place from 4 September 1993 to 23 November 1993. It was organized in the form of informative lectures presented by tutors on various subjects included within the syllabus of the Part 1 FANZCA Examination. The tutors were senior anaesthetists invited from different hospitals plus three guest-tutors invited from the Department of Medicine, Queen Mary Hospital to give lectures on cardiology and haematology. The lectures were organized in sessions on Saturday afternoons (14:30 to 18:30). Each session consisted of a series of three to four one-hour-presentations. The main problem in organizing this course was the difficulty in recruiting tutors since the subjects included in the Part 1 Examination contained more basic science rather than clinical materials. Also, having lectures on Saturday afternoon is not favoured by both tutors and trainees. The reason for this arrangement was to encourage more trainees to participate in the course. It may be a major burden for busy clinical departments to allow their trainees to attend the Course on day-release basis. Twenty-six junior anaesthetists joined this part of the Course following payment. The overall attendance was satisfactory: 70.5% (range: 54 to 92%). On a survey conducted at the end of this course, most trainee rated "GOOD" for the informative course (and the essay training as well). They also made favourable comments on lecture notes and expected lecture notes and reference lists to be issued by every tutor.



## **Part 2: Training on Answering Essay Questions**

This Part was conducted simultaneously with the Informative Course mentioned above. Trainees were requested to answer and submit an essay question weekly for marking by invited tutors. These questions were selected by the Course coordinator from past Primary FANZCA Examinations papers. Trainees were instructed to answer these questions under simulated examination conditions. The overall response rate was fair, with initial good return rate of over 80% but gradually declined to less than 50% towards the end of the three month period. Although trainees planned to sit for the Primary Examination returned almost 100% of their answers, others responded poorly. This could be due to two reasons. Firstly, those trainees who were not well prepared for examinations regarded submitting *sub-standard* answers embarrassing, especially that these may be marked by their seniors. Secondly, most of the candidates criticized the inevitable long time-lag for the feedback on their answers. Overall, more than 80% of trainees in the survey rated this Part of the Course "GOOD" and welcomed more training on essay answering in future courses.

## **Part 3: Intensive Course conducted by ANZCA Tutor**

This annual training programme was conducted by Dr. R.F. Salamonsen, ANZCA tutor, under the kind sponsorship of Hong Kong Oxygen and Acetylene Co Ltd. This was a full time Course from 09:00 to 17:00 over a two week period from 17 to 28 January 1994. The course consisted of lectures, tutorials, essay answering and viva training. Dr. Salamonsen commented that the overall knowledge of trainees were adequate, particularly of those who were to sit the March '94 Examination. He recommended them to improve their techniques in answering examinations and presentation skills. The trainees also commented favourably on the performance of the ANZCA tutor. Some trainee complained that they could not attend all of the sessions on a day-release basis. It is valuable for every trainee who plan for attempting Primary FANZCA Examination to have some exposure to ANZCA tutors. I would like to encourage all training hospitals to allow their trainees to attend this type of courses. It may be too much a burden for busy Hospitals with manpower constraints to compromise their clinical commitments and allow all their trainees to attend such courses on a day-release basis. I would like to suggest to give priority to those trainee sitting for the coming examination. Other trainees can apply for their own leave to attend these training courses.

## **Part 4: Crash Course on Oral Examination**

This course took place on four consecutive Saturdays from 5 March to 26 March 1994. The timing was designed to fall within the interim period after the written part but before the viva list announcement of the Part 1 FANZCA Examination.

The overall participation by trainees was unsatisfactory. Although many trainees submitted their application with payments, many of them failed to attend. The reason was similar to that on the part on essay questions training mentioned above (to a greater extent in a face to face situation during a simulated viva examination). I would like to recommend individual hospitals to organize regular trial viva practice for their trainees prior to such a territory-wide viva crash course. So that trainees more or less get used to the viva situation before exposing themselves to tutors from other hospitals.

#### ACKNOWLEDGEMENTS

I would like to thank all the tutors in the HKCA Course for Primary FANZCA Examination 1993/94 for their enthusiastic participation in conducting training sessions, in particular sacrificing their weekend afternoons. Sincere thank is also made to Queen Mary Hospital, Queen Elizabeth Hospital, Prince of Wales Hospital and Kwong Wah Hospital for their kind provision of venue and facilities for the course to take place. Special thanks is expressed to Ms Ivy Cho and Mrs Christine Fung of the Dept of Anaesthesiology, Queen Mary Hospital for their secretarial support in organizing this Course.

#### BASIC SCIENCE ANAESTHESIA COURSE 1994

*From W N Tong:*

Course Co-ordinators:

Dr. W.N. Tong (Organiser)  
Dr. C. Aun (Co-organiser)  
Dr. C.L. Watt (Co-organiser)

The format of the Course for this year is similar to that of the last year and is divided into four parts:

- I) Informative lectures on Saturday afternoons which will be started on 24 September 1994.
- II) Training on answering short questions.
- III) Crash course by FANZCA tutor, sponsored by the Hong Kong Oxygen and Acetylene Ltd.
- IV) Mock Vivas after the written Primary FHKCA examination.

Course fee for Part I & II:	\$500
Course fee for Part III & IV:	\$700

All members are welcome. Please call Dr. W.N.Tong (Tel: 855 3374) for details if you are interested.

## FANZCA FINAL COURSES 1993/94

*From Chi-tim Hung:*

The final FANZCA Course for 1993/94 has been completed starting with an informative part comprising of 43 lectures being held from October to December 1993, and concluding with a Crash Course being held from February to April 1994. The response to the Course, especially on the Crash Course, has been encouraging.

For the 1994/95 Courses, the arrangement will be similar to that of 1993/94 in that there will be an Informative Course as well as a Crash Course. As far as the Informative Course is concerned, there will not be any major changes in the format. This is geared towards teaching all the basic knowledge that is needed to be a competent Anaesthetist and will not be only examination-orientated. Even those who will not be taking the examination can join the Course. The detailed time table will be drawn up in the next few weeks and the Course will start from October till December, running on every Friday afternoon. Course fee has been set at HK\$500.

The 1994/95 Final FANZCA Crash Course will take place around February to April 1995, and the Course Fee has been set at HK\$ 700.

## HONG KONG ACADEMY OF MEDICINE

The HKAM formally admitted its first batch of Foundation Fellows during the Inauguration Ceremony in December 1993. It concluded its nomination for Foundation Fellows in June 1994 and formally admitted the remaining accepted Fellows during its Annual General Meeting in July 1994. From now on, there will be no more Foundation Fellows. All the nominations from our College have been accepted, but not without some hard lobbying for a few Fellows.

The new criteria for admission to HKAM Fellowship are yet to be determined. New Fellows will only be admitted after the Training Programme and Examinations of the individual Colleges (including ours) have been vetted and approved with the criteria agreed by the Membership Committee and the Council of HKAM.

Although Fellowship of our College has not been approved as a quotable qualification (not that we have not asked), our Fellows who are admitted to Fellowship of the HKAM may carry the letters of "FHKAM (Anaesthesiology)" after their names. This qualification is now a quotable qualification under the Hong Kong Medical Council Registration Ordinance and can be printed on letter heads and visiting cards.

The building of the new Headquarters of the HKAM is now under the direction of a building committee chaired by Prof. S.H. Lee from the College of Community Medicine. The site is the small park in front of the Grantham Hospital on Wong Chuk Hang Road, next to the fly-over to the Ocean Park. The initial design and schedule of accommodation is finalized. Facilities would include offices for Colleges, lecture/seminar rooms, a Great Hall and HKAM administrative offices. In addition, it will have a hall of residence for visiting doctors. The building schedule is very tight and the building should be completed in about two years. It should be noted that the Hong Kong Medical Association has applied to have its offices accommodated in the building (at their cost) and this had been approved in principle by the HKAM Council last year, pending Government approval.

# **COLLEGE ANNOUNCEMENTS**

## **INFORMATIVE LECTURES**

### **BASIC SCIENCE ANAESTHESIA COURSE 1994**

**Date: 24 September 1994**

**Venue: 3/F, OT Seminar Room, Clinical Science Building, Prince of Wales Hospital**

**Time: 14:30 to 18:00**

1430-1530 Preparation for Part I FHKCA / FANZCA Examination

Dr. Tony Gin (PWH)

1530-1630 Respiration I - Oxygen therapy, mechanical ventilation & humidification.

Professor T.E. Oh (PWH)

1700-1800 Respiration II - Respiratory failure, pharmacological treatment.

Dr. Amy Cho (PWH)

**Date: 1 October 1994**

**Venue: Queen Mary Hospital: Audiovisual Section of K2 Doctors' Common Room**

**Time: 14:30 to 18:00**

1430-1530 Respiration III - Lung volumes, mechanics of breathing, and control of breathing

Dr. J. Ronald Lo (QMH)

1530-1630 Respiration IV - Gaseous exchange and transport, pulmonary circulation.

Dr. J. Ronald Lo (QMH)

1700-1800 Endocrine physiology and pharmacology

Dr. Andrea O'Regan (QMH)

**Date: 8 October 1994**

**Venue: Queen Mary Hospital: Audiovisual Section of K2 Doctors' Common Room**

**Time: 14:30 to 18:00**

1430-1530 Renal physiology and diuretics

Dr. Michael Irwin (DTCH)

1530-1630 Physics and clinical measurement I: General principle, physical principles and mathematical concepts as applied to physiological functions. Applied / clinical radiation physics

Dr. K.M. Ho (PYNEH)

1700-1800 Body fluids electrolytes, acid-base and principles of fluid and electrolyte therapy.

