

Department of Orthopaedics & Traumatology



Queen Mary Hospital



The University of Hong Kong Medical Centre

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Message from the Editorial Board

Time flies. Our year of celebration of the 50th anniversary has come to an end. To conclude, we have the walkathon - "Bone Voyage" to raise the awareness of bone and joint diseases and the re-opening of the AR Hodgson Library. These events provided us with good opportunities to catch up with our old friends and to meet with new people. As a department, we shall continue to strive for excellence in both the clinical and academic fields.

Joint replacement surgery (JRS) is one of the Orthopaedic sub-specialties that is rapidly advancing, both in terms of its surgical techniques and implant designs. Moreover due to the aging population, the demand for joint replacement surgery is also surging. In this issue, we are delighted to have Professor KY Chiu to take us through the development of the Division of Joint Replacement and how he projects its future development.

Lastly, the editorial board will like to take this opportunity to wish you all a prosperous and fruitful year of Dragon.

Interview with Professor Peter Kwong-Yuen Chiu

*Dr. Paul Aarne KOLJONEN,
Dr. Margaret Woon Man FOK*



Q. Professor Chiu, thank you for accepting this interview. I understand that you and your division have devoted over 20 years to the study and perfection of the art and science of joint replacement surgery. Can you tell us, what makes this sub-specialty so unique?

A. Joint replacement surgery is all about the restoration of function and motion. We are not dealing with life or death, but rather the quality of life of our patients. Each step that we take for granted for walking can be agonizing for patients with arthritic joints. By giving them a painless, stable and durable joint, I feel that we are doing a great thing. In my opinion the surgery is very cost-effective and gratifying. Not to mention, the success rate is also very high.

Q. What is the most important quality a surgeon should have to go into Joint Replacement Surgeries?

A. We are not necessarily surgeons with the finest of dexterity, but we certainly are perfectionists. We aim to restore the innate mechanical environment for each joint during surgery. In order to achieve it, a lot of attention to detail is needed. Even though the perception of the surgery itself may be crude, the attention to the biomechanics, biomaterials, the offset in the hips, or the component rotation in the knees etc, cannot be overstated. In the early days when we had less experience, we would be satisfied by just completing the surgery itself, but now we demand much more from each surgery.

Q. Can you tell us the history of the Division of Joint Replacement in our hospital?

A. The history of joint replacement in this department actually begins in the 1970's by Prof Hogdson, when he first started doing hip replacements. So in fact we have over 40 years of history! In the 80-90's, members of the department travelled around the world and brought back the most advanced skills. Back then, we had no waiting list and few patients. Later on, in the 1990s, Dr. David Fang devoted much of his time in performing joint replacement surgeries. Then I took up the task from 1995 onwards.

In 1997 the Division of Joint Replacement was formally formed. In fact, this year is our 15th anniversary. From 1995 to 1997, there were only myself and one rotating trainee doing all the surgeries. In 1998-1999, Dr. WM Tang and Dr. TP Ng joined the division, and in 2001 we had Dr. WP Yau. Since then we produced a steady research output and slowly we evolved from a service division to one which manages both clinical and research aspects. Nowadays Dr. CH Yan and FY Ng are the key members of the division.

Q. I understand that the Joint Course has long been one of the division's major activities. Could you tell us how this program came about?

A. This program started in 2001 and we are now in our twelfth year. Even earlier on, back in 1997, we already had collaborations with the mainland surgeons. However we wanted a more "structured" way of sharing our surgical skills, thus the offering of the Joint course. The official medium of teaching is Putonghua.

The participants have found the courses very "practical". To date, we have more than 10 courses per year. We have run more than 100 courses with over 1000 attendees.

Q. Can you tell us how the "Joint Registry" came about? What's in the future?

A. Our early research work started in 1995, when I began to collect data from the so-called "blue and white cards" - a standardized form with all outcome data registered. Back then we called it the Joint Registry, and this formed the basis of many of our earlier papers. Many of these were clinical papers reviewing the surgical results of our predecessors' joint replacements.

