Anniversary Celebration
仁安醫院三十周年

UNION Connection

VOL 216 | July 2025

Message from the Chief Hospital Manager

Dear Colleagues,

During the last week of May 2025, Union Hospital underwent the third or last annual Continual Assessment Visit of the 9th triennial cycle of ISO 9001:2015 accreditation by two very experienced and competent surveyors from the British Standards Institution (BSI). The results were very satisfactory and gratifying. The surveyors, shrewd and observant as they were, could not find any areas for improvement, let alone minor non-conformities!

We began our first ISO accreditation in 1999 and I can still remember how I became 'addicted' to this mode of being scrutinized by a third independent and just party to find out and tell us whether we are doing properly as an organization in terms of compliance and governance. During those early days, the spirit of ISO accreditation exercise was documentation and compliance. I took up the job of Chief Hospital Manager of Union Hospital in late 1996. Since the establishment of our hospital was modelled after a small private hospital in Singapore called Thompson Hospital, I went there for a visit to find out how and what they were doing in its day-to-day operational procedures. It so happened that they were having a training session for their managerial team on ISO accreditation. I attended one of them, and it was on 'internal auditing' — teams of auditors from various departments would go visiting other departments to find out areas of deficiency and to identify best practices. The trained auditors helped the auditees to correct or improve the latter's work procedures and, at the same time learn from the good practices of others. It was like cross pollination in the plant kingdom ensuring healthy offspring in propagation. I became attracted to the whole process and decided that this would be the right medicine for Union Hospital whose workers came from a wide variety of institutions and thus possessed quite different work practices in dealing with the same job.

Under the ISO Quality Management System, the whole institution and its various departments will have their vision and mission outlined and departmental procedures documented together with the hierarchy of its members and their responsibilities well-defined. In order to ensure that the staff are doing their jobs according to 'standard working guide-lines (SWG)' provided, i.e., compliance, every six months there will be a round of internal auditing for a number of departments such that within the period of three years every department will have undergone such an exercise. Hence, the spirit of ISO accreditation was mainly 'compliance'. About ten years ago, an element of 'Continuous Quality Improvement (CQI)' was incorporated. Thus the work of each department will have to be quantified, the so-called KPI or Key Performance Indices. The ISO standards became known as ISO 9001:2015 version. By now, the ISO accreditation body BSI (British Standards Institution) recognised our excellent achievements in their six-monthly surveys over the past few years and decided to change the Continual Assessment Visit (CAV) to an annual event. This is certainly a very much welcome proposition.

On looking back, I am pleased with myself for adopting the ISO Quality Management System as the foundation stone for the operation of Union Hospital. Other than what I have mentioned, there was a by-product spun off from the practice of internal auditing, and that was the hospital culture of 'open disclosure'. The whole hospital staff are more than willing to disclose to others, be they internal auditors or external surveyors such as officials from the HK Department of Health, what, how, and why, they have been doing with their job. This proved to be extremely helpful when the hospital is being engaged in surveys by overseas accreditation bodies such as the Trent Accreditation Scheme and the Australian Council of Healthcare Standards. I shall stop here, and I shall reveal to you our experience with accreditation by these organisations in my next message.

Yours most sincerely,

Dr Anthony K Y Lee
Chief Hospital Manager & Medical Director

Advances in Peripheral Nerve Blocks: Supporting Multidisciplinary Collaboration in Regional Anesthesia

Dr Chan Tak Hei Manson
Specialist in Anaesthesiology
Union Hospital

My name is Dr Chan Tak Hei Manson. I recently joined Union Hospital as an anesthetist in January 2025. Over the past few years, I have observed how the field of regional anesthesia—especially peripheral nerve blocks—has advanced rapidly, offering significant benefits for patient care. As clinicians from various specialties increasingly encounter perioperative and acute pain management challenges, understanding these advances is essential for optimal patient outcomes and effective collaboration.

Peripheral nerve blocks involve injecting local anesthetics near specific nerves or nerve plexuses to provide targeted anesthesia and analgesia. Traditionally, these procedures were primarily performed by anesthesiologists within the operating room setting. However, recent technological innovations and a deeper understanding of nerve anatomy have expanded their application across multiple disciplines. This evolution opens opportunities for multidisciplinary teams to work together more effectively, with anesthetists supporting and guiding colleagues in applying these techniques safely and efficiently.

