



HONG KONG COLLEGE OF OBSTETRICIANS & GYNAECOLOGISTS



20th Anniversary Symposium

8-9 November 2008

Programme and Abstracts

FIFTEENTH ANNUAL GENERAL MEETING
THE HONG KONG COLLEGE OF
OBSTETRICIANS & GYNAECOLOGISTS



1988-2008

VENUE

*Pao Yue Kong Auditorium,
Hong Kong Academy of Medicine Jockey Club Building,
99 Wong Chuk Hang Road, Aberdeen, Hong Kong*

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20TH ANNIVERSARY SYMPOSIUM ORGANISING COMMITTEE

Chairmen: Professor Tze Kin LAU
Dr Ernest Hung Yu NG

Members: Dr Kam Chuen AU YEUNG
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Dr Tak Yeung LEUNG
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HKCOG Council Members 2008

◆ PRESIDENT'S MESSAGE



Professor Tony K.H. Chung, President of The Hong Kong College of Obstetricians and Gynaecologists

Dear colleagues

This year is the 20th anniversary of the founding of our college. The vision and wisdom of our founding Presidents and Councils are now a matter of record. The coherent and harmonious college we have today is in no small part due to their foresight and example. This harmony has allowed the college to focus on training and the maintenance of standards in our specialty.



In the last 20 years, the most significant event has been the return of Hong Kong to the motherland. The fears surrounding this, so prevalent when the college was founded, have not been realised. Hong Kong has prospered. Our national and international links have increased and deepened. The standard and regulatory infrastructure of our profession and specialty have not only been maintained but substantially enhanced. The college is now a constituent body of The Hong Kong Academy of Medicine, a statutory body with legal powers. CME and CPD have been introduced and are mandatory for specialists.

Hong Kong continues to have amongst the lowest maternal and perinatal mortality anywhere in the world. We have seen substantial developments in many areas. Minimally invasive surgery, imaging, molecular medicine and the introduction of a vaccine that promises to make cervical cancer a comparative rarity within little more than a generation, come to mind. The advances in molecular prenatal diagnosis, some of which is the result of breakthrough research done in Hong Kong hold even greater promise.

The future of our college is bright. However, even as we celebrate its achievements, we must retain our search for excellence, maintain and improve our standards and processes and look to the future with confidence, not complacency. We must also pass this vision on to succeeding generations.

I am sure you will join me in wishing our college well for the future.

Yours Sincerely

Professor Tony K.H. CHUNG

President



◆ CONGRATULATORY MESSAGE

**Dr. York Y.N. Chow , Secretary for Food and Health,
Food and Health Bureau**

My heartiest congratulations to the Hong Kong College of Obstetricians and Gynaecologists on its 20th Anniversary! Over the past two decades, the College has successfully fulfilled its role in encouraging the study and advancement of the science and practice of obstetrics and gynaecology in Hong Kong. This has, in turn, contributed to the provision of quality patient care. Through its dedication and hard work, the College has established a position of prestige and high honour both in Hong Kong and internationally.

This is time to pay tribute to our obstetrics and gynaecology experts whose passion and pioneering spirit have brought the College to what it is today. They have laid a solid foundation for future generations to develop and enhance the good practice of obstetrics and gynaecology by ensuring the highest professional standards of competence and integrity.

With the rising public expectations on the standard of our healthcare services, there will be ever increasing challenges to our medical practitioners, including obstetricians and gynaecologists. I have every confidence in the College's ability to stand all these challenges and continue to scale new heights. I wish the College every success in the many more decades to come.

Dr. York Y.N. CHOW
Secretary for Food and Health
Food and Health Bureau



◆ CONGRATULATORY MESSAGE



Dr. Ping Yan Lam, Director of Health, Department of Health

On behalf of the Department of Health, I am pleased to extend my warmest congratulations to the Hong Kong College of Obstetricians & Gynaecologists on its 20th Anniversary.

Since its establishment, the College has pursued vigorously in maintaining high professional and ethical standards in the practice of obstetrics & gynaecology in Hong Kong. Fellows of the College should be proud of its achievements. Our maternal mortality ratio, perinatal and infant mortality rates are ranked amongst the lowest in the world. There is no doubt that the College has played a significant role in contributing to the high standard in maternal health care, hence the favourable maternal and foetal outcomes.

Recognising the importance of equipping primary care doctors and specialist trainees in gynaecology with the knowledge and skills in Community Gynaecology, the College started a diploma course in 2006. The Family Health Service of the Department of Health has since been involved in the training of candidates pursuing the Diploma of Community Gynaecology in aspects of breastfeeding and family planning.

In addition to advances in technology, escalating medical costs and increasing public demand and expectations, Hong Kong is facing the challenges of an aging population, women outnumbering men and the changing health needs of the female population. I am sure the College will continue its efforts in ensuring the delivery of high quality women healthcare services.

With “Partnership in Health” as the motto of the Department of Health, I look forward to more collaboration with the College in promoting woman’s health in the future. I wish the College and its fellows every success in future endeavours.

Dr. Ping Yan LAM
Director of Health
Department of Health



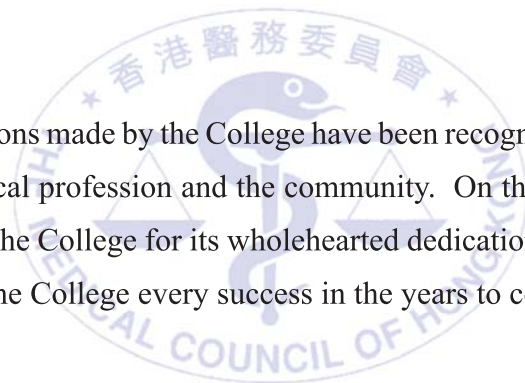
◆ CONGRATULATORY MESSAGE

Professor Felice Lieh-Mak, Chairman, The Medical Council of Hong Kong

I wish to extend my warmest congratulations to the Hong Kong College of Obstetricians and Gynaecologists and its fellows on your 20th Anniversary.

Over the past 20 years, the College has gone from strength to strength and is the vanguard in the provision and the development of postgraduate training in the field of obstetric and gynaecology in Hong Kong. The College has made valuable contributions to the medical profession by promoting the advancement of research, learning and teaching in the art and science of medicine. The College is instrumental to the training of qualified Obstetricians and Gynaecologists to provide the necessary medical services to the community.

The contributions made by the College have been recognized and appreciated by members of the medical profession and the community. On this memorable occasion, I would like to thank the College for its wholehearted dedication to serving the medical profession and wish the College every success in the years to come.



Professor Felice LIEH-MAK
Chairman
The Medical Council of Hong Kong





◆ CONGRATULATORY MESSAGE

Professor Grace W.K. Tang, President, Hong Kong Academy of Medicine

On behalf of the Hong Kong Academy of Medicine, I would like to extend my heartiest congratulations to the Hong Kong College of Obstetricians and Gynaecologists on the auspicious occasion of its 20th Anniversary.

The College is one of the Founding Colleges of the Hong Kong Academy of Medicine and has been lending staunch support in the Academy's role in maintaining the standard of health-care in Hong Kong. Other than the role its Fellows play in achieving the World's lowest perinatal mortality rate, one of its many other exemplary activities is on territory-wide audits such as laparoscopic surgery. Such territory-wide activities are the first and only in Hong Kong. The leadership of the College has the wisdom to ensure that progress and improvement can only be made through continuous vigilance on performance. This is most commendable.

The Specialty in recent times is faced with difficulties such as recruitment and soaring practice premium. The difficulties are universal, but I am certain that with the vision, dedication and stamina of the leadership of the College and its Fellows, these challenges are not insurmountable.

Once again, I would like to wish the College all the best in its future endeavors, and to let its leadership and Fellows know that I am very proud of their work.

Professor Grace W.K. TANG
President
Hong Kong Academy of Medicine



◆ CONGRATULATORY MESSAGE

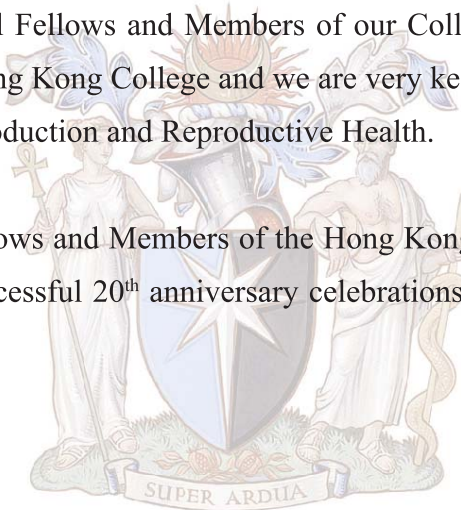


Professor Sabaratnam Arulkumaran, President, Royal College of Obstetricians and Gynaecologists

The Royal College of Obstetricians and Gynaecologists would like to congratulate The Hong Kong College of Obstetricians and Gynaecologists on its 20th anniversary. The Hong Kong College has been very active and has provided guidance and services to the obstetricians and gynaecologists in Hong Kong. There is no doubt that this has elevated the standards of care in Reproductive Health in Hong Kong. The lower maternal and perinatal mortality and morbidity in Hong Kong is commendable and highlights the importance of the College that sets the curriculum and the standards for the obstetricians and gynaecologists.

There are several Fellows and Members of our College who are also Fellows and Members of the Hong Kong College and we are very keen to work together on the aspects of Human Reproduction and Reproductive Health.

Wishing the Fellows and Members of the Hong Kong College of Obstetricians and Gynaecologists successful 20th anniversary celebrations and continued success in their mission.



Professor Sabaratnam ARULKUMARAN

President

Royal College of Obstetricians and Gynaecologists





◆ CONGRATULATORY MESSAGE

Dr. Christine Tippett, President, The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists has a long association with the Hong Kong College of Obstetricians and Gynaecologists and shares its genesis from the Royal College of Obstetricians and Gynaecologists and evolution through to a successful College with its own identity.

The success of the Hong Kong College is evidenced, amongst other things, by the growth of the College fellowship from its initial 41 Fellows in May 1988. It was also actively involved in the establishment of the Hong Kong Academy of Medicine being one of the founding Colleges, and is to be congratulated on this, particularly when it came so early in the College's history – just months after its incorporation.

Since the time of its incorporation in May 1988, our colleges have enjoyed a close relationship. There have been a number of visits by individuals between the two Colleges addressing a broad range of areas from examinations to discussions on trans-national sharing of available training posts and mutual recognition of Continuing Medical Education.

Commemoration of 20 years since the incorporation of the Hong Kong College of Obstetricians and Gynaecologists is a significant event for obstetrics and gynaecology in the Asia Pacific region. On behalf of the RANZCOG Council and the members of this College, I wish to congratulate the Hong Kong College of Obstetricians and Gynaecologists on its 20 year anniversary.

Dr. Christine TIPPETT

President

The Royal Australian and New Zealand College
of Obstetricians and Gynaecologists



◆ CONGRATULATORY MESSAGE



Dr. Tou Choong Chang, President, College of Obstetricians and Gynaecologists, Singapore

On behalf of the College of Obstetricians and Gynaecologists, Singapore, I would like to extend my heartfelt congratulations to the Hong Kong College of O&G as you celebrate your 20th Anniversary this year. Your College has grown in strength over the last 20 years and you have demonstrated the importance of a strong College in enhancing the continuing medical education and professional development of O&G specialists.

Last year, the College of O&G, Singapore had the pleasure and privilege of inviting your College President to deliver the 4th College of O&G, Singapore Lecture.

Professor Tony Chung enthralled us with his talk and we have had the pleasure of his presence on numerous occasions since, mainly as an examiner for the MRCOG examinations. We hope that these occasions will help to further develop the close relationship between our two Colleges.

On behalf of my College Council, I wish you a Happy 20th Anniversary. I am also delighted to be able to be present physically at your Anniversary Celebrations in November 2008 and look forward to sharing this joyous occasion with you.