From the year of 2000, we changed our research direction. We felt that we had more up-to-date ideas to perform certain surgeries, especially on Asian hips and knees. In the early days, Dr. David Fang had developed the Asian hip system. Along the same line of research, we looked at features like the rotational alignment of the femur, the posterior tibial slope, the lower limb axial alignment in Asians etc. From 2000-2005, with the help of Dr. WM Tang and Dr. TP Ng, we spent a lot of time in studying the joints in Asian patients, and indeed we have discovered a lot.

Then, there was the introduction of navigation surgery. From 2003-04 onwards we started doing joint replacements under navigation. We were one of the earliest surgeons to use this technology. Thanks to Dr. WP Yau, frontiers were broken. We are pretty much on par with the leading orthopaedic centers in the world.

In the clinical research aspect, we are moving from just reviewing clinical outcomes, to performing well structured randomized controlled trials. Since 2005, we wanted to look for more evidence to back up our clinical practices thus we started studies in comparing surgical techniques / prostheses. For example, Dr. FY Ng compares the post-operative pain control effect by using either peri-articular cocktail injection or femoral nerve block in patients with total knee replacements. Currently we are doing a major prospective study on patient-specific implants.

For the future, we aim to collaborate more with the basic scientists. An area of research we hope to develop is the basic sciences of osteoarthritis. We study cartilage, and more importantly subchondral bone, hoping that we can intervene osteoarthritis at the level of the basic pathology. We are now working with Prof William Lu, Dr. Paul Wan and some PhD students on a lot of bench research. In the meantime Dr. CH Yan is also doing genetic studies for osteoarthritis of the knee.

Q. Finally, let's look at the bigger picture. Our population is aging and the demand for joint replacements is getting higher and higher. As doctors in public services, how can we serve our community in a better way?

A. I agree we are overloaded by the demand. In 2001, our division did less than 250 joints and the waiting list was less than 2 years. In 2011, our division did 364 joints (and is steadily increasing) but the waiting list is still over 3 years. We are not alone in this problem. For example, in the UK and Canada, they have the same problem. As the financial situation in every country's health care system is different, we tackle our problems in different ways. Sweden has a population of nine million people and they manage to perform over 20,000 knees and hips per year!

Possible remedies in HK may be the establishment of the joint replacement centers. But, I believe the immediate relieving measure will be related to our own funding. The budget, and not our surgical capability, is the major limitation to the number of joints that we can do in a year. In the past we could only do two surgeries a day, now we can do four joints and still finish before 4pm! The camaraderie with our operational nurses and anaesthetists, the improvement in our surgical skills, the set up of streamlined protocols etc all play a role in maximizing our efficiency. Right now, we strive to maximize our potential from within and in the long run we look forward to financial input from the Hospital Authority and the Government.

Osteoarthritis and Genetics

Assistant Professor Chun Hoi YAN

Osteoarthritis (OA) is a multi-factorial disease of the joints characterized by gradual loss of articular cartilage and progressive alterations in the structural and functional properties of subchondral bone. It is the most common form of arthritis and is the major cause of activity limitation and physical disability in the elderly. Knee OA has high prevalence in Chinese population. It is estimated that at least one third of the population over the age of 65 is affected.

From 2000 to 2009 – a 10 year period, a total 1157 total knee arthroplasties (TKA) were performed in Queen Mary Hospital for primary knee OA. 78.4% was made up of female patients. The number of TKA increased from 91 (88 patients) in 2000 to 181 (150 patients) in 2009. The incidence of TKA per 100,000 populations was relatively static from 2000 to 2008, but then showed a surge in 2009. Compared with the first 5 years, 2000-2004, more patients over 80 years of age received TKA than in 2005-2009. However the proportion of patients under 60 did not show any significant change.

Knee OA has a multifactorial etiology and can be considered as the product of an inter-play between systemic and local factors. Understanding the genetic contribution to OA has two important clinical implications. Firstly, by finding the responsible genes which are associated with either risk of the disease or progression of OA, one will have a better understanding in the molecular pathogenesis of OA, which may open areas for therapeutic intervention. Secondly, by identifying sets of genetic variants associated with risk of the disease or with progression of OA, it will be possible to detect individuals who are at high risk of developing osteoarthritis. In turn we can attempt to lessen the disease progression.