One of the most transformative developments has been the widespread adoption of ultrasound guidance. High-frequency ultrasound probes allow clinicians to visualize nerves, blood vessels, and surrounding tissues in real time, greatly increasing the success rate and safety of nerve blocks. These images help ensure accurate needle placement, minimize vascular puncture, and reduce the risk of nerve injury. For example, ultrasound imaging of the brachial plexus in the supraclavicular region or the femoral nerve in the groin provides clear visualization, even in challenging patients. As a result, non-anesthesiologists involved in perioperative care, emergency medicine, or orthopedics can effectively learn and perform these techniques with proper training, but ongoing support and supervision from anesthetists remain crucial.

Complementing ultrasound, the combination of nerve stimulation with imaging guidance offers an additional layer of safety and confirmation. While ultrasound provides anatomical visualization, nerve stimulation verifies proximity to the nerve by eliciting specific motor responses. This dual approach can be particularly helpful when anatomy is distorted or difficult to interpret, ensuring accurate and safe nerve blockade.

Pharmacological advances also significantly improve outcomes. The development of long-acting local anesthetics, such as liposomal bupivacaine, can extend analgesia up to 72 hours, reducing reliance on systemic opioids postoperatively. The use of adjuvants like dexmedetomidine or dexamethasone further prolongs the duration and enhances the quality of nerve blocks. These agents are increasingly incorporated into clinical protocols, enabling better pain control for patients undergoing surgeries like joint replacements, trauma repairs, or limb surgeries. As anesthetists, our expertise can help guide the selection and safe administration of these agents, ensuring optimal efficacy.

Additionally, the advent of continuous nerve block catheters has revolutionized postoperative pain management. These devices allow ongoing infusion of local anesthetics, supporting prolonged pain relief and early mobilization. Innovations in pump technology—making infusion devices more portable and user-friendly—facilitate their use across various clinical settings. Anesthetists can assist in the placement, management, and troubleshooting of these catheters, ensuring safe and effective pain control.

Safety remains a key concern, especially with wider use of local anesthetics. Advances such as real-time nerve tracking, improved drug formulations, and AI-driven image analysis help reduce risks of systemic toxicity and nerve injury. As we support colleagues in performing nerve blocks, ongoing education about these safety measures is vital to maintaining high standards of care.

The clinical implications of these advances underscore the importance of anesthetists' role in supporting other clinicians. We can assist surgeons by providing effective intraoperative nerve blocks that improve surgical conditions and postoperative pain management, leading to smoother procedures and quicker recoveries. In trauma cases, anesthetists can collaborate with emergency physicians to establish rapid and effective analgesia, reducing patient discomfort and facilitating ongoing care. For orthopedic surgeons, our expertise in nerve blocks can support early mobilization and rehabilitation efforts, resulting in better functional outcomes. Furthermore, we can guide pain specialists and rehabilitation teams in utilizing continuous nerve blocks for long-term pain relief, ultimately enhancing patient satisfaction and overall recovery.

Despite these promising developments, challenges remain, such as anatomical variability and the need for ongoing training to ensure safe practice. We must continue to foster multidisciplinary education and collaboration, sharing our expertise to maximize the benefits of these advanced techniques.

Looking ahead, ongoing research into targeted drug delivery, AI-assisted imaging, and biodegradable catheters promises further improvements in the safety, efficacy, and accessibility of peripheral nerve blocks. As these innovations become integrated into clinical practice, our collective goal remains to deliver safe, effective, and patient-centered care.

In conclusion, the landscape of peripheral nerve blocks has undergone remarkable change, driven by technological and pharmacological advances. As anesthetists, we are committed to supporting our colleagues across various specialties—helping them understand, implement, and optimize these techniques for the benefit of our patients. Embracing multidisciplinary collaboration will be key to advancing perioperative and pain management in the years ahead.