Dr. K.F. Ng (QMH)

**Date: 15 October 1994**

**Venue: 3/F, OT Seminar Room, Clinical Science Building, Prince of Wales Hospital**

**Time: 14:30 to 18:00**

1430-1500 General pharmacology I

Dr. J. Derrick (PWH)

- 1530-1630 Cellular physiology, biophysics and biological potentials  
Dr. Karl Young (PWH)
- 1700-1800 Respiration V: Evaluation of pulmonary function (including clinical measurement)  
Dr. I. Tan (PWH)

**Date: 22 October 1994**

**Venue:** 3/F, OT Seminar Room, Clinical Science Building, Prince of Wales Hospital

**Time:** 14:30 to 18:00

- 1430-1530 Paediatric , neonatal physiology and pharmacology  
Dr. Cindy Aun (PWH)
- 1530-1630 Immune physiology and pharmacology  
Dr. P.T. Chui(PWH)
- 1700-1800 General pharmacology II  
Dr. T. Short (PWH)

**Date: 29 October 1994**

**Venue:** Block A, Ground Floor, Lecture Room, Queen Elizabeth Hospital.

**Time:** 14:30 to 18:00

- 1430-1530 General anaesthetics I: Inhalational anaesthetics  
Dr. S.M. Wong (QEH)
- 1530-1630 General Anaesthetic II: Intravenous anaesthetics  
Dr. Y.F. Chow (QEH)
- 1700-1800 Nutrition, metabolism, parenteral nutrition, temperature regulation  
Dr. K.Y. Lai ( Physician , QEH)

**Date: 5 November 1994**

**Venue:** 3/F, OT Seminar Room, Clinical Science Building, Prince of Wales Hospital

**Time:** 14:30 to 18:00

- 1430-1530 Central nervous system I: Neurophysiology, CSF dynamics, electrophysiological monitoring of CNS  
Dr. K.K.Lam (PWH)
- 1530-1630 Cardiovascular system I: Peripheral circulation, haemodynamic and cardiovascular monitoring (Clinical measurement).  
Dr. John Low (PWH)
- 1700-1800 Statistics  
Dr. T. Gin (PWH)

**Date: 12 November 1994**

**Venue:** Queen Mary Hospital: Audiovisual Section of K2 Doctors' Common Room

**Time:** 14:30 to 16:30

- 1430-1530 Cardiovascular system II: Cardiac physiology, mechanical aspect (pressure-volume curves)  
Dr. C.P. Lau (Cardiologist, UMU/QMH)
- 1530-1630 Haematology: Coagulation, transfusion of blood and components

Dr. E. Chiu (Haematologist, UMU/QMH)

1700-1800 Cardiovascular system III: Cardiac failure, cardiac pharmacology (excluding antiarrhythmic drugs)

Dr. Joseph Lui (CMC)

Date: 19 November 1994

Venue: Seminar Room, LG2, School of Nursing, Princess Margaret Hospital.

Time: 14:30 to 18:30

1430-1530 Gastrointestinal physiology, digestion and absorption of nutrients, vomiting and antiemetics and hepatobiliary system

Dr. H.Y. So (YCH)

1530-1630 Cardiovascular system IV: Electrophysiology, ECG, arrhythmia and antiarrhythmic drugs

Dr. C.L. Watt (QEH)

16:30-17:30 Central nervous system II: CNS drugs:- hypnotics, sedatives, antipsychotic, antidepressant and anticonvulsants

Dr. Agnes W.M. Chent (PMH)

17:30-18:30 Physics and clinical measurement II: Measurement of flow, gas concentration and pressure

Dr. T.S. Sze (PMH)

Date: 26 November 1994

Venue: Room 404, Block C (Administration Block), Queen Mary Hospital.

Time: 14:30 to 18:00

1430-1530 Neuromuscular transmission, muscle relaxants and monitoring of neuromuscular blockade

Dr. W.N. Tong (QMH)

1530-1630 Pain physiology

Dr. S.L. Tsui (QMH)

1700-1800 Nerve transmission and local anaesthetics

Dr. C.S. Lam (QMH)

Date: 3 December 1994

Commission Training organised by Hospital Authority

Date: 10 December 1994

Venue: Queen Mary Hospital: Audiovisual Section of K2 Doctors' Common Room

Time: 14:30 to 18:00

1430-1530 Pharmacology of Opioids

Professor Joseph Yang (QMH)

1530-1630 Pregnancy: Physiology and pharmacology

Dr. S. Joyce Wong (QMH)

1700-1800 Autonomic nervous system: Physiology and pharmacology

Dr. Campbell (PPDH)

# INFORMATIVE COURSE IN CLINICAL ANAESTHESIOLOGY

1994

**Week 1 : 7th October 1994**  
**Venue: Queen Mary Hospital ( details to be announced later )**

<b>Time</b>	<b>Topic</b>	
<b>Lecturer</b>		
2:00-2:45 pm	Ventilators and Ventilation therapy	Dr. Ronald Lo QMH
2:45-3:30 pm	Management of Chronic Pain	Prof Yang QMH
3:30-4:00 pm	Coffee Break	
4:00-4:45 pm	Quality Assurance & Anaesthesia	Dr. Andrea O'Regan QMH
4:45-5:30 pm	AIDS and the Anaesthetist , including Infection Control	Dr. M. Henderson QMH

**Week 2 : 14th October 1994**  
**Venue: Queen Mary Hospital ( details to be announced later )**

<b>Time</b>	<b>Topic</b>	
<b>Lecturer</b>		
2:00-2:45 pm	Acute Pain Management	Dr. C.S. Lam QMH
2:45-3:30 pm	Anaesthesia for E.N.T.& Eye surgery, incl Laser of airways & Bleeding Tonsil	Dr. W.N. Tong QMH
3:30-4:00 pm	Coffee Break	
4:00-4:45 pm	Anaesthesia for Organ Transplants	Dr. Annie Wong QMH
4:30-5:30 pm	Anaesthesia for Dental, Oral & Maxillofacial Surgery	Dr. Chandra Rodrigo PPDH

**Week 3 : 21st October 1994**  
**Venue: Operating Theatre Seminar Rm , 3/F, Clinical Sciences Building, Prince of Wales Hospital**

<b>Time</b>	<b>Topic</b>	
<b>Lecturer</b>		
2:00-2:45 pm	Paediatric & Neonatal Anaesthesia in general: Applied Physio,Fluid therapy & Monitoring	Dr. Cindy Aun PWH
2:45-3:30 pm	Management of the trauma patient I : Maxillo-Facial, Cervical Spine Spinal Cord Injuries	Dr. Galvin Joynt PWH
3:30-4:00 pm	Coffee Break	



4:00-4:45 pm	Management of Trauma patient II : Chest Trauma & Abdominal Trauma	Dr. PT Chui PWH
4:45-5:30 pm	Crisis Management in the Operating Theatre: MH, Drug Reactions, Ventilatory problems etc	Dr. F. Conway PWH

**Week 4 : 28th October 1994**

**Venue: Operating Theatre Seminar Rm, 3/F, Clinical Sciences Building, Prince of Wales Hospital**

Time	Topic	
<b>Lecturer</b>		
2:00-2:45 pm	Parenteral Nutrition	Prof. T.E. Oh PWH
2:45-3:30 pm	Monitoring in Anaesthesia: Principles & Practice	Dr. T.G. Short PWH
3:30-4:00 pm	Coffee Break	
4:00-4:45 pm	Complications of Anaesthesia : PONV, Awareness & Nerve injuries	Dr. Tony Gin PWH
4:45-5:30 pm	Burns	Dr. T. Buckley PWH

**Week 5: 4th November 1994**

**Venue: Operating Theatre Seminar Rm , 3/F, Clinical Sciences Building, Prince of Wales Hospital**

Time	Topic	
<b>Lecturer</b>		
2:00-2:45 pm	Blood & Blood Products Transfusion, Indications, Techniques & Controversies	Dr. Amy Cho PWH
2:45-3:30 pm	Obstetric Anaesthesia and Analgesia	Dr. Warrick NganKee PWH
3:30-4:00 pm	Coffee Break	
4:00-4:45 pm	Cardiac Anaesthesia and Extra Corporeal Circulation : the essentials	Dr. John Low PWH
4:45-5:30 pm	Cardiopulmonary-cerebral Resuscitation	Dr. H.Y. So Yan Chai

**Week 6: 18th November 1994**

**Venue: Rm5 , 2/F Block M Queen Elizabeth Hospital, Gascoigne Rd, Kowloon**

Time	Topic	
<b>Lecturer</b>		
2:00-2:45 pm	Neuro-anaesthesia including Induced Hypotension	Dr. T.K. Au QEH
2:45-3:30 pm	Anaesthesia for Thoracic Surgery	Dr. C.T. Hung QEH
3:30-4:00 pm	Coffee Break	

4:00-4:45 pm	Anaesthesia for Day Case Surgery	Dr. Vincent Ho QEH
4:45-5:30 pm	Crisis Management in Recovery Room : Algorithms of Management	Dr. P. Patel QEH

**Week 7: 25th November 1994****Venue: Lecture Theatre, G/F, OPD Building ,The Grantham Hospital**

Time	Topic	
Lecturer		
2:00-2:45 pm	Anaesthesia for patients with Cardiac Diseases ( IHD, HT & others ) incl Cardiac Risk assessment	Dr. D.A. Sudhaman TGH
2:45-3:30 pm	Respiratory System during and after Anaesthesia	Dr. A. Aitken TGH
3:30-4:00 pm	Coffee Break	
4:00-4:45 pm	Anaesthesia for Vascular Surgery	Dr. K.M. Ho PYNEH