With warmest congratulations,

Dr. Tou Choong CHANG

President

College of Obstetricians and Gynaecologists,
Singapore



◆ CONGRATULATORY MESSAGE

Dr. Keong Wong, President,
Association of Obstetrics and Gynecology of Macau

致
香港婦產科學會
成立二十週年誌慶

百尺竿頭
共創輝煌

澳門婦產科學會
Associação de Obstetria
e Ginecologia de Macau

澳門婦產科學會會長
王強醫生
二零零八年八月二十日



Dr. Keong WONG

President

Association of Obstetrics and Gynecology of Macau



◆ CONGRATULATORY MESSAGE



Professor Tai Fai Fok, Dean of Medicine, The Chinese University of Hong Kong

On this happy occasion of the twentieth Anniversary of the Hong Kong College of Obstetricians and Gynaecologists, I would like to express my warmest congratulations to the Council, Fellows, Members, and Associates of the College. For many years Hong Kong has enjoyed a very high standard of medical care for women, and has prided itself on its excellent perinatal health indexes such as perinatal and maternal mortality rates which are among the lowest in the world. All these achievements are a reflection of the hard work and unfailing effort of several generations of Obstetricians and Gynaecologists who have been serving the people of Hong Kong over the past decades. Established twenty years ago, the Hong Kong College of O&G is one of the many legacies of these visionary pioneers in the field of O&G. They saw the importance of having a structured establishment to ensure through training and education the highest professional standards of competence and ethical integrity in O&G practice. This vision has now been realized by the Hong Kong College of O&G under the leadership of her successive Presidents and Councils. The standard of O&G training set and monitored by the College is a guarantee of safety and quality medical care for our mothers and their newborn infants, and women with gynaecological problems. As an institution responsible for the training of medical professionals including doctors, nurses, and pharmacists, our Faculty in The Chinese University of Hong Kong has a mission of serving the community through quality education, caring practice, and advancement of health sciences. In this respect we are sharing a common goal with the Hong Kong College of O&G. Over the past twenty years, the College has been a staunch supporter, a collaborator, and an advisor to our Faculty especially on issues related to women health. We are grateful to the College for this wonderful relationship and we look forward to an even stronger tie between the College and our Faculty in the many many years to come.

Professor Tai Fai FOK
Dean of Medicine
The Chinese University of Hong Kong



◆ CONGRATULATORY MESSAGE



Professor Sum Ping Lee, Dean, Li Ka Shing Faculty of Medicine, The University of Hong Kong

On the occasion of the 20th Anniversary of the Hong Kong College of Obstetricians and Gynaecologists, I wish to congratulate and deliver my heartfelt tribute to the College's contributions to the medical profession and the community of Hong Kong.

Sweeping changes have been ushered in with the passage of time. Over the past twenty years, the practice of obstetrics and gynaecology has seen a remarkable and impressive magnitude of progress. This has been in response to changing demands generated by evolving population demographics; supported by a rapid proliferation of scientific discoveries and medical knowledge; and resulting in improvements and advances in clinical practice. These changing paradigms, however, pose new demands and challenges to the quest of achieving the best practice in obstetrics and gynaecology.

In response to these pressing challenges, the Hong Kong College of Obstetricians and Gynaecologists has played a leading role in promoting scientific advancement, technological innovations and knowledge transfer in the profession. The College is instrumental in helping Hong Kong to nurture competent obstetricians and gynaecologists to serve its people, and uphold professional excellence to match with the highest international professional and ethical standards. I am deeply impressed by the achievement of the College's two decades of dedicated work, as witnessed by the birth of successive generations of outstanding obstetricians and gynaecologists in this regional medical hub of Hong Kong.

I firmly believe that the College will continue to serve the medical profession and our community with extraordinary vision and uncompromising commitment. May I take this opportunity to wish the College every success and scale new heights in its future endeavours.

Professor Sum Ping LEE

Dean

Li Ka Shing Faculty of Medicine,
The University of Hong Kong



◆ CONGRATULATORY MESSAGE



Dr. Kin Choi, President,
The Hong Kong Medical Association



香港婦產科學院廿周年誌慶

救助婦孺拯蒼生
培育專才澤社群

香港醫學會會長蔡堅敬題

戊子年盛夏

Dr. Kin CHOI

President

The Hong Kong Medical Association

◆ CONGRATULATORY MESSAGE



Dr. Dawson T.S. Fong, President, The Federation of Medical Societies of Hong Kong

On behalf of the Federation of Medical Societies of Hong Kong, I would like to congratulate the Hong Kong College of Obstetricians and Gynaecologists on its 20th anniversary.

Obstetrics and Gynaecology as a special branch in Medicine is unique in that it not only looks after the health and well being of the current generation of women but also that of the next – babies in their initial frailty. The high quality of the Hong Kong health care system owes a lot to the high professional quality our colleagues in obstetrics and gynaecology have delivered in the past decades. For the last twenty years, this high standard has been masterly assured by the College.

May I salute to your brilliant successes on this very special occasion and I am sure there will be many more to come from which the community will only benefit in future years.

Dr. Dawson T.S. FONG

President

The Federation of Medical Societies of Hong Kong



◆ CONGRATULATORY MESSAGE



Dr. Siu Keung Lam, President, The Obstetrical and Gynaecological Society of Hong Kong

On behalf of all the members of Obstetrical and Gynaecological Society of Hong Kong, I must congratulate the College on her 20th Anniversary (1988 to 2008). We, being the two major O&G organizations in Hong Kong, have been collaborating with each other closely in the last twenty years. Other than safeguarding the quality standard of our profession, the College is deeply committed to the training of our younger generations and in the postgraduate education of our members. Hope the College can persist in her endeavour in training, education, audit and other international collaboration.



SK Lam

Dr. Siu Keung LAM

President

The Obstetrical and Gynaecological Society of
Hong Kong



◆ CONGRATULATORY MESSAGE



Professor Michael Irwin, President, Hong Kong College of Anaesthesiologists

On behalf of the Members and Fellows of the HKCA, I congratulate you on your 20th Anniversary. Anaesthetists, Obstetricians and Gynaecologists have a long relationship. One of the early protagonists of chloroform was James Young Simpson, a colourful and charismatic Scottish obstetrician. He introduced labour analgesia amid a storm of protest from colleagues and religious leaders (predominantly men!) who felt that the pain of labour was good for women. Virginia Apgar was the first female Professor at Columbia University and an anaesthesiologist who developed a standardised method for evaluating the newborn's transition to life outside the womb - the Apgar score that is still in use throughout the world.

Your specialty in Hong Kong has a prominent international standing and many of its practitioners have held important leadership positions in Hong Kong medicine.

Our two specialities will continue to work together to improve obstetric and perioperative care and safety and we wish you all the best for the future.



Professor Michael IRWIN

President

Hong Kong College of Anaesthesiologists



◆ CONGRATULATORY MESSAGE

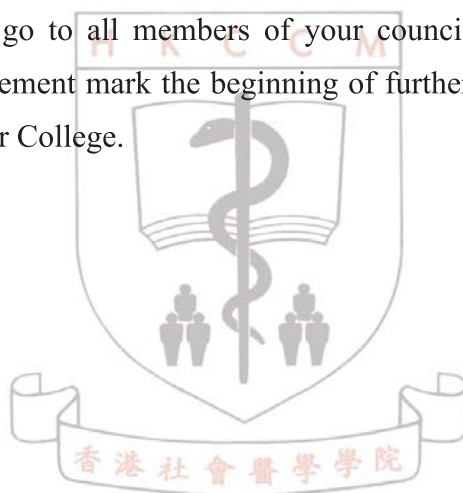


Dr. Kathleen P.H. So, President, Hong Kong College of Community Medicine

On behalf of the Hong Kong College of Community Medicine, I would like to congratulate the Hong Kong College of Obstetricians and Gynaecologists on its 20th anniversary.

Over the years, your College has been playing an important role in the training and development of specialist Obstetricians and Gynaecologists in Hong Kong. I strongly believe that your College will continue to play a vital role in producing high quality specialists in the field to meet the need of the community.

My best wishes go to all members of your council and your College. May this milestone of achievement mark the beginning of further success and ever greater accomplishment for your College.



Dr. Kathleen P.H. SO

President

Hong Kong College of Community Medicine



◆ CONGRATULATORY MESSAGE

**Dr. John Y.K. Ling, President,
College of Dental Surgeons of Hong Kong**

On behalf of the College of Dental Surgeons of Hong Kong, I extend my heartiest congratulations to The Hong Kong College of Obstetricians and Gynaecologists on the occasion of celebrating 20 years of incorporation.

For the two decades, the Academy is very active in the training, assessment and accreditation of specialist in O&G. Your College is very important in promoting and serving women's health of the community in addition to playing a guardians role in auditing doctors and training units practicing in the specialty. I trust that this 20th Anniversary Symposium will be a wonderful learning experience for the delegates and also provide a perfect platform for practitioners to share their expertise and insights on further development of the specialty and to learn about the latest advances in surgical techniques.

I wish your College every success in your future endeavours and a very Happy Birthday.



Dr. John Y.K. LING

President

College of Dental Surgeons of Hong Kong



◆ CONGRATULATORY MESSAGE



Dr. Chor Chiu Lau, President, Hong Kong College of Emergency Medicine

2 0 years is not too long in history, but considering that Hong Kong Academy of Medicine is just about to celebrate her 15th Anniversary, the establishment of the Hong Kong College of Obstetricians and Gynaecologists (HKCOG) 20 years ago reflected the foresight, vision and dedication of our Obstetrics and Gynaecology colleagues in establishing structured specialist training programme for the O&G specialty. The Hong Kong College of Emergency Medicine has taken reference from the HKCOG during the formation of our own College and has been collaborating with HKCOG in organizing the Advanced Life Support for Obstetrics since 2001. On behalf of the Hong Kong College of Emergency Medicine, I would like to congratulate HKCOG for her 20th Anniversary and would look forward to more cooperation in future.



Dr. Chor Chiu LAU

President

Hong Kong College of Emergency Medicine



◆ CONGRATULATORY MESSAGE



Dr. Andrew K.K. Ip, President, Hong Kong College of Family Physicians

On behalf of the Hong Kong College of Family Physicians (HKCFP), I would like to extend our warmest congratulations to The Hong Kong College of Obstetricians and Gynaecologists (HKCOG) on her twentieth anniversary.

As sister college of the Hong Kong Academy of Medicine, we share the same objective of ensuring good clinical practice with highest professional competence and standards. With the coming Healthcare Reform, I believe, in the near future, HKCFP and HKCOG will co-operate and to provide training opportunities for our young doctors. We wish your College continues to grow from strength to strength.

Once again, congratulations!



Dr. Andrew K.K. IP
President
Hong Kong College of Family Physicians



◆ CONGRATULATORY MESSAGE



Dr. Clement W.N. Chan, President, College of Ophthalmologists of Hong Kong

It is a real pleasure for me to send a congratulatory message to the Hong Kong College of Obstetricians and Gynaecologists on the occasion of the 20th anniversary of the College. Twenty years is long enough for a baby delivered by an obstetrician to grow up to a mature energetic young adult. I believe that the College has also nurtured a large number of young obstetricians and gynaecologists to mature and competent professionals.

As one of the constituent Colleges of the Hong Kong Academy of Medicine, the College of Obstetricians & Gynaecologists has played a vital role in the training and recognition of specialists in Hong Kong. It has ensured that a high standard of care is delivered to the patients and the Fellows are always kept up to date in this high risk specialty. I am certain that the College, with its outstanding leadership, will continue to improve its educational programs and continuous professional development activities for its trainees and Fellows.

Many congratulations again on this special developmental milestone of the College.

香港眼科醫學院

Clement Chan

Dr. Clement W.N. CHAN

President

College of Ophthalmologists of Hong Kong





◆ CONGRATULATORY MESSAGE

**Dr. Wai-kit Ngai, President,
Hong Kong College of Orthopaedic Surgeons**

Time flies! It has been 20 years since the incorporation of the Hong Kong College of Obstetricians and Gynaecologists. On behalf of the Hong Kong College of Orthopaedic Surgeons, I would like to extend my heartfelt congratulation to your College for the excellent achievement in specialist training and continuous medical education. We have witnessed the concerted effort of your colleagues in striving for excellence in teaching and training. I am sure your College has established a solid foundation to nurture excellent Obstetricians and Gynaecologists.



Dr. Wai-kit NGAI
President
Hong Kong College of Orthopaedic Surgeons



◆ CONGRATULATORY MESSAGE



Dr. Kai Bun Fung, President, Hong Kong College of Otorhinolaryngologists

The Hong Kong College of Otorhinolaryngologists wishes to convey our sincere congratulations to the Hong Kong College of Obstetricians and Gynaecologists on the 20th anniversary of their incorporation.

The Hong Kong College of Obstetricians and Gynaecologists is one of the founding Colleges of the Hong Kong Academy of Medicine at its inauguration in 1993 and is the official body for training and accreditation of specialists in Obstetricians and Gynaecologists in Hong Kong. It is also one of the fore runners in establishing quality assurance, continued professional developments and research amongst its fellows. At an era when society demands proof of competence and life long learning by all professionals, the Hong Kong College of Obstetricians and Gynaecologists has conducted its business in a most effective and professional manner winning applause from all other specialists. We are sure that your success story will continue under the able leadership of your College Council.

Once again we extend our heartfelt congratulations to your College President, Professor Tony Chung, and his College Council and Fellows and wish you continued success.

