



# 35<sup>TH</sup> ANNIVERSARY COMMEMORATIVE BOOK

THE HONG KONG SOCIETY FOR SURGERY OF THE HAND



# CONTENT

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Preface	2
Council of the HKSSH	3
Our HKSSH Past Presidents	4
Past HKSSH Councils	6
Highlights from the 35th Anniversary Celebration	12
Excerpts from the 35th Anniversary Celebration	14
Past HKSSH Exchange Ambassadors	35
The History of HKSSH	38
The Forum	42
Important Milestones of HKSSH	43
The Past HKSSH Annual Congress Programme Books	48
List of HKSSH Annual Workshops / Meetings / Congresses (1986-2021)	53
Memories from The Past HKSSH Annual Congresses	58
Acknowledgements	66

# PREFACE



**Dr TSE Wing-Lim**

**President**

*The Hong Kong Society for Surgery of the Hand*

Dear respectable seniors and friends,

We are now living in a very special time in history.

Our new Council was formed in a room with restricted number of people under the government ordinance and we took group photo with everyone wearing a mask. Our congress organizing committee members could see everyone's face but only through webinar. People no longer need to build any wall to protect themselves because everyone is now separated by "social distance".

We used to travel, make friends, learn and exchange aboard based on existing international network such as travelling fellowship programs. Under the COVID-19 pandemic, we can only stay at our home city. Though we also learn from the readily available internet resources and some of us contribute to international web meetings, we do have a bit spare time comparing before. During the time we saved from international transport, a question flies across our mind: How was the board international network established? How much do we know about what our seniors have done? We are walking on the road that they have paved for us!

If you search the internet, you will find that Professor Leung Ping-Chung and Professor Chow Shew-Ping were awarded the "Pioneers in Hand Surgery" by IFSSH in the year 2013 and 2016 respectively - Hong Kong did contribute as pioneer in hand surgery internationally!

While Hong Kong citizens are now changing from sight-seeing and shopping aboard to hiking and exploring the countryside locally, we should also explore the backyard of Hong Kong hand surgery...

In the budding stage of Hong Kong hand surgery, it stemmed from meeting the patients' demand: industrial accident, inflammatory hand diseases, congenital limb anomalies and need for microsurgical reconstruction. Now the disease patterns change to domestic and sports injuries, cumulative and degenerative disorders. The neurological and paralytic disorders still not granted enough attention. There is changing pattern of knowledge and skills worldwide, with "upper limb surgeons" excellent in minimal invasive

surgeries on hand, wrist, elbow and shoulder but no longer performing microsurgery...

That's why we feel it's time to look back the history of hand surgery in Hong Kong. You will be excited to find it was a collection of giants! And if we are lost in finding the future of hand surgery of Hong Kong, it's time to stand on the shoulder of these giants and see how far we can see. We may learn how creativity formed the foundation of hand surgery, how new doors were opened by our giants, and it's possible that the new generation can open next new doors based on the doors that already opened...

Can we make use of our advantages: dominant and unexpensive public medical services, close sisterhood and brotherhood among a group of young, energetic surgeons, dedicated therapist, easily available rehabilitation service and convenient transport within a small city with dense population that close to a single country in Europe, board international connection with world experts and medical centers, and most important, we are still trusted by our patients...

I am sure that, after visiting the backyard, you will be refreshed, excited, and gain new insight of the place you love: The Hong Kong Society for Surgery of the Hand!

Dear friends, It's time to realize and conserve our hand surgery culture, and to make reflection of our work, our role, our vision and mission.

With the mask on, we can be more focus on the soul of each other through the eyes. With the mask on, we show our belief by acting rather than just talking...

Finally, I must congratulate the hard and excellent work of the editorial team lead by Koo & Esther, collection of huge number of precious materials by Edmund and Esther from numerous seniors including Professor Hung Leung-kim, Dr Chang Yun-po, Dr Ho Pak-cheong, Dr Lo Che-yuen, Dr Fong Sin-tak.... We hope this book can leave a brief summary of the HKSSH for our coming generation to build up an even brighter history in future!

# COUNCIL OF THE HKSSH



## **PRESIDENT**

Dr. TSE Wing-Lim

## **VICE-PRESIDENT**

Dr FOK Margaret Woon-Man

## **PRESIDENT-ELECT**

Dr KOO Siu-Cheong Jeffrey Justin

## **HONORARY SECRETARY**

Dr CHOW Esther Ching-San

## **HONORARY TREASURER**

Dr YAU Leung-Kai Edmund

## **COUNCIL MEMBERS**

Dr HO Wing-Hang Angela

Dr LAU Yan-Kit

Dr YIP Ka-Yan Emily

# OUR HKSSH PAST PRESIDENTS



1986 - 1988

**Prof. LEUNG Ping-Chung**

**Foundation Chairman and  
Emeritus Professor**

*Department of Orthopaedics &  
Traumatology, Faculty of Medicine,  
The Chinese University of Hong Kong*



1994 - 1996

**Prof. HUNG Leung-Kim**

**Clinical Professor (Honorary)**

*Department of Orthopaedics &  
Traumatology, Faculty of Medicine,  
The Chinese University of Hong Kong*



1988 - 1990

**Prof. CHOW Shew-Ping**

**Emeritus Professor**

*The University of Hong Kong*



1996 - 1998

**Dr. FUNG Kwai-Yau**

**Private Orthopaedic Surgeon**



1990 - 1992

**Prof. CHENG Chun-Yiu Jack**

**Emeritus Professor**

*Department of Orthopaedics &  
Traumatology, Faculty of Medicine,  
The Chinese University of Hong Kong*



1998 - 2000

**Dr. CHANG Yun-Po Robert**

**Private Orthopaedic Surgeon**



1992 - 1994

**Dr. So Yat-Cheung Timothy**

**Private Orthopaedic Surgeon  
Director of the Musculoskeletal  
Tumour Centre**

*Gleneagles Hospital Hong Kong*



2000 - 2002

**Dr. WU Wing-Cheung Stephen**

**Private Orthopaedic Surgeon  
Head, Department of  
Orthopaedics and Traumatology  
Director, Orthopaedic & Sports  
Medicine Centre**

*Hong Kong Sanatorium & Hospital*

# OUR HKSSH PAST PRESIDENTS



**2002 - 2004**  
**Dr. CHOW Yuk-Yin**  
*Part-time Consultant*  
*Past Cluster Chief of Service of*  
*New Territories West Cluster*  
*Department of Orthopaedics &*  
*Traumatology, Tuen Mun Hospital*



**2004 - 2006 & 2012 - 2014**  
**Dr. IP Josephine Wing-Yuk**  
*Clinical Associate Professor*  
*Department of Orthopaedics &*  
*Traumatology, LKS Faculty of Medicine,*  
*The University of Hong Kong*



**2006 - 2008**  
**Dr. LAM Cho-Yee**



**2008 - 2010**  
**Dr. HO Pak-Cheong**  
*Chief-of-Service and Consultant*  
*Department of Orthopaedics &*  
*Traumatology, Prince of Wales Hospital*



**2010 - 2012**  
**Dr. CHOI Kai-Yiu Alexander**  
*Consultant*  
*Department of Orthopaedics &*  
*Traumatology, Tuen Mun Hospital*



**2014 - 2016**  
**Dr. Lo Che-Yuen**  
*Private Orthopaedic Surgeon*



**2016 - 2018**  
**Dr. CHAN Ping-Tak**  
*Consultant*  
*Department of Orthopaedics &*  
*Traumatology, Tuen Mun Hospital*



**2018 - 2020**  
**Dr. WONG Hin-Keung**  
*Chief-of-Service and Consultant*  
*Department of Orthopaedics &*  
*Traumatology, Princess Margaret*  
*Hospital*

# PAST HKSSH COUNCILS

1986 - 1988	
President	LEUNG Ping-Chung
Vice-President	CHOW Shew-Ping
Secretary-cum-Treasurer	YEUNG Sai-Hung
Council Member	CHAN Kow-Tak MAK Kan-Hing

1988 - 1990	
President	CHOW Shew-Ping
Vice-President	YEUNG Sai-Hung
Secretary-cum-Treasurer	CHENG Chun-Yiu
Council Member	CHAN Kow-Tak SO Yat-Cheong
Ex-officio	LEUNG Ping-Chung

1990 - 1992	
President	CHENG Chun-Yiu
Vice-President	HO Yuen-Fong
Secretary-cum-Treasurer	CHANG Yun-Po
Council Member	SO Yat-Cheong FUNG Kwai-Yau
Ex-officio	CHOW Shew-Ping

# PAST HKSSH COUNCILS

1992 - 1994	
President	SO Yat-Cheong
Vice-President	CHANG Yun-Po
Secretary-cum-Treasurer	HUNG Leung-Kim
Council Member	LEE Wai-Keung IP Fu-Keung
Ex-officio	CHENG Chun-Yiu

1994 - 1996	
President	HUNG Leung-Kim
Vice-President	FUNG Kwai-Yau
Secretary-cum-Treasurer	WU Wing-Cheung
Council Member	IP Fu-Keung POON Tak-Lun
Ex-officio	SO Yat-Cheong

1996 - 1998	
President	FUNG Kwai-Yau
Vice-President	LEE Wai-Keung
Secretary-cum-Treasurer	CHANG Yun-Po
Secretary	LAM Chi-Keung
Treasurer	HO Sheung-Tung
Council Member	CHAN Chi-Wai HO Pak-Cheong IP Wing-Yuk

# PAST HKSSH COUNCILS

1998 - 2000	
President	CHANG Yun-Po
Vice-President	LAM Cho-Yee
President-Elect	WU Wing-Cheung
Secretary	HO Pak-Cheong
Treasurer	IP Wing-Yuk
Council Member	CHOW Yuk-Yin HO Sheung-Tung LEUNG Yuen-Fai

2000 - 2002	
President	WU Wing-Cheung
Vice-President	HO Sheung-Tung
President-Elect	CHOW Yuk-Yin
Secretary	IP Wing-Yuk
Treasurer	LAM Ying-Lee
Council Member	AU Kin-Ming HO Pak-Cheong CHOI Kai-Yiu

2002 - 2004	
President	CHOW Yuk-Yin
Vice-President	LEUNG Yuen-Fai
President-Elect	IP Wing-Yuk
Secretary	CHOI Kai-Yiu
Treasurer	FUNG Kwok-Keung
Council Member	CHAN Ping-Tak FONG Sin-Tak HO Pak-Cheong

# PAST HKSSH COUNCILS

2004 - 2006	
President	IP Wing-Yuk
Vice-President	HO Pak-Cheong
President-Elect	LAM Cho-Yee
Secretary	FONG Sin-Tak
Treasurer	LEUNG Yuen-Fai
Council Member	LAU Yan-Kit WONG Hin-Keung YEN Chi-Hung

2006 - 2008	
President	LAM Cho-Yee
Vice-President	HO Sheung-Tung
President-Elect	HO Pak-Cheong
Secretary	YEN Chi-Hung
Treasurer	LAU Yan-Kit
Council Member	IP Wing-Yuk LO Che-Yuen LAU Shun-Chung

2008 - 2010	
President	HO Pak-Cheong
Vice-President	LAU Yan-Kit
President-Elect	CHOI Kai-Yiu
Secretary	TSE Wing-Lim
Treasurer	WONG Tak-Chuen
Council Member	HO Cham-On WONG Hin-Keung YEN Chi-Hung

# PAST HKSSH COUNCILS

2010 - 2012	
President	CHOI Kai-Yiu
Vice-President	LO Che-Yuen
President-Elect	IP Wing-Yuk
Secretary	WONG Hin-Keung
Treasurer	KOO Siu-Cheong Jeffrey Justin
Council Member	CHAN Ping-Tak CHAN Wing-Leung HO Pak-Cheong

2012 - 2014	
President	IP Wing-Yuk
Vice-President	TSE Wing-Lim
President-Elect	LO Che-Yuen
Secretary	CHAN Ping-Tak
Treasurer	KOO Siu-Cheong Jeffrey Justin
Council Member	CHAN Wing-Leung WONG Hin-Keung WONG Tak-Chuen

2014 - 2016	
President	LO Che-Yuen
Vice-President	LAU Yan-Kit
President-Elect	CHAN Ping-Tak
Secretary	WONG Hin-Keung
Treasurer	WAN Siu-Ho
Council Member	IP Wing-Yuk LEUNG Yuen-Fai YIU Hon-Wah

# PAST HKSSH COUNCILS

2016 - 2018	
President	CHAN Ping-Tak
Vice-President	LAU Yan-Kit
President-Elect	WONG Hin-Keung
Secretary	KOO Siu-Cheong Jeffrey Justin
Treasurer	WAN Siu-Ho
Council Member	IP Wing-Yuk CHOW Esther Ching-San YAU Leung-Kai Edmund

2018 - 2020	
President	Dr. WONG Hin-Keung
Vice-President	Dr. KOO Siu-Cheong Jeffrey Justin
President-Elect	Dr. TSE Wing-Lim
Secretary	Dr. YAU Leung-Kai Edmund
Treasurer	Dr. CHAN Sze-Yan
Council Member	Dr. CHAN Ping-Tak Dr. CHOW Esther Ching-San Dr. WAN Siu-Ho

# HIGHLIGHTS FROM THE 35TH ANNIVERSARY CELEBRATION

The 33rd HKSSH Annual Congress and 35th Anniversary of HKSSH was held on 27th to 28th of March, 2021 at the Ladies Recreational Club. The HKSSH is celebrating the 35th anniversary in the year 2021. The main theme of our 33rd HKSSH Annual Congress was "Hand in Hand through the Years". We had invited our past presidents to share their experiences in different aspects of hand surgery. In view of the COVID-19 pandemic, the meeting was held in a hybrid format where the participants can join via Zoom or face-to-face. It was a cozy and warm gathering.



Left to Right: M Fok, A Ho, HK Wong, YY Chow, KY Choi, C Li-Tsang, SC Koo, WL Tse, PC Leung, PC Ho, M Mak, E Chow, PT Chan



The HKSSH council Members and the 33rd HKSSH Annual congress Organizing Committee members

# HIGHLIGHTS FROM THE 35TH ANNIVERSARY CELEBRATION



The Hand-Print Ceremony of our past presidents to celebrate the 35th anniversary of HKSSH  
Left to Right: PC Leung, SP Chow, YC So, LK Hung, YY Chow, PC Ho, KY Choi, PT Chan, HK Wong, WL Tse, S Chow, KK Tsang, C Li-Tsang, J Wong, M Fok, KK Tam



Prof. LK Hung



Dr. PC Ho



The Day 2 program of the HKSSH annual congress was held as instructional course lectures via Zoom, it consists of a number of comprehensive lectures on various aspects of hand surgery.