**Week 8: 2nd December 1994****Venue: Rm5 , 2/F Block M Queen Elizabeth Hospital, Gascoigne Rd, Kowloon**

Time	Topic	
Lecturer		
2:00-2:45 pm	Anaesthesia for patients with Renal or Hepatic Diseases	Dr. M C Kung PMH
2:45-3:30 pm	Drugs for Anaesthetist : An Update ,including Antibiotics , Anti-coagulants , Antiarrhythmics & Bronchodilators	Dr. K.Y.Lai QEH ICU
3:30-4:00 pm	Coffee Break	
4:00-4:45 pm	Cardiology for Anaesthetist : an update	Dr. KW Chan QEH Medical
4:45-5:30 pm	Mass Casualty Management : Pre-Hospital Care , Triage and Retrieval	Dr. Anandaciva TMH

**Week 9: 9th December 1994****Venue: Rm5 , 2/F Block M Queen Elizabeth Hospital, Gascoigne Rd, Kowloon**

Time	Topic	
Lecturer		
2:00-2:45 pm	Management of Difficult Intubation and Airway in Anaesthesia	Dr. K.P. Ng QEH
2:45-3:30 pm	Spinal & Epidural Anaesthesia I: Anatomy, Management & Complications	Dr. Anne Kwan UCH
3:30-4:00 pm	Coffee Break	
4:00-4:45 pm	Anaesthesia in the Imaging Dept : X-ray & MRI	Dr. T.S. Sze PMH

4:45-5:30 pm Neonatal Emergencies : TOF, diaphragmatic hernia, Pyloric Stenosis Dr. Lilian Lau  
TMH

**Week 10: 16th December 1994**

**Venue: Rm5 , 2/F Block M Queen Elizabeth Hospital, Gascoigne Rd, Kowloon**

<b>Time</b>	<b>Topic</b>	
<b>Lecturer</b>		
2:00-2:45 pm	Local Anaesthesia for Limbs & Torso : Management and complications	Dr. Clement Yuan UCH
2:45-3:30 pm	Local Anaesthesia for Head & Neck Surgery	Dr. C.L.Kwok PMH
3:30-4:00 pm	Coffee Break	
4:00-4:45 pm	Anaesthesia for patients with Endocrine Diseases	Dr. C.K. Chan HKEH
4:45-5:30 pm	Anaesthetic Equipment II : Anaesthetic machine & vaporisers	Dr. J. Derrick PWH

**Week 11: 23rd December 1994**

**Venue: Lecture Hall, 10/F, New Wing, Kwong Wah Hospital, Waterloo Rd, Kowloon**

<b>Time</b>	<b>Topic</b>	
<b>Lecturer</b>		
2:00-2:45 pm	Anaesthetic Equipment I : Piped Medical Gases , Scavenging and Vacuum Systems	Dr. Arthur P.C. So KWH
2:45-3:30 pm	Anaesthesia for Orthopaedic, Plastic and Micro-vascular Surgery	Dr. K.O. Sun KWH
3:30-4:00 pm	Coffee Break	
4:00-4:45 pm	Anaesthesia for the Geriatric patient	Dr. Y.Y. Lee KWH
4:45-5:30 pm	Anaesthetic Equipment III : Ventilators & Breathing Systems, including the circle absorber	Dr. K.K. Mucchal KWH

**Course Fee : HK\$500, Payable to "The Hong Kong College of Anaesthesiologists"**

**Enquiries to : Dr. C.T. HUNG, Course Organiser**

*Consultant Anaesthetist*

*Queen Elizabeth Hospital*

*Tel : 7102111, 7102176 ( Secretary )*

*Fax: 7824725*

## **THE WELLCOME CONTINUING EDUCATION SCHOLARSHIP**

The scholarships will be organized jointly by The Hong Kong College of Anaesthesiologists, The Society of Anaesthetists of Hong Kong and Burroughs Wellcome & Co (HK) Ltd.

Burroughs Wellcome & Co (HK) Ltd will be the sole sponsor of this CONTINUAL EDUCATION SCHOLARSHIP. Under this programme, Burroughs Wellcome & Co (HK) Ltd will provide two scholarships (Scholarship I & II) each year for three consecutive years, commencing 1995.

A SELECTION BOARD will be formed to select the suitable applicant for the scholarships.

The selection board will consist of

- a: The President of The Hong Kong College of Anaesthesiologist
- b: The President of The Society of Anaesthetist of Hong Kong
- c: The Heads of Department of the Department of Anaesthesiology of the Two Universities
- d. The Regional Medical Director of The Wellcome Foundation or his appointed deputy

If it occurs that the same person is holding two or more of the above positions, the vacancy will be replaced by the vice-president of the College of the Anaesthesiology and/or the vice-president of the Society of Anaesthetists of Hong Kong.

### **FINANCIAL ASPECTS**

The proposed amount for each of the scholarships are as follows:-

	Scholarship I	Scholarship II
First Year	\$23,000	\$23,000
Second Year	\$26,000	\$26,000
Third Year	\$30,000	\$30,000

### **APPLICATION AND SELECTION**

#### **Scholarship I**

Scholarship I is intended for those doctors who are currently receiving training in anaesthesiology and who will be attending Part II of the professional examination.

Selection will be based on a research paper submitted by the applicant. The use of the formal project submitted to the Australian College of Anaesthesiologists (or its equivalent) is acceptable as an alternative.

An interview may be arranged when required.

For Scholarship 1, the duration of the training to be received by the applicant should not be less than EIGHT weeks.

### **Scholarship 11**

Scholarship 11 is meant for those doctors who have already passed their Part 11 professional examination and who wish to further their study in the area of anaesthesiology.

The applicant is required to submit to the Selection Board an article on the training that he wishes to undergo and how this training will help to improve the anaesthetic service in Hong Kong in the future.

An interview may be arranged when required.

For Scholarship 11, the training period should not be less than FOUR weeks.

### **SCHOLARSHIP PRESENTATION**

The scholarship will be presented at a Joint Scientific Meeting between The Hong Kong College of the Anesthesiologist and The Society of Anaesthetists of Hong Kong, by an honourable guest recommended by the Selection Board.

### **OTHERS**

Only ONE scholarship can be carried forward to the next year in case there being no suitable candidates selected in any one year.

The representatives who will co-ordinate this scholarship are

Dr. Chandra Rodrigo - Hong Kong College of Anaesthesiologists  
Anaesthetic Unit, Prince Philip Dental Hospital, 34 Hospital Road, Hong Kong.

Dr. Edwin Tong - Society of Anaesthetists of Hong Kong  
Department of Anaesthesia, Queen Mary Hospital, Pokfulam Road, Hong Kong.

Please submit your applications to either of the above representatives before the 1st of April 1995.

## **NEWS FROM MEMBERS**

## ARTICLE:

## MYOCARDIAL INFARCTION FOLLOWING DISTAL SPLENORENAL SHUNT

K.O. Sun, MA, DA, DCH, FFARCSI, Consultant, Kwong Wah Hospital

### INTRODUCTION

Distal splenorenal shunt is currently the most popular portal-systemic decompressive procedure for elective treatment of bleeding gastroesophageal varices. The procedure consists of anastomosis of the distal end of the splenic vein to the side of the left renal vein. Alterations of the portal haemodynamics after splenorenal shunts have been extensively studied [1-4]. However the immediate effect of the selective shunt on the hyperdynamic systemic circulation in cirrhotic patients has not been well evaluated and the etiology of the post-shunt cardiovascular abnormalities still requires further investigation [5,6]. A case of myocardial infarction occurring immediately after distal splenorenal shunt is reported and the contributing factors for the cardiac decompensation are discussed.

### CASE REPORT

A 68-year-old man presented with four episodes of haematemesis in the previous six months. He was a heavy drinker with liver cirrhosis. Symptoms of anginal chest pain precipitated by exertion of four flights of stairs was elicited, but he was not on any medication. On examination, the spleen was palpable and mild ascites was also noted. His mental status was normal and cardiac and respiratory examinations were normal. Preoperatively the platelet count was  $98 \times 10^3/\mu\text{l}$  and the coagulation profile including the prothrombin time was normal. The patient was not jaundiced (serum bilirubin =  $12 \mu\text{mol/l}$ ), but the serum glutamate oxaloacetate transaminase (SGOT) and glutamate pyruvate transaminase (SGPT) were raised to 324 and 248 iu/l respectively and the serum albumin was 29 g/l. ECG and Chest x-ray were unremarkable.

Fibre-optic endoscopy revealed oesophageal varices and ultrasonography demonstrated liver cirrhosis and splenomegaly. Despite multiple injection sclerotherapy and infusion of octreotide, which was a long-acting somatostatin analogue, frequent episodes of variceal bleeding still occurred. Elective distal splenorenal shunt was thus planned for the patient.