Dr. Kai Bun FUNG

President

Hong Kong College of Otorhinolaryngologists



◆ CONGRATULATORY MESSAGE



Professor Louis C.K. Low, President, Hong Kong College of Paediatricians

On behalf of the Council of the Hong Kong College of Paediatricians, I would like to extend my warmest congratulations to the Hong Kong College of Obstetricians and Gynaecologists on this memorable occasion of the 20th anniversary of the incorporation of your college. I would also like to congratulate your College for its immense achievements in improving obstetric and well women care as well as leadership in research and supervision of training of the next generation of obstetricians and gynaecologists.

I would like to wish the Hong Kong College of Obstetricians and Gynaecologists every success in its future endeavours.



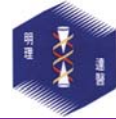
Professor Louis C.K. LOW

President

Hong Kong College of Paediatricians



◆ CONGRATULATORY MESSAGE



Dr. Wing Fung Ng, President, Hong Kong College of Pathologists

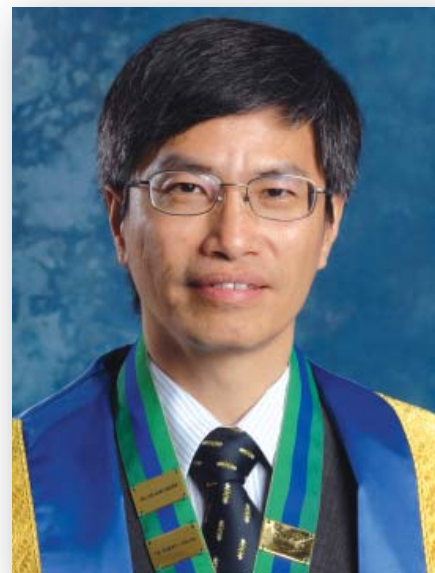
It is with great pleasure to congratulate the Hong Kong College of Obstetricians and Gynaecologists on the occasion of the 20th anniversary.

Over the past twenty years, the Hong Kong College of Obstetricians and Gynaecologists has distinguished itself within the Hong Kong medical community. The Hong Kong College of Obstetricians and Gynaecologists has successfully sought to set the high standard for the training of young obstetricians and gynaecologists and devoted to maintain the good practice and high standard of competence among the obstetricians and gynaecologists.

Again, congratulations on the achievement and I wish the College every success for the many more decades to come.



Dr. Wing Fung NG
President
Hong Kong College of Pathologists





◆ CONGRATULATORY MESSAGE

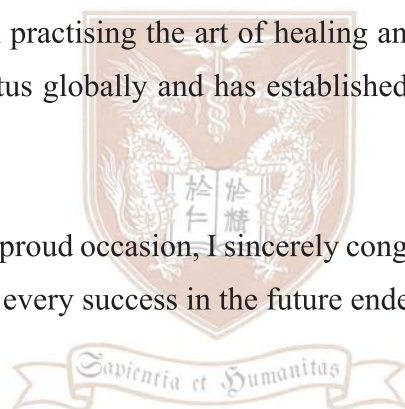
Professor Kar Neng Lai, President, Hong Kong College of Physicians

It gives me the greatest pleasure to send to the Hong Kong College of Obstetricians and Gynaecologists very best wishes on the auspicious occasion of their 20th Anniversary.

Founded in 1988, the Hong Kong College of Obstetricians and Gynaecologists has been devoted to maintaining and furthering the good practice of Obstetrics and Gynaecology by organising, assessing and accrediting specialist training in the specialty in Hong Kong.

With its close relationship with other Obstetricians and Gynaecologists Colleges worldwide, the Hong Kong College of Obstetricians and Gynaecologists has adopted a cosmopolitan attitude in practising the art of healing and the science of medicine. It upholds its profession status globally and has established good reputation locally and internationally.

On this joyous and proud occasion, I sincerely congratulate the College and wish the President and Fellows every success in the future endeavours.



Professor Kar Neng LAI
President
Hong Kong College of Physicians



20th Anniversary Celebration Symposium



◆ CONGRATULATORY MESSAGE

**Dr. Se-Fong Hung, President,
Hong Kong College of Psychiatrists**

On behalf of the Hong Kong College of Psychiatrists, it is my pleasure to convey our congratulations to the Hong Kong College of Obstetricians and Gynaecologists on the 20th anniversary of its foundation. Established in May 1988, the Hong Kong College of Obstetricians and Gynaecologists, like all the constituent colleges of the Academy, has evolved over the past 20 years or so, from a professional association to become the official body responsible for the organisation, assessment and accreditation of specialist training in Obstetrics and Gynaecology in Hong Kong with the development of four subspecialties since 1999.

Over the past few years, we have witnessed increasing collaboration between the two specialties in the interface of psychiatry and women’s health, the most notable of which is in the area of perinatal psychiatry. The early detection and intervention of women with postnatal depression, which is one of the key objectives of the Comprehensive Child Development Service (CCDS) launched by the Hospital Authority, is a fine example of such fruitful collaboration between psychiatrists and obstetricians. We envisage further collaboration and partnership in the scientific and educational aspects in the future between the two colleges and wish the Hong Kong College of Obstetricians and Gynaecologists further success in their organisational, educational and scientific endeavours.

Dr. Se-Fong HUNG
President
Hong Kong College of Psychiatrists



◆ CONGRATULATORY MESSAGE



**Dr. Lilian L.Y. Leong, President,
Hong Kong College of Radiologists**

On behalf of Hong Kong College of Radiologists, it is with great pleasure that I congratulate the Hong Kong College of Obstetricians and Gynaecologists on her 20th Anniversary.

The incorporation of the Hong Kong College of Obstetricians and Gynaecologists in May 1988 marked a milestone in Hong Kong in the setting up of a local professional body for the recognition and supervision of postgraduate training in obstetrics and gynaecology. With the mission of promoting the art and science of practice of obstetrics and gynaecology, your College has established an enviable reputation for the provision of high-quality specialist training in obstetrics and gynaecology and the advocacy of the highest professional standards and ethical integrity in the delivery of health services.

I would also like to congratulate your College in her outstanding record in education for the healthcare profession, being internationally renowned and respectable for its many successes and achievements over the years. In your College's goals of ensuring the highest professional standard, continuing medical education and promoting research in Obstetrics and Gynaecology, the Hong Kong public and the profession have witnessed and have benefited from the good works of your College greatly in last 20 years.

The immense contribution of your esteemed College, no doubt, is because of the enthusiastic and concerted efforts of your members and your committed Council. My congratulations to you all and my best wishes for many successful endeavors in the coming years.

Dr. Lilian L.Y. LEONG

President

Hong Kong College of Radiologists



◆ CONGRATULATORY MESSAGE



Professor Chung-kwong Yeung, President, College of Surgeons of Hong Kong

As the Hong Kong College of Obstetricians and Gynaecologists advances towards its 20th anniversary, it has been a vital position in establishing and maintaining the highest possible standards in the field of obstetrics and gynaecology in Hong Kong. The hard working and dedicated professionals of the College ensure both public and private sectors are covered by the good practices, which will lead to the welfare of the community. In commending the HKCOG on the attainment of this important milestone, I am confident that the College will continue to ensuring the highest professional standards of competence and ethical integrity.



Professor Chung-kwong YEUNG
President
College of Surgeons of Hong Kong

◆ MESSAGE FROM PAST PRESIDENT



Professor Ho Kei Ma Chung, The 1st President of HKCOG

It gives me great pleasure to congratulate The Hong Kong College of Obstetricians and Gynaecologists on the occasion of its 20th Anniversary.

The College was incorporated on May 14, 1988 for the recognition and supervision of postgraduate training of obstetrics and gynaecology in Hong Kong. It aims to encourage the study and advancement of the science and practice of obstetrics and gynaecology in Hong Kong and to maintain and develop the good practice of obstetrics and gynaecology by ensuring the highest professional standards of competence and ethical integrity.

For the past 20 years, concrete foundations have been built in all aspects of the College's professional activities including postgraduate training and examination, exit assessment, research promotion, continuing medical education, clinical and ethics guideline development, subspecialty recognition, etc. The College is now the official body responsible for the organization, assessment and accreditation of specialist training in Obstetrics and Gynaecology in Hong Kong. These proud accomplishments will continue to evolve at a higher plane in the pursuit of the highest standards in training, competence and ethical integrity.

The achievements of the College could only be made possible with the support and contribution of our Fellows and Members. I wish to take this opportunity to thank them for their dedicated and stalwart support. As we look into the future, the College will play an ever important role in advocating women's health and in enhancing the scope and standard of our service.

As founding President of the College, may I extend again my warmest congratulations and good wishes to the College on this happy and auspicious occasion.

Professor Ho Kei MA CHUNG
Honorary Fellow
Past President (1988-1991)



◆ MESSAGE FROM PAST PRESIDENT



Professor Allan M.Z. Chang, The 2nd President of HKCOG

Iwould like to congratulate the Hong Kong College of Obstetricians and Gynaecologists on its 20th anniversary.

The handful of us who followed Professor Ma Ho Kei's leadership in forming the College 20 years ago aspired to have a college that will provide training and quality assurance in our specialty. The achievements of the College have exceeded these aspirations, so that the College is internationally recognised and respected, providing a wide range of services to its Fellows, and improving the quality of care to the community of Hong Kong. These achievements are the results of not only inspirations, but the very hard work from councils and committee members of the College over these many years.

I feel enormously proud to have been part of the efforts to develop and improve the College, and it gives me great pleasure in providing this congratulatory note to the College on this occasion.



Professor Allan M.Z. CHANG
Honorary Fellow
Past President (1992-1994)



◆ MESSAGE FROM PAST PRESIDENT



Dr. Pamela M.K. Leung, The 3rd President of HKCOG

On the occasion of the 20th Anniversary of the Hong Kong College of Obstetricians and Gynaecologists, I wish to extend my heartiest congratulations to the President, Council Members and all our Fellows and Members of the College.

Through the far-sighted vision and leadership of our Founding Chairman, Professor HK Ma, the Hong Kong College of Obstetricians and Gynaecologists was one of the first specialty colleges to be established, just behind the Hong Kong College of General Practitioners as it was called in those days.

Apart from the above distinction, our College also became a pioneer in a number of areas; most notably in clinical audit and peer review. The first territory-wide audit for any specialty in Hong Kong was published in 1994. This worthwhile tradition in quality assurance has continued to this day with our 5 yearly audits.

Based on the above audit of Obstetrical and Gynaecological workload, the College was also able to perform an evidence-based estimation of the manpower requirements in our specialty to guide us in our future training of specialists in our specialty, to the envy of all other colleges.

In addition, our College is the only College to give accreditation to individual units for provision of Obstetrical or Gynaecological Service in the public as well as private sectors. This provides a very strong foundation to ensure a high quality of O&G service in Hong Kong, now and in the future.

In recent years, the development of subspecialties' recognition has developed rapidly. Establishment of specialist panels to provide expert opinion to the general public is another enviable achievement of the College.

Because of the solid foundations and achievements of our College, Obstetricians and Gynaecologists have continued to play a prominent role in the work of the Hong Kong Academy of Medicine, which is celebrating its 15th Anniversary this year. Two of our past Presidents – Professor HK Ma and Professor Allan Chang were Vice Presidents of the Academy in addition to being Chairmen of the Education Committee of the Academy. They were responsible for laying down the guidelines for development of specialist training programmes and continuous medical education (CME) respectively. I also served as the Honorary Treasurer of the Academy for a number of years. Furthermore, needless to say, we are all extremely proud that Professor Grace Tang of our College is now the President of the Hong Kong Academy of Medicine.

It is therefore, with much pride that we review the achievements of our College, which has grown from strength to strength. Let us all join in congratulating the College and working together towards greater future achievements.

Dr. Pamela M.K. LEUNG
Past President (1995-1997)

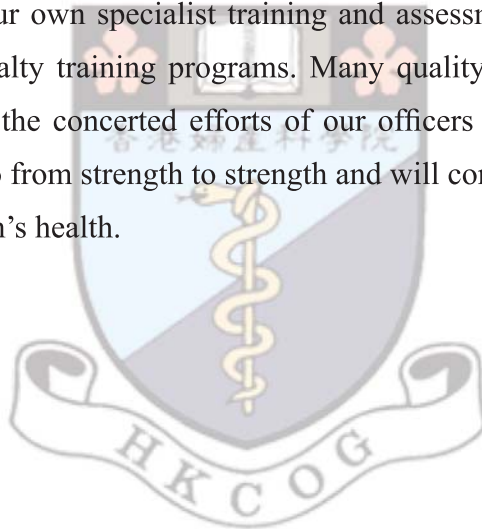


◆ MESSAGE FROM PAST PRESIDENT



Professor Pak Chung Ho, The 4th President of HKCOG

In 1985, the Working Party on Future Postgraduate Training in Obstetrics and Gynaecology in Hong Kong was formed to consider the possibility of establishing a local body for the recognition and supervision of postgraduate training in obstetrics and gynaecology in Hong Kong. I was one of the members in the working party. I still remembered the days when we debated our constitution at Professor Ho Kei Ma's home at Bowen Road and the office of Dr. Robert Law in Central. After many meetings, we finally agreed on the constitution and the Hong Kong College of Obstetricians and Gynaecologists was formally incorporated in 1988 with 41 Fellows and 124 Members. In these twenty years, our College has grown. We now have more than 380 Fellows. We have established our own specialist training and assessment system. In addition, we have four subspecialty training programs. Many quality assurance systems have been introduced. With the concerted efforts of our officers and members, I am sure that our College will go from strength to strength and will continue to contribute to the improvement of women's health.