# EXCERPTS FROM THE 35<sup>TH</sup> ANNIVERSARY CELEBRATION

## I. Hand Rehabilitation and Brain Plasticity

**Prof. LEUNG Ping-Chung**

*Founding Chairman and Emeritus Professor, Department of Orthopaedics & Traumatology,  
Faculty of Medicine, The Chinese University of Hong Kong*



### **Abstract**

Hand is the most sophisticated mechanical and tactile organ in the human body. The multiple anatomical units are provided with numerous noxiceptors connected centrally with special brain areas to ensure effective functional activities.

Different regions of the brain have specific roles linked with special hand functions. The linkages ensure proper quick actions, but they are not rigid and not stereotyped. Instead, plastic diversions and interplays occur when need arises and when skillfully triggered on. This Plasticity of Brain Function has been proven helpful for Hand Rehabilitation.

A number of interesting scenarios will be described in this brief review.

### **Introduction**

The complex anatomy, together with the demand for its complicated functions, have labelled the hand as the most sophisticated skeletal organ of the human body. Imagine the 15 individual finger joints and the wrist; the 15 long tendons; the 14 small muscles and the associated nerves and blood vessels: all lined up to perform complicated functions that require strength, dexterity and sensitivity. If something goes wrong it takes much efforts to amend. Your surgery could be perfect, yet does not guarantee satisfactory restoration of the functional need.

Rehabilitation to follow is important.

Hong Kong has done well. Our partner therapists work with us side by side. Our training teams have been honoured in the last century as the pioneers, keeping close collaborations with the surgeons right after surgical interventions, and in the subsequent journey to recovery. Our therapists have invented and produced rehabilitation devices and given warm encouraging instructions all the time.

We are all very happy about the achievements: well established hardwares and training programs.

2 years ago there was a small but spectacular seminar at the Prince of Wales Hospital, discussing about the causes, clinical pictures and difficulties of a rare hand condition: Hand Dystonia – often referred as “musician’s cramp”. The complex condition is related to overuse, chronic injury, abnormal brain activities and psychological events. One expert from Japan has been confidently treating hand dystonia with neurosurgical maneuvers! This rare condition reminds us that our complicated organ: the hand, is related to brain activities.

Brain activities could initiate disturbing influences on hand function presenting as musician’s dystonia; could brain activities initiate helpful influences instead, on the hand undergoing rehabilitations?

If motor commands all come from up there in the brain, the hypothesis stands. The hypothesis of negative disorderly brain influence could be reversed to constructive events: brain activities facilitating rehabilitation.

Let us check whether clinical facts already exist.

The first dramatic observation is related to the relief of Phantom limb pain (a real problem of amputees causing suicidal attempts). Ramachandran invented an ingenious method of watching the active movements of the intact unaffected limb from a plain mirror. The reflected mirror image has a left-right reversed orientation so that the phantom side of the brain is cheated to believe that the lost limb is under its control, and the phantom pain disappears. The pain relief well demonstrates the Plasticity of the Brain: the structurally connected areas can be “awakened”, “mobilized” to help the affected or diseased limb. Functional plasticity of the brain activity can overcome pain problem after appropriate training.

# EXCERPTS FROM THE 35<sup>TH</sup> ANNIVERSARY CELEBRATION

The left and right, presumably independent cerebral command can be initiated to mutually help and be helped (1,2). An extra message given to hand rehabilitation may be: both hands need to work hard although one side only is involved.

Then there comes the “Constraint - Induced Movement Therapy” after stroke, later extending to some cerebral palsy cases. If a hemiplegic monkey is not allowed to move its normal unaffected limb, the recovery on the hemiplegic side is facilitated. Human hemiplegics could enjoy the same outcome, with extreme efforts to wake up the cerebral plasticity mechanism. Working together with our therapists, perhaps we could put more efforts along this direction. (3,4)

Something more spectacular happened in brachial plexus C7 root transfer from the normal side to the hemiplegic side or plexus avulsion side. Dr. Ku Yu Tung in Shanghai did many of these and achieved results not only related to motor functional returns but observed the initiation and activation of upper cerebral neurological activities unrelated to the transferred root of the brachial plexus (5,6). After the contra lateral C7 transfer, the motor function of the diseased side did improve as expected. In addition, upper cerebral level co-ordinations of motor activities also improved. In hemiplegics after stroke, the contralateral C7 transfer also restored some useful cerebral functions related to hearing.

This observation further demonstrates the occurrence of Brain Plasticity: In case of need and given training, the brain function exceeds beyond its regional responsibility and assignment.

Another neurological function that could be important for hand function involves the proprioceptive nervous system. The sensory receptors detecting and helping the balance of skeletal components are distributed all over the structures around joints, ligaments, capsules, tendons, muscles and even skin. These noxiceptors are highly condensed everywhere in the hand because of the immense mobility requirements. The stabilities of joints depend on a perfectly balanced proprioceptive activity, without which instabilities and extra wear and tear occur. It has been found that Osteoarthritis of the trapezo-metacarpal joint occurs not totally because of overuse or trauma but it happens in individuals who have a defective proprioceptive system. A more dramatic but rare condition is Ehlers-Danlos Syndrome: child born without effective proprioceptive system causing over mobilities of all joints including those of the hand (7,8) resulting in dislocations and arthritis.

Studies on the importance of constant, regular proprioceptive support on joint stability and its influence on the development of osteoarthritis have just started. Proprioceptive activities maintaining the well-being of joints are giving great help without our awareness.

One area of relevance in Hand Surgery could be the late occurrences of arthritis, either rheumatoid or degenerative. During the early stage when only one or a limited numbers of joints are affected, the proprioceptive function would affect the further outcome. Special proprioceptive training could be given to maintain the joint stability of unaffected fingers to maintain mechanical integrities; prevent damages of cartilage surfaces and deformities. (8,9)

There must be a cross-talk between proprioceptive input and central cerebral adjustments, resulting in better joint stability and balance while preventing pain at the same time. The cross-talk between the left and right cerebral areas further ensures the occurrence of the harmony.

All these plausible events would need to be better revealed and the importance of Brain-Plasticity to hand function could serve us greatly in our hand rehabilitation planning. It should not be considered complicated and beyond reach. If training intentionally involves both sides in the expectation of calling the whole brain (left & right sides) to contribute, we might start to witness early evidence.

Lastly, let us look at musicians with defective hands. We have been most impressed with the musical performances of some patients with severely affected, defective hands. If the brain is not helping to supplement the anatomical defects and the motor functional deficiencies, only personal determination is unlikely to succeed. Musicians with defective fingers can perform well only if their determination and diligent practice could wake up and strengthen their Brain Plasticity. (10)

# EXCERPTS FROM THE 35<sup>TH</sup> ANNIVERSARY CELEBRATION

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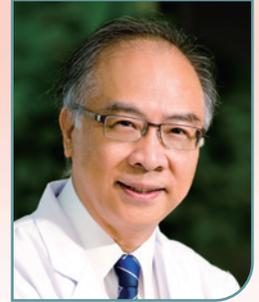
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# EXCERPTS FROM THE 35<sup>TH</sup> ANNIVERSARY CELEBRATION

## 2. 35 years of ‘Hand in Hand Development’ of Hand Surgery and Orthopaedics in Hong Kong

**Prof. CHENG Chun-Yiu Jack**

*Emeritus Professor, Department of Orthopaedics & Traumatology, Faculty of Medicine,  
The Chinese University of Hong Kong*



Hand Surgery as a subspecialty dated back to World War II and Sterling Bunnell, a consultant to the US Army was widely regarded as creator of the first Hand Surgery training programme. Subsequent development and specialization were mainly nested under the umbrella of Orthopaedic Surgery or Plastic Reconstructive Surgery in most countries and Trauma Surgery and General Surgery in some others. By 2015 Hand Surgery has become an independent specialty with its own resident training programme in countries like Finland, Hungary, Singapore, Austria, Sweden and Switzerland. Formal Societies for Surgery of the Hand (SSH) began with American ASSH in 1947 followed by the German Speaking SSH in 1965, International Federation (IFSSH) in 1966 with 8 founding member that has expanded to 60 by 2020. The Federation of European Societies (FESSH) in 1990 now incorporating 17 national societies and many associate members. In the Asia Pacific Region, Japanese (JSSH) was formed in 1957 and the first department of Hand Surgery in Beijing Jishuitan Hospital in 1959 that was followed by the evolution of many national SSH in the 70's and 80's and the Asia Pacific Federation (APFSSH) in 1995.

The development of Hand Surgery in Hong Kong occurred ‘Hand in Hand’ with Orthopaedics since the establishment of the first Orthopaedic Department in QMH under HKU in 1961. Early orthopaedic surgeons trained in Hand Surgery included YS Tsao and KP Chan. Special tribute should be paid to the two internationally well recognized pioneers of hand surgery in Hong Kong, Professor PC Leung and Professor SP Chow in the late 70's at the era when occupational hand injury was growing exponentially taking up 30 to 50% of the orthopaedic emergency admissions. Through their visionary leadership, coordinated efforts and hard work, Hand Surgery was systematically advanced in Hong Kong and has uniquely and successfully incorporated the microsurgical, microvascular replantation of finger and upper limb, free tissue transfers, complex composite tissue reconstructions that transcend the orthopaedic surgery and plastic reconstructive surgery domains. The back up support by strong ally of multidisciplinary team of physiotherapist, occupational therapist and other allied health professionals has contributed significantly to the highly recognized high quality holistic clinical care model of HK.

Hong Kong was proud to host the 1st WPOA Hand Surgery Sectional Meeting in 1984 and later the inaugural meeting of the APFSSH in 1995. The Hong Kong Society for Surgery of the Hand (HKSSH) was founded in 1986 with Prof PC Leung as the founding President and hosted the post Tokyo IFSSH Congress meeting in Hong Kong in the same year. Since then the linkage, exchange and collaboration of the HKSSH with regional and international hand centers and societies grew exponentially and HK was honored to host so many top experts as visiting professors who has helped to elevate the whole specialty in education, training, clinical technical advancement and related research. Hand surgery training has also become an integral requirement of the Orthopaedic Specialist Training since the establishment of the Hong Kong College of Orthopaedic Surgeons (HKCOS) in 1993. From the 80's and after, Orthopaedic Department in all major hospitals has established hand and microsurgery expert teams thus enabling the teaching, training and service to be maintained at a high quality professional level.

The subsequent development of Hand Surgery benefits greatly from the ‘hand in hand’ major and dramatic advancement of the field of Orthopaedics and Traumatology – from advances in basic sciences to clinical translational research and applications; advances in technology and biotechnology; implants and devices arthroplasty; advances in treatment strategy and outcome; from advanced imaging technique to minimally invasive surgery; wrist and finger arthroscopy to navigation surgery; 3D modelling, simulation and printing in clinical applications; biological treatments and regenerative medicine to name a few.

# EXCERPTS FROM THE 35<sup>TH</sup> ANNIVERSARY CELEBRATION

The Scope of Hand surgery has expanded greatly and redefine “as the field of medicine that includes the investigation, preservation & restoration by medical, surgical & rehabilitative means of all structures of the upper extremity directly affecting the form and function of the hand and wrist” by the American Board of Surgery Specialty of Hand Surgery. Accreditation of Hand Surgery training has evolved to incorporate more structured training programmes, fellowship accreditation, certification and escalated expectation on the core competencies of wide variety of hand conditions from congenital to trauma to neurovascular condition, cerebral palsy, brachial plexus, rheumatoid arthritis, wrist surgery to various extents internationally. One of most structural documentation is the Core Competencies of the European Hand Surgeon White book on Hand Surgery by FESSH 2020.

On looking forward, apart from the many general challenges in the macro- and micro-environment locally and globally associated with the rapid and dynamic changes in knowledge, understanding of surgical disease, new procedures and technologies, there are specific challenges that come with the significantly decreasing case volume of hand injuries in Hong Kong as a whole. Specifically, how to sustain and further advance the quality of service, knowledge and technical skill and competency training, clinical experience across new generations of hand surgeons. This is especially true for the complex microvascular replantation, limb & hand salvage, complex composite tissue reconstruction that demands high level of technical expertise, multidisciplinary co-care, effective and efficient workflow & setup at the critical time gap with quality outcome from acute to the rehabilitative phase.

Public demand for greater accountability & patient safety, with greater scrutiny on training institutions and heightened requirements for oversight in training programmes. New educational & training paradigms will be necessary to navigate the current changes and demands in meeting the challenges of the 21st century. We Need “Hand in Hand” coordinated educational and training activities that ranged from individual hospital, hospital clusters, hospital authority, the university departments, Medical School, from HKSSH, HKOA, HKCOS, from local to regional and international collective efforts to ensure the sustained nurturing of generations of professionally capable, competent & versatile hand surgeons in the years to come.

# EXCERPTS FROM THE 35<sup>TH</sup> ANNIVERSARY CELEBRATION

## 3. Neuromuscular reconstruction in the past 35 years

### Dr. IP Wing-Yuk Josephine

*Clinical Associate Professor, Department of Orthopaedics & Traumatology, LKS Faculty of Medicine,  
The University of Hong Kong*



The hand group in Queen Mary Hospital and Duchess of Kent Children Hospital was pioneered by professor SP Chow dating back to 1986. Initially, most of the neuromuscular reconstruction cases were sequelae of hand trauma, crushed hand, peripheral nerve injuries etc. One of the most commonly done neuromuscular reconstruction was opponenplasty for thenar crush injury, as cottage industry was very popular in Hong Kong at that moment. As time goes by there was less trauma from cottage industry, there were more space for other neuromuscular reconstruction. Nerve entrapment was more common than nerve trauma. Opponenplasty was also more commonly done, but in severe carpal tunnel syndrome reconstruction. On the other hand, there were still traumatic nerve injuries. Nerve repair and nerve grafting were performed. As patients and doctors looked for better outcome, more peripheral reconstruction was done as late reconstruction for imperfect nerve regeneration. Examples were nerve grafting of neuroma-in-continuity, nerve grafting in combined median nerve and ulnar nerve injury, tendon transfer from radial nerve supplied muscles to restore hand function.