Focal Therapy for Prostate Cancer: The Evolving Role of High-Intensity Focused Ultrasound (HIFU)

Dr Mak Siu King
Consultant in Urology
Union Hospital

Introduction

Prostate cancer remains the most prevalent male malignancy in Western nations, with PSA screening leading to increased detection of localized disease. While radical prostatectomy and radiotherapy offer proven oncological control, their significant side effects - including urinary incontinence (4-30%) and erectile dysfunction (30-70%) - have driven demand for tissue-preserving alternatives. Focal therapy has emerged as a middle ground between active surveillance and whole-gland treatment, with High-Intensity Focused Ultrasound (HIFU) establishing itself as a leading modality since FDA approval in 2015.

Clinical Presentation

A 62-year-old male presented with a serum PSA of 4.08 μg/dL. Multiparametric MRI identified a solitary PI-RADS 4 lesion (0.5 cm) in the right apical peripheral zone (posterolateral aspect). MRI-ultrasound fusion-guided trans-perineal biopsy confirmed adenocarcinoma (Gleason 3+3) exclusively in the targeted core, with all systematic biopsy cores negative for malignancy. This clinical scenario – characterized by a small-volume, image-defined, histologically low-risk lesion – exemplifies the ideal candidate profile for focal HIFU ablation.

Principles of HIFU Technology

Therapeutic HIFU utilizes piezoelectric materials such as lead zirconate titanate to generate mechanical vibrations when subjected to alternating current. Operating within the 0.8-4 MHz frequency range, HIFU achieves tissue destruction through precise thermal effects, contrasting with diagnostic ultrasound (1-20 MHz) which remains biologically inert. The technology operates through two distinct intensity ranges: low-intensity HIFU (0.125-3 W/cm^2) stimulates physiological responses, while high-intensity applications (>5 W/cm^2) induce coagulative necrosis by generating focal temperatures exceeding 80℃ , far surpassing the 56℃ threshold required for instantaneous protein denaturation.

Contemporary HIFU systems employ two principal configurations. The Sonablate platform incorporates dual 4 MHz transducers with adjustable focal depths (3-4.5 cm), utilizing real-time grayscale monitoring of characteristic tissue changes during 3-second treatment pulses followed by 6-second cooling intervals. The Ablatherm system employs separate imaging (7.5 MHz) and therapeutic (3 MHz) transducers, utilizing fixed treatment algorithms with 4-5 second pulses. Both systems incorporate rectal cooling mechanisms and have evolved to include advanced image fusion capabilities in newer iterations.

Early Localized Prostate Cancer

Optimal candidates for focal HIFU ablation require comprehensive evaluation using multiple parameters. High-quality multiparametric MRI demonstrating a PI-RADS score ≥ 3 lesion serves as the foundational requirement, providing the necessary anatomical detail for treatment planning. This imaging must be complemented by MRI-targeted biopsy confirmation to verify the histological characteristics of the identified lesion. Careful staging is

essential to exclude patients with extracapsular extension, as this would contraindicate focal therapy. Additionally, serum PSA levels should ideally remain below 15 ng/mL, with most centres preferring candidates demonstrating levels <10 ng/mL to optimize oncological outcomes. These stringent selection criteria ensure appropriate identification of patients who will derive maximal benefit from tissue-preserving approaches while maintaining satisfactory cancer control rates.

The therapeutic paradigm has shifted significantly since Madersbacher's seminal 2002 study of 29 patients, which first demonstrated the precision of focal ablation. (1) Subsequent research by Ahmed et al. established the clinical feasibility of hemi-ablation, with 89% of patients achieving the trifecta of cancer control, continence preservation, and maintained erectile function.(2,3,4) El Fegoun et al. (Elderly cohort) showed 90% 5-year recurrence-free survival, minimal morbidity (no incontinence, low infection rates).(5)

Salvage HIFU After Radiation Failure

Salvage HIFU has emerged as a viable treatment option for patients with localized prostate cancer recurrence following external beam radiotherapy (EBRT). Studies demonstrate that HIFU can achieve local disease control while maintaining better functional outcomes compared to more radical salvage therapies. The largest series by Crouzet et al. (n=290) reported a low recto-urethral fistula rate of 0.4% and urinary incontinence in 19.9% of patients, with a median follow-up of 48 months.(6) Other studies show similar efficacy, with negative biopsy rates ranging from 71-80% and overall survival of 84% at 18 months follow-up. For focal salvage therapy, Ahmed et al. reported 3-year biochemical survival rates of 63% when patients achieved a PSA nadir <0.5 ng/ml, with 87% maintaining continence.(7) While complication rates are generally lower than radical salvage options, urinary incontinence remains a concern (8-20% across studies). The data suggests salvage HIFU offers a reasonable balance between oncologic control and quality of life preservation, though longer-term follow-up is still needed to fully establish its role in this challenging patient population.

