# UNION connection VOL 212 November 2024

#### Message from the Chief Hospital Manager

Dear Colleagues,

By the time you read this message of mine, we shall be approaching the end of 2024. It is also time for us to look back on what we have done and achieved. For Union Hospital, it has been a year of bumper harvest with awards almost more than the fingers of one hand can count. Let us look at our infra-structure first. We are very fortunate to have the big gun real estate developer, the Henderson Land Group, partnering and supporting us. Since 2008 when our extension of four floors on top of the hospital's Main Building claimed the Platinum Standard awarded by the HK BEAM Society (香港環保建築協會), the Sky Garden which we installed on the roof top of the newly completed two storeyed extension block on the podium level was recently granted the Gold Award by the Leisure and Cultural Services Department, HKSAR, in the private garden category.

Next we come to the quality services for which we are renowned over the years. For two consecutive years, 'etnet' of the Hong Kong Economic Times in its Health Partnership Awards 2023 and 2024 voted us Outstanding Innovation and Excellence in Medical Services. At the same time, after a lapse of some years because of the Covid epidemic, once again we were given the Gold Award in Readers' Digest Trusted Brand (Private Hospital). Here I must thank the meticulous effort and hard work of my comrades and colleagues, from grass-root employees to department heads, in serving our clients such that the spirit of our slogan 'Caring-Reliable-Empathetic' is being fulfilled in every sense of the words.

For the past two decades or more, we have harnessed modern information technology into clinical care for our patients. Thus we self-developed the Mobile Clinical Solution (MCS) and MCS-Plus for our nurses in the wards to facilitate their nursing duties with emphasis on patient safety and electronic documentation. These enabled Union Hospital to become the 'finalist' in the 2016 HiMSS AsiaPac Innovations Challenge. When RFID (radio frequency identification) technology came into being, we applied it to track patients in the maze of our Medical Imaging Department. Recently we are doing a trial to follow the where-abouts of a patient in the operation theatre so that our nurses can readily answer questions from anxious family members waiting in the corridor outside. Because of these, we have been chosen by the Headline Daily to be awarded Editor's Choice No. 1 prize in Healthcare Service with Cutting Edge New Technology (編輯之選 No. 1嶄新科技醫療服務).

Lastly but not the least, the Mediazone Group of publishers had again voted Union Hospital as Hong Kong's Most Valuable Companies 2023 with Most Innovative Healthcare Solutions and Technologies. Now that we are coming soon to the end of 2024, we look forward to the 30th anniversary of the establishment of Union Hospital. By then we should pride ourselves with the theme 'Three Decades of Innovation'. It is with an extremely happy note that I would like to end my message here and to wish you and your family a Most Joyous Season for Christmas and the coming New Year.

Yours most sincerely,

Dr Anthony K Y Lee Chief Hospital Manager & Medical Director

# **Sharing Corner**

### The Use of Postoperative Radiotherapy in Keloid Management: An Evidence-Based Perspective



Dr Yeung Sin Yu, Cynthia Consultant in Clinical Oncology Union Hospital

Keloids are abnormal fibrous tissue growths that occur at the site of skin injuries, characterized by excessive collagen deposition and a tendency to extend beyond the original wound margins. They can cause significant physical discomfort, aesthetic concerns, and psychological distress for affected individuals. Traditional treatment options for keloids include surgical excision, corticosteroid injections, silicone gel sheeting, and cryotherapy. However, these methods often have limited success rates and a high recurrence rate. In recent years, postoperative radiotherapy (PORT) has emerged as a promising adjunctive treatment to reduce the likelihood of keloid recurrence following surgical intervention. This article discusses the rationale for using PORT in keloid management and reviews the evidence supporting its efficacy.

#### **Rationale for Postoperative Radiotherapy**

The underlying mechanism of keloid formation involves an imbalance in collagen synthesis and degradation, leading to excessive scar tissue formation. Surgical excision, while effective in removing the visible keloid, does not address the underlying pathophysiological processes that contribute to keloid recurrence. PORT aims to mitigate this risk by delivering ionizing radiation to the surgical site, which can inhibit fibroblast proliferation and collagen production, thereby reducing the likelihood of keloid regrowth.

The timing of radiotherapy is critical; it is typically administered within 24 to 72 hours post-surgery when the wound is still healing. This timing is believed to maximize the therapeutic effect while minimizing potential side effects. Lee et al <sup>1</sup> demonstrated a significantly increased recurrence rate of keloid when the gap between surgery and irradiation is more than 72 hours. The use of low-dose radiation has been shown to be effective in preventing keloid recurrence without significantly increasing the risk of radiation-induced complications.