Ho Pak Chung

Professor Pak Chung HO
Past President (1998-2000)



◆ MESSAGE FROM PAST PRESIDENT



Dr. Lau Cheung Ho, The 5th president of HKCOG



承先啓後
繼往開來

祝賀香港婦產科學院二十周年誌慶

前香港婦產科學院院長

何樓章

二〇〇八年

Dr. Lau Cheung HO
Past President (2001-2003)

◆ MESSAGE FROM PAST PRESIDENT



Dr. Lawrence C.H. Tang, The 6th President of HKCOG

It is with great joy that we celebrate the 20th Anniversary of our College.

In the past 2 decades, our College has led the way in the inception and implementation of all the major dimensions of clinical governance in all her training units. In both the public and private sectors, our College successfully promulgates the concepts and practices of continuous professional development for our Fellows and Members. Collaborating with the O&G Trust Fund, our College actively facilitates the promotion of research for our trainees. Through the conscientious commitments and incessant efforts of our Fellows and Members, the specialty of obstetrics and gynaecology in Hong Kong has provided high quality services to our community and acquired international recognitions among our peers. We are confident that our younger generations will aspire to the exemplary visions and feats of our Honorary Fellows and continue the proud legacy of our College in the coming twenty years and the many twenty years to come.

To understand our Past is the key to finding out if and how we can further change the ways we progress in the future. Happy 20th Anniversary to the HKCOG!



A handwritten signature in black ink, reading "Lawrence C.H. Tang".

Dr. Lawrence C.H. TANG
Past President (2004-2006)

◆ SPEAKERS LIST

International Faculty

Prof. S. ARULKUMARAN	President, The Royal College of Obstetricians and Gynaecologists, UK
Dr. T.C. CHANG	President, College of Obstetricians and Gynaecologists, Singapore
Prof. A. TEMPLETON	Regius Professor of Obstetrics and Gynaecology, University of Aberdeen
Dr. C. TIPPETT	President, The Royal Australian and New Zealand College of Obstetricians and Gynaecologists, Australia

Local Faculty

Prof. K.K.L. CHAN	Clinical Assistant Professor, Division of Gynaecological Oncology, Department of O&G, The University of Hong Kong
Dr. T.H. CHEUNG	Consultant, Department of O&G, Prince of Wales Hospital
Prof. T.K.H. CHUNG	President, Hong Kong College of Obstetricians and Gynaecologists
Prof. C.J. HAINES	Professor, Assisted Reproductive Technology Unit, Department of O&G, The Chinese University of Hong Kong
Prof. P.C. HO	Chairman, Department of O&G, The University of Hong Kong
Prof. T.K. LAU	Professor, Maternal Fetal Medicine, Department of O&G, The Chinese University of Hong Kong
Dr. W.C. LEUNG	Consultant, Department of O&G, Kwong Wah Hospital
Dr. K.Y. LEUNG	Consultant, Department of O&G, The University of Hong Kong
Dr. A.K.L. LEUNG	Deputy Medical Director, Union Hospital
Prof. H.Y.S. NGAN	Professor, Division of Gynaecological Oncology, Department of O&G, The University of Hong Kong
Dr. O.S. TANG	Subspecialist in Reproductive Medicine, O&G Centre, Hong Kong Sanatorium & Hospital
Dr. S.K. YIP	Subspecialist in Urogynaecology, Union Hospital
Dr. P.M. YUEN	Director, Minimally Invasive Gynaecology, Hong Kong Sanatorium & Hospital
Prof. W.S.B. YEUNG	Professor, Division of Reproductive Medicine, Department of O&G, The University of Hong Kong

◆ SCIENTIFIC PROGRAMME

8 November 2008 (Saturday) PM

12:30 – 13:00 **Registration**

13:00 – 13:10 **Opening address** Prof. T.K.H. CHUNG

Session 1
(13:10 – 14:30) **Indemnity Insurance**
Chairperson: Prof. Grace TANG

13:10 – 13:30 Can the Irish litigation crisis happen in the UK? Prof. S. ARULKUMARAN

13:30 – 13:50 Impact of legislative changes in Australia Dr. C. TIPPETT

13:50 – 14:10 O&G: Medico-legal trends in Singapore Dr. T.C. CHANG

14:10 – 14:30 Panel discussion All speakers

Session 2
(14:30 – 16:00) **Gynaecological Oncology**
Chairperson: Dr. May CHAN

14:30 – 15:00 Updates on HPV vaccines Prof. K.K.L. CHAN

15:00 – 15:30 Molecular biology and gynaecological cancers Prof. H.Y.S. NGAN

15:30 – 16:00 Robotic surgery: Prospects in gynaecological cancers Dr. T.H. CHEUNG

16:00 – 16:30 **Tea break**

Session 3
(16:30 – 18:30) **Maternal-Fetal Medicine**
Chairperson: Prof. Terence LAO

16:30 – 17:00 New developments in fetal imaging Dr. K.Y. LEUNG

17:00 – 17:30 Prenatal diagnosis: What is ahead? Prof. T.K. LAU

17:30 – 18:00 Saving mothers in Hong Kong Dr. W.C. LEUNG

18:00 – 18:30 Maternity units in crisis: Lessons learnt from the UK Prof. S. ARULKUMARAN

18:30 – 19:00 **Cocktail & Robing**

19:00 – 19:30 **Admission of New Members and Fellows & Certificates/Award Presentation Ceremony**

19:30 **Conference Dinner**

◆ SCIENTIFIC PROGRAMME

9 November 2008 (Sunday)

Session 4 (09:00 – 10:30)	General Gynaecology / Urogynaecology <i>Chairperson: Dr. Kai Bun CHEUNG</i>	
09:00 – 09:30	Minimal access surgery: What have we achieved so far?	Dr. P.M. YUEN
09:30 – 10:00	Update in management of pelvic floor dysfunction	Dr. S.K. YIP
10:00 – 10:30	Medical and surgical management of miscarriages	Dr. O.S. TANG
10:30 – 11:00	Tea break	
Session 5 (11:00 – 12:30)	Reproductive Medicine <i>Chairperson: Dr. Lawrence TANG</i>	
11:00 – 11:30	Human Infertility in the 21 st Century	Prof. A. TEMPLETON
11:30 – 12:00	Assisted reproduction: Past, present and future	Prof. P.C. HO
12:00 – 12:30	Regulation of assisted reproduction in Hong Kong	Prof. C.J. HAINES
12:30 – 13:30	Lunch	
Session 6 (13:30 – 15:00)	Tomorrow's Obstetrics and Gynaecology <i>Chairperson: Dr. Robert LAW</i>	
13:30 – 14:00	Tomorrow specialists: How can we provide adequate training?	Dr. C. TIPPETT
14:00 – 14:30	Tomorrow reproductive medicine: Contribution from laboratory research	Prof. W.S.B. YEUNG
14:30 – 15:00	Training tomorrow's specialists: Role of the private sector	Dr. A.K.L. LEUNG
15:00 – 15:30	Tea break	
Session 7 (15:30 – 17:00)	Young Investigators' Presentation <i>Chairperson: Dr. Siu Keung LAM</i> <i>Panel of Judges: Prof. S. ARULKUMARAN, Dr. T.C. CHANG, Prof. T.K.H. CHUNG, Dr. C. TIPPETT</i>	
17:00 – 17:05	Closing address	Prof. T.K.H. CHUNG

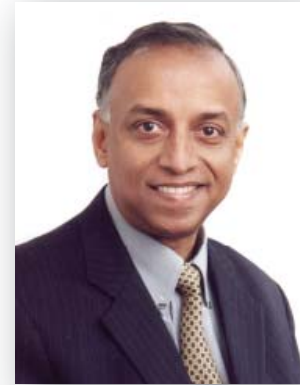
◆ ABSTRACTS – INVITED SPEAKERS

Can the Irish litigation crisis happen in the UK?

Professor Sabaratnam ARULKUMARAN

Professor & Head of Obstetrics and Gynaecology, St George's, University of London, UK

The crisis in litigation in obstetrics and gynaecology was precipitated by the MDU after it settled part of a €4.8 million compensation claim. MDU had collected 25 million Euros in insurance fees from 1997-2003 but had already paid 62 million Euros and had a liability of 130 million. So they asked the obstetricians to pay 400,000 Euros - a ten-fold increase. The obstetricians took the matter to the state. MDU demanded 50 million Government subsidy to lower the fees to 105,000 Euros. The Government blamed the MDU for not charging adequately in the early years. The MDU argued that in 1980 the salary was £10,000 and they charged £100 as anything more would have been difficult for the doctor to pay. The baby born in 1980 had the claims settled in 2003 for several millions; based on retrospective calculation the premium should have been £21,000. A sum no doctor would have been able to pay.



MDU appeared before a public inquiry 'Joint committee on Health and Children' in October 2003. The MDU paid the claims by a system of 'Mutuality' i.e. the risks are spread by the premiums paid by doctors in other disciplines. The GP's did not like the idea of 'robbing Peter to pay Paul'. MDU claimed that it had a duty to all its members. When a member is faced with litigation it will exercise its discretion as to whom and which cases they will assist. They argued that they are a discretionary mutual society and it is not an insurance company and that this fact was made clear to all its members and they had no right to an indemnity. The board will seek assistance to have their request fairly, properly and non-capriciously assessed and the board of management will have the absolute discretion. The Irish state States Claims Agency in 2002 started to indemnify cases related to public hospitals. The obstetricians paid 103,000 Euros per year to MPS. The system has settled with MPS and the state providing the cover.

In England, there is a maximum clause for the hospital of up to £125,000. In the private sector, premium is based on the earnings. Since the hospital and the National Litigation authority compensates for the cases it is unlikely that the Irish Crisis will happen in the UK.

◆ ABSTRACTS – INVITED SPEAKERS

Impact of legislative changes in Australia

Dr. Christine TIPPETT

President, The Royal Australian and New Zealand College of Obstetricians and Gynaecologists, Australia

Until 01 July 2003, medical indemnity cover for individual doctors in Australia was largely provided via membership subscriptions paid to discretionary mutual funds. These were not subject to the regulatory environment under which insurance companies operated. In 1995 the findings of the *'Review of Professional Indemnity Arrangements for Health Care professionals'* were released. The review found that Medical Defence Organisations (MDOs) in Australia were not making sufficient allowance for 'Incurred But Not Reported' (IBNR) claims and the chair of the review, Fiona Tito, predicted that if changes to the way these IBNR claims were provisioned did not occur, the industry would find itself under-funded. As a result, from 1999 onwards MDOs began to convert from 'claims incurred discretionary cover' to 'claims made cover'. A number of factors had a major impact upon United Medical Protection (UMP), Australia's then largest MDO. UMP was placed into provisional liquidation due to concerns about whether it had sufficient funds to meet the cost of these claims.



The Federal Government took a number of steps to address this 'crisis' in confidence of and the security of professional liability insurance:

- It undertook a review of tort law around Australia, from which came a series of recommendations regarding tort reforms aimed at reducing the cost of liability claims in a fair and reasonable manner, and thereby reducing the cost of liability insurance and increasing its affordability.
- It introduced an improved regulatory regime for MDOs and other medical indemnity providers. The Medical Indemnity (*Prudential Supervision and Product Standards*) Act 2003 took effect on 1 July 2003.
- It also released an industry assistance package comprising a High Cost Claim Scheme, an Exceptional Claim Scheme, a Run Off Cover Scheme and a Premium Subsidy.

I will discuss these changes and the current situation in Australia as a result of these changes.

◆ ABSTRACTS – INVITED SPEAKERS

O&G: Medico-legal trends in Singapore

Dr. Tou Choong CHANG

President, College of Obstetricians and Gynaecologists, Singapore

The incidence of medico-legal O&G cases in Singapore has increased in the recent years; concomitant with that, there has also been a near 100% increase in medical indemnity subscriptions in the last 5 years.