Besides peripheral nerve problem, higher injuries were also handled. At the level of brachial plexus, treatment of complete brachial plexus avulsion using contralateral C7 neurotization to restore some upper limb function was first reported by Prof Gu Yu-Dong of Fudan University of Shanghai in 1986. He gave the Tajima's memorial lecture in 7th APFSSH triennial Congress in Hong Kong in 2008. To decrease the donor site morbidity, a wake up test was performed after identifying the contralateral C7 and temporary paralysis the root. Another example was C8 & T1 lesions in cervical radiculopathy resulting in impaired distal hand function. The thumb can be made functional with opponenplasty and split FPL to EPL to restore intrinsic and extrinsic balance. Tendon transfer to restore balance at joint level was the workhorse for neuromuscular reconstruction.

Hence, the paradigm was shifted to combining nerve and tendon level reconstruction to maximize function. Neurotization was not only used in proximal nerve lesion, but also in distal peripheral nerve injuries. Neurotization using ECRB branch to AIN can restore thumb and I/F flexion. Branches of obturator nerve neurotization to branches of femoral nerve can restore action of rectus femoris and vastus medialis. By combining muscle and tendon transfer, neurotization can also be added as an adjunct, especially in combined spasticity and paralysis cases. Cerebral palsy was an example with typical deformities eg elbow flexion, forearm pronation, wrist palmer flexion, ulnar deviation, fingers flexion/ swan neck deformity and thumb in palm deformity. Botox injection can facilitate surgical decision and predict outcome. Surgical strategy includes soft tissue procedures to restore muscle balance at a joint (release/ lengthening and tendon transfer), bony procedures and nerve procedures (to attack spasticity by weaken muscle at nerve level). This combined nerve and musculo-tendinous unit manipulation allows more options of reconstruction and to achieve better quality of life for paralytic patients.

On neuroscience level, functional electrical stimulation is also a good option in restoring motion. It can be applied to prosthesis by sensing EMG signal in patient with congenital or post-traumatic absent of body parts. Biological advancement eg tissue engineering to replace lost tissue, can allow regeneration of CNS to reach function level.

Technological advancements will likely incorporate into neuromuscular reconstruction, eg artificial intelligence to control neuroprosthesis, 3D printing of prosthesis or nerve conduits, big data analysis of nerve/ muscle signals, 5G facilitation in microsurgery using digital microscope, and robotic surgery to transcend human eye and hand limitations. These will broaden our horizon on current neuromuscular reconstruction to achieve better outcome.

# EXCERPTS FROM THE 35<sup>TH</sup> ANNIVERSARY CELEBRATION

## 4. 35 Years in Hand Surgery

**Dr. CHOW Yuk-Yin**

*Part-time Consultant, Past Cluster Chief of Service of New Territories West Cluster,  
Department of Orthopaedics & Traumatology, Tuen Mun Hospital*



I believe most medical students cannot decide on which specialty to go into before their graduation or even early after. However, I was a little different. I decided to specialise in Orthopaedics early in my student days. In 1983 during my 4th year medical school elective period, I applied to observe microsurgery in the Orthopaedics Department in QMH under the guidance of Dr. Timothy So. He was doing research on using artery allograft in animal study. Right after my internship, I joined the specialty Orthopaedics and started my training in PMH. When TMH began the service to public in 1990, I joined the new department and worked till my retirement in 2020.

During my early days of training, hand and microsurgery were hot topics in Orthopaedics. Practically most Orthopaedic surgeons in Hong Kong could be able to do some microsurgery and even digital replantation. This was certainly due to the strong influence by Prof. PC Leung and Prof. SP Chow.

When I was a junior trainee, on most Tuesday afternoon, we were given some protected study time. While most colleagues would take it as a half day off, I used that afternoon to go practice microsurgery in the animal laboratory on the 5th floor of Professorial Block of QMH. Sitting opposite to me in the microscope was my girlfriend who became my wife subsequently. A very special kind of dating, I believe. It was indeed happy to see the patency rate of my microvascular repairs improved steadily over time, and I could confidently tell my juniors that most of my microvascular surgery failure cases happened in animals instead of my patients.

As a hand surgeon, it is no doubt that one of the most important quality is good surgical handicraft. We should never use our patients as a practice ground. I remember a neurosurgeon once told me that they used raw eggs to practice how to manoeuvre the Midex Rex power burr precisely. They practice by burring away the hard eggshell while the adjacent membrane should be left intact. With the new modern technology, those virtual training of surgical manoeuver is perhaps not quite the same in terms of training your eye hand fine coordination.

In my early days of training, I attended a lecture by Prof. Teoh Lam Chuan of Singapore. He said we were all lucky to start hand surgery in this era because there were so many giants around. By standing on the shoulders of the giants we could learn far better and faster. Just to name a few in Asia region: Prof. Gu Yu Dong from Shanghai, Prof. Tatsuya Tajima and Prof. Toshihiko Ogino from Japan, Prof. Robert Pho from Singapore and Prof. Panupan Songcharoen from Thailand and of course the two professors in Hong Kong.

Years ago during an international conference, Prof. Ogino was telling me about a conversation he had with a young budding professor in hand surgery. The young man asked him "How to become famous?". Ogino answered him with simple words, work hard! Then this young man felt uninterested and walked away. I believe Ogino's wisdom is absolutely true. While the knowledge in western medicine is science, its practice is an Art. And same with all other domains of Art, you have to find the right path and work hard, there is no short cut.

Perhaps in the academic field, people tend to measure the success of a doctor by how much original ideas he or she had contributed and being supported by the peers. This is true and we do need pioneers to take us further ahead in science. But then for most of the practicing doctors, I believe what we need to do is to learn well and practice safely. Pertaining to original idea contributions to advancing the knowledge of hand surgery, regrettably, I have none. But I did try my best to help each and every patient whom I had the opportunity to lay my hand on or even my scalpel on them. In this respect, I had no regrets.

# EXCERPTS FROM THE 35<sup>TH</sup> ANNIVERSARY CELEBRATION

Afterall, what is the best teacher for doctors? Without any doubt, my answer is our patients. If you work in the public hospital system in Hong Kong the amount of clinical material we encounter every day is certainly more than enough for us to get mature and experienced in no time provided of course we study hard.

I have a habit of taking clinical photos, particularly intra-operatively. Before the days of digital camera, I had been taking lots of colour slides. I remember every time when I go to get my slides from the photo store, I would always be prepared psychologically to be caught by police because most of my slides were scenes of bloody operative fields with smashed body parts or amputated limbs. Although most of the slides I took were never used in lectures or publications, I find them most educational to myself. When I review my slides I could always find out some points that I could have done better in the operation and frankly they have helped me to improve my techniques.

I must say that our working environment in public and private sectors had evolved a lot and would stay ever changing. However, the clinician's responsibility to deliver the best possible care to our patients would remain undeniable or even eternal. We must prepare ourselves well. Work-life balance is perhaps one of the most preferred clauses being used nowadays when our workload is overwhelming. Mind you, the relative weights given to the workload and leisure time on either side of the balance is only to be determined or assigned by your own self. There is no absolute measurement of balance in the real world. You have a choice, so make your choice wisely.

Finally, study hard, read widely, get a good mentor, learn from your patients, go visit the scholars personally and feel how they manage their patients in the real world, be responsible to yourself and most importantly shoulder the responsibility to your patients. I am sure you will get a very gratifying professional career without regrets, thank you.

# EXCERPTS FROM THE 35<sup>TH</sup> ANNIVERSARY CELEBRATION

## 5. Melanoma – A learning marathon

### **Dr. WU Wing-Cheung Stephen**

*Private Orthopaedic Surgeon, Head, Department of Orthopaedics and Traumatology  
Director, Orthopaedic & Sports Medicine Centre  
Hong Kong Sanatorium & Hospital*



Melanoma is not a common tumour in Hong Kong. Based on the statistics of the Department of Health, we had around 80 new cases per year and each year around 20 to 30 patients died of the disease.

ABCDE are good clinical guidelines for making a diagnosis of melanoma among pigmented lesions. 'A' stands for asymmetry of the lesion, 'B' stands for the border of the lesion is often irregular, 'C' stands for colour variegation of the lesion; 'D' stands for lesion larger than 6mm in diameter and 'E' emphasizes the importance of physical examination including assessment of the regional lymph nodes. One must also look out for amelanotic melanoma in non-pigmented lesions.

Common measures used in the management of melanoma included sentinel lymph node biopsy (SLNB) and complete lymph node dissection (CLND). Different long term studies and reviews did not support the use of SLNB and CLND. Moreover, both carried complication rate from 6 to 24% respectively. What makes it worse is when the disease is not under control, the tumour may ulcerate through the wound. The weeping and non-healing wounds further jeopardize the quality of life of patients.

Methods of surgical treatment for melanoma had been well established. The most exciting development in the management of melanoma is the advances in immunotherapy and target therapy. It brings the treatment of melanoma to a new horizon. We now understand better how the melanoma tumour cells escape the attack of the immune cells. Immune checkpoint inhibitors significantly improved the survival of these patients.

# EXCERPTS FROM THE 35TH ANNIVERSARY CELEBRATION

## 6. Research in Hand Surgery – a Personal Odyssey of 35 years

**Prof. HUNG Leung-Kim**

*Clinical Professor (Honorary), Department of Orthopaedics & Traumatology, Faculty of Medicine,  
The Chinese University of Hong Kong*



### **The beginning**

“It’s Icarus – his wings were made of wax and melt when he flew too close to the sun!” Narakas<sup>1</sup> told me as we contemplated the huge metallic sculpture on the wall of Cultural Centre in Tsim Sha Tsui. He was speaking in one of our Hand meeting after a spell of rather serious illness. I did not quite catch the meaning of that Greek mythology<sup>2</sup> then, but now, alas, many years passed, I wondered had I not realized the nature of my wings or the directions I have tried, when research is concerned?

It all began with Professor PC Leung’s idea with the Hamster pouch. It’s their storage pouch on the cheek, and you could find it with squirrels as well. When the skin was laid open, the inner side of the pouch could be mounted on a plastic chamber, which then became a very good biological culture environment for various ex-vivo studies back in those days. We looked at the budding and sprouting of new vessels from a translocated vascular pedicle. It was made possible by an innovative team of home-grown technicians we had in Andy Sher and Nelson Kwok<sup>3</sup>, and David Yew<sup>4</sup> offered so invaluable histology support.

But my interest in laboratory research was further to be ignited later in Oxford<sup>5</sup>, when Robert Duthie commanded me: “the membrane”! He was referring to the reactive tissues formed around implanted arthroplasties which was the cause for failures. Then Malcolm Francis, the biochemist, introduced the “oxygen free radicals”, a work they have started only a few years ago working with fibrous tissues in Dupuytren’s contracture. It was an exciting time as I learned how to raise and keep cell cultures, waiting next to the operating table during revision joint surgeries to collect the tissues freshly, and doing extractions and testing immediately etc. Above all these, I was reading very hard to try to get pass the orthopaedic examination<sup>6</sup>. The “oxygen free radicals” somehow became associated with quite a part of my research career later.

I should add that before I tried to reach out for the “unknown” I followed a more pragmatic course. It was a clinical study with fracture of the patella. I coned down onto partial patellectomy and reviewed the functions, measured the Insall-Salvati ratio, and used arthroscopy to look at the tendon-bone healing. The work was compiled into a thesis for the MChOrtho degree<sup>7</sup>. It later stimulated some significant work on tendon-bone healing by other colleagues of the department.

### **Go... dream you may**

The last decade of the last century was an exciting time and everybody was talking about cell and tissue therapy, perhaps under the impetus that the whole human genome would be cracked soon, following the success with the cystic fibrosis gene in 1989. We tried to join the race with culturing skin<sup>8</sup> for burn patients. We did not make much headway despite the hard work of Wu Hay Tong, a meticulous and skillful technician from Guangzhou. I knew I had to learn from the source, which took me to Mrs A Blight<sup>9</sup> of the Skin Culture Laboratory at the Birmingham Accident Hospital<sup>10</sup>, which was one of their national centres for burn injuries. It was a very fruitful journey and useful information and protocols were shared to me selflessly. With their protocols, we succeeded instantly. Later Wu Hay Tong took the technique one step further. However we eventually felt we have left the crowd and were beginning to feel the heat, so we had to back off.

I always felt I should do something about brachial plexus injuries. We were blessed with a powerful pair of wings in Lao Jie<sup>11</sup>, who enriched us with his solid knowledge in microsurgery and superb surgical skills. Together we studied the phenomenon of “pre-degeneration” of a nerve graft for improving axonal regeneration. Andrew Kwong<sup>12</sup> generously assisted us to measure the muscle recovery. Then Wu Hay Tong succeeded with culture of Schwann cells, before stem cells were widely used, and we started putting them into nerve grafts. I later went to see Michael Glasby<sup>13</sup> in Edinburgh, who had published extensively in brachial plexus repairs with large animal models - the goat. I happened to join his fellows trying to run an experiment in a bleak Winter morning, at 4am, to obtain single fibre EMG recordings, just to avoid possible electromagnetic interference when other laboratories start running their machines. The fellow performing the study was from Japan, and another was an American chiropractor who was doing a PhD, and was aiming at the medical school. I did not suffer much for that morning, because of the jet lag, but what have I learned? Focus, dedication, and get out of your comfort zone, in all meaning of the phrase. There was no way we could raise goats or perhaps no need. Around that time the success of hand transplantation brought hopes that axonal regeneration could be hastened<sup>14</sup>, and then the overwhelming enthusiasm for stem cell treatment for spinal cord injury was like a flock of birds that completely took us off course.

# EXCERPTS FROM THE 35<sup>TH</sup> ANNIVERSARY CELEBRATION

## **Follow the skein of geese**

The study of bone structure and healing has had a long history. With the introduction of callotaxis in the early nineties, and dynamic osteosynthesis a bit later, and then the concept of biophysical interventions has taken bone research to a higher level. Soft tissue healing in particular that of the tendons or ligaments has not had much breakthrough until the turn of the century, when advances in cell studies and molecular biology have lent new tools for its study.