Post-Treatment Monitoring Protocol

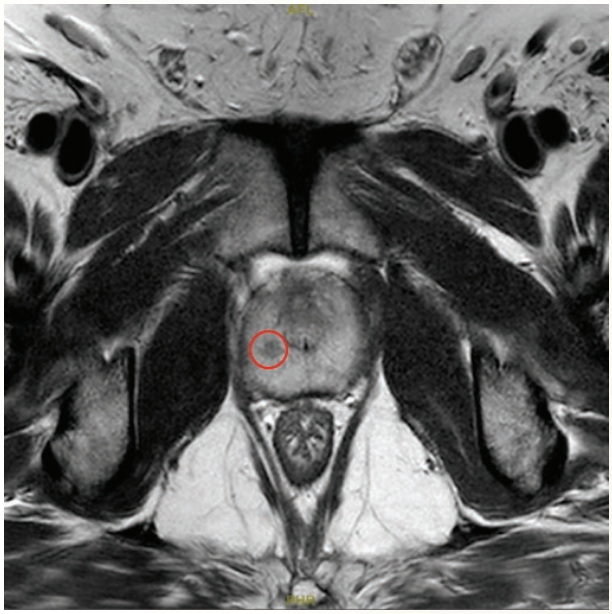
Following focal HIFU therapy, patients require a structured surveillance protocol combining multiple diagnostic modalities. PSA kinetics remain a cornerstone of monitoring. All patients should undergo multiparametric MRI (mpMRI) at 6-12 month intervals, as this imaging modality demonstrates a 98% negative predictive value for significant recurrence when performed at the 6-month post-treatment mark. Targeted biopsies are reserved for cases showing either a concerning PSA rise or suspicious findings on surveillance imaging, allowing for histopathological confirmation of suspected recurrence. This multimodal approach balances sensitivity for cancer detection with the practical considerations of patient follow-up.

Complications

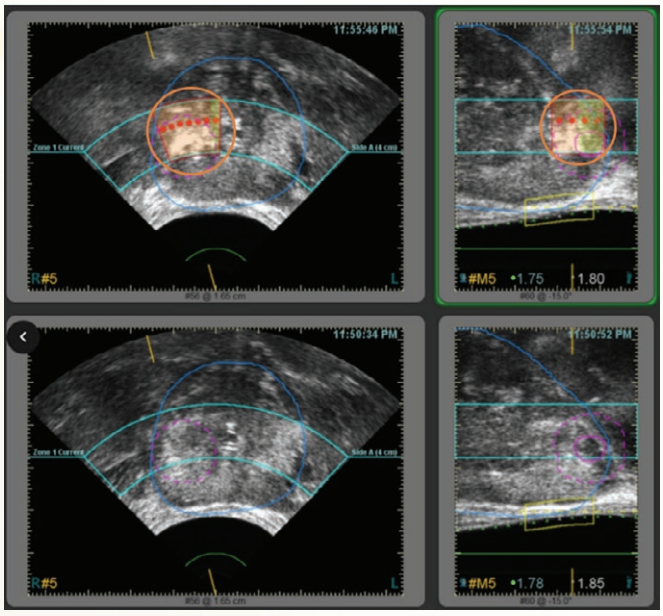
Rectal wall injury during HIFU procedures primarily results from excessive thermal energy deposition. To mitigate this risk, contemporary HIFU systems incorporate multiple protective strategies. Intraoperative real-time monitoring of rectal wall temperature is performed by integrated device sensors, allowing immediate adjustment of energy delivery. Additionally, continuous circulation of chilled (17- 20 ℃), degassed water around the transducer provides active cooling of the rectal mucosa. These combined measures have proven highly effective in primary treatment settings, where rectal fistula rates remain below 1%. However, the risk escalates significantly in salvage therapy following radiation, with reported recto-urethral fistula (RUF) rates of 3-6%, reflecting the compromised tissue integrity and reduced vascularity in previously irradiated fields. This differential risk profile underscores the importance of careful patient selection and modified energy parameters when performing salvage procedures.(8)

Conclusion

HIFU has evolved from whole-gland ablation to precision focal therapy, demonstrating favourable intermediate-term oncological outcomes with preserved quality of life metrics. As imaging and targeting technologies continue to advance, HIFU is positioned to assume an increasingly prominent role in prostate cancer management, particularly for patients prioritizing functional preservation. Rigorous long-term follow-up remains essential to solidify its position alongside established therapies.