Oral valium 10 mg was given for premedication. In the operating theatre, the right internal jugular vein was cannulated for central venous pressure (CVP) monitoring and the left radial artery was chosen for invasive arterial pressure monitoring. Fentanyl, sodium thiopental and suxamethonium were administered and the patient was intubated. The induction phase was smooth with only mild changes in haemodynamics. Anaesthesia was maintained with 60%  $\text{N}_2\text{O}$  in  $\text{O}_2$ , 0.5-2% isoflurane and an hourly intravenous infusion of  $100 \mu\text{g}$  fentanyl. During the 7-hour operation the blood pressure and heart rate were stable and there were no ischaemic changes as detected by the ECG. The CVP was maintained around  $10 \text{ cmH}_2\text{O}$  most of the time intraoperatively, except during the first 20 minutes after formation of the shunt when it was raised to  $15 \text{ cmH}_2\text{O}$ . The increase in

ventricular preload was successfully controlled with 20 mg of intravenous frusemide and 2% inhalational isoflurane. The operative blood loss was about 3 litres and 6 units of blood, 4 units of platelet concentrates and 4 units of fresh frozen plasma were given during the operation. Postoperatively the patient was transferred to the intensive care unit (ICU) and was ventilated with the same tidal volume, airway pressure and  $\text{FiO}_2$  as in the operating theatre. Intravenous infusion of fentanyl and atracurium was continued in the ICU. Soon after arrival in the ICU, the CVP was raised to 17  $\text{cmH}_2\text{O}$ . Fluid was restricted and 40 mg frusemide was given. The blood pressure, heart rate and ECG remained normal. However about 90 minutes after transfer to the ICU the CVP reached 27  $\text{cmH}_2\text{O}$ , the BP dropped to 80/40 mmHg and ventricular tachycardia developed. The cardiac arrhythmia was reverted to sinus rhythm after cardioversion. ST-segment elevation in V1-V4 leads was evidenced in the ECG and chest x-ray showed pulmonary oedema. Multiple intravenous boluses frusemide and intravenous infusion of lignocaine, dopamine, dobutamine and nitroglycerine were administered. The complete blood count, renal function test and arterial blood gases checked postoperatively were all normal. Subsequent cardiac enzymes were raised and acute anteroseptal myocardial infarction was diagnosed. The CVP dropped back to 12  $\text{cmH}_2\text{O}$  within 24 hours of intensive care treatment. The patient was successfully weaned off the inotropes and ventilator on the sixth day in the ICU.

## DISCUSSION

There were a number of contributing factors which might have increased the risk of myocardial infarction in this cirrhotic patient. This included the limited cardio-respiratory reserve associated with liver cirrhosis, the increase in cardiac filling pressure as a result of the splenorenal shunt, the adverse effect of prolonged general anaesthesia on the myocardium, the pre-existing ischaemic heart disease and the possibility of coronary-steal effect caused by isoflurane.

The cardio-respiratory function is often compromised in patients with liver cirrhosis and portal hypertension. Because of the peripheral vasodilatation and widespread arteriovenous shunting, they have increased plasma volume and cardiac output. The arterial oxygen tension tends to be low due to marked pulmonary arteriovenous admixture, impaired hypoxic pulmonary vasoconstriction in the presence of vasodilating substances [7] and increase in respiratory closing volume associated with ascites [8]. The tissue oxygenation is further compromised by the diminished peripheral oxygen extraction [6]. Some degree of myocardial depression was often present in these patients [6]. These cardiovascular and pulmonary consequences render the patient more vulnerable to heart failure faced with a myocardial insult.

Portal-systemic shunts are used to decompress the splanchnic-portal venous system by diverting portal venous pressure into the systemic circulation. The shunts are categorized into nonselective and selective, according to the amount of decompression of the portal venous system [4,9]. Pathophysiologic changes that adversely affect the myocardial function occur after creation of a portal-systemic shunt. A portacaval shunt, which is a nonselective shunt, diverts the blood flow from the portal vein through the surgical shunt to the inferior caval vein. The shunt thus reduces the portal venous pressure



with a subsequent decrease in resistance to the portal flow, which leads to an increase in flow through the intestine and spleen and hence to the inferior vena caval vein. The increased caval blood flow raises the ventricular filling pressure and cardiac output. The diversion of blood through the surgical shunt also decreases the total hepatic blood flow, which is responsible for an increase in circulating vasodilating polypeptides and hence a further increase in cardiac output. Therefore formation of nonselective portal-systemic shunts accentuate the hyperdynamic circulatory state in cirrhotic patients and predispose them to the development of high-output cardiac failure [5,6,10].

The increase in cardiac output is less significant following a distal splenorenal shunt, which is a selective shunt involving anastomosis of the distal end of the splenic vein to the side of the left renal vein. The shunt only diverts a portion of the portal venous system, the gastric and splenic veins, into the inferior vena cava. Also the portal pressure and hepatic blood flow are well maintained [1,2,4,11], and hence the cardiovascular consequences of postoperative hepatocellular decompensation are minimized. The impact of the distal splenorenal shunt on the systemic circulation was evidenced in my patient by the sudden rise in CVP from 10 to 15 cm H<sub>2</sub>O immediately after creation of the shunt. The risk of cardiac decompensation was further increased by the pre-existing ischaemic heart disease and by the prolonged general anaesthesia. The unexpected rapid rise of CVP postoperatively probably indicated a impending cardiac failure, which was followed by ventricular tachycardia and myocardial infarction. Therefore evaluation of myocardial function is essential in a hyperdynamic cirrhotic patient scheduled for portal decompressive surgery. Pre-operative pulmonary artery placement and serial cardiac output measurements for high-risk patients are recommended [5,12]. Patients with borderline myocardial function or hyperdynamic circulatory states should be treated early with inotropic agents, such as digitalis preparation [5,6,12].

The use of isoflurane in patients with ischaemic heart disease remains controversial because of the possibility of "coronary steal" in patients with steal-prone anatomy [13,14]. It has been postulated that patients with steal-prone anatomy, which is defined as the total occlusion of one coronary artery that is supplied distally by collateral flow from another coronary artery, may be particularly at risk for the development of intraoperative myocardial ischaemia when an anaesthetic with a vasodilator property is being administered. Redistribution of collateral blood flow away from ischaemic myocardium has been demonstrated for many coronary vasodilators including isoflurane, which may increase the incidence of intraoperative myocardial ischaemia even with strict control of haemodynamics [13]. It is difficult to know whether the use of isoflurane had any adverse consequences on the patient's myocardium, as intraoperative haemodynamics had been stable and there was no ECG changes suggestive of myocardial ischaemia during the operation.

In conclusion, anaesthesia for splenorenal shunts may precipitate myocardial infarction in cirrhotic patients. The myocardial function is adversely affected by the cirrhotic hyperdynamic cardiovascular state and the increase in intramyocardial tension upon formation of a distal splenorenal shunt. Close monitoring of the haemodynamics including the CVP or pulmonary artery pressure perioperatively is essential. Inotropic drugs should be given promptly if myocardial performance is not satisfactory. Intravenous fluid should be administered cautiously especially in the immediate postoperative period

when the heart is most depressed. Vasodilator such as nitroglycerine may be used to reduce the ventricular filling pressure.

## REFERENCES

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4. Salam AA, Warren WD, LePage AR, Viamonte MR, Hutson D, Zeppa R. Hemodynamic contrasts between selective and total portal-systemic decompression. *Annals of Surgery* 1971; **173**: 827-43.
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14. Leung JM, Hollenberg M, O'Kelly BF, Kao A, Mangano DT. Effects of steal-prone anatomy on intraoperative myocardial ischemia. The SPI research group. *Journal of American College of Cardiology* 1992; **20**: 1205-12.

## EXAM SUCCESSES

We wish to congratulate the following members on their exam successes:

### *College degrees*

#### FHKCA Part 1

Dr. Betty Ho  
Dr. Florence Yap  
Dr. Cordia Cheng  
Dr. Anne Leung  
Dr. Gordan Jan

#### FANZCA Part 1 Anaesthesia

Dr. Chan Shu-fat  
Dr. KM Ho  
Dr. Koo Chi-hung  
Dr. Florence Yap  
Dr. Cordia Cheng  
Dr. Anne Leung

#### FANZCA Part 2, Anaesthesia

Dr. Ng Kwok-fu  
Dr. Fung chiu-fai, Peter  
Dr. Phoebe Mainland  
Dr. Ian KS Tan

#### FRCA Part 2

Dr. Yip, Eric

#### MRCP(UK)

Dr. Lee Kai-wai, Dick

**NEW APPOINTMENTS**

We congratulate the following on their new appointments:

**Honorary Fellowship:**

Professor J.C.S. Yang, FFARCSI

**Chief of Service in Anaesthesia**

Dr. John T C Liu, Department of Anaesthesia, Ruttonjee Hospital

**Consultant in Anaesthesia**

Dr. Tom Buckley, Prince of Wales Hospital

Dr. Chui Po-tong, Prince of Wales Hospital

Dr. Anne Kwan, United Christian Hospital

Dr. John T C Liu, Honorary Consultant, Tung Wah Eastern Hospital

Dr. Joseph Lui, Caritas Medical Centre

Dr. Ng Kin-pong, Queen Elizabeth Hospital

Dr. Steve Onsiong, Pamela Youde Nethersole Eastern Hospital

Dr. Sun Kai-on, Kwong Wah Hospital

Dr. Tong Wai-nung, Tsan Yuk Hospital

**Lecturer**

Dr Gavin Joynt, Lecturer, Prince of Wales Hospital

**Senior Medical Officer**

Dr. Chow fung-mei, Bernadette, Queen Mary Hospital

Dr. Chu Kwok-wah, Princess Margaret Hospital

Dr. Michael Henderson, Queen Mary Hospital

Dr. Sze Tak-suen, Princess Margaret Hospital

## NEWS FROM HOSPITALS

### **British Military Hospital**

Colonel Ivan Houghton left to take up a new post in Germany.