Areas of most frequent medico-legal complaints include:

1. Cerebral palsy and allegations of medical negligence in labour
2. Obstetric accidents including shoulder dystocia
3. Antenatal screening for Downs Syndrome



Obstetricians and gynaecologists are faced with increasing likelihood of medical suits, years after the occurrence of the purported event. The fiasco of UMP (an Australian indemnity company) going into receivership in 2002 resulted in many O&G specialist scrambling to buy “nose cover”. Since then, most specialists have opted to join the MPS, although a few have decided to buy insurance from NTUC (a local insurance company). There will also be a discussion of the use of Bolam’s principle, rather than Bolitho’s, in recent medical cases brought to trial in Singapore.

The College of O&G, Singapore proactively engages the Fellows to equip them, through continuing medical education and continuing professional development, to improve communication skills with patients and enhance patient care. Some recent efforts by the College include:

1. Risk Management Workshop, co-organised with Cognitive institute, Australia (sessions on Mastering Patient Communication, mastering Adverse Outcomes, mastering Difficult Patient Interaction)
2. Clinical Practice Guidelines on Antenatal Screening for Downs syndrome, to offer consistent and up-to-date advice to pregnant patients
3. CME lectures on complications in gynaecological surgery and how to reduce risk

◆ ABSTRACTS – INVITED SPEAKERS

Updates on HPV vaccines

Professor Karen Kar Loen CHAN

Division of Gynaecology Oncology, Department of Obstetrics and Gynaecology, The University of Hong Kong, Queen Mary Hospital

Human papillomavirus vaccine has now been approved in more than 100 countries worldwide. With its potential to reduce up to 70% of cervical cancer, the vaccine has become part of the national immunization program in at least 19 countries. Its efficacy in reducing high grade cervical intra-epithelial lesions (CIN) has been well demonstrated in large phase 3 randomised clinical trials. However, questions such as age group for administration, vaccine safety and duration of protection continue to raise concerns. The vaccine was first approved for young women between the age of 9 and 26. Results from recent studies are beginning to provide evidence to support its effectiveness in older women up to the age of 45 and its approval for administration has recently been extended to women up to 45 in some countries. Since its launch in 2006, safety issue has been one of the prime concerns. Data from clinical trials showed no significant differences in serious adverse events in the vaccinated and control groups. After its launch, reports of possible side effects have been continuously collected throughout the world. Serious adverse events such as deaths caused by cardiac arrest and thrombosis had been reported but so far, no causal relationships can be demonstrated between vaccine administration and these adverse outcomes. Data for duration of protection continues to be collected as women from early clinical trials are followed up for antibody levels and development of clinical lesions. Meanwhile, various studies attempt to demonstrate sustained antibody titres and immune memory, although antibody levels may not directly translate into vaccine efficacy. Overall, new scientific data continue to emerge after the successful marketing of both bivalent and quadrivalent vaccines. Meanwhile, women's concerns and acceptance of the vaccines continue to be addressed as all these issues contribute to the overall success of the vaccine in reducing cervical cancer worldwide.



◆ ABSTRACTS – INVITED SPEAKERS

Molecular biology and gynaecological cancers

Professor Hextan Yuen Sheung NGAN

Division of Gynaecology Oncology, Department of Obstetrics and Gynaecology, The University of Hong Kong, Queen Mary Hospital

Molecular study in gynaecological cancer is possible with the advance in technology and training in biomolecular science. Studies at molecular level allows for better understanding of carcinogenesis, a potential use of molecular tumour marker in diagnosis, monitoring and prognostication of cancer as well as therapy.

In gynaecological cancers using cervical cancer as an example, the study of HPV supported its important role in causing cervical cancer. At molecular level, HPV E6 and E7 proteins of the HPV acted on p53 and pRB genes which control cell proliferation and death. HPV was detected in 12.0%, 93.3%, 90.9%, and 89.6% of normal cytology, LSIL, HSIL and cervical cancer samples, respectively. High-risk HPV16, 18, 58, 52, 33, and 31 were the six major HPV types observed. While HPV16 and HPV18 were most commonly found in cervical cancer, HPV58 was prevalently observed in cervical precancerous lesions, and its frequency decreased with increased disease severity. The strong association between high risk(HR) HPV and precancerous and cancer of the cervix allowed us to use HR HPV testing for screening and vaccination against HPV to prevent cervical cancer.



Studies in many genes in cervical cancer were not as conclusive. Abnormal expression of p53, c-erbB2, c-myc, EGFR and ras showed controversial findings in association with prognosis. However, our study showed that apoptosis and proliferative parameters and p73 abnormal expression had prognostic significance. Further study showed that the 2 isoforms of p73 had opposing effect on radiosensitivity and prognosis. Possibility of applying this knowledge to modify radiosensitivity need further study.

Apart from genetic events, epigenetic study showed that there were hypermethylation of DAPK, p16, MGMT and E-cadherin in cervical cancers and cell lines. Hypermethylation of DAPK was found in squamous cell carcinoma and advanced stage of disease. Though de-methylation agent can reverse the event, more study is required to better define the role of such hypermethylated genes.

Though HPV DNA was detected in plasma of patients with cervical cancer and study on a few patients showed the changes correlated with clinical course, a large study is required to confirm its role in monitoring of the disease.

Therapeutic HPV vaccine or other forms of molecular intervention are still undergoing investigations.

Conclusions: Molecular markers have the potential in clinical applications which need further study.

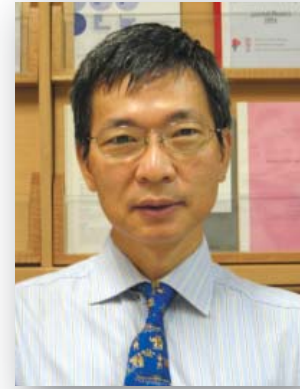
◆ ABSTRACTS – INVITED SPEAKERS

Robotic surgery: Prospects in gynaecological cancers

Dr. Tak Hong CHEUNG

Department of Obstetrics and Gynaecology, Prince of Wales Hospital

Minimally invasive surgery has taken the centre stage of gynaecological surgeries. However, operations performed through laparoscope are technically more difficult, require longer operative time and often associate with higher surgical complications including bladder and ureteric injuries. Better laparoscopic instruments and improved surgical skills and experience allow increased variety of complicated gynaecological surgeries to be satisfactorily accomplished through laparoscope. Although radical hysterectomy and lymph nodes dissection could be performed using laparoscopic instrument, the learning curve is long and therefore limits the propagation of the surgical capability.



Robotic surgery is an advanced version of minimally invasive surgery and targets to overcome inherent limitations of conventional laparoscopic surgery. The major advantages of the innovative robotic instruments include stereoscopic visualization, tremor free images and dexterity achieved with fully articulating surgical instruments. Furthermore, surgeon can operate in a comfortable sitting position and this is especially important when a complex procedure require a long operative time. However, the expense of the surgical instruments and long Robot set up time before carrying out the procedure preclude the wide spread use of Robot to relatively simple laparoscopic procedures. These two factors are less important when one contemplates substituting complicated laparoscopic gynae-oncological surgeries by Robotic surgery. It has been shown Robotic radical hysterectomy has a shorter operative time and reduces blood loss compared to laparoscopic approach.

We may think any laparoscopic surgery can be accomplished equally well if not better by Robotic surgery but this is not true. One major limitation of applying Robotic surgery to gynaecological malignancies is that when the machine is set to look down and operate in the pelvis, lesions in the upper abdomen is not accessible. Robotic surgery is still at its infantile stage and I do believe improvements would become available to solve the inherent weakness of the current design.

◆ ABSTRACTS – INVITED SPEAKERS

New developments in fetal imaging

Dr. Kwok Yin LEUNG¹, Dr. Tina LAM²

¹*Department of Obstetrics and Gynaecology, The University of Hong Kong, Queen Mary Hospital*

²*Department of Radiology, The University of Hong Kong, Queen Mary Hospital*

Ongoing improvements in 2D ultrasound technology allow a detailed examination of fetal anatomy at early gestation. In recent years, advances in technology provide new ways to image fetuses. 3D ultrasonography can provide unique images in orthogonal planar, multi-slice, and rendered format. Additional information for the diagnosis of facial clefts, neural tube defects, and skeletal malformations can be provided. 4D ultrasonography of the heart using spatio-temporal image correlation imaging may improve visualization of cardiac anatomy and allow better assessment of valvular function. However, 3D/4D ultrasonography is limited by quality volume imaging and reconstruction which is dependent on operator experience. Development of a standardized scanning protocol, and automated methods of 3D/4D ultrasonography are needed. Although clinical ultrasound has a demonstrated record of safety for many years, the bioeffects of new ultrasound modalities need further investigations. Fetal magnetic resonance imaging (MRI) is becoming increasingly important. Contrast resolution affords higher clarity of anatomic structures than 2D or 3D ultrasonography. Current technology allows high-quality images can be obtained in seconds, minimizing fetal motion artifact. MRI may improve diagnostic accuracy and change counseling for many fetal central nervous system lesions. MRI is also useful for assessment of fetuses for a potential ex utero intrapartum treatment procedure for suspected airway obstruction. However, limitations of fetal MRI include the lack of availability of equipment, radiology expertise, high cost, and long examination time. In the future, functional MRI can potentially allow assessment of third-trimester brain ischemia or hypoxia, or studies of fetal metabolism by liver assessment. Fetal magnetoencephalography may add functional information when cerebral abnormalities are detected. In the prenatal diagnosis of fetal abnormalities, 2D ultrasonography remains the basis. Addition of new technologies may be helpful in selected cases, but whether perinatal outcomes can be improved require further investigations.



◆ ABSTRACTS – INVITED SPEAKERS

Prenatal diagnosis: What is ahead?

Professor Tze Kin LAU

Department of Obstetrics and Gynaecology, The Chinese University of Hong Kong, Prince of Wales Hospital

Due to the constraint of time, and to avoid being repetitive of previous talks, discussion here will be focusing on prenatal diagnosis of chromosomal abnormalities.

Over the last 20 years, the major advances was in the development of better screening tests, initially in the second trimester and more recently in the first trimester, aiming at the avoidance of an invasive test in the majority while maintaining an acceptable detection rate. However, exciting development and advances have occurred at the same time, which will radically change the why prenatal diagnosis is practised.

First is the discovery of cell free fetal DNA in maternal serum and plasma about a decade ago, which has already been used successfully in the non-invasive prenatal diagnosis for various single gene disorders and other conditions such as non-invasive prenatal determination of the RhD status of fetuses carried by RhD-negative pregnant women. Recently, there are increasing evidences that it is possible to differential the fetal or maternal origin of these DNAs, based on physical differences in DNA size, epigenetic differences, or differential RNA expression. Once we are able to differentiate fetal from maternal DNA, the chromosomal copies can be reliably estimated by studying the allelic ratio of specific polymorphic markers. With such advances, we are now very close to a new era that one could make non-invasive prenatal diagnosis of fetal trisomies from a simple blood sample from a pregnant woman.

Secondly, conventional karyotyping as a gold standard for prenatal chromosomal abnormalities is being rapidly replaced by modern molecular cytogenetic techniques. With new gene chip technologies, it is now possible to screen / diagnose a large number of rare genetic diseases in an otherwise low risk individual, in a much shorter time and at an affordable cost. The question an obstetrician will be facing very soon will no longer be for what we could test but rather for what we should test.

These new advances in non-invasive test and molecular technologies will no doubt open up new dimensions for “better” and “safer” prenatal diagnosis, but also at the same time create new ethnical and social problem. These implications will be further discussed in the talk.



◆ ABSTRACTS – INVITED SPEAKERS

Saving mothers in Hong Kong

Dr. Wing-Cheong LEUNG

Department of Obstetrics and Gynaecology, Kwong Wah Hospital

From the latest report of the Confidential Enquiry into Maternal Deaths in UK (2003-5), the maternal mortality rate (MMR) was 14 per 100,000. 19 women died of homicide. 70 of the 432 women who died from all causes had features of domestic violence. In Hong Kong, the MMR remained low in recent 20 years with an average MMR of 4 per 100,000 i.e. 2 to 3 mothers died per year (data from Department of Health). None of the maternal deaths was related to domestic violence. On the other hand, the no. of reported cases of domestic violence increased progressively in recent 10 years from 1009 to 4424 cases per year (data from Social Welfare Department). Pregnancy can be an excellent opportunity for screening the early stage of domestic violence (psychological abuse) and effective intervention at this stage can prevent the progression of violence or even a major family tragedy such as suicide or homicide. A Domestic Harmony Research Team was formed 10 years ago to study this hypothesis. Members include obstetricians, nurses / midwives, social workers, lawyers, research nurses, counselors and a statistician. The findings from our studies will be presented. Our ultimate goal is to put forward routine screening of domestic violence in pregnancy and to convince the health policy makers and the public to accept this concept and to realize its potential application.