Multiparametric MRI identified a solitary PI-RADS 4 lesion (0.5 cm) in the right apical peripheral zone (posterolateral aspect)



The popcorn appearance refers to a hyperechoic (bright) signal seen on ultrasound imaging during HIFU ablation. The popcorn effect confirms that sufficient thermal energy is being delivered to the target tumour.

References

1. Madersbacher S, Pedevilla M, Vingers L, Susani M, Marberger M. Effect of high-intensity focused ultrasound on human prostate cancer in vivo. Cancer Res. 1995;55:3346–51.
2. Ahmed HU, et al. Focal therapy for localized prostate cancer: a phase I/II trial. J Urol. 2011;185:1246–54.
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5. El Fegoun AB, et al. Focal therapy with high-intensity focused ultrasound for prostate cancer in the elderly. A feasibility study with 10 years follow-up. Int Braz J Urol. 2011;37:212–3.
6. Crouzet S, et al. Locally recurrent prostate cancer after initial radiation therapy: early salvage high-intensity focused ultrasound improves oncologic outcomes. Radiother Oncol. 2012;105: 198–202.
7. Ahmed HU, et al. Focal salvage therapy for localized prostate cancer recurrence after external beam radiotherapy: a pilot study. Cancer. 2012;118:4148–55.
8. Zacharakis E, et al. The feasibility and safety of high-intensity focused ultrasound as salvage therapy for recurrent prostate cancer following external beam radiotherapy. BJU Int. 2008; 102:786–92.

TRENDS OF CULTURED PATHOGENS

The Most Frequently Isolated Pathogens from Urine Cultures during January to April 2025

Most Common Pathogens Isolated	***Escherichia coli***	
Period	**Jan to Apr 2025**	Sep to Dec
Number of Isolates per Admission (Total number of Urine Cultures)	**241 (2031) Including 52 ESBL & 3 CPE**	268 (2198) Including 59 ESBL & 1 CPE
Isolation Rate	**11.8%↓**	12.2%
Antibiotics	**Non-susceptible Rate**	
Amoxicillin/Clavulanic Acid	**27%↑**	22%
Ampicillin	**71%↑**	70%
Ampicillin/Sulbactam	**59%↑**	55%
Cefazolin (Oral)	**29%**	29%
Ceftriaxone/Cephalosporins 3G	**23%**	23%
Cefuroxime (Oral)	**32%↑**	30%
Cefuroxime (Parenteral)	**27%**	27%
Ciprofloxacin*	**49%↓**	53%
Ertapenem	**1.2%↑**	0.4%
Gentamicin	**19%↑**	16%
Imipenem	**1.2%↑**	0.4%
Levofloxacin*	**62%↓**	66%
Nitrofurantoin	**5%↑**	1%
Trimethoprim/Sulfamethoxazole	**37%↑**	33%

* Non-susceptible Rate of Levofloxacin & Ciprofloxacin is increased as the criteria for the interpretation of Susceptibility on Levofloxacin & Ciprofloxacin were changed on 1st April 2020.

CPE = Carbapenemase Producing Enterobacteraceae – E.coli

The Most Frequently Isolated Pathogens from Respiratory Secretion Cultures during January to April 2025