### **Pamela Youde Nethersole Eastern Hospital**

#### *Intensive Care Unit:*

Our 5-bedded intensive care unit will open in July and will expand to 8 beds after October 1994. Dr. Dennis Kerr from Australia was appointed Consultant(ICU) and he will commence his duty on 1st August 1994 as the director of the Unit.

#### *Anaesthesia Service:*

Our operating theatre service is expanding all the time with new surgical specialties; ENT, ophthalmology, oral surgery. radiotherapy and neurosurgery coming on stream over the next few months. Anaesthesia service for ECT will commence in July when the psychiatry wards open.

#### *Pain Management Service:*

A third consultant for the department will be appointed in July to take charge of the pain management service.

### **The Prince of Wales Hospital**

#### *The Department bid farewell to the following Staff*

Dr. Joyce Stuart, Visiting Lecturer

#### *The following distinguished guests visited the Department:*

Prof. David Hatch, Professor of anaesthesia, Great Ormond St, London, UK. April 1994.  
Prof. John Norman, Professor of Anaesthesia, Southampton, UK. May 1994.

### *Critical Incident Reporting in Hong Kong*

For four years now, we have been running a Critical Incident reporting programme at the Prince of Wales Hospital, which has resulted in numerous improvements to the safety of our anaesthetic service. With financial assistance from a UPGC grant during the past two years we have joined with the Queen Mary and Tuen Mun Hospitals to form a data base of Hong Kong incidents, and now have nearly one thousand incidents in the data base.

With prompting from the Hong Kong College and Professor WB Runciman who runs the Australian Incident Monitoring we are now in a position to offer assistance to any hospital who wishes to set up an incident monitoring programme.

Assistance will include forms, advice on how to collate and report incidents and use of coental data base to act as a resource for all anaesthetists in Hong Kong. Computer software to aid data entry will also be provided at a later date.

### **Princess Margaret Hospital**

The Hospital has started to have thoracic surgery and is planning to start neurosurgery soon.

### **Queen Mary Hospital**

#### *Pain Management Service:*

The Pain Management Team of Department of Anaesthesiology has been established since 1990, with Dr. S.L.Tsui as team head. This team provides comprehensive acute and chronic pain management services to QMH in-patients and outside referrals. Further expansion of the services to a Multidisciplinary Pain Clinic involving different specialties took place early this year, with Professor Joseph C.S. Yang as the first Director to co-ordinate this hospital-wide service. Our Out-Patient Pain Clinic started in November last year and we welcome referrals from other doctors. Please call 8553374 for appointment.

#### *Renovation of Main Block:*

The renovation of the Main Block will be completed early next year. By that time, the total number of operating theatres in QMH will be 20.

#### *Overseas Staff Training:*

Dr. Tong Wai-nung, Pain management in Australia

Dr. Annie K Y Wong, Anaesthesia for liver transplantation in USA  
Dr. Andrea Margaret O'Regan, Day Care Services in Australia

## **Queen Elizabeth Hospital**

### *Commissioned Training on Trauma Care*

A Commissioned Training on Trauma Care was organised by QEH during 21-25 March 1994 with Professor Donald Trunkey from the Oregon Health Sciences University of Portland, USA, delivering a series of Lectures. It had been a successful event with participation from different Departments, namely Surgery, Neurosurgery, Orthopaedics and Traumatology, Accident and Emergency, Radiology, Anaesthesia and the Nurses.

### *Integration of TSU into QEH*

With a view of providing a comprehensive Cardio-thoracic Service in the Kowloon Region, the Thoracic Surgical Unit has been relocated from Kowloon Hospital to Queen Elizabeth Hospital to strengthen the service and enhance the scope of development for Cardiothoracic Surgery of Q.E.H.. The full integration of all Thoracic Surgical O.T. sessions from KH to QEH had been completed on 1 April 1994. Preparation for cardiac surgery is now under consideration.

### *Inter-Hospital Scientific Meeting*

The first combined Inter-hospital Scientific Meeting with Kwong Wah Hospital was held in QEH on 29 March 1994. Both parties enjoyed the sharing of experiences and professional knowledge. Future meetings will be held on regular basis.

### *ICU Development*

The new Intensive Care Unit in B6 of our Hospital has been established since May 1992 with a capacity of 18 beds. A post for the Consultant Anaesthetist in Intensive Care has been created in January 1994 and we are still looking for a suitable candidate. Together with the Consultant Physician in Intensive Care, the two will work together hand in hand in combined effort for the running of a comprehensive ICU.

### *QEH Convention*

The first QEH Convention was held on the 24<sup>th</sup> September 1994. It consisted of academic presentations during the day and was followed by a dinner in the evening at the Hong Kong Polytechnic.

## **United Christian Hospital**

From October 1994 the anaesthetic establishment of this hospital will be as follows: 1 C.O.S., 1 CONS, 3 SMOs and 8 Mos.

Caseload for 1992 for anaesthesia was 7,500; for 1993 it was 8,250 and for 1994 it is predicted to be 12,500. Total throughput in the operating theatres for 1993 was 11,582. Caseload in UCH comprises of the following types of operations: General surgery including thoracotomy, orthopaedic and traumatology, paediatric surgery including neonatal surgery, Day surgery, obstetrics & gynaecology, faciomaxillary surgery & dentistry, ENT and ECT.

A substantive acute management programme was instituted since November 1993 particularly for postoperative pain with participation of on-call anaesthetists after hours.

Day surgery has developed from about 500 cases since April 1992, to 750 cases for 1993 and it is predicted to exceed 900 cases for 1994..

The new development in UCH will undoubtedly be the opening of the new extension block in July, 1995 in which a new main theatre block with eleven theatres, a new obstetric block with two new obstetric theatres and a new labour ward will be in operation during the latter half of 1995. Staffing is expected to double at that stage. Much activity has been taken up with commissioning the new equipment for the anaesthetic services. Integration of monitoring for operating theatres, intensive care, A&E Department, burn unit, pathology and organ imaging is being planned at present, with emphasis on data retrieval and recording, and continuity of monitored care of critically ill patients.

## **Ruttonjee Hospital**

The Department of Anaesthesia at Ruttonjee Hospital has combined with the anaesthetic department at Tung Wah Eastern Hospital to form a network team providing complete anaesthetic service for Ruttonjee Hospital, Tung Wah Eastern Hospital and Tang Shiu Kin Hospital (the T-R-T network).

## **Yan Chai Hospital**

The Department of Anaesthesia and Intensive Care was started in January this year. Currently there are 6 doctors in the Department, and hopefully 1-2 more will be joining us in the next few months. We are now providing the following services:



### *Operating Suite*

The department not only provides anaesthetic services but also plays an important role in the management of the Operating Suite.

There are 6 theatres and an 11-bed recovery room in the Operating Suite. All areas comply with HKCA recommendations. The Operating Suite officially starts functioning on Valentine's Day. Two theatres are running everyday, and a third theatre will be running very soon.

### *Intensive Care Unit*

There is a 10-bed ICU in Yan Chai. However, for the first phase, there isn't enough manpower to operate 4 beds. The plan is to commence functioning in August. The physical environment complies with most recommendations of the SCCM. A series of policies and protocols are being written up.

### *Day Surgery Centre*

There will be a Day Surgery Centre with two Operating Rooms, a 4-bed recovery room and a stage-2 recovery room. The plan is to make it functional by the end of this year or beginning of next year.

### *Pain Management Service*

A PCA service has been started already and more PCA pumps are ordered. The Department will develop the Acute Pain Management Service before the Chronic Pain Management Service.

### *Cardiopulmonary Resuscitation*

There will be a CPR team when more manpower is available. Currently the Department is contributing significantly in training of hospital staff in CPR.

### *Transportation of the Critically Ill*

Despite a shortage of manpower, the Department has contributed and will continue to contribute in the transportation of the critically ill to other hospitals. This is important especially for a hospital like Yan Chai where several specialties, eg, neurosurgery, are not available.

## MEMBERS PUBLICATIONS IN 1992 & 1993

### Queen Mary Hospital

#### 1992

Jones RDM, Chan K, Andrew LJ, Lawson AD. The pharmacokinetics of propofol (DIPRIVAN) in young Chinese male adults: a comparison with Chinese children. *Methods and Findings in Experimental and Clinical Pharmacology* 1992; 14: 41-47.

Jones RDM, Brown AG, Smith ID. A clinical evaluation of the upgraded "Finapres" 2300e continuous non-invasive blood pressure monitor. *Anaesthesia* 1992; 47: 701-705.

Jones RDM, Lawson AD, Gunawardene WMS, Roulson CR, Brown AG, Smith ID. An evaluation of prolonged oximetric data acquisition. *Anaesthesia and Intensive Care* 1992; 20: 303-307.

Jones RDM, Moore GJ, Bacon-Shone J. An investigation of the enhancement of tumour growth by blood transfusion. *Medical Science Research* 1992; 20: 423-425.

Roulson CJ, Smith ID, Brown AG, Jones RDM. The cardio-respiratory responses of the acutely treated spontaneously hypertensive rat to an incremental halothane overdose. *Medical Science Research* 1992; 20: 765-768.

Smith ID, Roulson CJ, Brown AG, Jones RDM. The cardio-respiratory response to hypoxia in the anaesthetised spontaneously hypertensive rat following acute pre-treatment with labetalol, hydralazine or saline. *Medical Science Research* 1992; 20: 919-921.