◆ ABSTRACTS – INVITED SPEAKERS

Maternity units in crisis: Lessons learnt from the UK

Professor Sabaratnam ARULKUMARAN

Professor & Head of Obstetrics and Gynaecology, St George's, University of London, UK

The Health Care Commission (HCC) responds to concerns from a variety of sources including patients, the public, the NHS staff or the management. In looking at the overall health services, about 1 in 10 requests for such an enquiry was related to maternity services. The overall issues related to the problems analyzed under the framework of clinical governance are given in Table 1.

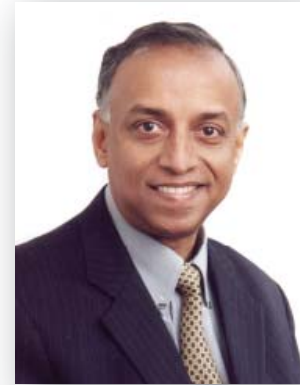


Table 1. Elements of Clinical Governance needed for high quality safe services

1. Leadership – both administrative and clinical including medical staff, nurses, midwives and supporting staff.
2. The capacity in terms of beds available to provide the care both in the delivery unit setting and the antenatal and postnatal settings.
3. The number of clinical staff available, their competency and the working dynamics.
4. Evidence based guidelines and protocols for multidisciplinary team work.
5. Multidisciplinary education and training to keep up the standards.
6. Audit and research – audit to see whether the guidelines are being followed. Near miss audits to identify steps that need to be taken to improve safety.
7. Clinical Risk Management – The structure in place and the reporting mechanisms and dissemination.
8. Patients' complaints; to identify common themes to rectify shortcomings and to respond promptly.

Continued surveillance of parameters described in table 1 will help to maintain quality and safety and to identify possible compromise. This could be achieved by maintaining a '**Performance and Governance Chart**'. The first section of the chart recorded the Activity which consisted of total number of deliveries, Caesarean sections per month and a number was set as a '**red flag**' which meant the administration could take charge of the situation and increase the numbers of staff or reduce the number of deliveries. **Adequate staff** availability was monitored by the number of consultant hours presence and the number of midwifery staff available for 1000 deliveries. The number of supervisors of midwives needed to give adequate support was noted. The **Governance** was monitored by looking at near-miss cases; massive PPH, PP hysterectomies, eclampsia and admissions to ICU. The neonatal morbidity was monitored by recording cases of HIE or meconium aspiration. The chart recorded the number of risk incidents and complaints. This chart, like a 'dash board' in a car indicates ongoing activity and provides warning when safety is likely to be compromised.

◆ ABSTRACTS – INVITED SPEAKERS

Minimal access surgery: What have we achieved so far?

Dr. Pong Mo YUEN

Director of Minimally Invasive Gynaecology, Hong Kong Sanatorium & Hospital

In Hong Kong, laparoscopic surgery in gynaecology was developed in early 1990s. However, it was not until late 90s when this new revolutionized approach became more popular and widely accepted. The number of operative laparoscopies increased from 2,225 in 1997 to 4,408 in 2002, over 50% was performed for removal of benign adnexal masses. Yet, more advanced procedures were still limited to a few centres and its application in oncology was very uncommon. By 2004, 85% of all tubal surgeries and 72% of benign ovarian surgeries were performed laparoscopically, yet the same approach was used in only 20% of all myomectomies, 15% of the hysterectomies for benign diseases and 9% for malignant diseases. Of the 76 laparoscopic hysterectomies, only 1 was radical hysterectomy and there were 41 cases of pelvic lymphadenectomy. The reported complication rate was consistently lower in laparoscopy as compared to the laparotomy counterpart. Irrespective of the magnitude of the procedure, laparoscopic approach was associated with a shorter hospital stay than open surgery, with a mean difference of 2.3 days. The data collection for the 2007 gynaecological endoscopy audit has been completed and the data analysis is underway. The most updated situation will be presented.



◆ ABSTRACTS – INVITED SPEAKERS

Update in management of pelvic floor dysfunction

Dr. Shing Kai YIP

Subspecialist in Urogynaecology, Union Hospital



◆ ABSTRACTS – INVITED SPEAKERS

Medical and surgical management of miscarriages

Dr. Oi Shan TANG

Obstetrics & Gynaecology Centre, Hong Kong Sanatorium & Hospital

In the past century, women with silent miscarriage, inevitable miscarriage and incomplete miscarriage were offered surgical evacuation to reduce the incidence of sepsis and haemorrhage. Surgical evacuation is an invasive procedure which is associated with complications such as infection, haemorrhage, cervical and uterine injury and Asherman's syndrome. As a result, more and more women opt for a less invasive approach to the problem. However, surgical evacuation remains the management of choice in cases of heavy bleeding or if there is evidence of sepsis.



Expectant management is an attractive option for the treatment of first-trimester miscarriages. It follows the natural history of the disease, avoids iatrogenic problems and is likely to be cost-effective. However, the complete miscarriage rate of expectant management varies according to patient selection and duration of waiting period. So far, there has been no predictive factor to determine which woman is going to have a successful expectant management. Therefore, other non-surgical methods with a higher success rate would certainly improve the acceptance.

Medical management using misoprostol is a different approach for the management of miscarriage. A meta-analysis has shown that medical management was 2.8-fold more likely to induce complete miscarriage when compared to expectant management. The recent Cochrane review has confirmed that the medical treatment using vaginal misoprostol hastens miscarriage when compared to placebo. However, the best regimen of medical management is yet to be defined. It is probably difficult to determine the best regimen from the literature since the regimen of misoprostol is not the only factor affecting the success rate, the type of miscarriage, duration of waiting period and the criteria of success are also important factors.

◆ ABSTRACTS – INVITED SPEAKERS

Human Infertility in the 21st Century

Professor Allan Templeton

Aberdeen Fertility Centre, Aberdeen Maternity Hospital, Aberdeen, UK

During the last decade a number of issues have emerged, which it is said, could increase the likelihood of infertility in men and women. These include falling sperm counts, environmental toxins, obesity, chlamydial infection and delayed childbearing. Although all are individually relevant, the overall picture is in fact one of improved fertility and less infertility in most populations. In the Northeast of Scotland, for example, the percentage of couples with infertility has dropped from 14% to 9% during the last 20 years. There is evidence that more couples are seeking help earlier, and more are being treated successfully. However delayed childbearing is causing a problem for many couples in their late thirties and early forties, who are now aware of the fertility issues associated with female age, but erroneously think assisted reproduction can correct this. Effective fertility treatment for most couples is now confined to IVF and related procedures, but the success rate is very dependent on a number of factors, chiefly female age. Traditionally the problem of multiple pregnancy is being addressed around the world with many clinics now moving to one embryo transfer (and cryostorage) for the majority of patients. These issues are discussed in the light of changing attitudes to human fertility and fertility control.



◆ ABSTRACTS – INVITED SPEAKERS

Assisted reproduction: Past, present and future

Professor Pak Chung HO

Department of Obstetrics and Gynaecology, The University of Hong Kong

The first live birth conceived by in-vitro fertilization (IVF) was achieved in a natural cycle. Ovarian stimulation was subsequently introduced to obtain more oocytes and multiple embryos were replaced to increase the pregnancy rates. Because of the risks of excessive stimulation (ovarian hyperstimulation syndrome and reduction in endometrial receptivity), less aggressive ovarian stimulation protocols have been introduced. Most centres are also replacing a smaller number of embryos to reduce the risk of multiple pregnancy. Instead of stimulating the ovaries, some centres have developed the technique of in-vitro maturation of oocytes, but more research is needed before we know the exact role of this technique. The development of the technique of intracytoplasmic sperm injection is a major breakthrough in the management of male infertility. Recent follow up studies have shown that there is a slight increase in the incidence of abnormalities in infants born after this technique, probably due to the characteristics of the parents rather than to the technique per se. Pre-implantation genetic diagnosis has been developed to exclude significant chromosomal or genetic abnormalities in the embryos before transfer to avoid the birth of abnormal babies with chromosomal or genetic abnormalities. This has been extended to screen for aneuploidy in older women but there is recent evidence that it may adversely affect the pregnancy rates of assisted reproduction. Pre-implantation genetic diagnosis has also been used to select embryos with HLA compatible with siblings who have diseases curable by cord blood stem cell transplant. This has raised ethical concerns. Significant improvement in the technique of cryopreservation of oocytes or ovarian tissues makes it possible to preserve the fertility of women with cancers. Although advances in assisted reproductive technology have made it possible for many infertile couples to have children, these advances have also raised many ethical, social and legal issues.



◆ ABSTRACTS – INVITED SPEAKERS

Regulation of assisted reproduction in Hong Kong

Professor Christopher John HAINES

Department of Obstetrics and Gynaecology, The Chinese University of Hong Kong, Prince of Wales Hospital

The legislative processes to regulate reproductive technology procedures in Hong Kong were initiated in November 2000 with the enactment of Parts I, II and Schedule 1 of the Human Reproductive Technology Ordinance. This covered regulations about the use of gametes and embryos for research and other purposes, the provision of RT procedures to infertile couples, regulation of surrogacy arrangements, the establishment of a Council on Human Reproductive Technology and a provision to deal with related matters.

Subsequently, Parts III – VII of the Ordinance, which mainly dealt with prohibitions, procedures for licensing, privacy, offences, regulations and Council procedures were enacted in August 2007.

The full passage of the Ordinance allowed the licensing of RT units in Hong Kong to proceed. Inspections in preparation for licensing commenced in November 2007, and the first licenses are likely to have been issued before the end of 2008. This presentation will describe the application of the Ordinance in Hong Kong, the licensing options and the inspection procedures.



◆ ABSTRACTS – INVITED SPEAKERS

Tomorrow specialists: How can we provide adequate training?

Dr. Christine TIPPETT

President, The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

The challenge that faces the postgraduate institutions charged with specialist training is to ensure that at the end of their training the next generation of specialists are confident and competent specialists:- specialists who have the knowledge, judgment and skills, both clinical and practical, to provide the highest standard of care for women across the ever more sophisticated and diverse spectrum of our specialty.



The recognised increasing difficulty in achieving these goals is due to a number of factors such as increased industrialisation of the medical workforce with the resulting reduced working hours, an increased tension between service delivery and training which has been exacerbated by a diminution of the public sectors commitment to medical training, the demand for flexible and part time training, the ever expanding women's health curriculum and a reduction in access to clinical and operative experience exacerbated by the expansion of the medical management of gynaecological problems. The increasing number of specialist trainees is further exacerbating the training challenges.

The apprenticeship model which has served specialist training is no longer adequate and many questions need to be addressed. Can we train differently? How can we utilize simulation centres, skill laboratories and virtual training? How can we access clinical material in the private sector which is not currently available to trainees? How can we develop our assessment tools so that we can confidently assess competency in the very diverse skill sets required of a well trained obstetrician and gynaecologist?

As specialist medical colleges, we have a responsibility to identify the problems and develop innovative solutions to ensure a high standard of specialist training into the future.

◆ ABSTRACTS – INVITED SPEAKERS

Tomorrow reproductive medicine: Contribution from laboratory research

Professor William Shu Biu YEUNG

Department of Obstetrics and Gynaecology, The University of Hong Kong, Queen Mary Hospital

Laboratory researches are ongoing in different areas of reproductive medicine. Studies using genomic and proteomic techniques have revealed the genes expressed in reproductive tissues from normal women as well as from those suffering from infertility; they have compared the global gene expression profile between receptive and non-receptive endometrium, and between viable and non-viable embryos. These studies allow identification of genes potentially associated with endometrium receptivity and implantation potential of embryos, respectively. Recently, metabolomic technique has been used to aid selection of embryo for transfer.



The maternal environment should be optimal for the development of embryo. Basic research on the interaction of embryos with the oviduct has indicated that the embryos can communicate with and modify the gene expression of the oviduct leading to production of molecules enhancing the development of the embryos. Future studies on interaction of the embryos with the reproductive tract would enable us to develop better culture system.

Researches on stem cells have opened new possibilities in different areas of medicine including reproductive medicine. Efforts are being devoted to differentiate stem cells into gametes. These researches not only give new hope to patients failing to produce gametes but would also create ethical concern to the community.

In summary, laboratory research has always been an integral part of reproductive medicine and shall continue to contribute to our understanding of the biology and pathology of reproductive events, enhancement of the treatment outcome, and development of new research direction in reproductive medicine.

◆ ABSTRACTS – INVITED SPEAKERS

Training tomorrow's specialists: Role of the private sector

Dr. Ares Kwok Ling LEUNG

Deputy Medical Director, Union Hospital

Training of specialists has been domain of the public sector from inauguration of the HKCOG and before. Most colleagues and the lay public would consider training a duty of the public sector. However, training does exist in other areas of the world irrespective of mode of funding. The speaker reviews historical factors, discuss changes in the present, and project into requirements of the future. Changes in both public and private sectors are required so that meaningful training may take root in the private sector.