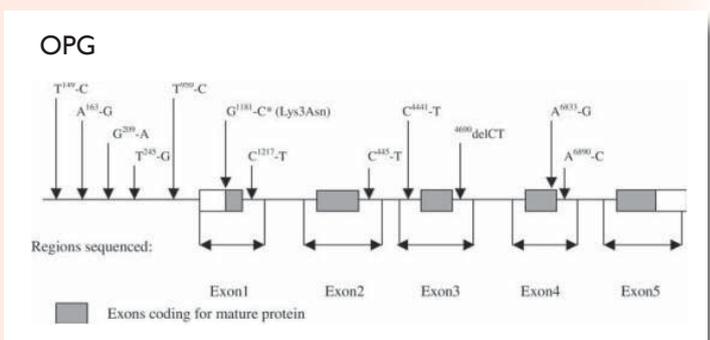
We have been collecting a well characterized knee OA cohort in southern Chinese subjects since 2009. The cases (303 subjects, only primary knee OA) were defined 1) clinically by the criteria of knee OA by the American College of Rheumatology, and 2) radiographically as having Kellgren & Lawrence grade 3 or 4 (advanced OA) on weight bearing X-ray. The controls (201 subjects) were defined as patients with no clinical symptoms and signs of knee OA and with Kellgren & Lawrence grade 1 or 0 on weight bearing X-ray. Because knee OA is an age-related degenerative pathology, only controls ≥ 60 years of age were included. We believe that a well defined cohort with strict inclusion and exclusion criteria would increase the chance of finding significant risk genes.

The G/C SNP at position 1181 in the first exon of the OPG gene (rs2073618) has been demonstrated to have a

significant association with knee OA. Comparing with the control group, the frequency of G allele in the case group was statistically significant ($p = 0.004177$). Carriers of the G allele of rs2073618 had an odds ratio of 1.612 (95% CI, 1.163 to 2.238) for knee OA compared with the control group.

This 1181 G/C polymorphism resulted in a substitution that caused corresponding amino acid change at codon3 from lysine (AAG) to asparagine (AAC). Among OA cases, 58.1 % were of the GG, 38.5 % were of the GC and 3.4 % were of the CC genotypes. In contrast, 43.4 % of controls were of the GG, 49 % of the GC and 7.6 % of the CC genotypes ($p < 0.005$ for cases compared with control groups). Although this significance may not survive the multiple analyses, it can potentially be improved by expanding the cohort size.

OPG belongs to the tumour necrosis factor receptor superfamily and controls osteoclastogenesis together with RANK ligand. Previous studies showed that the GG genotype was associated with a significantly lower bone mineral density in the lumbar spine than the CC genotype. The first exon of the OPG gene encodes the signal peptide, which is necessary for OPG to be secreted from the cell. IL-1B, on the other hand, is a cytokine that mediates the inflammatory response. Our results confirm the association of OPG polymorphism with knee OA. The results indicate there is a possible role for OPG in the etiology of OA. OPG can be the potential target of OA disease-modifying drugs.



Avascular Necrosis of Femoral Head - Past, Present and Future in Queen Mary Hospital

Dr. Fu Yuen NG

I. Introduction

Avascular necrosis of femoral head is a disease of the death of bone cells within the femoral head. As the name of the disease suggests, ischaemia is the culprit e.g. a fracture neck of femur leading to a disruption in the blood supply of the femoral head. However, there are also non-traumatic causes e.g. chronic alcoholism and steroid use. Nowadays, osteonecrosis of femoral head (ONFH) is a more favorable terminology describing the condition.

II. Natural History

This disease typically affects the weight-bearing zone of the femoral head, sparing the acetabulum in the early stage. The natural history remains elusive. Research has shown that the natural history of the disease is progressive. Unfortunately, patients usually present late with end-stage arthritis. Early detection may allow higher chance of preservation of the native femoral head.

III. Common Causes in Hong Kong

The common causes include high dose of steroid intake, chronic alcoholism as well as post-traumatic cause. We occasionally find this condition in fishermen who require deep-sea diving, suffering from Caisson's disease. Our total hip replacement database has shown that the most common causes for total hip replacement for atraumatic osteonecrosis of femoral head are chronic alcoholism and steroid intake. Interestingly, the idiopathic cause is not uncommon in Hong Kong. Based on our joint registry, the female to male sex ratio for chronic alcoholism leading to total hip replacements is 1:14 while steroid intake leading to total hip replacement is 1:0.8.