#### **Evidence Supporting Efficacy**

A growing body of literature supports the use of PORT in keloid management. Several studies have demonstrated that PORT significantly reduces recurrence rates compared to surgical excision alone. For instance, a systematic review and meta-analysis published in 2023<sup>2</sup> analyzed multiple studies involving patients who underwent treatment for keloid. The results indicated that the addition of radiotherapy reduced the recurrence rate from approximately 50-80% (with surgery alone) to around 10-30% when PORT was included in the treatment regimen.

Another notable meta analysis conducted by Mankowski P et al <sup>3</sup> involved 72 studies on treatment of keloid by surgery followed by PORT. The meta-analysis demonstrated a recurrence rate of only 13-23% when surgery is followed by PORT. Similarly, a Japanese series<sup>4</sup> reports 174 earlobe keloids treated with postoperative radiotherapy with a 4% recurrence rate at 18 months. A Korean group has reported a satisfactory local control rate of 77% in the use of postoperative radiotherapy for postpartum patients with confirmed keloids resulting from previous Cesarean sections<sup>5</sup>.

Moreover, PORT has been shown to be well-tolerated by patients, with minimal side effects reported. Common side effects include transient erythema and skin irritation at the treatment site, which typically resolve without intervention. Long-term complications such as fibrosis or secondary malignancies appear to be rare when low doses of radiation are used. Several cases of malignancy <sup>6</sup>(fibrosarcoma, basal cell carcinoma, thyroid carcinoma, and breast carcinoma) that developed after radiation therapy for keloids have been reported but the causal effect cannot be confirmed.

Regarding the technical aspect of post-operative irradiation for treatment of keloid, superficial Xray or electron therapy would usually be used instead of photons. Radiotherapy using photons is the conventional method to deliver dose to deep seated visceral organs. Superficial Xray and electron therapy has the advantage of a more rapid falloff when compared with photons at the same depth from skin(See figure 1). This results in a less penetrating radiation beam with radiation dose more confined to the depth of clinical interest.

#### Conclusion

Postoperative radiotherapy represents a valuable addition to the management of keloids, particularly for patients at high risk of recurrence following surgical excision. The evidence supporting its efficacy is robust, with numerous studies demonstrating significant reductions in recurrence rates when PORT is employed as an adjunctive treatment. As our understanding of keloid pathophysiology continues to evolve, integrating PORT into standard treatment protocols may enhance patient outcomes and improve quality of life for those affected by this challenging condition.





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# Sharing Corner

# Outsmarting menopause with hormone replacement therapy



Dr Sin Wing To, Angela Consultant in Obstetrics & Gynaecology Union Hospital

The concept of menopause dates to ancient times, with the Greek term "menos" meaning month and "ausis" meaning cessation describing the state when a woman's monthly menstrual period comes to an end. Centuries later, we are just beginning to understand and care for the 51% of the population who, at some stage in their lives, will go through menopause if longevity allows.

For years, women have quietly navigated through this phase of their lives, accepting the symptoms and health consequences of menopause as an inevitable part of womanhood. Surprisingly, there has not been a single mainstream movie that focuses on the topic of menopause. Pixar's "Inside Out 2" ingeniously explored the many emotional and physical changes of a teenage girl navigating her way through puberty. As for menopause, will we need to wait till Riley turn 50?

#### Let's start caring about menopause NOW

Natural menopause commonly occurs between the ages of 45 to 55 years. Most women dread the arrival of the "menopause" because traditionally and culturally it is regarded as a sign of ageing and cognitive decline. Emerging data and MRI images of the postmenopausal brain suggest that with appropriate management of this transition, individuals possess the potential to develop a stronger, more enhanced brain.<sup>i</sup>

There are different types of menopause, some may happen gradually over a period of time while others may happen abruptly and women are given little time to react. One school of thoughts is that management of menopause starts long before menopause happens and that we should prepare our body to embrace and welcome this transition.

#### Types of menopause

- Natural menopause (without intervention)
- Surgical menopause (i.e. after surgical removal of both ovaries)
- Medical menopause (i.e. post chemotherapy or radiotherapy)
- Premature menopause (menopause before age 45)

#### Symptoms of menopause

Symptoms of the menopause may include **hot flushes, palpitations, mood changes, vaginal irritations, impaired concentration and memory, sexual dysfunction and insomnia**. Each woman's experience of the menopause can be very different. Some women don't have any of the above symptoms, whereas some women's life is turned upside down.