Healing of the anterior cruciate ligament was intensely studied including the team led by Professor KM Chan, with such members like Barbara Chan, Pauline Lui and Bruma Fu<sup>15</sup>. They have made some significant and fundamental contributions. Instead of continuing flying alone, finding it difficult to gage my altitude, I joined them, and added a touch of my own – the free radicals. We looked at the effects of free radicals in tendon healing, studied the impact on tendon progenitor cells (Bruma Fu has by then mastered the technique), and demonstrated the benefits of anti-oxidants in improving healing. It was a most rewarding and far reaching collaboration experience, a partnership which lasted over 6 years, when 1 + 1 was obviously more than 2. The work was compiled into a doctoral thesis which I managed to submit just a few months prior to the completion of my term at the University<sup>16</sup>.

## **Where should I fly?**

I thought I might have times been twice as silly as Icarus. Fortunately I was only forced to land but did not drown. To be able to do research was the most fascinating part of my career. I do believe that seeing is believing, and going straight to the source of information to learn from it would sometimes be a tide turning move, although it is going to be more difficult and perhaps becoming more unwelcome these days<sup>17</sup>. Perhaps it is always good to fly in skein. At least you can cover each other from the sun and your wings will last long.

Where should we go, if we have to make a start? I think we could move away from the sun scorched sky of Icarus and instead look at the starry night sky. Train your eyes to see the stars and you will begin to enjoy them, and then you would be able to make out the constellations and the directions they might be pointing. Don't miss out the occasional meteors, of course, and good luck.

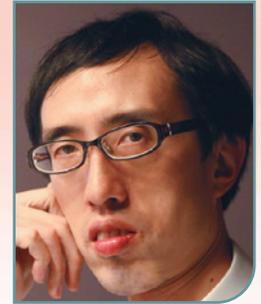
# EXCERPTS FROM THE 35<sup>TH</sup> ANNIVERSARY CELEBRATION

## 7. Gout over the past 35 years – and the road ahead

**Dr CHOI Kai-Yiu Alexander**

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Gout is a common crystal-related musculoskeletal disease inflicting around 3% adult population in affluent countries including Hong Kong, resulting in significant functional impairment, physical morbidities and poor quality of life. It is often managed by orthopaedic surgeons for both acute arthritis and chronic tophaceous gout. Over the past 35 years, there has been an explosion of scientific articles related to gout published, predominantly by rheumatologists and epidemiologists, with new knowledge on molecular biology, medications, and imaging techniques emerged. On the other hand, there were only a handful publications related to the surgical aspects of the disease, making one suspect surgery is an obsolete treatment in this era of evidence-based medicine. Despite the improvement in the knowledge of the disease and treatment modalities, we are still seeing an worldwide upsurging prevalence (failure in primary prevention) and high treatment failure rate (failure in achieving and maintaining remission). We hope our recent investigation results on tophus distribution and dissolution, together with an updated literature review, will provide some insights into the medical treatment of gout especially tophus. This will form the basis on refining indication of surgical treatment in selected cases and scenarios and help to delineate an interdisciplinary approach to this difficult disease to treat.



# EXCERPTS FROM THE 35<sup>TH</sup> ANNIVERSARY CELEBRATION

## 8. Wrist arthroscopy over the past 35 years: How did it change the world

**Dr. HO Pak-Cheong**

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Wrist arthroscopy is a relative new technique. Although the clinical application could be traced back to 1979 when YC Chen first reported on the result of 90 arthroscopic examination of wrist and finger joints in 34 patients<sup>1</sup>, the technique did not gain popularity until 1986 when a formal wrist arthroscopy workshop was organized in USA by pioneers such as Gary Poehling, Terry Whipple and James Roth<sup>2</sup>. The year coincided with the establishment of the HKSSH. Throughout the past 35 years, the technique and concept flourished among hand surgeons globally. Diagnostic wrist arthroscopy had become a golden standard in many clinical conditions. Parallel to this, many new and innovative procedures continued to evolve with predictable outcomes and low complications. The new therapeutic procedures are going to challenge the conventional ways and thinking of surgical treatment on the wrist and long-term results are evolving.

In author's opinion, wrist arthroscopy had brought along changes in the practice of hand surgeons at least in the following 8 aspects:

### 1. New diagnostic standard

In 1986, J Roth & R Haddad compared wrist arthroscopy to arthrography in diagnosis of ulnar wrist pain. Arthroscopy was found to be superior to arthrography for identifying TFC tears<sup>3</sup>. In 1992, Pederzini and Luchetti treated arthroscopy as the gold standard for diagnosis<sup>4</sup>. The diagnostic values are best exemplified in cases of chronic wrist pain of uncertain etiology, such as in synovitis of variable origins, crystal deposition disease, chondral lesion, intrinsic and extrinsic ligament injury, carpal instability, TFCC injury with or without DRUJ instability<sup>5</sup> and painful occult ganglion. In carpal instability conditions, arthroscopy can help to define the precise location of tear of carpal ligaments, the severity of instability, nature of the tear whether degenerative or traumatic, and the associated arthritic changes<sup>6</sup>.

### 2. New surgical approach

Arthroscopy provides a minimally invasive surgical approach for intra-articular pathology, helping to minimize the disruption to the blood supply and soft tissue, and preserve important proprioceptive function of the wrist. Therapeutic procedures are no longer restricted to resection process. More specific anatomical structure repairing procedures, and to the forefront, functional reconstruction procedures involving replenishment of tissue defect and augmentation of vital structures with graft material are seen with proven clinical value<sup>7</sup>.

On the resection aspect, common procedures include lavage, joint debridement, synovectomy, ganglionectomy, removal of loose bodies, capsular contracture release and various forms of osteotomy such as radial styloidectomy, Wafer procedure and even proximal row carpectomy.

Reparative surgery includes ligament repair, arthroscopic assisted reduction and internal fixation of fracture dislocation and chondroplasty for small chondral lesions.

Reconstructive surgery embraces surgical solutions tackling on osseous, soft tissue and cartilage problems. In osseous reconstruction, scaphoid nonunion and delay-union can be treated by arthroscopic bone grafting and percutaneous fixation. All forms of partial wrist fusion can be performed arthroscopically to maximize motion and to enhance union by preserving soft tissue integrity and vascularity<sup>8</sup>. In soft tissue reconstruction, arthroscopic assisted anatomical reconstruction of the radio-ulnar ligaments with tendon graft can be performed to treat patients with chronic distal radioulnar joint instability through bone tunnels in sigmoid notch and ulnar fovea<sup>9</sup>. In cartilage reconstruction, arthroscopic osteochondral transplant can be accomplished in patients with chronic symptomatic post-traumatic osteochondral lesion of the lunate fossa<sup>10</sup>.

# EXCERPTS FROM THE 35<sup>TH</sup> ANNIVERSARY CELEBRATION

### 3. New surgical idea

The wide application of wrist arthroscopy inspired the development of new surgical approach or concept in managing wrist problem. Arthroscopic treatment of dorsal wrist ganglion in 1995<sup>11</sup> and later on for volar ganglion in 2003<sup>12</sup> were good examples of these novel approaches which changed completely over the conventional treatment. Arthroscopic bone grafting in scaphoid nonunion was another notable examples of MIS surgery which revolutionized scaphoid nonunion treatment and potentially could replace all the existing modes of open surgery to achieve similar or better clinical outcome.<sup>13,14</sup> Arthroscopic assisted front back SL ligament reconstruction with tendon graft for chronic SL dissociation enabled anatomical restoration of the SL joint stability by addressing all key stabilizers without violating soft tissue envelope with minimal risk of ischaemic complications.<sup>15,16</sup>

### 4. New understanding on disease

Use of arthroscopy enabled a precise evaluation of soft tissue and chondral injury associated with fractures around the wrist such as distal radius and scaphoid fractures. A high incidence of ligament injury was noted in association with acute distal radius fractures (40-75%)<sup>17</sup> and scaphoid fractures (34-83%)<sup>18</sup> which potentially affected the management, complication and prognosis of the fracture treatment outcome. In Kienbock disease, Bain developed an articular-surface based classification of staging in 2006 in accordance with the radiological staging to determine the optimal mode of surgical management<sup>19</sup>. Badia also advocated similar concept in treating thumb CMCJ arthritis<sup>20</sup>.

### 5. New patient relationship

With the development of portal site local anaesthesia (PSLA) to allow wrist arthroscopy to be performed under local anaesthetic setting without tourniquet and sedation, the risk and cost associated with arthroscopy has markedly diminished and the acceptance of the surgery both by the patients and the surgeons is escalated<sup>21</sup>. The set up enabled the patients to observe and understand the intra-articular pathology under direct visualization. The treating surgeon and patients could share information on the diagnosis, prognosis, treatment options and clinical decision. This could enhance the mutual understanding and trust of the doctor-patient relationship.

### 6. New training model

Wrist arthroscopic skill is difficult to acquire through training in non-anatomical models. Thus cadaveric hands-on training course became the standard mode of training. Since the first workshop being held in USA in 1986, the enthusiasm had then spread to other continents. Hong Kong organized the first ever wrist arthroscopy workshop in Asia since 1997, followed by the first EWAS workshop in Strasbourg in 2005. Subsequently there were numerous cadaveric courses virtually in all continents over the world. These helped to propagate the knowledge, skill and concept and aroused a surge in global interest on wrist surgery<sup>22</sup>.

### 7. New collaboration

The wide application of wrist arthroscopy stimulated a strong professional interest in wrist disorders on the continuing development, research and advancement. This directly or indirectly led to the establishment of several international organizations with foci on wrist surgery, including the International Wrist Investigator Workshop, European Wrist Arthroscopy Society, Asia Pacific Wrist Association, International Wrist Arthroscopy Society, and many national wrist surgery groups such as in Japan, India and Mainland China. Apart from regular scientific congresses, international traveling fellowship program, educational activities, the global publications on wrist surgery also significantly increased in volume and quality in the past decade.

### 8. New profession

With the application of wrist arthroscopy and MIS surgery, we could see an increasing inclination toward sport related problems, which opened a new career path for young hand surgeons to develop. This led to the emergence of sport-hand surgeon or upper limb surgeons which focused on arthroscopy based surgical expertise. There is more collaboration between sport & hand surgeons, such as in ISAKOS and the Chinese sport surgeon association.

In summary, the birth and evolution of wrist arthroscopy presented as one of the break-through milestones in the history of hand surgery. The value is not just merely on the technical advancement. It also enables a better understanding of disease, provides new concept of treatment, minimizes the down side of surgery, provokes innovative thinking and changes the mindset of hand surgeons. Its impact and potential is immeasurable and continues to influence the next generations.

# EXCERPTS FROM THE 35<sup>TH</sup> ANNIVERSARY CELEBRATION

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# EXCERPTS FROM THE 35<sup>TH</sup> ANNIVERSARY CELEBRATION

## 9. Fortune and Honour

**Prof. CHOW Shew-Ping**

*Emeritus Professor, The University of Hong Kong*

The Hand exhibits amazing correlation between anatomy and function. Thus, the precision sensibility is related to both the dense end-organs and the enormous central representation interacting at different levels. Stability is ensured by both the bone, ligaments and subcutaneous tissue. Mobility and adaptability are afforded because of the thumb, the palm, the finger, and more proximal joints. The skin, circulation, and cellular as well as biological pathways are all suited to the functional requirements. Both flexor tendons with the flexor pulleys, and the extensor mechanism with its transverse and oblique bands allows the most complicated movements of the hand. Above all these, the Hand also reveals the inner world of the human being. When looking back at the evolution of the Hand, we may also be able to have a glimpse of the future of our hands.

It has indeed been a Fortune and Honour for me to be involved with the development of Hand Surgery in Hong Kong.



# EXCERPTS FROM THE 35TH ANNIVERSARY CELEBRATION

## 10. Hand tumours: Tips and Traps

**Dr. So Yat-Cheong, Timothy**

*Private Orthopaedic Surgeon*

*Director of the Musculoskeletal Tumour Centre, Gleneagles Hospital Hong Kong*



### Introduction

Lumps and bumps in the hand and wrist is a common clinical presentation. While malignant tumours are less common than benign ones, they could lead to serious consequences when mismanaged. The incidence of unplanned excision of malignant tumour / sarcoma in general is around 25% to 33%. This is mostly due to lack of awareness and experience in dealing with these tumours.

### Cystic versus non-cystic

By far the commonest lump in the hand and wrist is the ganglion cyst. But not all lumps and bumps are ganglions! Ganglions present in typical sites like the dorsal wrist, flexor tendon sheath, and DIPJ (mucous cyst). They usually appear as tensely cystic nodule of small to moderate size, and typically transilluminate on physical examination. If in doubt, ultrasonography would be helpful to distinguish between cystic and solid lesions.

If the lesion is not simple cystic, one should think about other possibilities. It could be anything!

### Diagnostic approach

To narrow down the differential diagnosis, a good history, physical examination and imaging would be important. In history taking, the most important aspect is the size of the lump, duration and in particular its growth pattern. Fast growing lesions should be treated with high index of suspicion.

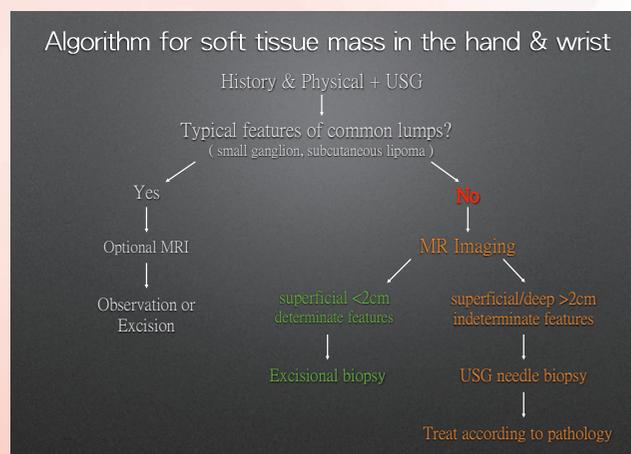
The main aim of diagnostic approach (history, physical, USG, MRI) is to distinguish those determinate / typical lesions from indeterminate / atypical lesions. The surgeon plays an important role in requesting, reading and interpreting images and reports. If necessary, one should discuss with the reporting radiologist and/or radiologist of your MDT (multidisciplinary team).