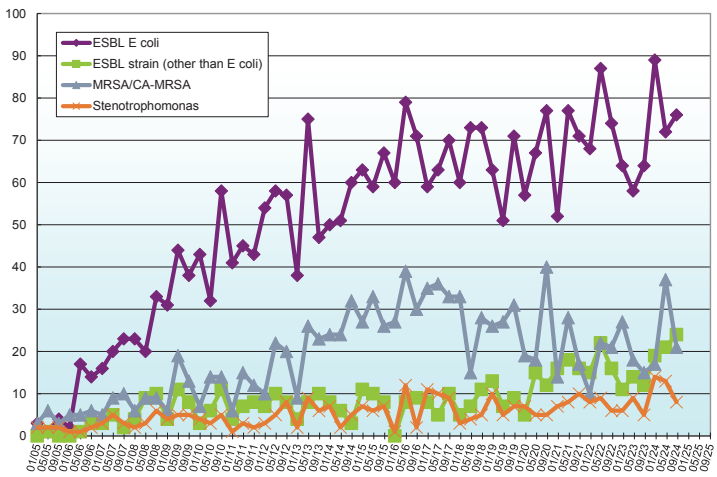
Period	**Jan to Apr 2025**		Sep to Dec 2024	
No of Request	**957**		850	
Pathogens	**Number of Isolates**	**Isolation Rate**	**Number of Isolates**	**Isolation Rate**
H. Influenzae	**61**	6.4%↑	49	5.8%
Streptococcus pyogenes (GAS)	**60**	6.3%↑	53	6.2%
Moraxella catarrhalis	**37**	3.9%↑	31	3.6%
Pseudomonas aeruginosa	**33**	3.4%↓	74	8.7%

The Most Frequently Isolated Pathogens From Genital Cultures During January to April 2025

Most Common Pathogens Isolated	*Group B Streptococci*		*Candida albicans*		*Yeast (Candida albicans excluded)*	
Period	**Jan to Apr 2025**	Sep to Dec	**Jan to Apr 2025**	Sep to Dec	**Jan to Apr 2025**	Sep to Dec
Number of Isolates per Admission (Total number of Genital Cultures)	**161 (801)**	161 (893)	**125 (801)**	148 (893)	**27 (801)**	40 (893)
Isolation Rate	**20.0%↑**	18.0%	**15.6%↓**	16.6%	**3.4%↓**	4.5%
Antibiotics	**Non-susceptible Rate**					
Cefotaxime	**0.0%**	0.0%				
Clindamycin	**59.1%↓**	66.7%				
Levofloxacin	**13.2%↓**	17.6%				
Penicillin	**0.0%**	0.0%				
Vancomycin	**0.0%**	0.0%				

[1] Suspectible to penicillin can be considered susceptible to ampicillin, amoxicillin, amoxicillin/clavulanic acid, ampicillin/sulbactam, cefaclor, cefazolin, cefdinir, cefepime, cefprozil, cefotaxime, ceftriaxone, cefuroxime, cefpodoxime, ceftizoxime, cephalothin, cephapirin, imipenem, loracarbef, and meropenem.

Trend of ESBL, MRSA & Stenotrophomonasisolated from all specimentypes by quarter since 2005



	ESBL *E coli*	ESBL strain (other than *E coli*)	MRSA/ CA-MRSA	*Stenotrophomonas*
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
May-Aug 24	72	21	37	13
Sep-Dec 24	76	24	21	8
Jan-Apr 25	71	16	20	8

A Landmark Celebration: Union Hospital 30th Anniversary Medical Symposium

On 22 June 2025, we proudly celebrated Union Hospital's 30th anniversary with a landmark Medical Symposium themed '*Marching into The Future*' at The Henderson, Central. This milestone event brought together over 200 healthcare leaders and experts, featuring 9 high-profile speakers who explored cutting-edge innovations, disease prevention and patient-centred care, aiming to foster collaboration and tackle future challenges in the healthcare sector.

A Distinguished Guest of Honour

The symposium was graced by Professor Rosie Young Tse Tse, GBM, GBS, CBE, JP, Emeritus Professor at the University of Hong Kong, as our Guest of Honour. Her remarkable presence added a profound sense of significance to the event, which emphasized the crucial role of medical education and knowledge exchange.

Inspiring Keynote Lectures

The symposium featured five keynote lectures along with dynamic panel discussions led by prominent figures in their respective fields.