◆ YOUNG INVESTIGATORS' PRESENTATION

1. **A randomized comparative trial to compare two intervals between administration of mifepristone and misoprostol in second trimester medical abortion**

Dr. Joyce CHAI, Queen Mary Hospital

2. **A prospective cohort study on the mode of delivery of pregnancies after successful ECV over a 6 years period**

Dr. Irene Lai Yin CHO, Kwong Wah Hospital

3. **The incidence of deep vein thrombosis after major gynaecological operation in Chinese population in New Territories West Cluster**

Dr. Ho Kei LEUNG, Tuen Mun Hospital

4. **A randomized controlled trial of tolterodine and solifenacin on tolerability and clinical efficacy for treating overactive bladder in Chinese Women**

Dr. Chi Wai TUNG, Queen Elizabeth Hospital

5. **Three-dimensional ultrasound assessment of endometrial receptivity**

Dr. Alice Wai Yee WONG, Prince of Wales Hospital

◆ ABSTRACTS – YOUNG INVESTIGATORS

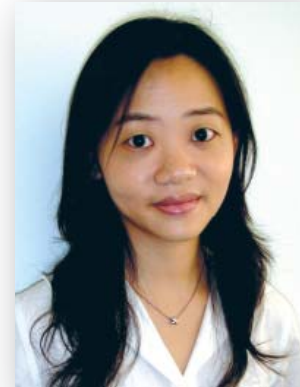
A randomized trial to compare two dosing intervals of misoprostol following mifepristone administration in second trimester medical abortion

J CHAI¹, O.S. TANG¹, Q.Q. HONG¹, Q.F. CHEN², L.N. CHENG², E. NG¹, P.C. HO¹

¹Department of Obstetrics and Gynaecology, The University of Hong Kong

²Shanghai Institute of Family Planning, Technical Instruction, Shanghai, China

BACKGROUND: The conventional timing of misoprostol administration after mifepristone for second trimester medical abortion is 36-48 hours, but simultaneous administration, which may make the regimen more convenient, has not been studied. The objective of this randomized comparison study is to compare two intervals of administration of misoprostol after pretreatment with mifepristone for second trimester medical abortion.



METHOD: Eligible women with gestational age between 12-20 weeks were randomized to receive mifepristone 200 mg orally followed by 600 mcg misoprostol vaginally either immediately or at 36-38 hours later, followed by 400 mcg vaginal misoprostol every 3 hours for a maximum of 4 doses. The primary outcome measure was the success rate at 24 hours and the secondary outcome measures were the induction-to-abortion interval and the frequency of side effects.

RESULT: There was a significant difference in the success rate at 24 hours (36-38 hours: 100%; immediate: 91.5%). The median induction-to-abortion interval was significantly shorter in the 36-38 hours regimen (4.9 hours) compared with the immediate regimen (10 hours). Side effects in terms of febrile episodes and chills/rigors were significantly higher in the immediate administration group.

CONCLUSION: Simultaneous use of mifepristone and misoprostol for second trimester medical abortion is not as effective as the regimen using a 36-38 hour dosing interval.

◆ ABSTRACTS – YOUNG INVESTIGATORS

A prospective cohort study on the mode of delivery of pregnancies after successful ECV over a 6 years period

Dr. Irene Lai Yin CHO

Department of Obstetrics and Gynaecology, Kwong Wah Hospital

OBJECTIVE: To investigate the chance of Caesarean section after successful external cephalic version (ECV).

METHOD: A prospective cohort study was performed from January 2001 to December 2006 in a regional obstetric unit with 5000 deliveries per year. Women with singleton pregnancies in breech presentations after 37 weeks gestation would be invited to attend a designated specialist led in-patient ECV session. They were further selected for ECV using preset criteria. The maternal-fetal characteristics, the success rate of ECV, the mode of deliveries and the pregnancy outcomes were analyzed.



RESULT: Over the 6 year period, 186 women attended the ECV session. 66 women did not fulfill the criteria for ECV, 44 of them (66.7%) because of ultrasound finding of nuchal cord. 120 women had ECV performed, of which 80 were successful (66.7%). 32 women (40%) with successful ECV were nulliparous. The ECV success rate for nulliparous and multiparous women was 56.1% and 77.8% respectively. For the 80 women with successful ECV, 69 of them (86.2%) delivered vaginally (6 women (7.5%) had instrumental deliveries). The Caesarean section rate for women with successful ECV was 13.8% (11 women), which was lower than the 27.6% from a recent meta-analysis.

DISCUSSION AND CONCLUSION: The lower Caesarean section rate in our cohort of women with successful ECV could be related to the stringent selection criteria used, in particular, fetuses with nuchal cord were excluded for ECV. It is important to have a low Caesarean section rate after successful ECV in order to attract more women for this option.

◆ ABSTRACTS – YOUNG INVESTIGATORS

The incidence of deep vein thrombosis after major gynaecological operation in Chinese population in New Territories West Cluster

Dr. Ho Kei LEUNG

Department of Obstetrics and Gynaecology, Tuen Mun Hospital

INTRODUCTION: Venous thromboembolism is a major post-operative complication and may even cause significant morbidity and mortality. It is widely believed that this condition is rare among the Chinese population.

OBJECTIVE: The aim of this study is to find out the incidence of both symptomatic and asymptomatic Deep vein thrombosis (DVT) in Chinese population undergoing elective major gynaecological operation.

DESIGN: Prospective study.

SETTING: A regional public hospital in Hong Kong.

SUBJECT AND METHOD: All Chinese women who underwent major gynaecological surgery were recruited during the study period. Routine bilateral whole lower limb Doppler ultrasound was performed within eight days after the operation.

MAIN OUTCOME MEASUREMENT: Incidence of DVT diagnosed by the Doppler ultrasound.

RESULT: 397 cases were analyzed. The overall incidence of DVT was 4%. Most were calf vein DVT. There was no DVT after laparoscopic surgery alone. The incidence of DVT after Laparotomy and vaginal surgery was 5.1% and 6.7% respectively.

CONCLUSION: DVT after major gynaecological operation is low in Chinese population. The low incidence of DVT in our study supports our current practice that DVT prophylaxis is not given routinely. Ultrasound may help to detect asymptomatic calf vein DVT but the cost-effectiveness requires further evaluation.



◆ ABSTRACTS – YOUNG INVESTIGATORS

A randomized controlled trial of tolterodine and solifenacin on tolerability and clinical efficacy for treating overactive bladder in Chinese Women

Dr. Chi Wai TUNG

Department of Obstetrics and Gynaecology, Queen Elizabeth Hospital

Overactive bladder syndrome is defined by International Continence Society (ICS) as urgency, with or without urge incontinence, usually with frequency and nocturia. It has been ignored in the past especially in Asia as it did not involve life and death situation. However, through the economic bloom in Asia in the past few decades, enhancement of quality of life and increase life expectancy, it becomes the one of common concern in patients as it would cause significant disturbances on their daily activities. The prevalence of overactive bladder syndrome was also increase progressively recently.



Traditionally Oxybutynin has been used as the sole agent for treatment of overactive bladder syndrome. Through the new invention, more selective muscarinic receptor blockers on bladder were invented and they are known as second generation agents. They were able to selectively inhibit the effects of acetylcholine on detrusor muscles contraction and decrease the adherence to other muscarinic receptors in order to avoid those significant side effects like dry mouth, constipation and palpitation.

According to the STAR Trial conducted in Europe, Solifenacin improved quality of life of patient suffering from overactive bladder syndrome when compared with Tolteridine ER. However, the effects on reducing number of incontinence episodes were similar. Significant side effects including blurring of vision, dry mouth and constipation were similar among the two groups of patients.

The life styles of Asian and Caucasian like Dietary habit, Travelling, Exercise were different, thus subjective improvement in quality of life in Caucasian could not be interpreted as the same in Asian population. This study serves the way to answer this question on comparing the improvement of symptom and side effects tolerability between the 2 new generation anti-muacarinic agents, Tolteridine and Solifenacin.

◆ ABSTRACTS – YOUNG INVESTIGATORS

Three-dimensional ultrasound assessment of endometrial receptivity

Dr. Alice Wai Yee WONG

Department of Obstetrics and Gynaecology, The Chinese University of Hong Kong, Prince of Wales Hospital

OBJECTIVE: To evaluate whether the changes of (sub-)endometrial volume and blood flow assessed by three-dimensional (3D) ultrasound in the cycles of in-vitro fertilization and embryo transfer (IVF-ET) can predict the treatment outcome.

DESIGN: Prospective longitudinal observational study.

SETTING: Assisted Reproductive Unit of the Prince of Wales Hospital, the Chinese University of Hong Kong.

PATIENT: 122 women who underwent IVF-ET cycles

OUTCOME MEASURE: (Sub-)endometrial volume and 3D vascular indices (vascularization index, VI; flow index, FI; and vascularization flow index, VFI) were examined after pituitary down-regulation, on day 7 of gonadotrophin stimulation, the day of ovulatory dose of HCG administration, and the day of embryo transfer. Clinical pregnancy rates per ET were recorded.

RESULT: Forty out of 122 (32.8%) IVF-ET cycles ended up in clinical pregnancies. As compared to non-pregnant group, pregnant patients had statistically significant higher endometrial VI [0.34 (0.10-1.00) versus 0.21 (0.03-0.69); $P<0.05$], VFI [0.08 (0.02-0.28) versus 0.05 (0.01-0.20); $P<0.05$] and subendometrial (10mm shell) VI [2.45 (1.42-4.71) versus 1.67 (1.04-3.06); $P<0.05$], VFI [0.75 (0.43-1.54) versus 0.52 (0.29-1.00); $P<0.05$] measured on the day of HCG administration as well as greater increase in subendometrial (10mm shell) VI [0.51 (-1.20-1.59) versus -0.93 (-2.76-0.76); $P<0.05$] and VFI [0.17 (-0.45-.052) versus -0.29 (-0.90-0.24); $P<0.05$] from pituitary down-regulation to the day of HCG administration. In the multiple logistic regression analysis, none of 3D ultrasound parameters was predictive of pregnancy. The area under receiver operator characteristic curve for 3D ultrasound parameters was approximately 0.6 in predicting the outcomes of IVF-ET cycles.

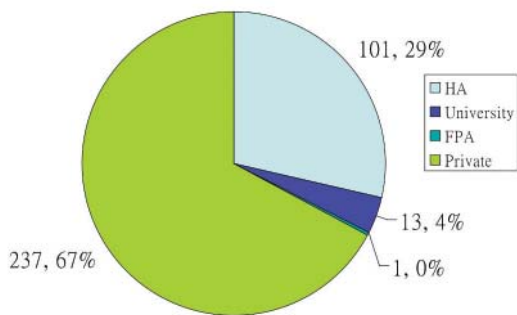
CONCLUSION: As revealed by 3D vascular indices, (sub-)endometrial blood flow on the day of HCG and their improvement after gonadotrophin stimulation was significantly higher in pregnant patients as compared with non-pregnant ones in IVF-ET cycles. However, none of the 3D ultrasound parameters or their changes has been shown to be predictive of the outcomes in IVF-ET cycles.



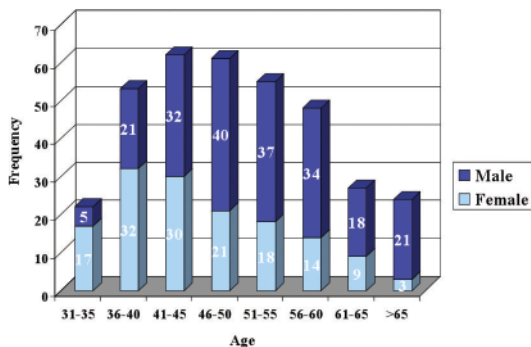
◆ ABOUT THE COLLEGE

The College

Established in 1988 and one of the founding Colleges of HKAM, HKCOG is celebrating her 20th anniversary this year. Up to June 2008, there are 352 specialists actively practicing in Hong Kong, two-third of them are in the private sector and one-third in the public sector or universities. Fifty-nine percent are male doctors. The median age for male and female specialists is 51 and 44 years old respectively.



Distribution of practicing O&G specialists in various sectors in 2008.



Distribution of age and gender of practicing O&G specialists in 2008.