Determinate lesions include small ganglion, subcutaneous lipoma, typical neurogenic tumour, etc. They have typical physical characteristics and imaging appearance. Any lump that is indeterminate or atypical, especially when they are sizeable and growing should merit further investigation.

### Management

Even though malignant lesions are not that common in the hand and wrist, one should be on the alert. High index of suspicion and good clinical sense is important to avoid "histological surprise". One should have a good working diagnosis before any surgery, and if in doubt, (see attached algorithm) biopsy first. If the lesion is small (< 2 cm), superficial, and show determinate features, excisional biopsy (aiming at complete en bloc excision) can be done. However, if the lesion is > 2 cm with indeterminate features, image-guided (USG) needle biopsy is preferred. Surgical treatment should then follow according to pathology.

**Take home messages: 1. Diagnosis should come before treatment 2. One should distinguish between determinate and indeterminate lesions via clinical and imaging assessment +/- biopsy. 3. An ALGORITHM for soft tissue mass in the hand and wrist is recommended according to these principles.**



# EXCERPTS FROM THE 35<sup>TH</sup> ANNIVERSARY CELEBRATION

## 1.1. My Journey in Learning Microsurgery – Through the Lens of Medical Education

**Dr. CHAN Ping-Tak**

*Consultant, Department of Orthopaedics and Traumatology, Tuen Mun Hospital, NTWC*



Celebrating the HKSSH 35th anniversary, I would like to take this opportunity to share my experience in learning microsurgery. Walking along the path of life-long learning, I went through different levels, from a beginner to the level of proficiency in microsurgery at present, according to the model of skill acquisition. And I am still on the way to become an expert.

### **Community of Practice**

Reviewing my learning experience, I began learning microsurgery by entering “the community of practice” (Lave and Wenger, 1991). This is social-learning progress. I started situated learning, encountered various trauma conditions at Tuen Mun Hospital and North District Hospital. Thank to our society, the Hong Kong Society for Surgery of the Hand, that we had joint enterprise, mutual engagement and shared repertoire in developing hand and microvascular surgery. As a group of people who share a common concern and passion for hand surgery, we interact regularly and learn from each other. With an active involvement, I moved from legitimate peripheral participation into full participation of the “microsurgery community of practice”.

### **Deliberate Practice**

One of the essential learning processes is deliberate practice (Ericsson, 1996) and simulation training (Di Cataldo, 1998). I attended my first microvascular course in Singapore in 1997, which was an animal model of simulation training. To get more practice, I also attended both basic and advanced microsurgery courses in Hong Kong. I went for overseas training in Ogori, Japan, where I had hands-on practice for microsurgery, such as free Gracilis transfer and brachial plexus injury reconstruction. These were valuable learning experiences.

### **Zone of Proximal Development**

I was privileged to have my mentors Dr YY Chow and Dr PC Ho to accompany and guide me through my journey of learning microsurgery. I learned the knowledge, philosophy, mastered my skills and built up my identity for my career. I was also supported by my peers, who were my colleagues. In the presence of my peers, my performance would exceed what I had done alone. We were mutually influenced each other at the zone of proximal development (Vygotsky, 1978), and advance together for the better.

### **Self-directed Learning**

My next stage of learning is experiential learning. I started doing flaps independently in North District Hospital since 1998, starting from pedicle flaps to free flaps and replantation. Case by case, with reflection on action, I gain my experience to practice different techniques and various types of flaps.

In my first ten years of learning, I mainly performed traditional flaps. However, I found that it was not enough as sometimes the flaps were very bulky. The concept of perforator flaps started to develop and evolve in the 20th century. With self-directed learning (Knowles, 1975) and goal setting, I attended the perforator flap dissection course in Guangzhou in 2011. Subsequently, I attended more other meetings and courses to attain my goal.

### **Connectivism**

Another crucial learning process is the concept of Connectivism (Siemens, 2004). As social media become popularized, I learned initially from some official hand society webpages to now even by Twitter. There were many interesting stories from other surgeons all over the world on how they practised microsurgeries. I was inspired by their creativity in applying microsurgical skills to solve clinical problems.

# EXCERPTS FROM THE 35<sup>TH</sup> ANNIVERSARY CELEBRATION

## **Faculty Development**

I hope my learning experience sharing can encourage my dear friends to advance higher at the learning pyramid, from an audience to a teacher. I retained the knowledge much by teaching than just listening to someone's talk. I am now engaged more in the education development of our specialty and I hope we can work together with our younger generation to build a brighter future for hand and microvascular surgery in Hong Kong.

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# EXCERPTS FROM THE 35<sup>TH</sup> ANNIVERSARY CELEBRATION

## 12. Avoiding Pitfalls & Complications in Total Elbow Arthroplasty

### **WONG Hin-Keung**

*Chief-of-Service and Consultant, Department of Orthopaedics & Traumatology,  
Princess Margaret Hospital /North Lantau Hospital*

Total elbow arthroplasty (TEA) was first designed to treat rheumatoid arthritis of the elbow. The indications were expanded and refined in recent years to treat various kinds of elbow problems. Suitable candidates should be selected. The ideal candidate is a low-demand patient who should not be too young or too active. The candidates should also be able to comply with lifetime activity restrictions to prevent early loosening.

The designs of TEA and the materials used evolve over time since 1952. However, we are still facing different kinds of complications up to 62% including aseptic loosening, ulnar neuropathy, instability etc. 7-19% of instability happened in unlinked prosthesis. Semi-linked TEA has better outcomes than unlinked TEA with respect to complication and revision rates.

We can avoid loosening of TEA caused by ulnar component pistoning. Firstly, we need to resect the coronoid osteophyte to prevent anterior impingement between the anterior flange of the humeral component and the prominent coronoid process. Secondly, we should avoid insertion of ulnar component too deeply to prevent similar impingement. Thirdly, we should check the trial ulnar component for distraction during deep flexion.

Osteophytes should be removed from the olecranon to prevent impingement over the posterior aspect. Radial head should be excised to improve the forearm rotation if it is grossly deformed or surrounded by large amount of osteophytes. Suture can be used to secure the bone graft to the anterior flange to prevent dislodgement during insertion of the humeral component.

Longevity of TEA can be improved if we choose the suitable candidates, use prosthesis with good designs and employ good surgical techniques.



# EXCERPTS FROM THE 35<sup>TH</sup> ANNIVERSARY CELEBRATION

## 13. Does Advanced Technology Better Hand Therapy Outcome

**Josephine WONG**

*BSc HC(OT), MSc SMHS, CHT*

*Senior Clinical Associate, Department of Rehabilitation Sciences, Hong Kong Polytechnic University*



Physical and functional assessments/re-assessments and therapy implementation such as splinting rehabilitation program and functional training are the daily routines of hand therapists' work. In recent decade, advancement in surgical techniques, assistive technology in splinting fabrication and mobilization programs as well as evidence-based practice have been bringing up new and creative ideas on hand therapy at one hand, enhancing hand therapy outcome on the other hand.

For instance, new development in digital tendon repair techniques minimize tendon re-rupture rate and enhance tendon gliding. The current flexor tendon rehabilitation program that follows will gradually be replaced by much simpler splinting design and mobilization regime.

3D printing technology is widely applied in the hand splinting fabrication international wide. Computer-aided design, colorful materials and less labor work demanding are some of the advantages when compared with the traditional hand-made splinting work. This technology brings convenience to both therapists and clients, especially those whose affected hand(s) is steady in shape, when frequent adjustment over the splint is not required. Moreover, it upgrades the quality of assistive aids to facilitate clients' functional performance in their daily living. Yet, there are limitations of 3D printed splinting in its application, especially for clients whose conditions require corrective moulding or joint stiffness management. Customized hand-made splinting with additional dynamic components are indispensable in order to achieve the expected rehabilitation outcome.

Smart Scar-Care Pad, an innovative product for treatment of scar problem, is invented by the Department of Rehabilitation Sciences, Hong Kong Polytechnic University. It integrates the functions of silicone gel, pressure padding and pressure garment into a 3-in-1 scar pad. The effectiveness of the scar pad is well proven by numerous clinical evidences. With the increasingly wide use of this scar pad in the community in the coming future, the quality of the traditional pressure therapy practice will certainly be reformed.

Integrating the principle of Virtual Reality and the use of Leap Motion in the mobilization program are more and more common. The technology allows people to view and interact with a simulated three-dimensional world and addresses real-time aspects of information processing, enhancing dynamic interaction with the virtual environment, and promoting patients' intention and willingness to do training.

Tele-rehabilitation has gained its significance in delivering therapists' treatment instructions and clients' feedback through online platform lately during the world-wide COVID-19 pandemic. Various kinds of movement trackers are used in order to measure clients' progress at home and at the same time transferring treatment data through apps or online platform to therapists for monitoring. Evidence-based study is inevitable aiming at validating the usefulness and reliability of these movement trackers, and to provide concrete support to our instructions to clients on injury prevention.

With the advancement of technology in its application in hand therapy, hand therapists may experience changes in their daily practice, from providing hands-on therapy work to clients to exploring information technology to revamp their traditional work format.

# PAST HKSSH EXCHANGE AMBASSADORS

## HKSSH-JSSH Exchange Ambassadors

### JSSH Ambassador

Year	Name	Institution
2000	Shigeharu Uchiyama	Suwa Red Cross Hospital, Nagano
2001	Osamu Soejima	Fukuoka University School of Medicine, Fukuoka
2002	Toshiyasu Nakamura	School of Medicine, Keio University, Tokyo
2003	Cancelled due to SARS	
2004	Masataka Yasuda	Osaka Rosai Hospital, Osaka
2005	Masatoshi Amako	Field Hospital Unit #101, Northern Army Medical Unit, Sapporo
2006	Hikomichi Mitsuyasu	Graduate School of Medical Sciences, Kyushu University, Fukuoka
2007	Takaaki Shinohara	School of Medicine, Nagoya University, Nagoya
2008	Koji Shigematsu	West Nara Central Hospital, Nara
2009	Takeshi Egi	Osaka Rosai Hospital, Osaka
2010	Yasushi Morisawa	National Hospital Organization Saitama National Hospital, Saitama
2011	Yamazaki Hiroshi	Aizawa Hospital, Nagano
2012	Zenke Yukichi	University of Occupational and Environmental Health, Kitakyusyu
2013	Yuki Hara	University of Tsukuba, Tsukuba
2014	Kaoru Tada	Kanazawa University Hospital, Ishikawa
2015	Yoshitaka Tanaka	Seikeikai Hospital, Osaka
2016	Issei Komatsu	University of Pittsburgh Medical Center, USA
2017	Uemura Takuya	Osaka City University Graduate School of Medicine, Osaka
2018	Kosuke Uehara	The University of Tokyo Hospital, Tokyo
2019	Yuki Fujihara	Nagoya Ekisaikai Hospital, Nagoya
2020	Cancelled due to COVID-19	

# PAST HKSSH EXCHANGE AMBASSADORS

## HKSSH Ambassadors

Year	Name	Institution
2000	Lam Chi Keung	Pamela Youde Nethersole Eastern Hospital
2001	Au Kin Ming	Alice Ho Miu Ling Nethersole Hospital
2002	Choi Kai Yiu	Tuen Mun Hospital
2003	Cancelled due to SARS	
2004	Lo Che Yuen	Queen Elizabeth Hospital
2005	Lau Yan Kit	United Christian Hospital
2006	Wong Hin Keung	Princess Margaret Hospital
2008	Wong Tak Chuen	Pamela Youde Nethersole Eastern Hospital
2009	Lam Man Yan Marriane	Tuen Mun Hospital
2010	Yen Chi Hung	Kwong Wah Hospital
2011	Cancelled due to 3.11 Tohoku earthquake and tsunami	
2012	Kwan Kenny Yat Hong	Queen Mary Hospital
2013	Koo Siu Cheong Jeffrey Justin	Private practice
2014	Chan Wing Leung	United Christian Hospital
2015	Tong Hoi Yiu Sara	Tseung Kwan O Hospital
2016	Chow Esther Ching San	United Christian Hospital
2017	Yip Ka Yan Emily	Tuen Mun Hospital
2018	Yau Leung Kai Edmund	Queen Elizabeth Hospital
2019	Mak Chu Kay Michael	Prince of Wales Hospital
2020	Cancelled due to COVID-19	

# PAST HKSSH EXCHANGE AMBASSADORS

## HKSSH-KSSH Exchange Ambassadors

### KSSH Ambassadors

Year	Name	Institution
2017	Ho-Jun Cheon	W Hospital, Daegu
2018	Heechan Ahn	W Hospital, Daegu
2019	Jong-Pil Kim	Dankook University College of Medicine, Cheonan

### HKSSH Ambassadors

Year	Name	Institution
2017	Chan Sze Yan Jennette	Pamela Youde Nethersole Eastern Hospital
2019	Fok Woon Man Margaret	Queen Mary Hospital

## HKSSH-RHHS Exchange Ambassadors

### RHSS Ambassadors (1 ambassador each year)

Year	Name	Institution
2019	Nikolai Karpinskii	Reaclinic, St Petersburg
2020	Cancelled due to COVID-19	

### HKSSH Ambassadors (2 ambassadors every 2 years)

Year	Name	Institution
2020	Cancelled due to COVID-19	

# THE HISTORY OF HKSSH

*“The development of Hand Surgery in Hong Kong, therefore, has very much risen out of the need to care for the injured”*

*– Professor P.C. Leung, Founding President of Hong Kong Society for Surgery of the Hand*

*“The development of Hand Surgery as a subspecialty of Orthopaedics and Traumatology was borne of necessity”*

*– Professor John C.Y. Leung, President of Hong Kong College of Orthopaedics 1995*

In the 1960s, there were many number of hand injuries due to the blooming of industry in Hong Kong and the occupational safety measures were not popular. As a result, interns and most junior orthopaedic doctors managed patients who suffered from hand injuries.

Professor AR Hodgson, the first orthopaedic professor in The University of Hong Kong (HKU) and Queen Mary Hospital (QMH), realized the unsatisfactory outcome of patients with hand injuries, he sent Dr. YS Tsao aboard to receive hand surgery training under Dr. Joseph Boyes in California, U.S. Dr. Tsao established a more organized hand service and Dr. KP Chan continued the service. In the 1970s, Professor SP Chow received overseas training under Dr. Douglas Lamb in Edinburgh, U.K. and led the development of hand surgery in QMH when he returned. Professor PC Leung started his orthopaedic career in Queen Elizabeth Hospital (QEH) in 1970. After receiving plastic surgery training in the U.K. He spent most of his time in hand surgery as a part-time consultant in Kwong Wah Hospital (KWH). He then established hand surgery service at Princess Margaret Hospital in the 1970s and subsequently Prince of Wales in the 1980s when he became the founding professor of the Department of Orthopaedics and Traumatology in The Chinese University of Hong Kong (CUHK).