#### 1993

Tsui SL. Anaesthesia for oesophageal cancer surgery. *South African Journal of Surgery* 1993; 31:17-18.

Jones RDM, Andrew LJ. Ankylosing spondylitis: A prospective comparison of methods of awake assessment of difficult tracheal intubation. *Asian Journal of Surgery* 1993; 16: 78-81.

Jones RDM, Chan K, Roulson CJ, Brown ID, Mya GH. Pharmacokinetics of flumazenil and midazolam in paediatric patients. *British Journal of Anaesthesia* 1993; 70: 286-292.

Jones RDM, Kornberg J, Roulson CJ, Visram AR, Irwin MG, Brown AG, Smith ID, Bacon-shone J. The effect of cuff application on the accuracy of the finapres 2300e. *Anaesthesia* 1993; 48: 611-615.

Jones RDM, Visram AR, Kornberg JP, Irwin MG, Roulson CR, Gunawardene WMS. The effect of premedication on oxygen saturation in children undergoing elective surgery. *European Journal of Anaesthesiology* 1993.

Irwin MG, Jones RDM, Visram AR, Kornberg JP. A patient's experience of a new postoperative patient-controlled analgesic technique *European Journal of Anaesthesiology* 1993.

Visram AR, Jones RDM, Kornberg JP, Irwin MG. The use of two oximeters to investigate a method of movement artefact rejection using photoplethysmographic signals. *British Journal of Anaesthesia* 1993.

Chan K, Jones RDM. Simultaneous determination of flumazenil, midazolam and metabolites in human biological fluids by liquid chromatography. *Journal of Chromatography* 1993, 619: 153-160.

Brown AG, Visram AR, Jones RDM, Irwin MG, Bacon-Shone J. Preoperative and postoperative oxygen saturation in the elderly following spinal or general anesthesia - an audit of current practice. *Anaesthesia and Intensive Care* 1993.

## PRESENTATIONS BY MEMBERS AT MAJOR MEETINGS IN 1992 & 1993

### Queen Mary Hospital

1993

Tsui SL. Cancer pain management. Hong Kong College of Anaesthesiologists, 1993.

Lo J Ronald, Tsui SL, Lam CS, Tong WN, Ho KM. Symposium on Pain Management. Queen Mary Hospital, 1993.

O'Regan A. Quality Assurance in Anaesthesia. Society of Anaesthetists of Hong Kong, 1993.

## **Future Scientific Meetings / Seminars**

### **LOCAL:**

### **NINTH CONGREGATION OF THE HONG KONG COLLEGE OF ANAESTHESIOLOGISTS**

The above congregation for admission of Fellows and Members will be held in the Silver Ballroom of the Sheraton Hotel in Tsim Sha Tsui, Kowloon on Thursday the 3rd of November 1994. At 6.30 pm an Extraordinary General Meeting will be held to approve the Chinese name of the College. The Procession of the Congregation will start at 6.50 pm. The congregation will begin at 7.00 pm and will be followed by a lecture by Professor M.D.Vickers on 'Post-graduate Examinations: How to ensure quality'. It will be followed by Dinner.

### **OVERSEAS:**

**TRAUMA AND EMERGENCY MEDICINE FOR ANAESTHETISTS AND EMERGENCY PHYSICIANS.** 25 October to 2 November 1994, Bristol. The seminar is organised by The British Council and is directed by Dr. John S M Zorab and Dr. Peter J F Baskett, Consultant Anaesthetists for the Department of Anaesthesia, Frenchay Hospital, Bristol. Please contact Christina Ma for an application form if you are interested. (Tel: 879-5138 Ext. 536)

**SECOND SOUTH ASIAN CONGRESS OF ANAESTHESIOLOGISTS** will be hosted by the College of Anaesthesiologists of Sri Lanka and will be held in Colombo, Sri Lanka from the 22nd to the 24th of November 1995. The theme of the congress will be 'Wider horizons for better outcomes'. Those interested please write to; Dr. Deepthi Attygalle, Chairman, Organising Committee, 2nd South Asian Congress of Anaesthesiologists, Conference Secretariat, Horton Place, Colombo 7, Sri Lanka.

### **SPONSORSHIP OF THE NEWSLETTER**

All the NEWSLETTERS of the Hong Kong Collge of Anaesthesiologists that have been published so far, have been sponsored by Roche Pharmaceuticals & Chemicals Ltd. of Hong Kong. We wish to thank them for their continuing support.

## Register of Members

### - A -

- \* 1. Aitken, Alistair William
- # 2. Allison, Jean Marie
- \* 3. Anandaciva, Sathasivam
- \* 4. Au, Tak-kwan, Eillen
- \* 5. Au, Tat-Yan
- \* 6. Au Yeung, Kar-kit Peter
- # 7. Au Yeung, Kin-wah
- \* 8. Au Yeung, Yick-chor
- \* 9. Aun, Cindy Sui-tee
- 10. Aung, Saw-nanda

### - B -

- 11. Baig, Mohammed Ataullah
- # 12. Barracclough, Clement James
- \* 13. Bascombe, Michael John
- 14. Beh, Hung-kiat, Terence
- \* 15. Betham, Valerie Joan
- \* 16. Bhatt, Shashi Bhushan
- \* 17. Buckley, Thomas Anthony

### - C -

- \* 18. Campbell, Robert Charles Howard
- \* 19. Chakrabarti, Syamal Kumar
- \* 20. Chan, Edmund Bernard
- \* 21. Chan, Boon-kin, Peter
- \* 22. Chan, Chi-keung
- \* 23. Chan, Chi-keung
- \* 24. Chan, Chiu-suck
- 25. Chan Ka-yee
- \* 26. Chan, Ka-yuen
- \* 27. Chan, Mi-lan, May
- 28. Chan, Hei-lun Helen
- # 29. Chan, Chun-hung, Andrew
- 30. Chan, Miu Han Anne
- 31. Chan, Pui-lan Rowena
- 32. Chan, Shu Fat

- 33. Chan, Suen-ho, Mark
- 34. Chan, Tsz-yeung
- 35. Chan, Wing-sang
- 36. Chan, Yau-wai
- 37. Chang, Mu-king, Alice
- # 38. Charles Chen Chong-wah
- 39. Chen, Kyaw-soe, Thomas
- 40. Cheng, Yin-chi Anna
- 41. Cheng, Woon-ming Agnes
- \* 42. Cheung, Kai-shuen
- \* 43. Cheung, Luen-yin
- 44. Cheung, Po-wah
- \* 45. Cheung, Wing-lun, Blase
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- \* 48. Chiu, Kai-yue, Wallace
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- \* 51. Chow, Sui-ping, Alice
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- 53. Chow, Yu-fat.
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- \* 55. Choy, Tak-chiu
- \* 56. Chu, Kwok Wah
- 57. Chu, Siu-man Kitty
- 58. Chua, Ka-peng, David
- \* 59. Chui, Po-tong
- \* 60. Chung, Kin-kwok, Albert
- 61. Chung, Kin-nam Edmond
- \* 62. Connell, Ross Morrison
- \* 63. Critchley, Lester Augustus Hall
- \* 64. Curtis, John Warwick Hawkswell

- D -

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- 66. Dasgupta, Amit Kumar

- F -

- 67. Fernando, Merlyn Edward
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- 69. Fok, King Tak Douglas
- \* 70. Fok, Wei-guen
- \* 71. Fong, Lai-lan, Lillian

- \* 72. Foster, William David Ivory
- 73. Fung, Chiu-fai
- 74. Fung, Ka-yi, Serena

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- \* 75. Gin, Tony
- 76. Gopal, Kishor
- \* 77. Gunawardene, Welagedara Mudiyanseelage Swarnamali

- H -

- 78. Henderson, David Victor Craig
- \* 79. Henderson, Michael Anthony
- 80. Henry, John Bobby
- 81. Hla, Tha-htoon
- \* 82. Ho, Chi-hang Vincent
- 83. Ho, Pik-yee Betty
- 84. Ho, To-on
- # 85. Holland, Ross Beresford
- ##86. Hong, Wing-lee, Winnie
- # 87. Horton, Jean Mary
- # 88. Houghton, Ivan Timothy, Colonel L/RAMC
- 89. Htu, Khin-maung
- 90. Hui, Wan-chun, Theresa
- 91. Hung, Chee-keong, Roger
- \* 92. Hung, Chi-tim
- # 93. Hutchinson Robert, C
- 94. Hwee, Mun-foon

- I -

- \* 95. Ip, Wai-cheung, Wilson
- \* 96. Ireland, Patrick Aubrey
- \* 97. Irwin, Michael Garnet

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- 98. Jan, Siu-kei, Gordon
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- \* 100. Jayasuriya, Jayantha Premalal
- # 101. Jones, Robert Douglas Morrison
- # 102. Jong, Khi-min, Winston

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- # 103. Kan, Alex Ford
- # 104. Kendall, Andrew Paul
- \* 105. Komberg, Jonathan Paul
- 106. Ko, Yuen-yee
- 107. Koo, Chi-hung
- \* 108. Koo, Chi-kwan
- \* 109. Kotur, Chintanaran Fakiayya
- \* 110. Kung, Man-chiu
- \* 111. Kwan, Siu-king, Anne
- \* 112. Kwok, Che-ling
- 113. Kwok, Chi Yan Lily
- \* 114. Kwong, Sze-why