Suffering and tolerating symptoms while waiting for symptoms to subside over time is no longer the recommended approach to menopausal care. Symptoms of menopause can last from 3 years to 11 years and are not as transient as previously believed. Women are empowered to seek medical advice and treatment early as to combat the threat of long-term health consequences associated with declined oestrogen level.

#### Long term health consequences

The abrupt decline in oestrogen production during menopause, dramatically increases the risk of cardiovascular disease (CVD). Depletion in oestrogen has been shown to impact **metabolism of lipid**, **insulin sensitivity**, **body adipose tissue distribution** and subsequently leading to metabolic syndrome which includes **hypertension**, **hyperlipidaemia**, **insulin resistance**, **obesity**, **and glucose intolerance**. This consequently increases the risk of progression to CVD and type 2 diabetes.<sup>11</sup>

Alzheimer's disease (AD) risk is 1.67 folds in women as compared to men. Dysregulation of neuromodulatory hormones, which can occur during and after menopause, has been shown to increase the risk of developing AD.<sup>III</sup>

#### **Treatment of menopause**

Seeking treatment early is associated with better relief of symptoms and a reduction in long term sequelae associated with loss of oestrogen support. The treatment of menopausal symptoms typically involves a range of approaches tailored to individual needs. Common strategies include:

- 1. **Hormone Replacement Therapy (HRT)**: This involves oestrogen or a combination of oestrogen and progesterone to alleviate symptoms like hot flashes, vaginal dryness, and mood swings. HRT can be administered orally, topically, or through patches.
- 2. **Non-Hormonal Therapies**: Options include cognitive behaviour therapy (CBT), selective serotonin reuptake inhibitors (SSRIs), serotonin-norepinephrine reuptake inhibitors (SNRIs), and gabapentin for managing symptoms like hot flashes and mood swings.
- 3. **Alternative Therapies**: Some women find relief through acupuncture, yoga, mindfulness meditation, and herbal supplements like black cohosh and soy, although evidence on their effectiveness remain variable.
- 4. **Lifestyle Changes**: Healthy lifestyle habits such as regular exercise (20-30 minutes, 2 to 3 times a week of moderate intensity), a balanced diet, stress management techniques, and avoiding triggers like caffeine and alcohol can help reduce symptoms.
- 5. **Regular Health Screenings**: Perimenopausal and menopaused women are advised to have regular health check up with their doctor on their risk of cardiovascular disease, metabolic conditions and bone health.

#### Benefits of Hormone Replacement Therapy (HRT) – THE GAME-CHANGER

- Relief of Vasomotor Symptoms: Therapeutic options like clonidine, paroxetine, gabapentin have shown some benefits in alleviating hot flushes. However, oestrogen replacement remains the most effective treatment available, showing effectiveness in 70-95% of women.<sup>iv</sup>
- 2. Improved Vaginal Health: Vaginal oestrogen is the most effective at reducing vaginal dryness, vaginitis and urinary tract infection. <sup>V</sup> Transdermal or oral oestrogen may be of benefit in refractory cases. However, decreased libido has been associated with oral oestrogen, whereas transdermal oestrogen has been shown to improve libido and sexual satisfaction. <sup>vi</sup>
- 3. **Enhanced Mood**: Menopausal women have 3 times the risk of a major depressive episode as compared to premenopausal women. Transdermal oestrogen and micronized progesterone have been shown to almost halve the number of reported depressive symptoms. <sup>vii</sup>
- 4. **Improved Sleep Quality**: Sleep disorder is common in the menopausal transition, affecting 40-60% of women. Transdermal oestrogen and micronized progesterone have both been shown to significantly improve sleep quality. <sup>viii</sup>
- 5. Reduction in Cardiovascular Risk: Starting HRT within 10 years of menopause can lead to a reduction in coronary heart disease (CHD). <sup>ix</sup> A Cochrane review of 19 trials showed for every 1000 women taking HRT, there were 8 fewer cases of CHD and 6 fewer deaths from any cause. <sup>x</sup> Transdermal formulations are preferred in women with hyperlipidaemia, diabetes, hypertension, or other risk factors for CVD. <sup>xi</sup>
- Reduction in Osteoporosis: There is a 10-15% average reduction in bone mineral density across the menopause transition. HRT has been shown to reduce bone turnover rate by approximately 30%, subsequently reducing the risk of osteoporosis and associated fracture risk. <sup>xii</sup>