A huge amount of work, both clinical and research, were done by Professor SP Chow and PC Leung and numerous dedicated Orthopaedic surgeons in the late 1970s. The wide varieties and quality of hand service in Hong Kong were started to get known to overseas experts when they visited Hong Kong.

Hand surgery of Hong Kong was brought to the international stage when Hong Kong hosted the First Western Pacific Orthopaedic Association (WPOA) Hand Surgery Sectional Meeting on 12-14 November 1984.

With the leadership of Prof. SP Chow and Prof. PC Leung, the great effort of honorary secretary Dr. SH Yeung and a group of orthopaedic surgeons dedicated to hand surgery, The Hong Kong Society For Surgery of The Hand (HKSSH) was founded in 1986 with Prof. PC Leung as the founding President.

The Post-Tokyo International Federation of Societies of Surgery of the Hand (IFSSH) Congress meeting was held in Hong Kong on 13-14 November, 1986. This was regarded as the first HKSSH workshop.

This established the relationship of Hong Kong with other Asia-Pacific countries, and Mainland China and overseas, and the relationship grew.

Subsequent HKSSH workshops were conducted yearly in March or April.

# THE HISTORY OF HKSSH

In 1994, the workshop was conducted as IFSSH Western Pacific Regional Program 28 April – 2 May.

On the same occasion, the formation of The Asian-Pacific Federation of Societies For Surgery of The Hand (APFSSH) was conducted in Hong Kong on the 30th April and 1st May, 1994, with Dr Timothy YC So as the treasurer. This organization was formed to promote the practice of hand surgery and coordinate the activities of the various hand surgery societies in the Asia-Pacific region.

In June 1994, HKSSH became the official delegation to attend The Chinese Medical Association Hand Surgery Society Congress.

In 1995, HKSSH became the official delegation to attend The Hand Surgery Society of China and Hand Surgery Centers in Beijing and Shanghai.

Since 1995, HKSSH Annual Workshop has been called HKSSH Annual Meeting, and “Forum”, the official journal of HKSSH, was first published in April 1995. In June 1996, volume 3 summarized society's first 10 years of history.

The first volume of “Hand Surgery”, the official journal of the APFSSH was published in January 1996 under Editor-in-Chief Prof. S.P. Chow, who could be considered the “father” of the journal.

On 14-18 February 2008, the 7th APFSSH Congress was held in Hong Kong. This congress was combined with the 21st HKSSH Annual Congress. It was also a conjoint meeting with the 3rd APFSHT, the 1st HKSHT, as well as the 1st conjoint meeting of APFSSH and EWAS.

On 6-9 June 2013, The 11th International Meeting on Surgical Rehabilitation of the Tetraplegic Upper Limb “Tetrahand” was held in Hong Kong together with the 26th HKSSH Annual Congress and the 6th Annual Therapist Symposium of HKSHT.

In 2018, The World Symposium on Congenital Malformations of Hand and Upper Limb was conducted in Hong Kong.

The increasing exchange Ambassadors exemplify the close relationship with Regional cities and countries:

The Chinese visiting scholarship program was started in 1997, with 3 Chinese hand surgeons per year recommended by The Chinese Hand Surgery Society joining the HKSSH Annual congress and associated activities.

The JSSH-HKSSH exchange ambassador program was started in 2000 and up till now, 19 Japanese surgeons and 18 Hong Kong surgeons have joined the program.

The KSSH-HKSSH exchange ambassador program was started in 2017 and up till now, 3 Korean surgeons and 2 Hong Kong surgeons have joined the program.

The RSSH –HKSSH exchange ambassador program was started in 2019 and up till now, 1 Russian surgeon has joined the program.

The TSSH-HKSSH exchange ambassador program was started in 2019 and up till now, 1 Hong Kong surgeon has joined the program.

# THE HISTORY OF HKSSH

In 2012, Dr. Lam Cho-Yee (HKSSH President 2006-2008) Memorial Scholarship was established to support local young hand surgeons who intend to have overseas visit outside Hong Kong in the interest of academic activities pertaining to hand surgery and microsurgery applicable to orthopaedic practice.

For local orthopaedic surgeons, HKSSH provides hand surgery training and knowledge exchange to local surgeons through Annual Congress, pre-congress hands-on workshops, Hand Surgery Certificate Course (started in 2014) and collaboration with local organizations in conducting seminars and workshops. Notable examples are specialty day with The Hong Kong College of Orthopaedic Surgeons (HKCOS), The Hong Kong International Arthroscopy Seminar and Workshop conducted by CUHK annually since 2008, hand and microvascular surgery session with Hong Kong Orthopaedic Association (HKOA) Annual Congress since 2019, Hospital Authority (HA) commissioned training program on “Microvascular and Lymphatic Reconstruction” in 26-27 February 2021. Besides, our society is contributing to the new curriculum review in hand surgery of orthopaedic training under HKCOS in 2021.

Besides, HKSSH has supported nurses and allied health professionals by contributing to symposia and workshops. For example, there has been a conjoint nurse workshop with AADO every year and the society has been the co-organizer of the annual therapist symposium of HKSHT since her establishment in 2008.

With Mainland China, HKSSH has been invited to organize an educational course with Hand Surgery Society of Chinese Medical Association (CMA) since 2016 and has organized various workshops and courses in Mainland China such as Beijing and Shenzhen.

Internationally, HKSSH is the founding society of IFSSH and one of the founding societies of the APFSSH. The Asian-Pacific Wrist Association (APWA), founded by Dr. PC Ho (HKSSH President 2008-2010) in 2015, has been working closely with HKSSH in conducting numerous wrist seminars and workshops at Hong Kong and Beijing China, Tokyo Japan, Adelaide Australia, and Seoul Korea.

In the current pandemic of COVID-19 with restrictions in travelling, HKSSH is still contributing in Webinar courses with Asia Pacific Orthopaedic Association (APOA) and Société Internationale de Chirurgie Orthopédique et de Traumatologie (SICOT) since 2020. In the coming 2022 Annual Congress, we will co-organize with a group of hand surgeons from American Association of Hand Surgery (AAHS) who will be joining via the internet. Society’s mission continues despite the limitations under the pandemics.

Looking back on the past 3 decades since the establishment of HKSSH, the change in the socio-economic infrastructure of Hong Kong with moving of industries to Mainland China and increasingly healthy aging population, the spectrum of patient needs has shifted from industrial injuries to sports injuries and degenerative disorders of the upper limbs. Hand surgeons are performing much less replantation, but on the other hand, Microsurgery exists as one of the most powerful armamentariums in extended indication in limb reconstruction following severe trauma, infection and tumour resection. The minimal invasive surgical approaches in the treatment of entrapment neuropathy, fracture fixation, and notably wrist and elbow surgery have expanded the horizon of hand surgeons to master arthroscopic reconstruction techniques. The technology advancement also enables implant arthroplasties of hand and wrists to be mastered by hand surgeons. Advances in navigation and 3D printing technology allow hand surgeons to perform extremely precise deformity corrections in upper limb bones... Hand surgery actually embraces all modalities and advances are applicable in orthopaedics and traumatology, with her capability in performing microsurgery marks her distinct and unique identity.

# THE HISTORY OF HKSSH

This is why hand surgery demands someone equipped with broad and in-depth knowledge and skills. The long and steep learning curve in microsurgery demands perseverance and considerable skills, if not talent. As Dr. Timothy So pointed out in “In The Making of A Hand Surgeon”, the characteristics of a hand surgeon include: Love towards the human hand, knowledge and logic, a proper view on technique to handle tissues with care, have a bit of obsessive and perfectionistic trait, being patience, dedication and ability to endure hardship under hedonistic atmosphere, and also compassionate and holistic in managing patients.

With all these characteristics, you will agree that: While orthopaedic surgeons choose to practice orthopaedics, hand surgery selects hand surgeons.

In the future, as long as surgeons with these characteristics exist, hand surgery will continue to grow healthy and strong, serving patients in need, especially those underprivileged who really need someone to care about and give them a hand...

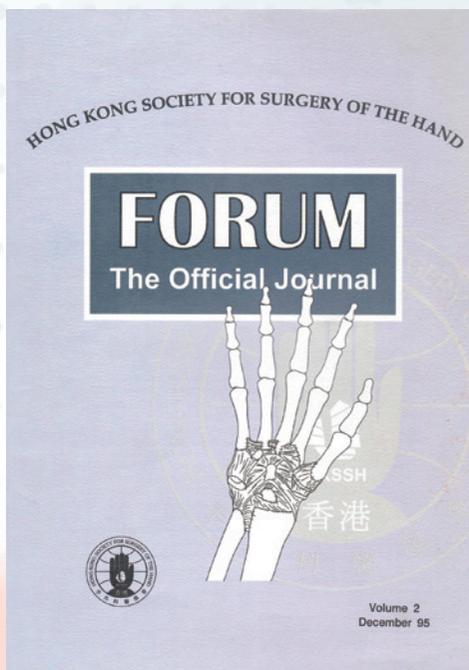
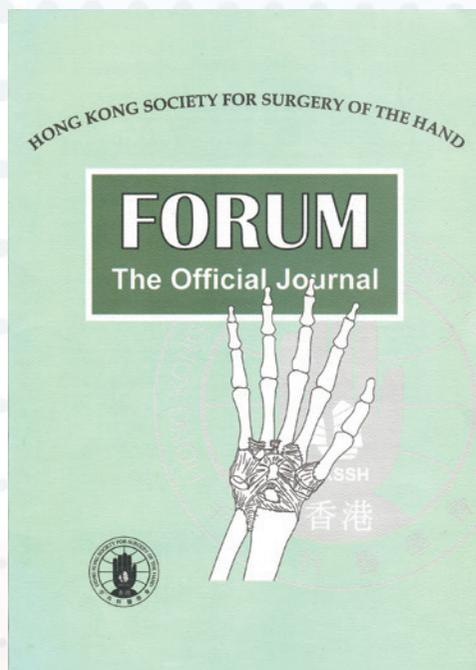
May I end up with wisdom from Professor SP Chow (HKSSH President 1988-90):

*“...cultivate a critical attitude in your work, a caring sentiment towards the occupational and social aspect of our patient, and a concern of our community beyond medicine.”*

# THE FORUM

## The Official Journal of the HKSSH

In the early 1990s, Forums were organized by the HKSSH to discuss of certain topics in hand surgery. To enable those who missed these sessions to share the discussion that had taken place, to encourage continuous research and dialogue beyond the Forums, the materials were published in the form of a journal of the Society. Topics covered include radial club hand, ulnar wrist pain, reconstruction of thumb & fingertip injuries, history of HKSSH. A total of 3 issues were published between April 1995 and May 1996.



# IMPORTANT MILESTONES OF HKSSH

## 7th Congress of Asian Pacific Federation of Societies for Surgery of the Hand 2008 cum 21st HKSSH Annual Congress

The 7th APFSSH Congress was held in Hong Kong in 2008. It had been a successful meeting under the guidance of Prof. SP Chow (The APFSSH President at that time), Dr. WY Ip (The Congress President), Dr. YY Chow and Dr. CY Lam (The HKSSH Presidents during that period of time). The program was a comprehensive one with lots of educational and stimulating lectures. Distinguished and eminent international as well as regional speakers were invited to deliver 11 plenary lectures, 11 symposia and 3 luncheon workshops. Prof. Yu-dong Gu was the invited speaker of the Tajima Memorial Lecture. There were over 400 **high** quality free papers on different aspects of hand surgery from various countries. There were pre-congress meetings in Macau and post-congress meeting in Shenzhen. In addition, it was a great opportunity for hand surgeons from all over the world to exchange knowledge, skills and experience. It was a great platform to build up long-term friendships among hand surgeons from all over the world.



Congress workshop

**7th Congress of Asian Pacific Federation of Societies for Surgery of the Hand 2008**  
**21st HKSSH Annual Congress**  
**3rd Congress of APFSHT**  
**1st HKSH Annual Congress**  
**1st Conjoint Meeting of APFSSH and EWAS**

Date: February 14-17 2008  
Venue: The Hong Kong Convention and Exhibition Centre, Hong Kong, China

Macau Pre-Congress February 12-13 2008  
Shenzhen Post-Congress February 18-20 2008

Congress Secretariat:  
MV Destination Management Limited  
Flat D, 8th Floor, Kim Tak Building, 328 Nathan Road, Kowloon- Hong Kong, China  
Tel: 852-27358118  
Fax: 852-27358282  
E-mail: apfssh@mvdmc.com

<http://www.apfssh2008.org>  
<http://www.hksht.org>

**Programme & Abstracts**



# IMPORTANT MILESTONES OF HKSSH

## The 11th International Meeting on Surgical Rehabilitation of the Tetraplegic Upper Limb cum 26th HKSSH Annual congress in 2013

The 11th International Meeting on Surgical Rehabilitation of the Tetraplegic Upper Limb cum 26th HKSSH Annual congress was held in June 2013. Participants from all continents participated in vivid discussions about various topics related to the reconstruction and rehabilitation of hand control in tetraplegia. We had invited international speakers to provide us with knowledge in a wide spectrum of topics, these include: Tragedy and Miracle by Khalid Mohammed (New Zealand); Debilitating contractures in tetraplegia by Anne Bryden (USA); Spasticity reducing surgery in tetraplegia by Carina Reinholdt (Sweden); Nerve transfer in tetraplegia by Andreas Gohritz (Switzerland); The Alphabet procedure by Jan Fridén (Sweden); Surgical balance of the thumb by Jeremy Simcock / Gordon Beadel (New Zealand); Techniques for Intrinsic Balancing in the Hand by James House (USA); Lessons Learned: Neuroprosthetics by Michael Keith (USA); Myoelectric Control for Upper Extremity Neuroprostheses by Dustin Hardwick; Functional electrical stimulation in tetraplegia hand surgery by Ines Bersch-Porada (Switzerland).