IV. Classification

Ficat and Arlet are the most widely used classification systems. Basically, stage I & II are pre-collapse stages while III & IV are post-collapse stages. X-ray remains as the first line investigation. Diagnosis of post-collapse stage is not difficult on radiographs. However when the femoral head is in the pre-collapse stage, MRI would be more useful in the delineation of the site and extent of the necrotic lesion.

V. Options of Bearing in Total Hip Replacement

Because the affected patients are mostly young and are breadwinners of their families, there create a dilemma of whether to perform total joint replacement in these group of patients. Patients are skeptical because of the possible need for future revision surgeries (due to wear and osteolysis of the prosthetic hip joint). With the advancement in tribology, the bearing surfaces become more and more wear resistant.

The bearing using metal on highly cross-linked polyethylene has shown superior wear resistant property, both in-vitro and in-vivo compared with conventional polyethylene. Since April 2001, our division has started to use highly cross-linked polyethylene for both



primary and revision surgery. After 10 years, we have not identified the first case of osteolysis secondary to severe wear yet. We estimate the chance of revision for wear and osteolysis would be less than 10% after 10-year follow-up. However, revision may still be needed if the prosthetic joint needs to work longer. A more wear-resistant bearing is ceramic-on-ceramic. Laboratory has shown superior wear resistance compared with metal on polyethylene. However, this material is brittle and fracture of ceramic implants has been reported. The cause of fracture has been likely related to the manufacturer's fault. In the last decade, this is rarely reported. Another concern is squeaking. Squeaking is a high-pitch noise, heard during the movement of the prosthetic joint. Many studies suggested that the position of the components could be the culprit. In our experience, we have used ceramic-on-ceramic selectively for our young patients since 1998. We have encountered neither ceramic fracture nor squeaking.

VI. Current Management Options for Pre-collapse Disease

For the pre-collapse stage disease, there are other surgical options, namely, core decompression, curettage and bone grafting, femoral rotational osteotomy, and tantalum rod. However, there is no guarantee of successful results even in centers specialized in these surgical techniques. Core decompression is a simple surgical procedure. However, the successful rate depends on the stage of presentation. Curettage and bone grafting using vascularised or non-vascularised grafts is another option. However it is associated with surgical morbidity in both donor and recipient sites.

Literature has shown that after using vascularised iliac crest graft for AVN hip, the hip joint is prone to stiffness with a reduction in hip flexion. This may in turn affect patient's daily living. Professor Yoichi Sugioka (the SC Fong Visiting Professorship, 1981), demonstrated the famous Sugioka rotational osteotomy in our department. However, most

centres could not match Professor Sugioka's excellent results. The new surgical technique using tantalum rod to replace the necrotic segment has been a hot topic. However, if the disease progresses, the tip of tantalum rod in the collapsed femoral head will protrude into the hip joint, eroding the acetabulum. Furthermore, the excellent bio-integration of tantalum to the host bone may cause difficulty in removing this implant if complications arise. Therefore, further research is required in arresting the disease in the pre-collapse stage.

VIII. Research Project of Division

Currently, our division is collaborating with a commercial company on a new research project to use a minimally invasive technique to implant a super-elastic cage into the necrotic segment. The research has been approved by Institutional Research Board of the Hong Kong West Cluster

of Hospital Authority and the research will commence in 2012. Hopefully the success of this new technique may reduce the chance of disease progression, thus preventing the use of total hip replacement in patients suffering from osteonecrosis of femoral head in the future.



Sugioka Osteotomy of R hip

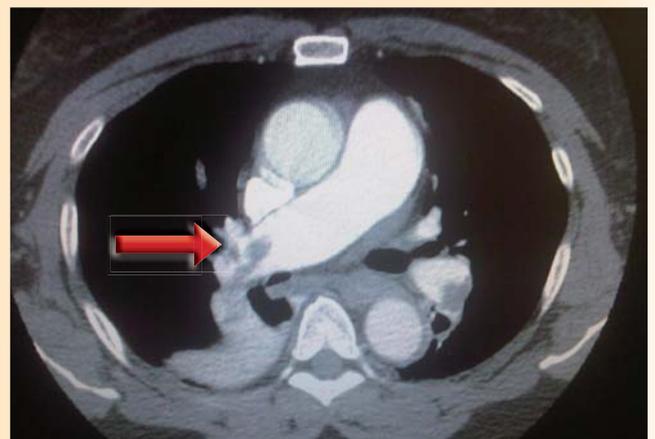
Changing Pattern of Venous Thromboembolism Following Total Hip and Knee Arthroplasty