#### **Risks of Hormone Replacement Therapy (HRT)**

- Increased Risk of Strokes and Venous Thromboembolism (VTE): Oral oestrogen and progesterone use may elevate the risk of strokes and VTE. However, non-oral administration of oestrogen (transdermal or intravaginal) along with specific progesterone (micronized progesterone or dydrogesterone) has shown to significantly lower this risk.
- Breast Cancer Risk: Studies indicate a slight increase in breast cancer risk with oestrogen-progestogen therapy, while oestrogen-alone therapy is associated with a decreased risk. Newer studies using micronized progesterone or dydrogesterone have shown even more favourable outcomes.

#### Key Points about HRT

- 1. The risk-benefit ratio of HRT is more favourable for women under 60 years old or within 10 years of menopause onset.
- 2. Transdermal administration (gel or patches) of oestrogen is linked to fewer complications compared to oral administration.
- 3. Micronized progesterone is associated with a lower risk profile than medroxyprogesterone acetate in women without a hysterectomy.

#### **Conclusion:**

The rise in the average lifespan means that a significant number of years is now spent post-menopause. Optimising menopausal care can significantly reduce the risk of long-term health consequences and improve quality of life in the postmenopausal period.

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### News & Events

#### **Post-event Highlights**

#### Impeccable medical services consistently provided to Hong Kong Jockey Club (HKJC) as 2024/25 racing season starts

Continuing commissioned by the HKJC, the Chief Medical Officer (CMO) Team led by Dr Clara Wu and made up of dedicated Emergency Medicine specialists from Union Hospital has geared up to provide the best allrounded medical care and support services to the Club for the whole season ahead and beyond. The services span a wide spectrum, from jockeys' health surveillance to world-class prehospital emergency care on raceday.

Having been tasked with knowledge and skill enhancement, the CMO Team and the Hong Kong College of Emergency Medicine jointly run a structured training course "Prehospital Medical Support for Horse Racing" accredited by the International Federation for Emergency Medicine.

Horse racing integrity and safety are paramount. The CMO Team conducted a drill in Happy Valley Racecourse on 14 October 2024, with participation of staff from Hospital Authority, St John Ambulance, HKJC medical and vet teams, HKJC transport team, and HKJC facilities management team at all grades and levels who play vital roles in ensuring a safe racing environment for jockeys and riders, trainers, and related staff. The drill reiterated safety protocols, reviewed and reinforced emergency preparedness and response capabilities.

Our sincere appreciation goes to all partners and supporting teams who have made the CMO Team's work easier. At seven years of valued partnership with the HKJC, the high-performance CMO Team will maintain momentum by continuously upholding professional competency and ethical practice. May our collaborative achievements continue to soar to even greater heights, and we anticipate many more seasons of success in the years to come.



4-member CMO Team at Season Opening Raceday in Shatin on 8 September 2024 (Left to right: Dr Ho Man Kam, Dr Johnson Chu, Dr Clara Wu, Dr Yuen Pak Chuen)

![](_page_6_Picture_9.jpeg)

"Prehospital Medical Support for Horse Racing" course conducted on 12 November 2023 (Left to right: Dr Ho Man Kam, Dr Yuen Pak Chuen, Dr Adrian McGoldrick - overseas speaker, Dr Clara Wu, Dr Johnson Chu)

![](_page_6_Picture_11.jpeg)

Combined drill in Happy Valley Racecourse conducted on 14 October 2024

![](_page_6_Picture_13.jpeg)

Scenario-based training moderated by Dr Johnson Chu, CMO

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Drill rundown briefed by Dr Clara Wu, Head of CMO Team

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#### Award Recognition: etnet Health Partnership Awards: Outstanding Innovation and Excellence in Medical Services (2024)

Union Hospital is honoured to receive the etnet Health Partnership Award 2024 for Outstanding Innovation and Excellence in Medical Services, recognizing the newly opened Extension Block. This brand-new facility embodies a commitment to excellence by providing a more efficient and comfortable environment for patients. Union Hospital remains dedicated to delivering superior healthcare experiences that meet the evolving needs of the community.