Local experts also share their experiences in tetraplegic upper limb management, these include: Local experience in tetraplegic hand management by Josephine Wing Yuk Ip (Hong Kong), Tetraplegic Hand Reconstruction: the High and the Low by Pak-Cheong Ho (Hong Kong).

There had been exciting discussions about current trends and choice of surgical techniques and the meeting was a successful one.



Exciting panel discussion



Participants from all over the world



Opening Ceremony

# IMPORTANT MILESTONES OF HKSSH

## World Symposium of Congenital Malformation of Hand and Upper Limb 2018 cum 31st Annual Congress of HKSSH

The triennial meeting was held the first time in Hong Kong on 7-10 March 2018 at the Harbour Grand Kowloon Hotel. There were over 200 experts from more than 30 countries around the world joined the meeting. The Secretary for Food & Health, Prof Sophia Chan JP, officiated the opening ceremony on 8 March. The meeting began with an update of the OMT (Oberg, Manske, Tonkin) classification of congenital upper limb anomalies by Prof Michael Tonkin himself. Thorough discussion on various topics then followed - from common conditions including polydactyly, syndactyly and trigger thumb, to more challenging entities like radial longitudinal deficiency and hypoplastic thumb. Participants will not forget the heated discussion during the session on Blauth III B and IV hypoplastic thumb. A special session was dedicated to the late Prof Toshihiko Ogino, one of the pioneers in the field. He, together with Prof Terry Light, were the guest speakers at our 1999 Annual Congress. Prof Light led us to pay our last respects to him at the Prof Toshihiko Ogino Memorial Lecture. Another highlight of the event was the piano performance by two players with congenital finger deficiency during the Banquet on Friday night. Participants of the Saturday afternoon HKSSH session benefited from the instructional lectures by the masters, Prof Neil Jones, Dr Paul Smith & Dr Scott Oishi. It was definitely a fruitful meeting.



Lecture by Prof. Michael Tonkin



The Opening Ceremony



Enthusiastic audiences



Prof. Ogino Memorial Lecture delivered by Prof. Terry Light



Piano performance by Ms. Connie Wong, a famous pianist who suffers from constriction ring syndrome

# IMPORTANT MILESTONES OF HKSSH

## Russian Hand Surgery Society (RHSS) as the first HKSSH annual congress guest society

The Hong Kong society for surgery of the hand has been expanding its connection with the international hand societies and the year 2017 has marked a significant milestone of our society. Since 2017, we had started to invite international guest society to contribute to our annual congress. It is our honour and privilege to have the Russian Hand Surgery Society (RHSS) as our 1st international guest society that joined the HKSSH annual congress. We were delighted to have invited 5 members from their society: Dr Igor Golubev; Dr Zolotov Alexander; Dr Miguleva Irina; Dr Nazaryan Georgy; Dr Semenkin Oleg and Dr Kalantyrskaja Valentine. The theme of the congress was "Battle against upper limb stiffness". It was a delightful experience where we were able to exchange knowledge as well as build up friendship with the Russian hand surgeons. In exchange, 5 members of the HKSSH were invited to participate in the RHSS annual congress in 2018, which was held in Yekaterinburg. The theme of the congress was "The Thumb". The representing members include Dr. Wong Hin-Keung, Dr. Chan Ping-Tak, Dr. Ip Wing-Yuk, Dr. Koo Siu-Cheong, Dr Chow Esther Ching-San. This was an eye-opening experience.



2017 HKSSH Annual Congress with RHSS as our Guest Society



2018 RHSS congress program book



HKSSH members visiting Yekaterinburg, Russia



Dr. PT Chan receiving certificate of appreciation from Dr. Igor Golubev, the president of RHSS.



Dr. HK Wong presenting souvenir to Dr. Igor Golubev.

# IMPORTANT MILESTONES OF HKSSH

## The AAHS meeting 2020 – HKSSH as guest society

The HKSSH was invited to attend the annual meeting of the American Association for Hand Surgery (AAHS) as one of the guest societies on 8-11 January 2020 in Fort Lauderdale, Florida. The HKSSH representatives include Dr. PC Ho, Dr. HK Wong, Dr. PT Chan, Dr. WL Tse, Dr. Esther Chow, Dr. Margaret Fok and Dr. Michelle Lee. They participated in the plenary session on finger replantation and it was a great opportunity to exchange knowledge on this topic between the western and the eastern part of the world. They also presented in the Instructional course lectures on management of scaphoid fractures. There were also delegates from China, Singapore and Taiwan, which allows exchange of knowledge and ideas at an international level. In return, we have invited the AAHS to attend our annual congress as guest society in May 2020. However, due to the COVID-19 pandemic and travel restrictions, the meeting has to be postponed to March 2021. We hope that this exchange program with other international hand societies can continue in the future, for exchange of knowledge and promote friendship among hand surgeons all over the world.



# THE PAST HKSSH ANNUAL CONGRESS PROGRAMME BOOKS

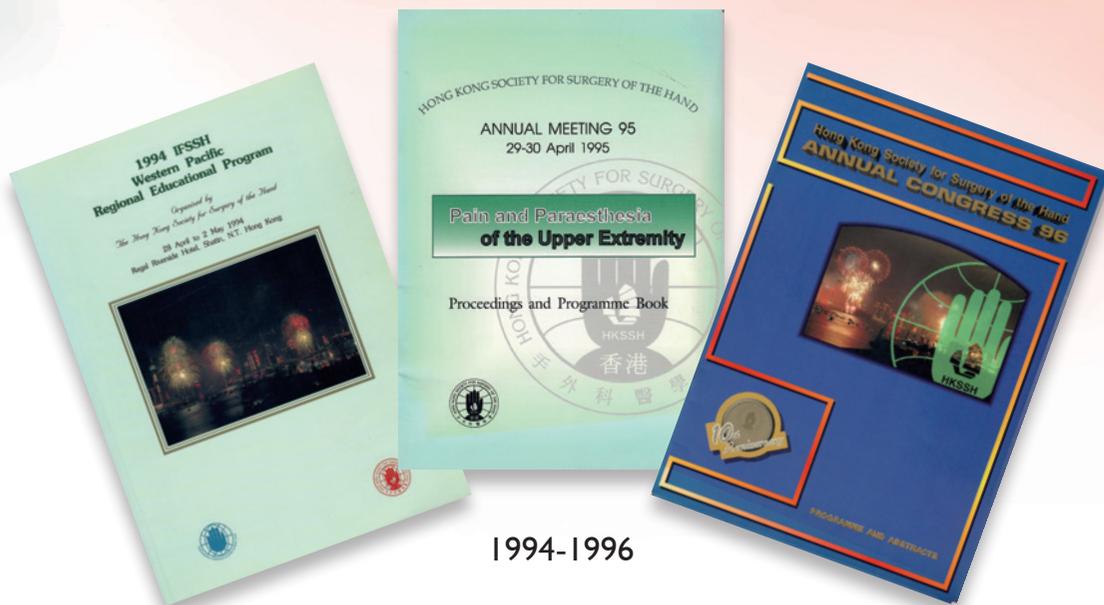


1986, 1988-1990

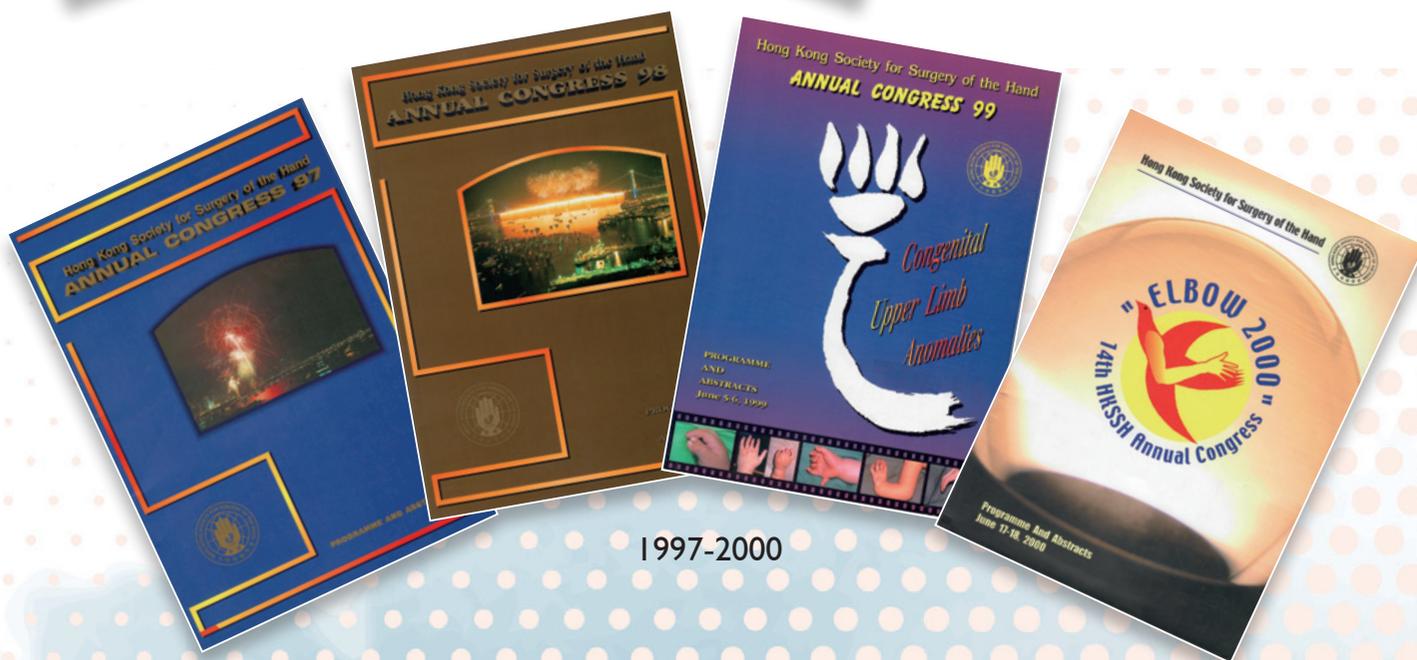


1991-1993

# THE PAST HKSSH ANNUAL CONGRESS PROGRAMME BOOKS



1994-1996

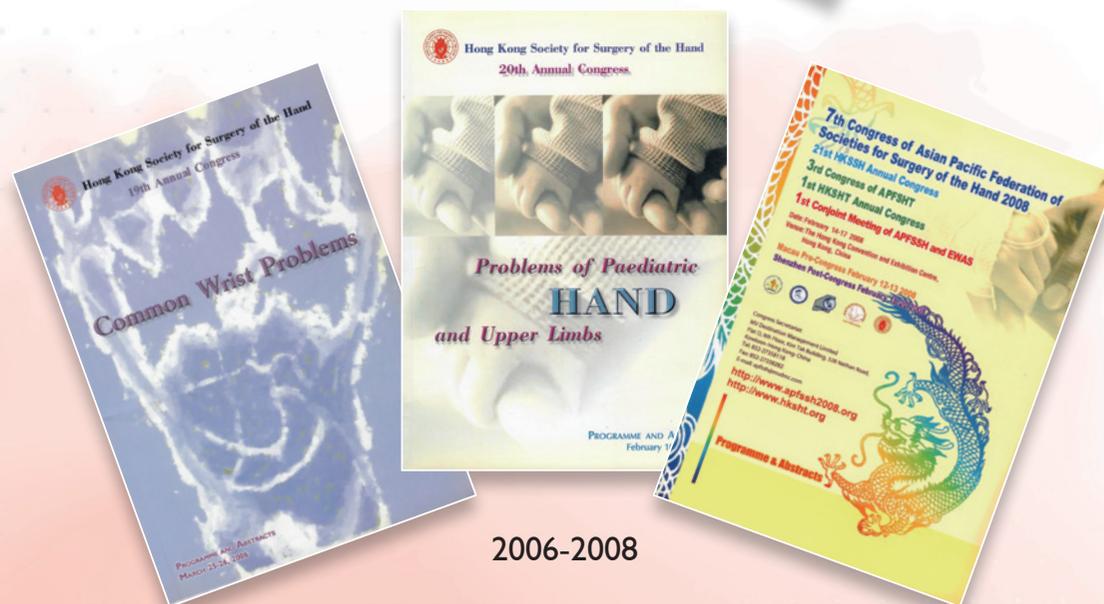


1997-2000

# THE PAST HKSSH ANNUAL CONGRESS PROGRAMME BOOKS



2001-2005



2006-2008

# THE PAST HKSSH ANNUAL CONGRESS PROGRAMME BOOKS



2009-2011



2012-2015

# THE PAST HKSSH ANNUAL CONGRESS PROGRAMME BOOKS



2016-2019

# LIST OF HKSSH ANNUAL WORKSHOPS / MEETINGS / CONGRESSES (1986-2021)

Year	Theme	Chairman	Invited overseas speakers
1986	Post Congress Meeting 3rd IFSSH Triennial Congress		Dr Alfred SWANSON (USA) Prof Dieter BUCK-GRAMCKO (W Germany) Dr Douglas LAMB (UK) Dr. James DOBYNS (USA)
1988	Fractures and Dislocations of the Hand		Dr Nicholas BARTON (UK) Dr Jia Ning WEI (China)
1989	Peripheral Nerve Lesions		Prof Göran LUNDBORG (Sweden) Dr M. OCHI (Japan) Dr Sir Sydney SUNDERLAND (Australia) Prof Shi Zeng ZHONG (China) Prof Shen Xiu ZHU (China)
1990	Rheumatoid Hand		Dr Duncan MCGROUTHER (UK) Dr Tfunaji MURAKAMI (Japan)
1991	Wrist Disorders		Dr Andrew K. PALMER (USA) Dr H. Kirk WATSON (USA) Dr Philippe SAFFAR (France)
1992	Tendon Transfer in Paralytic Conditions of the Upper Limb		Dr Paul BRAND (USA) Dr Hariharan SRINIVASAN (India)
1993	Management of Complex Upper Limb Injuries: An Update		Dr Michael B. WOOD (USA) Mr Steve BOGARD (USA)
1994	1994 IFSSH Western Pacific Regional Educational Program	Dr Timothy Yat Cheong SO	Prof Dieter BUCK-GRAMCKO (Germany) Prof Yu Dong GU (China) Prof Wayne MORRISON (Australia) Prof Akira NAGANO (Japan) Prof Toshihiko OGINO (Japan) Dr Panupan SONGCHAROEN (Thailand) Dr V. PATHMANATHAN (Malaysia) Prof Robert PHO (Singapore) Prof Tatsuya TAJIMA (Japan) Dr Lam Chuan TEOH (Singapore) Dr Michael TONKIN (Australia) Prof Fu Chan WEI (Taiwan)