Dr. Ping Keung CHAN

Venous thromboembolism (VTE) is a well-known complication that can occur following total knee arthroplasty (TKA) and total hip arthroplasty (THA). VTE comprises a spectrum of conditions, ranging from asymptomatic deep vein thrombosis to fatal pulmonary embolism (PE). In the past, there was a perception that, because of ethnic differences, the risk of developing VTE after major orthopaedic surgeries in Asians was lower than the Caucasian population. However, this perception is being challenged as there was accumulating evidence showing an increase in the incidence of VTE in Asian populations. Some studies even showed that the risk of VTE is equal to that of Caucasian populations.

In our recent 11-year retrospective review based on analysis from CDARS (Clinical Data Analyses & Reporting System), a clinical information system in Hospital Authority (HA), the incidence of radiologically confirmed PE within 90 days after primary TKA was 0.51% (6 out of 1174 primary TKA operations). Moreover, it was found that the incidence of PE after TKA increased in all HA hospitals in recent years. Due to the aging population in Hong Kong, the number of people who undergo total joint surgeries is increasing. At the same time, as our government has injected more funding into joint replacement surgeries, a further increase in the total number of TKA and THA will be expected in the coming years. In turn, the number of complications from VTE will likely to rise. Therefore, studies on VTE, especially on the prophylaxis of VTE after TKA and THA in our local population, are in an urgent need. As a first step, we should collaborate with other public hospitals in

Hong Kong to conduct a multi-center study with the aim of finding the incidence of VTE after TKA and THA and the potential risk factors associated with VTE in our local population. Hopefully, this study will inspire more studies in this important issue, leading to a better understanding of VTE after TKA and THA in our own population.



CT pulmonary angiography showed the presence of filling defects (red arrow) in the pulmonary artery, confirming the clinical diagnosis of PE in one of our patients after TKA.

The Role of Operation Nurses in Total Joint Replacement Surgeries

Ms Winnie CHAN

Many studies had shown that preoperative patient education is important in enhancing patients' recovery and satisfaction. However with the current fast-paced admission process, limited time is left for preoperative education. The teaching can be fragmented, ineffective, or even nonexistent due to the busy preoperative environment.

Since 1999, with the support of the Division of Joint Replacement, we have established the weekly preoperative education clinic for joint replacement patients. An experienced operating theatre nurse will meet the patients who are going to have joint replacement in that week. Our aim is to decrease anxiety of the patients and their relatives by giving them honest, realistic and factual information.

A 15 minutes video presentation (in English, Cantonese or Putonghua), illustrating a patient's journey in an operating theatre (OT), has been prepared to facilitate the understanding of the procedures. The video includes the following information:

- Snap shots of the OT
- Personal identity verification procedure
- Preoperative preparative procedures e.g. Fasting time, OT attire, removal of false teeth etc.
- Different monitoring accessories
- Establishment of intravenous lines,
- Description of the induction procedures
- Different anesthetic and surgical procedures
- Expected length of stay in OT
- Different methods in pain control

The preoperative education clinic is being conducted in an interactive manner. Patients are given chances to have hands-on experiences to some of the peri-operative apparatus, e.g. the wound drain, the PCA pump etc. They are encouraged to ask questions. Moreover nurses could also pick up patients' concern and fear via their facial expressions or body languages in this clinic. They will then try to alleviate these anxieties by explanation and encouragement. As the levels of concentration of the patients decrease with time, the duration of the session is kept to 45 minutes.

The usefulness of the pre-operative clinic has been evaluated. It is noted that the sharing of information with patients has increased their awareness and alleviated their anxieties. A good nurse-patient relationship can then be achieved. For the further, our new challenge is to modify the preoperative education class so that it can be in-cooperated into our new practice.