![](_page_7_Picture_3.jpeg)

### Science Park Health Talk (21 October 2024)

Dr Ng Chung Kei, Daniel, Specialist in General Surgery, delivered a talk on "Common Gastrointestinal Diseases & Colorectal Cancer Awareness" at HKSTP on 21 Oct 2024. He discussed common gastrointestinal diseases, and emphasized the importance of understanding the causes, symptoms, prevention, and treatments for colorectal cancer, raising awareness for early detection and treatment. The talk received great response with over 60 participants attended.

#### **CME** Programme

#### CME Programme: Recent Update in Management of Hip and Knee Osteoarthritis (4 October 2024)

Dr Lam Kin Wai, Michael, Specialist in Orthopaedics & Traumatology at Union Hospital, presented a recent update on the management of hip and knee osteoarthritis. He introduced the Stryker Mako robotic-arm assisted total knee replacement system and compared it with conventional arthroplasty. The talk encouraged a productive discussion among attendees, further enhancing their understanding of this critical area in orthopaedic care.

#### CME Programme: Cutting-edge Approaches in Hepatobiliary & Pancreatic Surgery (1 November 2024)

Dr She Wong Hoi, Consultant in General Surgery at Union Hospital, shared cutting-edge approaches in hepatobiliary & pancreatic surgery. He discussed new treatments for liver conditions/diseases, including hepatocellular carcinoma and liver metastasis. The session concluded with a productive discussion.

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# **Trends of Cultured Pathogens**

Most Common Pathogens IsolatedEscher-JacoliPeriodMay to AugJan to AprNumber of Isolates per Admission (Total number of Urine Cultures)267 (2261) Including 52 ESBL & 2 CPE214 (1984) Including 60 ESBL & 2 CPEIsolation Rate11.8%110.8%AntibioticsNon-susc=	The Most Frequently Isolated Pathogens from Urine Cultures during May to August 2024			
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	Trimethoprim/Sulfamethoxazole	37%↑	35%	

Respiratory secretion Cultures turing May to August 2024					
Period	May to Aug 2024		Jan to Apr 2024		
No of Request	953		88	31	
Pathogens	Number of Isolates	Isolation Rate	Number of Isolates	Isolation Rate	
H. Influenzae	78	8.2%↓	101	11.5%	
Pseudomonas aeruginosa	75	7.9%†	35	4.0%	
Klebsiella pneumonia	47 (included 2 ESBL)	4.9%†	30 (include 3 ESBL)	3.4%	
Streptococcus pyogenes	43	4.5%†	11	1.3%	

\* Non-susceptible Rate of Levofloxacin & Ciprofloxacin is increased as the criteria for the interpretation of Susceptibility on Levofloxacin & Ciprofloxacin were changed on 1<sup>st</sup> April 2020. CPE = Carbapenemase Producing Enterobacteraceae – E.coli

The Most Frequently Isolated Pathogens From Genital Cultures During May to August 2024						
Most Common Pathogens Isolated	Group B Streptococci		Candida albicans		Yeast (Candida albicans excluded)	
Period	May to Aug 2024	Jan to Apr 2024	May to Aug 2024	Jan to Apr 2024	May to Aug 2024	Jan to Apr 2024
Number of Isolates per Admission (Total number of Genital Cultures)	185 (895)	149 (726)	150 (895)	84 (726)	46 (895)	26 (726)
Isolation Rate	20.6%†	20.5%†	<b>16.8%†</b>	11.6%	<b>5.1%</b> ↑	3.6%↓
Antibiotics	Non-susceptible Rate					
Cefotaxime	0.5%	0.0%	<sup>1</sup> Suspectible to penicillin can be considered susceptible to ampicill amoxicillin, amoxicillin/clavulanic acid, ampicillin/sulbactam, cefaclor, cefazo		to ampicillin	
Clindamycin	55.6%↓	56.7%			faclor, cefazolin,	
Levofloxacin	11.2%↓	13.3%	cefdinir, cefepime, cefprozil, cefotaxime, ceftriaxone, cefuroxime, cefpodox ceftizoxime, cephalothin, cephapirin, imipenem, loracarbef, and meropenen			e, cefpodoxime,
Penicillin	0.0%	0.0%				meropenem.
Vancomycin	0.0%	0.0%				

#### Trend of ESBL, MRSA & Stenotrophomonas isolated from all specimen types by every four months

![](_page_8_Figure_6.jpeg)