Keynote Speakers with Their Topics

Professor Dennis Lo Yuk Ming, Vice-Chancellor of CUHK:
Liquid Biopsy for Early Cancer Detection

Professor Anthony Chan Tak Cheung, Pro-Vice-Chancellor of CUHK:
Translational Oncology

Professor Philip Chiu Wai Yan, Dean of the Faculty of Medicine at CUHK:
Robotic Surgery

UNION HOSPITAL 30th ANNIVERSARY CELEBRATION

Professor James Lau Yun Wong, Yao Ling Sun Professor of Surgery of CUHK: Endoscopic Surgery in GI Tract

Professor Gilberto Leung Ka Kit, Director of the School of Clinical Medicine at HKU: Future Challenges in the Medical Profession

Professor Ivan Hung Fan Ngai, Associate Dean (Partnership & Engagement), Li Ka Shing Faculty of Medicine at HKU: Pandemic Preparedness

Professor Lau Chak Sing, Vice-President and Pro-Vice-Chancellor (Health) at HKU: Novel Therapies for Autoimmune Diseases

Professor Vincent Mok Chung Tong, Master of S.H. Ho College at CUHK: Dementia Treatment

Professor Ng Siew Chien, Associate Dean (Research) of the Faculty of Medicine at CUHK: Manipulation of Gut Microbiome

Chairs and Panel Leaders

Each session was chaired by respected leaders from Hong Kong's medical community, including Dr Leung Chi Bong, Chairman of the Hong Kong Private Hospitals Association; the Honourable Dr Lam Tzit Yuen, Legislative Council Member (Medical and Health Services); Professor Philip Li Kam Tao, President of the Hong Kong Academy of Medicine; and Dr Ching Wai Kuen, Director (Strategy and Planning) of the Hospital Authority. Their insightful contributions enriched the discussions and highlighted opportunities for advancing the local healthcare landscape.

A Legacy of Excellence

This symposium represented a pivotal milestone in Union Hospital's 30-year legacy of excellence. It showcased groundbreaking innovations and actively fostered collaboration within the medical community, solidifying Union Hospital's status as a premier healthcare provider in Hong Kong. This event not only celebrated our past achievements but also boldly positioned us to tackle the future challenges in the healthcare sector.

NEWS & EVENTS

Post-Event Highlights

CME Programme – Structural Heart Disease and Echocardiography (23 May 2025)

The CME lecture titled 'Structural Heart Disease and Echocardiography' was presented by Prof. Alex PW Lee from The Chinese University of Hong Kong. He explored the vital role of real-time 3D echocardiography in tackling the complexities of structural heart diseases, along with the latest advancements in the field. Prof. Lee also highlighted how echocardiography can greatly improve patient care in managing these conditions. The event wrapped up with lively discussions that allowed participants to share insights and deepen their understanding of the topic.

Science Park Health Talk – Protect Your Child's Health: Eczema and Allergies (21 May 2025)

Dr Gilbert Chua, Deputy Director, Allergy Centre, Consultant in Paediatric Immunology, Allergy and Infectious Diseases, delivered an engaging talk on 'Protect Your Child's Health: Eczema and Allergies'. He shared essential strategies for understanding, managing, and treating childhood eczema and allergies. Participants gained insights into the causes of these conditions, explored effective treatment approaches, and learned about immunotherapy strategies.

Science Park Health Talk – Warts and Common Skin Lesions (13 June 2025)

In the informative talk titled 'Warts and Common Skin Lesions', Dr Lee Ching Him, Specialist in Dermatology & Venereology, delved into common concerns about skin imperfections. He provided practical tips and proven treatments for warts and other skin lesions, equipping participants with the knowledge needed to maintain healthy skin.

Award Recognition

Ming Pao ESG Award 2025 – Excellence in Decarbonization (23 May 2025)

We are thrilled to announce our first award on ESG – the Ming Pao ESG Award 2025（明報環境、社會及企業管治大獎 2025）! Union Hospital is proud to have received the 'Excellence in Decarbonization'（卓越減碳大獎）award in recognition of our Environment, Social, and Governance (ESG) initiatives. This award specifically acknowledges the measures we have implemented to reduce the hospital's carbon footprint. Read our award story here: https://shorturl.at/sckcu or scan the QR code.

HKEJ Corporate Brand Awards of Excellence 2025 – Excellence in Outstanding Healthcare Services (29 May 2025)

Union Hospital's 30 years of commitment to providing quality healthcare services has been recognised once again. We are honoured to receive the 'Corporate Brand Awards of Excellence for Excellence in Outstanding Healthcare Services'（企業品牌顯卓大獎－顯卓傑出醫療服務大獎）from the Hong Kong Economic Journal. Read our award story here: https://shorturl.at/prtED or scan the QR.