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- \* 115. Lai, Fung-ming
- \* 116. Lai, Kin-ming
- \* 117. Lam, Chuen-shun
- 118. Lam, May-sien, Amy
- \* 119. Lau, Lai-lin, Lillian
- \* 120. Law, Min Jean Claude
- 121. Law, Ngai-leung
- 122. Lay, Maung-maung, Clive
- 123. Lecamwasam, Indra Manel
- 124. Lee, Doreen
- 124. Lee, Kai-wai, Dick
- # 125. Lee, Tsun-woon
- 126. Lee, Ying-yin
- 127. Leong, Daisie (Chow, Leong, Daisie)
- \* 128. Lei, Grace Mun-yee
- \* 129. Lett, Zoltan
- # 130. Leung, Chung-cheung
- 131. Leung, Kit-hung, Anne
- # 132. Lew, Ho-cheun, Kian Leong
- 133. Li, Teresa
- \* 134. Li, Kai-chung
- 135. Lim, Henry, Hoe-teong
- \* 136. Liu, Tak-chiu
- \* 137. Lo, Ronald Joy-wah
- \* 138. Loong, Lai-wan, George Young
- \* 139. Low, John Matthew Say-woon
- 140. Lu, Wan-hong Edwin
- \* 141. Lui, Cho-ze, Joseph
- 142. Lui, Kim Ching



- \* 143. Lui, Shi-sheung
- \* 144. Lwin, Kyaw-nyunt

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- # 145. McLaren, Ian M
- \* 146. Menon, Manavelil Ramakrishna Bhaskar
- \* 147. Mok, Ying-hung
- \* 148. Moles, Thomas Michael
- \* 149. Morais, Rex Joseph
- \* 150. Muchhal, Kamal Kishore
- 151. Mui, sing-yun, Kevin

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- 152. Neoh, Eng Leong
- \* 153. Ng, Kin-pong
- 154. Ng, Kwok Fu
- \* 155. Ng, Lai-ping, Pinky
- # 156. Ni, Khin-maung
- \* 157. Nihalsinghe, Kalyani

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- \* 158. Oh, Teik-ewe
- \* 159. Onsiong, Meng-keong
- # 160. O'Meara, Moira E
- \* 161. O'Regan, Andrea Margaret

- P -

- \* 162. Pamula, Rajendram Prasad
- \* 163. Patel, Pankaj Indulal
- ##164. Perera, Mary Sylvia (nee-Subramanian)
- \* 165. Philip, Aroquiasamy Emmanuel
- 166. Poon, Chung Mo Michael

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- \* 167. Rajendram, Selvadurai
- \* 168. Ray, Ajit Kumar
- \* 169. Rodrigo, Muhandiramge Raveendranath Chandrakumar
- \* 170. Rowbottom, Simon James
- 171. Roy, Mita
- \* 172. Roy, Niranjana

- \* 173. Runciman, William Ben

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- 174. Saw, Beng-kong
- 175. Searie, Kenneth Charles
- 176. Shakespeare, Thomas Francis
- \* 177. Short, Timothy Gordon
- \* 178. Shu, Karl-kai
- \* 179. So, Hing-yu
- \* 180. So, Ping-cham, Arthur
- \* 181. Stuart, Joyce
- 182. Subramanian, Krishnapuram Ramakrishnan
- \* 183. Sudhaman, Devasirvadam Arul
- 184. Suen, Kai-lok, Tommy
- \* 185. Sun, Kai-on
- 186. Sung, Man-ling

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- \* 188. Tam, Wai-ling
- 189. Tan, Boo-kong
- 190. Than, Khynn-mya
- 191. Tiwari, Brij Bushan
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- \* 194. Tsui, Siu-lun

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- \* 213. Wu, Ching-ying, Amy
- \* 214. Wu, Ho-yuen

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- \* 215. Yang, Chuan-shik , Joseph
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- \* 217. Yau, Hok Shing, Ernest
- 218. Yeo, Swee Kiaw
- \* 219. Yeung, Man-lee
- \* 220. Yogasakaran, Bhuwaneswari Sivakumarie
- \* 221. Yogasakaran, Namasivayam
- \* 222. Young, Kang, Karl
- 223. Young, Robert John
- \* 224. Yow, Chee-kong
- \* 225. Yuan, Clement
- \* 226. Yuen, Mi-yee May

- \* admitted ad eundem as Fellows
- # admitted ad eundem as Fellows but  
residing overseas
- ## members residing overseas

**Our College Fellows Who Were Admitted As  
Foundation Fellows of the Hong Kong Academy of Medicine**

Aitken, Alistair William

Allison, Jean Mary

Anandaciva, Sathasivam

Au, Tak-kwan, Eileen

Au, Tat-yan

Au Yeung, Kar-kit, Peter

Au Yeung, Kin-wah

Au Yeung, Yick-chor

Aun, Siu-tee, Cindy

Bascombe, Michael John

Betham, Valerie Joan

Bhatt, Shashi Bushan

Buckley, Thomas Anthony

Campbell, Robert Charles

Chakrabarti Syamal Kumar

Chan, Boon-kin, Peter

Chan, Chi-keung

Chan, Chi-keung

Chan, Chiu-suck

Chan, Edmund Bernard

Chan, Ka-yuen

Chan, Mi-lan, May

Chan, Shun-hung, Andrew

Cheung, Kai-Shuen

Cheung, Luen-yin

Chien, Yu

Chiu, Kai-yue, Wallace

Cho, Mun-wai, Amy

Chow, Sui-ping, Alice

Choy, Lai-keung, Alice

Choy, Tak-chiu

Choy, Tak-wai

Chui, Po-tong

Chung, Kin-kwok, Albert

Connell, Ross Morrison

Critchley, Lester Augustus Hall

Curtis, John Warwick Hawkswell

Das, Subid Ranjan

Fitzpatrick, Dennis Colman  
 Fok, Wei-guen, Gwen  
 Fong, Lai-lan, Lilian  
 Foster, William David Avory

Gin, Tony  
 Gunawardene, Welagedara Mudiyanse

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 Horton, Jean Mary  
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 Kung, Man-chiu  
 Kwan, Siu-king Anne  
 Kwok, Che-ling  
 Kwong, Sze-why

Lai, Fung-ming  
 Lai, Kin-ming  
 Lai, Wan-loong, George Young  
 Lam, Chuen-shun  
 Lam, Man-sien, Amy  
 Lau, Lai-lin, Lilian  
 Lee, Tsun-woon  
 Lei, Mun-yee, Grace  
 Lett, Zoltan  
 Leung, Chung-cheung  
 Lew, Ho-chuen, John Kian Leong  
 Li, Kai-chung

Liu, Tak-chiu  
Lo, Joy-wah, Ronald  
Low, Say-woon, John Matthew  
Lui, Cho-ze, Joseph  
Lui, Shu-sheung  
Lwin, Kyaw-nyunt

Menon, Manavelil Ramakrishna Bhaskar  
Mok, Ying-hung  
Moles, Thomas Michael  
Morais, Rex Joseph  
Muchaal, Kamal Kishore

Ng, Kin-pong  
Ng, Lai-ping, Pinky  
Ni, Khin-maung  
Nihalsinghe, Kalyani

O'Regan, Andrea Margaret  
Oh, Teik-ewe  
Onsiong, Meng-keong

Pamula, Rajendra Prasad  
Patel, Pankaj Indulal  
Philip, Aroquiasamy Emmanuel

Rajendram, Selvadurai  
Ray, Ajit Kumar  
Rodrigo, Muhandiramge Raveendranath Chandrakumar  
Rowbottom, Simon James

Short, Timothy Gordon  
Shu, Karl-kai  
So, Hing-yu  
So, Ping-cham, Arthur  
Stuart, Joyce Cameron  
Sudhaman, Devasirvadam Arul  
Sun, Kai-on

Tai, Wai-ting Javis  
Tam, Wai-ling  
Tcheung, Wing-lun, Blase  
Tong, Wai-nung  
Tse, Sing-lam  
Tsui, Siu-lun

Wai, Yuk-chun Veronica  
Wallace-Le, Majorie Jean  
Wijayaratanam, Mary Lida  
Wong, Kai-kong  
Wong, Kam-ying, Annie  
Wong, Susan Joyce  
Wong, Wai-lik, Alex  
Wong, Wai-lin William  
Woo, Chiu-shui, Dominic  
Wu, Ching-ying, Amy  
Wu, Ho-yuen

Yang, Joseph CHuan-shih  
Yau, Hok-keung  
Yau, Hok-man, Gordon  
Yeung, Man-lee  
Yogasakaran, Bhuwaneswari Sivakumarie  
Yogasakaran, Namasivayam  
Young, Karl-kang  
Yow, Chee-kong  
Yuan, Clement  
Yuen, Mi-yee May



# THE HONG KONG COLLEGE OF ANAESTHESIOLOGISTS

registered address: Dept Anaes & Int Care, Prince of Wales Hospital, Shatin, New Territories

## FELLOWSHIP APPLICATION FORM

(Please use BLOCK LETTERS)

F

(Please send completed Application Form and supporting documents to Chief Censor, HKCA, c/o Department of Anaesthesiology, Queen Mary Hospital, Pokfulam Road, Hong Kong)

I wish to apply for Fellowship of the Hong Kong College of Anaesthesiologists. My personal details are as follows:

Surname: \_\_\_\_\_, Forename: \_\_\_\_\_

Chinese (if available): \_\_\_\_\_

Sex: \* M / F, Date of Birth: \_\_\_\_\_ (dd/mm/yy)

HKID number: \_\_\_\_\_

Nationality: \_\_\_\_\_

I have been resident in Hong Kong, prior to this application, since \_\_\_\_\_ (dd/mm/yy)

Telephone: home \_\_\_\_\_, Office \_\_\_\_\_, Fax \_\_\_\_\_

photo

Correspondence address: \_\_\_\_\_

Current Appointment & Institution: \_\_\_\_\_

Basic Medical Qualification(s)	College, University, Board, City, Country	Dates (dd/mm/yy)
Specialist Qualification(s)	College, Board, University, City, Country	Dates (dd/mm/yy)

\* circle as appropriate



**FOR APPLICANTS WHO ARE NOT HKCA TRAINEE AND APPLYING FOR FELLOWSHIP *AD EUNDEM*** : Please enter the following Training Record in chronological order, including internship, and state whether the appointments listed below, were recognized for specialist training by the relevant overseas institution during the period concerned.