	ESBL E coli	ESBL strain (other than <i>E coli</i> )	MRSA/ CA-MRSA	Stenotrophomonas
May-Aug 18	73	7	15	4
Sep-Dec 18	73	11	28	5
Jan-Apr 19	63	13	26	10
May-Aug 19	51	7	27	5
Sep-Dec 19	71	9	31	7
Jan-Apr 20	57	5	19	7
May-Aug 20	67	15	18	5
Sep-Dec 20	77	12	40	5
Jan-Apr 21	52	16	14	7
May-Aug 21	77	18	28	8
Sep-Dec 21	71	16	17	10
Jan-Apr 22	68	15	10	8
May-Aug 22	87	22	22	9
Sep-Dec 22	74	16	21	6
Jan-Apr 23	64	11	27	6
May-Aug 23	58	14	18	9
Sep-Dec 23	64	12	15	5
Jan-Apr 24	89	19	17	14
Mav-Aug 24	72	21	37	13

The Most Frequently Isolated Pathogens from

# New Clinical Sessions

Minimally Invasive Centre				
Booking & Enquiry: 2608 3383	Time Schedule			
General Surgery CUHK	Mon – Sat (By Appointment)			
Specialty Clinic - Internal Medicine / Respiratory				
Booking & Enquiry: 2608 3315	Time Schedule			
Dr Ip Lap Shun, Thomas	Mon 10:00 - 13:00   Tue 10:00 - 14:00   Wed 15:00 - 18:00   Thu 15:00 - 18:00   Fri 10:30 - 13:00   15:00 - 16:30 5:00 - 16:30   Sat 10:00 - 14:00			
Specialty Clinic - Paediatrics Cardiology				

Dooking & Enquiry. 2000 0000		
Dr Poon Kam Ha, Louisa	Thu 17:30 – 1	8:00
Specialty Clinic - Psychiatry		
Booking & Enquiry: 2608 3222	Time Schedule	
Dr Tam Woon Chi, Cindy	Mon 14:00 – 1	8:00
Union Hospital Dental Centre		

Booking & Enquiry: 2608 3393	Time Schedule		
Dental Surgeon Dr Cheung Ngai Yu, Iris	Mon Wed	09:00 – 13:00 14:00 – 17:00 09:00 – 13:00	
		14:00 – 17:00	

Plastic and Aesthetic Multidisciplinary Centre

Booking & Enquiry: 2608 3211	Time Sch	nedule
Rheumatology	Mon	10:00 – 12:30
Dr Ho Chi	Wed	15:00 – 18:00

Sat

09:00 - 13:00\* 14:00 - 17:00\*

Union Hospital Polyclinic (Tsim Sha Tsu) Dental CenterBooking & Enquiry: 2608 3393Time ScheduleTue09:00 - 13:00Dental Surgeon14:00 - 17:00

\* Will be on duty on alternative weeks

Dr Cheung Ngai Yu, Iris

# **Regular Meetings**

Meeting :	X-Ray Meeting
Date : Time :	11 Dec 2024 (Wednesday) 8:30am – 9:30am
Co-ordinator:	Dr Hui Ping Kuen, John Head, Department of Medical Imaging, Union Hospital
Venue:	Training Room, 8/F MIC, Hospital Building, Union Hospital
Booking & Enquiry:	2608 3160 (Quality Assurance and Training Department)

**CME** Programme Managing Communication Risks in Modern Clinical Practice

Date:	29 November 20	24 (Friday)	
Time:	2:00pm-3:00pm (Lunch will be served a	at 1:30pm)	
Venue:	Lab 1&2, 8/F MIC, Union Hospital		
Speaker:	Dr Lee Wai Hung Danny Senior Medical Adviser of Medical Protection Society		
	Honorary Clinical Associate Professor, Department of Surgery & Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong		
	Honorary Consultant East Cluster, Hospital	(Surgery), New Territories Authority	
Chairpersons:	Dr Clara Wu Deputy Medical Direc Union Hospital	tor	
	Dr Louis Cheung Assistant Medical Dire Union Hospital	ector	
On-site Registrati	on	Online Registration (Zoom)	
<b>%</b> 2608 31	80	Cme@union.org	

# New Clinical Members

Please extend a warm welcome to the following health professionals for joining our clinical team!

![](_page_9_Picture_14.jpeg)

Specialist in Paediatrics

Dr Ho Chi Consultant in Rheumatology

![](_page_9_Picture_16.jpeg)

Dr Lau Tze Kin Consultant in Obstetrics & Gynaecology

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