Interactive clinic

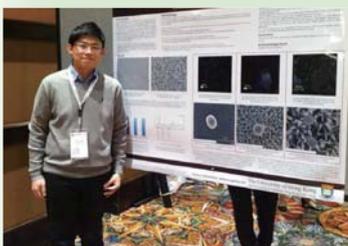


15 min video presentation

My 1st Experience in the TERMIS-NA Annual Meeting

Mr. Mark Li

I am an MPhil student (supervisor Assi. Prof K Yeung). I was delighted to attend my 1st international conference, Tissue Engineering and Regeneration Medicine International Society-North America (TERMIS-NA) Annual Meeting and to present the project "Antibacterial Properties of Novel 1D ZnO Nanowires on Medical Grade 316L Stainless Steel Surface" in Houston, United States in December, last year.



Mr Mark Li at the TERMIS-NA

During the conference, I met leaders of tissue engineering, such as Professor Robert Langer, Professor Rui Reis and Professor Kurt Kasper and learnt the latest development in the field through plenary lectures. Moreover, I had the chance

to share my research project with other scientists in the world at the poster presentation. These experiences had widened my horizon. I felt stimulated and am now ready to overcome future challenges in my research study.

During this trip, I took the opportunity to visit Johnson Space Center which was an official visitors center of NASA and space shuttle launch station. It was due to the curiosities of mankind to space that the space shuttle was developed in the last century. From the sending of astronauts to the moon by rocket in 1960s to the development of international space station nowadays, it appears that the human dream of exploring space will never end.

Lastly, I would like to thank Assi. Prof. K Yeung and Assi. Prof. M To for sharing their precious experience with me.

Walkathon - "Bone Voyage"

Dr. Dennis King Hang YEE, Assistant Professor Chun Hoi YAN

Year 2011 marked the 50th anniversary of our department. The walkathon not only commemorated the great success our department had achieved in the past half century, but betokened a bright new beginning in the 21st century.

On 17th January 2012, over 200 participants gathered at the HKU Stanley Ho Sports Centre despite the imminent rainclouds. We were particularly delighted to see many new and old friends of the department, including many past and present staff members together with their families, representatives from the patient groups including the Hong Kong Rheumatoid Arthritis Association and the B27 Association, undergraduate and postgraduate students, and staff members of various pharmaceutical and prosthesis companies. Professor Lap Chee Tsui, Vice-Chancellor of the University of Hong Kong; Professor Sum Ping Lee, Dean of the LKS Faculty of Medicine; and Professor Keith Luk, Head of the Department started the event with welcoming and congratulatory speeches. They were



Official Horn-blowing Ceremony

then joined by other distinguished guests for the official horn-blowing ceremony. During the 30-minute walk, the participants, all wearing the same T-shirt bearing the specially designed walkathon logo, passed by the Duchess of Kent Children's Hospital, the Macle hose Rehabilitation Centre and the Fung Yiu King Hospital – all of which have a strong tie with the history of our department.

At the end of the walk, people were pleasantly surprised by the visit of Dr. Dogs. Our canine friends greeted the participants with endless passion and zest and put smiles on all young and old faces. The walkathon was concluded by a lucky draw, another highlight of the day. Happy and satisfied, the participants left with gifts and joyful memories.



Opening of the AR Hodgson Library

Dr. Kenny Yat Hong KWAN

Ms Jennifer Hodgson (daughter of Professor AR Hodgson), Professor Sum Ping Lee (Dean of the LKS Faculty of Medicine), Professor John Leong and Dr David Fang were among the guests who attended the formal opening ceremony celebrating the completion of refurbishment of the AR Hodgson library on Wednesday 15th February, 2012. The refurbishment project was part of the series of celebratory events of our department's 50th Anniversary and the University's Centenary.

The meeting was hosted by Associate Professor Frankie Leung. It was addressed by Professor Keith Luk, our department's Chair Professor, who spoke of his personal memories of the original Hodgson Library including his occupation of the premises as an on-call room with his own sleeping bag during the early days of his career! Professor John Leong recounted some of his memories and experience when he worked with Professor Hodgson. He named the department library after Professor Hodgson in his memory and recognition of his contributions to the department. Dr Kenny Kwan presented the life and career of Professor Hodgson, but the highlight came when Ms Hodgson presented a collection of the historic and personal photos of her father with a running commentary of the stories behind them. This brought back many fond memories for all the invited guests amongst who were Dr SF Lam, Dr YY Kwok, Dr David Cheng, Dr SY Chun, Ms Amanda and Charlyn

Yau (daughters of Professor Arthur Yau).