# LIST OF HKSSH ANNUAL WORKSHOPS / MEETINGS / CONGRESSES (1986-2021)

Year	Theme	Chairman	Invited overseas speakers
1995	Pain and Paraesthesia of the Upper Extremity	Dr Kwai Yau FUNG	Prof De Song CHEN (China) Prof J. Leonard GOLDNER (USA) Dr Jacques-Paul SALTRE (USA) Prof Raoul TUBIANA (France) Prof Jian Guang XU (China)
1996	Surgery of the Wrist	Dr Wai Keung LEE	Prof Richard H. GELBERMAN (USA) Prof William COONEY (USA)
1997	Hand Reconstruction: Optimisation of Outcome	Dr Yun Po CHANG	Ms Elaine FESS (USA) Dr Brij Bhushan JOSHI (India) Ms Evelyn J. MACKIN (USA) Dr Lam Chuan TEOH (Singapore)
1998	Reconstruction in Upper Limb Paralysis	Dr Josephine Wing Yuk IP	Mr Rolfe BIRCH (UK) Prof Michael KEITH (USA)
1999	Congenital Upper Limb Anomalies	Dr Yuk Yin CHOW	Prof Terry Richard LIGHT (USA) Prof Toshihiko OGINO (Japan)
2000	Elbow 2000	Dr Sheung Tung HO Dr Yuen Fai LEUNG	Prof Hill HASTINGS II (USA) Prof Robert N. HOTCHKISS (USA)
2001	Complications of Common Hand Problems	Dr Yuk Yin CHOW	Dr Geoffrey HOOPER (UK)
2002	Microsurgery in Limb Reconstruction	Dr Pak Cheong HO	Dr Allen T. BISHOP (USA) Prof Guo Liang CHENG (China) Dr Guy FOUCHER (France) Prof Chun-Lin HOU (China) Dr Chih Hung LIN (Taiwan) Dr Birgitta ROSÉN (Sweden)
2003	Cancelled due to SARS		
2004	Hand and Wrist Fractures	Dr Yuen Fai LEUNG	Dr Caroline W. S. JANSEN (USA) Prof Peter J STERN (USA) Prof Satoshi TOH (Japan) Ms Guo Qin XU (China)

# LIST OF HKSSH ANNUAL WORKSHOPS / MEETINGS / CONGRESSES (1986-2021)

Year	Theme	Chairman	Invited overseas speakers
2005	Hand Surgery: Repair, Reconstruction and Replacement	Dr Kin Ming AU Dr Boris Kwok Keung FUNG	Prof Paul MANSKE (USA) Prof Robert BECKENBAUGH (USA) Prof Soo Bong HAHN (Korea) Ms Judith Claire WILTON (Australia) Ms Aik Huan QUEK (Singapore)
2006	Common Wrist Problems	Dr Hin Keung WONG Dr Chi Hung YEN	Prof Akio MINAMI (Japan) Prof Reid ABRAMS (USA) Prof Barbara W. ROSE (USA)
2007	Problems of the Paediatric Hand and Upper Limbs	Dr Chi Hung YEN	Prof Hidehiko KAWABATA (Japan) Prof Scott H. KOZIN (USA) Ms Christine NOVAK (Canada)
2008	Conjoint meeting of: 7th congress of APFSSH 3rd Congress of APFSHT 1st HKSHT Annual Congress 1st APFSSH & EWAS Conjoint Meeting	Dr Josephine Wing Yuk IP	Prof Yu Dong GU (China) Dr Douglas CAMPBELL (UK) Dr Alan FREELAND (USA) Dr Marc GARCIA-ELIAS (Spain) Prof Alain GILBERT (France) Dr Sylwester GOGOLEWSKI (Poland) Prof Daniel HERREN (Switzerland) Prof Michael KEITH (USA) Dr Beng Hai LIM (Singapore) Dr Constantine SOTEREANOS (USA) Prof Simo VILKKI (Finland) Dr Steven VIEGAS (USA)
2009	Peripheral Nerve Injury and Disorders	Dr Tak Chuen WONG	Prof Arnold L. DELLON (USA) Prof David Chwei Chin CHUANG (Taiwan) Prof Birgitta ROSÉN (Sweden) Ms Yueh Hsia CHEN (Taiwan)
2010	Major Trauma in Upper Limb: 21st Century Perspective	Dr Alexander Kai Yiu CHOI	Dr Batia YAFFE (Israel) Prof Yuan Kun TU (Taiwan) Prof Joan EDELSTEIN (USA)
2011	Upper Limb Problems in Sports	Dr Ping Tak CHAN	Dr Ashish BABHULKAR (India) Prof Gregory BAIN (Australia) Prof Chun Yan JIANG (China) Prof Roger van RIET (Belgium) Dr Peggy A. HOUGLUM (USA)

# LIST OF HKSSH ANNUAL WORKSHOPS / MEETINGS / CONGRESSES (1986-2021)

Year	Theme	Chairman	Invited overseas speakers
2012	Arthroplasty in Hand, Wrist and Elbow	Dr Wing Leung CHAN	Prof Brian ADAMS (USA) Dr Jo ADAMS (UK) Prof Philippe BELLEMÉRE (France) Prof Stephen BRINDLEY (Australia) Prof Peter EVANS (USA) Prof Nick GILLHAM (UK) Prof Yoshitaka MINAMIKAWA (Japan)
2013	11th International Meeting on Surgical Reconstruction of the Tetraplegic Upper Limb	Dr Ping Tak CHAN	Dr Gordon BEADEL (New Zealand) Ms Ines BERSCH-PORADA (Switzerland) Ms Anne BRYDEN (USA) Dr Jennifer DUNN (New Zealand) Prof Jan FRIDÉN (Sweden) Dr Andreas GOHRITZ (Switzerland) Prof James HOUSE (USA) Prof Michael KEITH (USA) Dr Khalid MOHAMMED (New Zealand) Dr Carina REINHOLDT (Sweden) Ms Kathryn Anne SINNOTT (New Zealand)
2014	Paediatric Upper Limb Problem	Dr Che Yuen LO Dr Siu Ho WAN	Prof Goo Hyun BAEK (Korea) Dr Keizo FUKUMOTO (Japan) Ms Jill PECK-MURRAY (USA)
2015	Advances in Elbow Surgery	Dr Angela Wing Hang HO	Ms Cynthia COOPER (USA) Dr Denise EYGENDAAL (Netherlands) Prof Graham KING (Canada) Prof Michael MCKEE (Canada)
2016	Upper Limb Tumour and Infection	Dr Esther Ching San CHOW Dr Wing Lim TSE	Prof Peter M. MURRAY (USA) Prof Marco INNOCENTI (Italy) Dr Ton SCHREUDERS (Netherlands)

# LIST OF HKSSH ANNUAL WORKSHOPS / MEETINGS / CONGRESSES (1986-2021)

Year	Theme	Chairman	Invited overseas speakers
2017	The Battle Against Upper Limb Stiffness	Dr Jennette Sze Yan CHAN Dr Edmund Leung Kai YAU	Russian Hand Surgery Society (RHSS) Delegation: <ul style="list-style-type: none"> <li>• Prof Igor GOLUBEV</li> <li>• Dr Valentina KALANTYRSKAIA</li> <li>• Dr Irina MIGULEVA</li> <li>• Dr Georgy A. NAZARYAN</li> <li>• Dr Alexander ZOLOTOV</li> </ul> Prof Filip STOCKMANS (Belgium) Mr Shrikant CHINCHALKAR (Canada)
2018	World Symposium of Congenital Malformations of Hand and Upper limb 2018	Dr Josephine Wing Yuk IP	Prof Goo Hyun BAEK (Korea) Prof Alain GILBERT (France) Dr Emiko HORII (Japan) Prof Steven HOVIUS (Netherlands) Prof Neil F. JONES (USA) Prof Terry LIGHT (USA) Dr Scott OISHI (USA) Dr Gillian SMITH (UK) Dr Paul SMITH (UK) Prof Michael TONKIN (Australia)
2019	Carpus Discovery	Dr Siu Cheong Jeffrey Justin KOO Dr Emily Ka Yan YIP	Prof Marc GARCIA-ELIAS (Spain) Prof Shohei OMOKAWA (Japan) Prof Amit GUPTA (USA)
2020	Cancelled due to COVID-19		
2021	HKSSH 35th Anniversary	Dr Margaret Woon Man FOK Dr Ka Ki TAM	

# MEMORIES FROM THE PAST HKSSH ANNUAL CONGRESSES



HKSSH Annual Congress 1991



HKSSH Annual Congress 1992



HKSSH Annual Congress 1993



IFSSH-HKSSH Western Pacific Regional Educational Program 1994



HKSSH Annual Congress 1997



HKSSH Annual Congress 1998

# MEMORIES FROM THE PAST HKSSH ANNUAL CONGRESSES



HKSSH Annual Congress 1999



HKSSH Annual Congress 1999



HKSSH Annual Congress 2000



HKSSH Annual Congress 2000



HKSSH Annual Congress 2001



HKSSH Annual Congress 2001

# MEMORIES FROM THE PAST HKSSH ANNUAL CONGRESSES



HKSSH Pre-congress Flap Course 2002



HKSSH Pre-congress Flap Course 2002



HKSSH Pre-congress Flap Course 2002



HKSSH Pre-congress Flap Course 2002



HKSSH Annual Congress 2004



HKSSH Annual Congress 2006

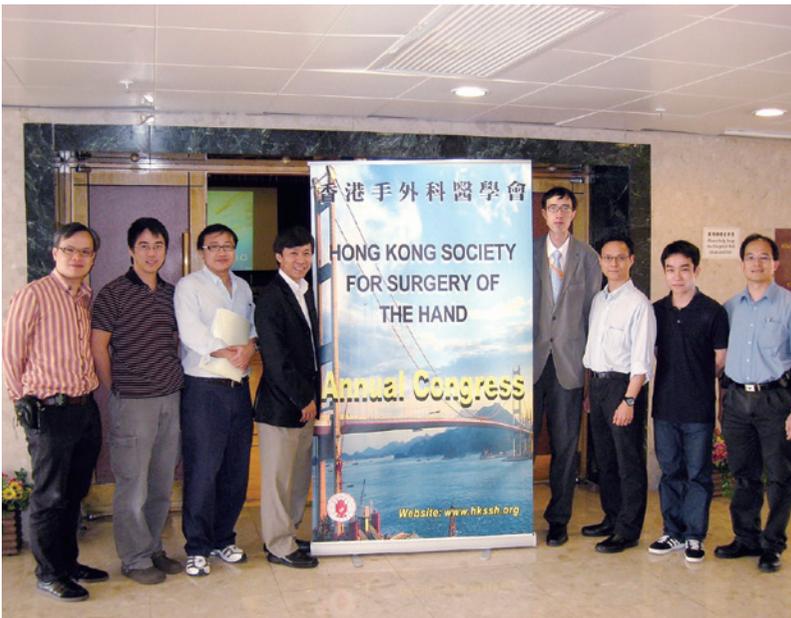
# MEMORIES FROM THE PAST HKSSH ANNUAL CONGRESSES



APFSSH and HKSSH Annual Congress 2008



APFSSH and HKSSH Annual Congress 2008



HKSSH Annual Congress 2009

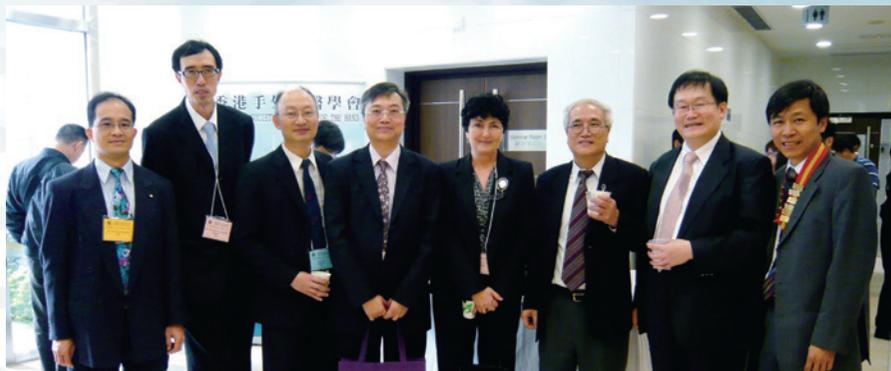


HKSSH Pre-congress Workshop 2009



HKSSH Pre-congress Workshop 2009

# MEMORIES FROM THE PAST HKSSH ANNUAL CONGRESSES



HKSSH Annual Congress 2010



HKSSH Annual Congress 2010



HKSSH Annual Congress 2010



HKSSH Annual Congress 2010



HKSSH Annual Congress 2011



HKSSH Annual Congress 2012



HKSSH Annual Congress 2012

# MEMORIES FROM THE PAST HKSSH ANNUAL CONGRESSES



HKSSH Annual Congress 2014



HKSSH Annual Congress 2014



HKSSH Pre-congress Workshop 2015



HKSSH Annual Congress 2015



HKSSH Annual Congress 2016



HKSSH Annual Congress 2016

# MEMORIES FROM THE PAST HKSSH ANNUAL CONGRESSES



HKSSH Pre-congress Workshop 2016



HKSSH Pre-congress Workshop 2016



HKSSH 30th Anniversary Celebrate 2016



HKSSH Annual Congress 2017



HKSSH Annual Congress 2017



World Congenital hand Symposium and HKSSH Annual Congress 2018

# MEMORIES FROM THE PAST HKSSH ANNUAL CONGRESSES



Congress 2019



HKSSH Annual Congress 2019



HKSSH Annual Congress 2019



HKSSH 2020 AGM



HKSSH Annual Congress 2021



HKSSH Annual Congress 2021

# ACKNOWLEDGEMENTS

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Dr. PT Chan

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Dr. YY Chow

Dr. PC Ho

Prof. LK Hung

Dr. YF Leung

Dr. YC So

Dr. HK Wong



# NOTES





*Looking Forward to See You in HKSSH 40<sup>th</sup> Anniversary!!*