Privacy-Friendly Awards 2025: Gold Award (10 July 2025)

Union Hospital is committed to providing caring and reliable healthcare services for all, with patient privacy as a top priority. Our efforts have been recognised once again by the Office of the Privacy Commission for Personal Data for the Privacy-Friendly Awards 2025: Gold Award. The award acknowledges our continuous efforts in protecting patient data and upholding cybersecurity.

Union Hospital Launches Its LinkedIn Page!

We are excited to share that Union Hospital has officially launched its LinkedIn page! This new platform will allow us to connect more closely with our community and share valuable insights about our services.

We invite you to follow us on LinkedIn to stay updated about the initiatives and the latest happenings at the hospital. Please support us by liking our posts, sharing them with your network, and helping spread the word about the quality healthcare services we all provide.

Let's build a vibrant online community that reflects our commitment to compassionate and reliable healthcare. Scan the QR code to join us on this journey by following our LinkedIn page, and don't forget to tag us in your posts!

New Clinical Sessions

Minimally Invasive Centre	
Booking & Enquiry: 2608 3383	Time Schedule
Orthopaedics & Traumatology **Dr Cheng Hi Shan**	Mon 11:30 - 14:00 Thu 14:00 - 17:00 Fri 12:00 - 16:00

Specialty Clinic	
Booking & Enquiry: 2608 3315	Time Schedule
Haematology & Haematological Oncology **Dr Chan Man Hong, Helen**	Mon 09:00 - 10:00 Thu 14:30 - 17:30

Specialty Clinic	
Booking & Enquiry: 2608 3222	Time Schedule
Obstetrics & Gynaecology **Dr Ng Pui Shan, Doris**	Tue 09:30 - 12:30 Thu 14:30 - 18:00 Sat 10:00 - 12:00
Obstetrics & Gynaecology **Dr Mak Ho Leung, Jimmy**	Mon 15:00 - 18:00 Thu 15:00 - 18:00

Specialty Clinic	
Booking & Enquiry: 2608 3366	Time Schedule
Paediatrics **Dr Pang Lap Ian**	Mon 09:30 - 13:00 Thu 15:00 - 18:00
Paediatrics **Dr Yim Sau Wing**	Mon 15:00 - 18:00 Tue 15:00 - 18:00 Wed 10:00 - 13:00 Thu 15:00 - 18:00

Union Oncology Centre	
Booking & Enquiry: 2159 6100	Time Schedule
Oncology **Dr Tong Macy**	Wed 14:00 - 17:00 Thu 14:00 - 17:00

Union Hospital Dental Centre	
Booking & Enquiry: 2608 3393	Time Schedule
Specialist in Prosthodontics **Dr Yeung Ka Chun**	Thu 10:00 - 13:00 (By Appointment)

Regular Meetings

Meeting :	X-Ray Meeting	Clinical Pathologic Conference
Date : Time :	13 August 2025 (Wednesday) 8:30am – 9:30am	10 September 2025 (Wednesday) 8:30am – 9:30am
Co-ordinator:	**Dr CHAN Chi Sang, James** **Deputy Head, Department of Medical Imaging, Union Hospital**	**Dr FUNG Ming Kit, Terence** **Deputy Head, Department of Surgery, Union Hospital** **Dr LUI Chi Wai, Philip** **Consultant in Pathology, Union Hospital**
Venue:	Training Room, 8/F MIC, Hospital Building, Union Hospital	
Booking & Enquiry:	2608 3160 (Quality Assurance and Training Department)	

CME Programme

Potential Liabilities from the Use of AI in Healthcare: Views of a Medical Defence Lawyer

Date : 1 August 2025 (Friday)

Time : 2:00pm-3:00pm

(Lunch Buffet will be served at 1:30pm)

Venue : 2/F Seminar Room, Union Hospital

Speakers : Dr David Kan

Partner, Solicitor Advocate,
Howse Williams
Honorary Associate Professor,
Department of Pathology,
Faculty of Medicine,
The University of Hong Kong

Ms Maureen Liu

Partner,
Howse Williams

Chairperson : Dr Clara Wu

Deputy Medical Director
Union Hospital

On-site Registration

Online Registration (Zoom)

2608 3180

cme@union.org