Appointment	Hospital (Dept/Unit )	City/Countr y	from: (dd/mm/yy)	to: (dd/mm/yy)	recognized: Yes or No

(use additional sheet if space is not adequate)

Certified photocopies of the following documents are enclosed with the application (for Fellowship *ad eundem* only):

1. Specialist Qualification (s)
2. Evidence of appointment from the institution(s) listed above.

**FOR HKCA TRAINEE:** Final FHKCA Examination passed on: \_\_\_\_\_  
My application is supported by the following TWO Fellows of the Hong Kong College of Anaesthesiologists:

1. Name : \_\_\_\_\_ Signature : \_\_\_\_\_

2. Name : \_\_\_\_\_ Signature : \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that all the information recorded in this Application Form and the enclosed notarized copies of supporting documents are, to my best knowledge, TRUE and ACCURATE.

Date : \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

I hereby request my nomination by HKCA to Fellowship of the Hong Kong Academy of Medicine if my FHKCA application is approved. I also pledge to pay any admission fee or charges/fees in relation to this nomination.

Date : \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

**THE HONG KONG COLLEGE OF ANAESTHESIOLOGISTS**

registered address: Dept Anaes & Int Care, Prince of Wales Hospital, Shatin, New Territories

**MEMBERSHIP APPLICATION FORM**

(Please use BLOCK LETTERS)

(Please send completed Application Form and supporting documents to Chief Censor, HKCA, c/o Department of Anaesthesiology, Queen Mary Hospital, Pokfulam Road, Hong Kong)

I wish to apply for Membership of the Hong Kong College of Anaesthesiologists. My personal details are as follows:

Surname: \_\_\_\_\_, Forename(s): \_\_\_\_\_

Chinese (if available): \_\_\_\_\_

Sex: \* M / F, Date of Birth: \_\_\_\_\_ (dd/mm/yy)

HKID number: \_\_\_\_\_

Nationality: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_

(office) \_\_\_\_\_

(fax) \_\_\_\_\_

Correspondence address: \_\_\_\_\_  
\_\_\_\_\_

photo

Current Appointment: \_\_\_\_\_, Institution: \_\_\_\_\_

Basic Medical Qualification(s)	College, University, Board, City, Country	Dates (dd/mm/yy)
Other qualification(s)	College, University, Board, City, Country	Dates (dd/mm/yy)

\* please circle as appropriate

Clinical Appointments (in chronological order, including internship):

Appointment	Department/Unit, Hospital/institution	City, Country	from: (dd/mm/yy)	to: (dd/mm/yy)

(use additional sheet if space is not adequate)

My application is supported by the following TWO Fellows of the Hong Kong College of Anaesthesiologists:

1. Name : \_\_\_\_\_ Signature : \_\_\_\_\_

2. Name : \_\_\_\_\_ Signature : \_\_\_\_\_

Certified photocopies of the following documents are enclosed:

1. Basic medical qualification(s).
2. Current Practising Certificate/Licence of the Hong Kong Medical Council.
3. Evidence of clinical appointments from institutions listed above.

I, \_\_\_\_\_, hereby certify that all the information recorded in this Application Form and the enclosed supporting documents are, to my best knowledge, TRUE and ACCURATE.

Date: \_\_\_\_\_, Applicant's Signature: \_\_\_\_\_

## **CONSULTANT ANAESTHETIST(ICU) QUEEN ELIZABETH HOSPITAL**

### **Pay Scale:**

Monthly basic salary in the range of HK\$79,400 TO HK\$84,250 plus a monthly cash allowance of 60% of basic salary.

### **Qualifications:**

1. A qualification registrable in Hong Kong under the Medical Registration Ordinance;
2. 7 years' post-registration experience as at 3/1/1994;
3. 5 years' continuous experience exclusively in the Specialty prior to appointment;
4. FFARACS/FANZCA (endorsed in Anaesthesia), FFARCS (England or Ireland), FC Anaes/FRC Anaes or FFA(SA) AND FFARACS/FANZCA (endorsed in Intensive Care).

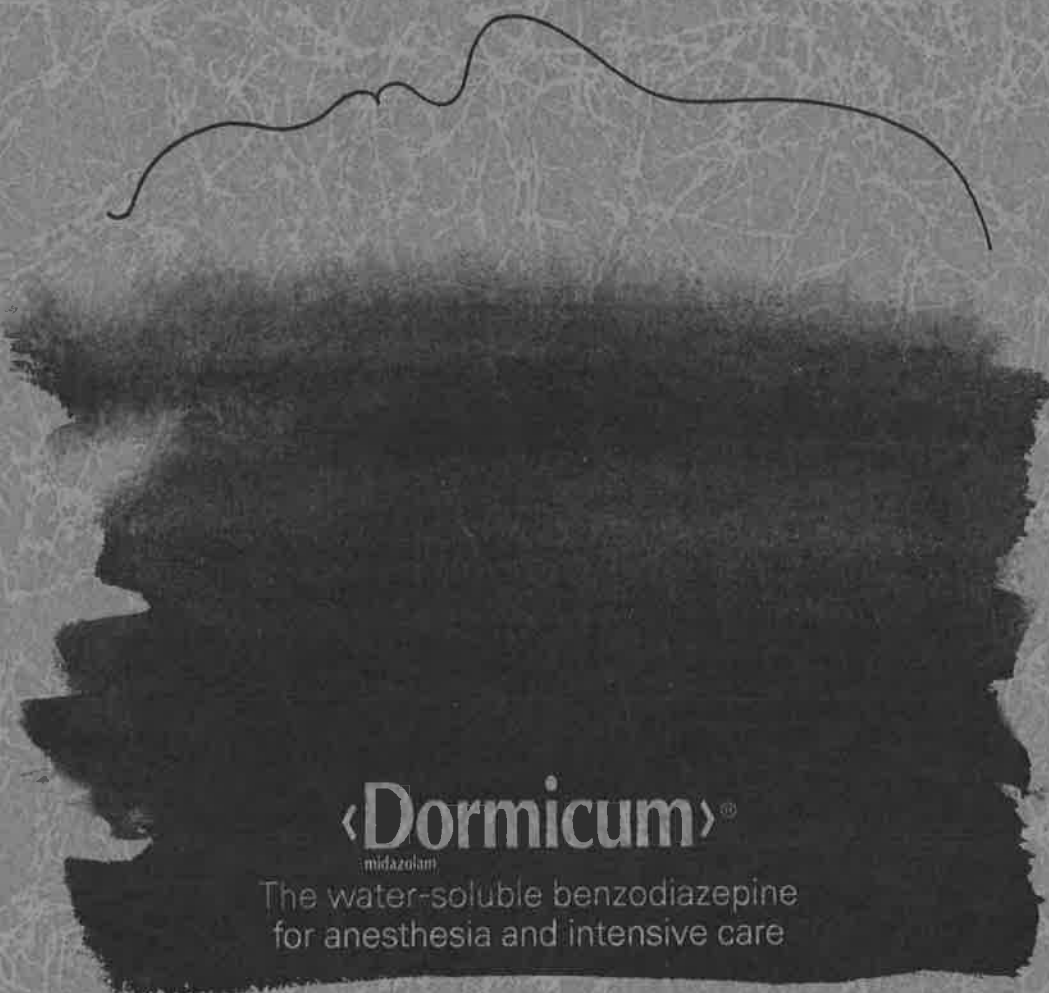
### **Duties:**

To undertake clinical, teaching, research and administrative work in the Intensive Care Unit/Anaesthesia

### **Applications:**

Applications with full C.V and copies of diplomas and GMC full registration certificate should be sent to **Human Resources Department, Queen Elizabeth Hospital, !/F, S block, 30 Gascoigne Road, Kowloon, HONG KONG.**

Reliable sedation  
Prompt relief of anxiety  
Pronounced anterograde amnesia



**Components:** Midazolam. **Indications and standard dosage:** Short-acting sleep-inducing agent for premedication, and induction and maintenance of anesthesia. Intramuscular administration – Premedication before an operation: 20–30 minutes before induction of anesthesia. Adults: 0.07–0.1 mg/kg i.m., according to age and general condition. Usual dose about 5 mg. Children 0.15–0.20 mg per kg bodyweight. Intravenous administration – Premedication immediately before diagnostic or surgical intervention: 2.5 mg 5–10 minutes before the start of the operation. Further doses of 1 mg may be given as necessary. Special dosage recommendations for the induction and the maintenance of anesthesia are available on request. **Contraindications:** Hypersensitivity to benzodiazepines. **Precautions:** Elderly patients and patients with impaired cardiac and respiratory function. Early pregnancy, unless absolutely necessary. Myasthenia gravis. Full details are available on request.



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