Structured Training of Specialists

The structured specialist training program consists of 4 years basic level and 2 years of higher training. The quality and competence of the trainees are assessed by an intermediate Structured Oral Examination (SOE) set up in 1995, and an Exit assessment set up in 1997. In addition, the College

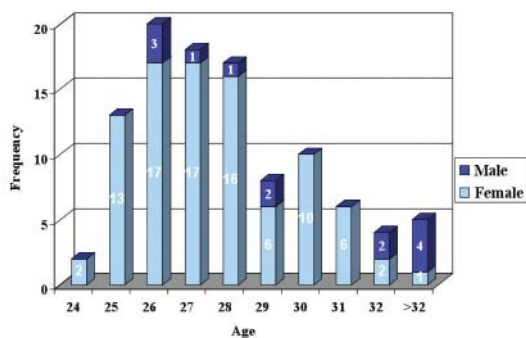


Examiners from Singapore and of Hong Kong in the conjoint membership examination with RCOG in 2006.

holds a conjoint membership examination with the Royal College of Obstetricians and Gynaecologists (MRCOG), which is also a pre-requisite for the completion of the training. Starting from May 2006, the conjoint Part II MRCOG examination is co-organized with the Singapore College of Obstetricians and Gynaecologists and the venue of the examination is rotated regularly between Singapore and Hong Kong. In June 2008, there are 103 trainees and most of them (87%) are female doctors. After passing the Exit examination, trainees are recommended to be granted the FHKAM (O&G). From 2001, the old system of granting Fellowship was changed and FHKCOG is now granted upon gaining the Exit examination.



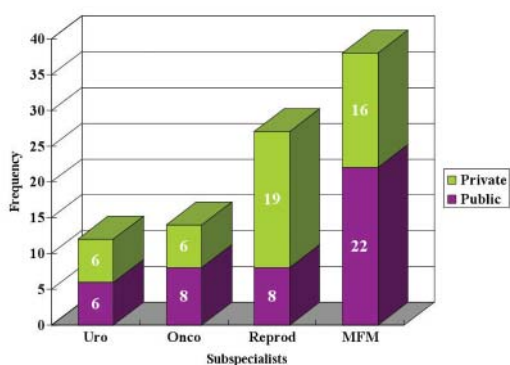
HKCOG's President Professor Tony CHUNG is celebrating the conferment ceremony with his colleagues.



Distribution of age and gender of O&G trainees in 2008.

Training of Subspecialists

Rapid advances in the specialized skills and technology have led to the development of subspecialization in four areas in O&G including Reproductive Medicine, Gynaecological Oncology, Urogynaecology and Maternal and Fetal Medicine. Four respective subspecialty boards were formed between 2001 and 2006 to establish subspecialty training programs which consist of 3 years followed by an exit assessment. The subspecialty qualifications are deemed quotable by Medical Council.



Number of subspecialists and their distribution in various sectors in 2008.

Other Training Programs

HKCOG has collaborated with the Hong Kong College of Emergency Medicine in organizing the Advanced Life Support in Obstetrics (ALSO) since 2003. Since the introduction of the ALSO courses to Hong Kong in 2001, more than 120 obstetric

doctors, 250 A&E doctors, 320 midwives and 145 A&E nurses from both public and private sectors have undergone training and have been accredited. The ALSO training has proved to be successful and remarkably useful especially for colleagues working in the A&E departments where they encountered increasing number of childbirth as a result of influx of non-booked Mainland mothers around 2005-2007.

In addition, to order to promote the gynaecological knowledge and clinical skill among primary care doctors and bridge the gap between primary and secondary care as requested by the Hospital Authority, HKCOG launched in 2006 a diploma course in Community Gynaecology consisting of seminars as well as clinical attachment in a 12-month period.



ALSO Course: Dr William To, the Chairman of ALSO Broad, is teaching trainees the skill of vaginal breech delivery.

Continuous Medical Education (CME) and Continuous Professional Development (CPD)

The College emphasized continuous medical education (CME) well before inception of the HKAM. The College was one of the earliest to engage IT to facilitate

CME program and accreditation. In 2008, the College also started the integrated CME/CPD program with HKAM. Besides holding regular CME meeting, the College also assisted or co-organized with other professional bodies in holding international scientific congresses such as the Second International Congress of RCOG in Hong Kong in 1993, and the Annual Scientific Meeting of Royal Australian and New Zealand College of O&G in 2007 in Australia.

Challenge: now and future

There has been a substantial migration of specialists from the public to the private sector in recent years. In addition, birth numbers have increased significantly mainly due to the number of mainland mothers seeking to give birth in Hong Kong. There has also a move to reduce the number of work hours in the public sector. In such a situation, the maintenance of high quality training and clinical practice in both public



Members of the College and The Obstetrical and Gynaecological Society of Hong Kong at FIGO World Congress 2000, Washington D.C., bidding for World Congress 2006.

Quality Assurance

Regular auditing, accreditation program as well as clinical guideline implementation are essential for quality assurance. Thanks to the cooperation of all private and public units which share the same objective, a territory-wide audit has been successfully conducted regularly and the audit report has been published every 5 years since 1994. Accreditation of maternity service units was started in 1996, and was followed by that of the gynaecological specialist service units in 2003 and colposcopy units in 2004, as well as laparoscopic surgeons in 2000 and colposcopists in 2003. The accreditation of colposcopists is particularly important when Department of Health started to promote routine pap smear screening for cervical cancer recently.

and private sectors are important challenges for the College. However, the system that is in place is intact and many new recruits have started training in the last 4 years.



The 3rd 5-yearly Territory-wide O&G Audit Report published in 2004.

Professor Tony CHUNG
President of HKCOG

◆ HONORARY FELLOWS



Professor Ho Kei MA CHUNG (1998)



Professor Kin-Hung LEE (2005)



Professor Grace TANG (2006)



Professor Allan CHANG (2006)

◆ PRIZE WINNERS



Dr. Carina C.W. CHAN



Dr. Tak Yeung LEUNG



Dr. Wai Hon LI



Dr. Evelyn L.K. YEO

The Winners of Best Papers in Young Investigators' Presentation in 1998



Dr. Edmund H.C. HON



Dr. Pui Shan NG



Dr. Louis Y.S. CHAN

The Winners of Young Investigators' Presentation in 1999

The Winner of Trainees' Presentation in 2003



Dr. Karen K.L. CHAN (2003)



Dr. Edith O.L. CHENG (2004)

The Winners of LC HO Award



Dr. Alice W.Y. WONG (2005)



Dr. Irene M.L. CHEUNG (2006)



Dr. Mei Yun CHAN (2007)



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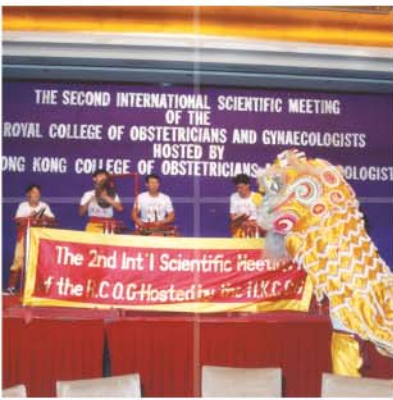




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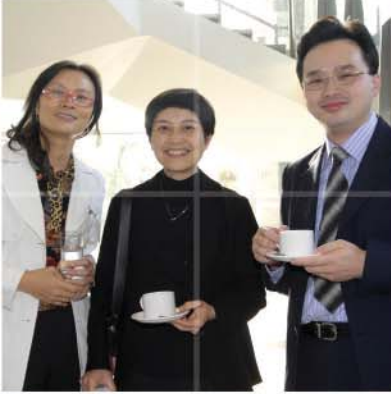




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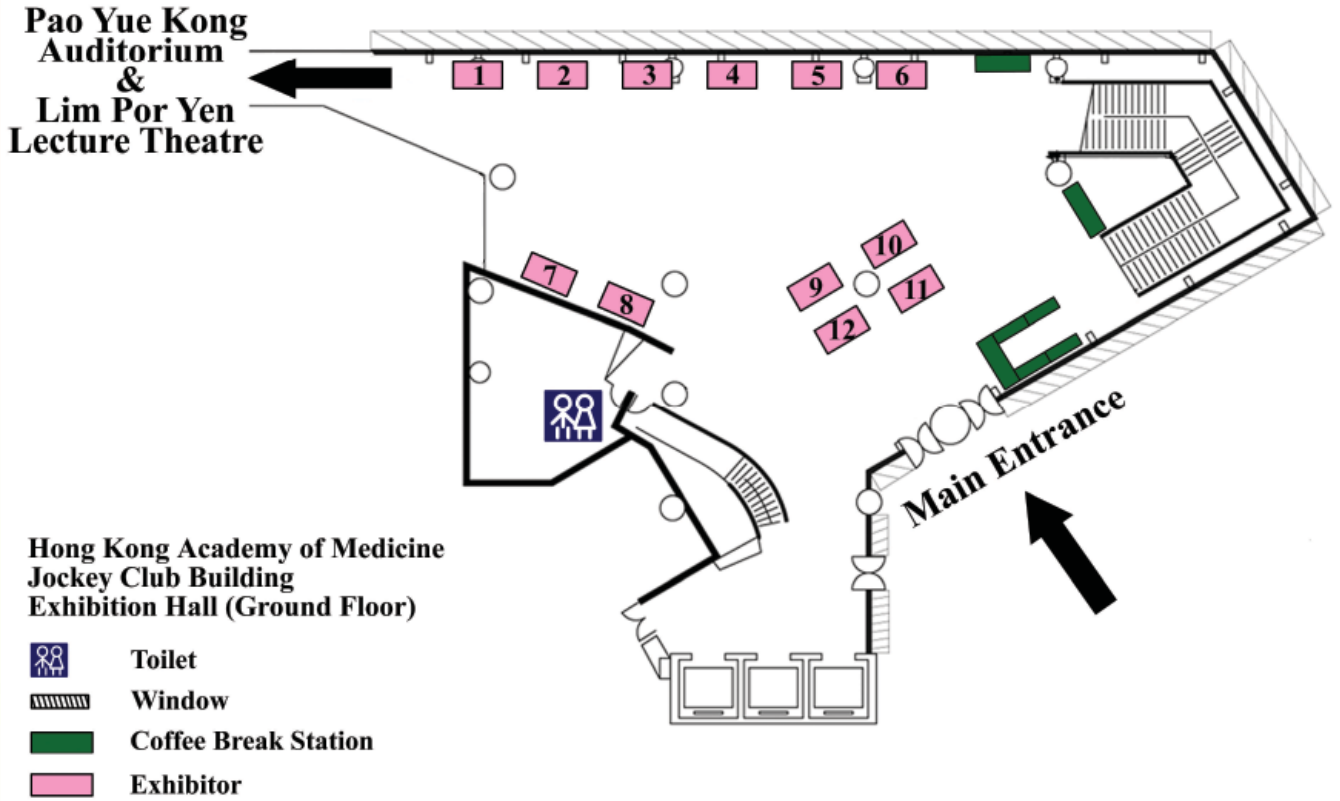






◆ TRADE EXHIBITION

Wong Chuk Hang Road



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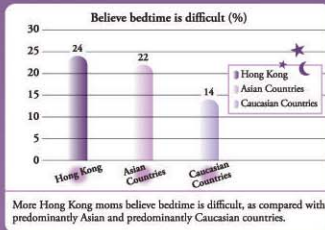
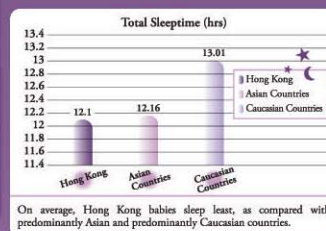
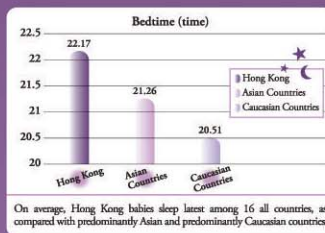
Customized Sleep Profile



The First Infant Sleep Survey Reveals That Hong Kong Babies Have To Improve Sleep

Asia Pacific Pediatric Sleep Alliance (APPSA) undertook a worldwide survey with Johnson & Johnson, capturing sleep habits of more than 30,000 babies, aged 0-36 months, covering 16 countries. In Hong Kong, 1,121 babies participated in the survey. Results show that Hong Kong babies have the most sleep problems among all countries. We have lots of room to improve our babies' sleep.

The online survey found that Hong Kong babies on average got to sleep at 10:17pm, an hour later than that elsewhere in Asia and one and a half hours later than their European and American counterparts. The average length of sleep is about 12 hours every night which is almost an hour less than that of European and American babies. As a matter of fact, many parents find bedtime is difficult and believe that their babies have sleep problems.



Sleep affects a child's overall functioning, including physical, emotional, cognitive and social development. There are also potential effects on cardiovascular, immune and metabolic systems. Sleep problem first presenting in infancy may persist into the preschool & school-aged years and become chronic with its important long-term consequences. A child's sleep problems also affect parents, causing them to lose sleep, affecting their mood and behavior, and might pose an impact on their interactions with their child. Hence, to help baby become a good sleeper is crucial for both babies and parents.

Please click www.johnsonsbaby.com.hk/sleep



After completion, you will receive a detailed report and professional advice which help your baby to have a qualified sleep.