Finally the ceremony closed with the formal unveiling of Professor Hodgson's portrait in the library by Professor Luk and Ms Hodgson. The historic photo albums and newspaper cuttings lent by Ms Hodgson were also on display and were viewed with great interest by our guests and members of the department.

The Hodgson Library is now opened, housing all the Department's publication and various Orthopaedic textbooks. It also serves as a venue for meetings and seminars.



Prof Luk, Ms Hodgson and distinguished guests

Congratulations

Dr. Jason PY Cheung (presenter), Dr. KC Mak, Dr. Dino Samartzis, Dr. YW Wong, Dr. WY Cheung, Prof. Keith DK Luk, ¹Prof. Behrooz A. Akbarnia, Prof. Kenneth MC Cheung was awarded **The Arthur Yau Award at HKOA 2011**. The title of the paper is "Use of a remotely distractible, magnetically controlled growing rod (MGR) for the treatment of scoliosis in young children".

¹Department of Orthopaedics at the University of California San Diego

Assi. Prof. CH Yan (presenter), Dr. Y Qiu, Prof. KY Chiu, Prof. KMC Cheung, Dr. D Chan, Mr. P Kao, Dr. FY Ng was awarded **The Orthopaedic Basic Science Award at HKOA 2011**. The title of the paper is "Interleukin-1 Beta (IL-1B) and Osteoprotegerin (OPG) gene polymorphisms are associated with knee osteoarthritis in Chinese".

Assi. Prof. CH Yan (presenter), Prof. KY Chiu, Dr. FY Ng was awarded **The David Fang Trophy for the Best Paper on Adult Joint Reconstruction at HKOA 2011**. The title of the paper is "Cementation technique and mechanical alignment, which is more important to the survivorship of Low Contact Stress mobile-bearing total knee arthroplasty? - A study of minimum 7 years follow-up".

Announcements

Goodbye to: Dr. Tze-Pui Ng, who left the Department after serving over 20 years in the department for private practice in January 2012. We wish him every success in the coming future

Congratulations to:

Dr. Ka-Ho Ng was promoted to **Consultant** in February 2012. He has also been appointed the **Chief of Division of Orthopaedic Rehabilitation**.

Dr. Ying-Lee Lam was appointed the **Chief of Division of General Orthopaedics & Oncology** in February 2012.

Forthcoming Events

The 9th Hong Kong International Orthopaedic Forum will be held on 26th -27th May, 2012 at Cheung Kung Hai Conference Centre, the William MW Mong Block, LKS Faculty of Medicine, HKU. The theme this year is "Orthopaedics and Pain".

The 3rd Anatomy and Basic Sciences Course will be held on 11th -14th August, 2012 at the LKS Faculty of Medicine, HKU. Please call Ms. Doris Lau at 2255 4581 or email lws835a@ha.org.hk for more information.

Basic Microsurgery Course

Please call Ms. Doris Lau at 2255 4581 or email lws835a@ha.org.hk for more information.

Dr Margaret WM FOK (presenter), Asso. Prof. WY Ip, Dr BKK Fung, Prof. SP Chow was awarded **the HKSSH Best Paper Award, 2012**. The title of the paper is "10 years Results Using Dynamic Treatment for Proximal Phalangeal Fractures of the Hands"

Mr Wilson WK Lun was awarded the **Graduate Student Travel Scholarship, Tigris Educational Fund, Tech Dragon Limited** on 30 December 2011

The Professor SP Chow Prize in Orthopaedic & Traumatology for the academic year 2010-2011 has been awarded to **Group 4 students of Rotation 4 of Specialty Clerkship** for their outstanding presentation on "Scaphoid fracture - is there a need for fixation?"



Prof SP Chow and Group 4 students

Dr. Alex Chow was appointed **Part-time Consultant (O&T), MMRC** in February 2012.

Dr. Hon-Bong Leung was promoted to **Associate Consultant** in October 2011.

Dr. Fu-Yuen Ng will be promoted to **Associate Consultant** in April 2012.



Dr Alex Chow



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