

## **ELECTIVE (SSC5b) REPORT (1200 words)**

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

### **Elective Report Year 5 MBBS**

#### **Esophageal and Upper Gastrointestinal Surgery**

**Queen Mary Hospital, The University of Hong Kong**

**Elective period: 18 April – 28 April 2017**

#### **Learning Objectives:**

- 1. What are the prevalent esophageal and upper gastrointestinal surgical conditions in Hong Kong? How do they differ from the UK?**
- 2. How are surgical services organized and delivered in Hong Kong? How do they differ from the UK?**
- 3. What are the current health promotions in surgery in Hong Kong? How do they differ from the UK?**
- 4. To practise focused surgical history-taking, communication and examination skills.**

#### **Introduction**

I am always fascinated by surgery and I would like to use this invaluable opportunity to experience the hectic yet immensely fulfilling life of a surgeon. I spent my 2-week elective with the Esophageal and Upper Gastrointestinal surgical team at Queen Mary Hospital which is the main teaching hospital at The University of Hong Kong medical school. Queen Mary Hospital is one of the largest hospitals in Hong Kong. It provides a full range of health care services for both outpatient and inpatient care. It is also a world renowned research centre for surgery. It provided a wholesome and enjoyable learning opportunity for me because of its welcoming hospital environment, the knowledgeable and friendly medical team and the diverse patient groups and cases.

- 1. What are the prevalent esophageal and upper gastrointestinal surgical conditions in Hong Kong? How do they differ from the UK?**

Esophageal and upper gastrointestinal (GI) surgical conditions in Hong Kong can be categorized into benign and malignant disorders. As for benign conditions, functional dyspepsia is the commonest upper GI disorder since more than 70% of the population experience different extent of dyspepsia with unknown causes. It is associated with lifestyle such irregular meal times, stress, poor sleep, and emotions. Another common condition is gastroesophageal reflux disease (GERD). The prevalence of GERD in the Chinese population is 2.5% with weekly reflux symptoms, which is lower than that in the Western population, which has a prevalence of 20% to 30%. Peptic ulcer disease (PUD) is another

common upper GI disorder and the lifetime risk is 10% mostly due to *Helicobacter pylori* infection and non-steroidal anti-inflammatory drugs (NSAIDs). As for emergency cases, acute upper GI bleed has an annual incidence of 130 per 100,000 population (1). In terms of malignant upper GI conditions, carcinoma of the stomach was the sixth commonest cancer in Hong Kong and the incidence rate was 20.4 per 100,000 population for men in 2014 (2). Esophageal cancer is fairly common as well. It was the eighteenth commonest cancer in this region and the incidence rate was 10.0 per 100,000 population for men in 2014 (3).

In the UK, functional dyspepsia accounts for 20% to 40% in the population. The incidence of GERD is higher than that in Hong Kong, and Barrett's esophagus and esophagitis are commoner in the UK as well. The incidence rates of stomach and esophageal cancer were 17 and 12 per 100,000 population for men respectively, which were comparable to the figures in Hong Kong (4).

## **2. How are surgical services organized and delivered in Hong Kong? How do they differ from the UK?**

Surgical services in Hong Kong are provided in both public and private sectors, which can be categorized into outpatient and inpatient services. In regards to the outpatient services provided by the Upper GI Surgery division, it manages both non-tumour upper GI conditions such as GERD, PUD and achalasia, and upper GI oncology such as cancers of the esophagus, stomach, duodenum and the small bowels. Outpatient services extend its care to referrals from Emergency department, wards and clinics from other hospitals and also from private practitioners. As for inpatient services, there are emergency and elective admissions. Examples of emergency cases are acute upper GI bleed, abdominal pain and foreign body ingestion. Elective admissions include provision of management and treatments for upper GI tumours and non-tumour conditions. Procedures are performed as investigations or as treatments, such as oesophago-gastro-duodenoscopy (OGD), endoscopic ultrasonography, percutaneous ultrasound, esophageal manometry and 24-hour ambulatory pH monitoring.

The delivery of surgical services in the UK is very different from the practice in Hong Kong. Greater emphasis is placed on primary care in the UK, and referrals to surgery can only be made through the patients' general practitioners (GP). GP is always the first port of call and they start their management plan in terms of investigations and treatments according to The National Institute for Health and Care Excellence (NICE) guidelines. If cancers are suspected, there is a 2-week urgent referral to esophageal and upper GI specialty which is arranged through the patients' GP. The patients' general practitioners are constantly updated with the patients' progress, and they then arrange follow-up appointments when the patients are discharged from either inpatient or outpatient care.

## **3. What are the current health promotions in surgery in Hong Kong? How do they differ from the UK?**

In regards to health promotions in surgery in Hong Kong, Colorectal Cancer Pilot Screening Programme was announced by the government in the Policy Address in 2014, and individuals who

were born in the years 1946 to 1955 are invited to participate in a thirty-six-month pilot period to determine the ability of the current healthcare infrastructure in supporting this new screening programme, to assess public response and to evaluate the pilot programme so as to devise better strategies and gather resources to gain broader uptake in the population (5). Similarly in the UK, the National Health Service (NHS) bowel cancer screening programme was launched in 2006 which aims to provide screening every two years to all men and women aged 60 to 74. Fecal occult blood sampling kit is provided and patients with an abnormal screening result are warranted a colonoscopy to exclude malignancy (6).

Both the Department of Health in Hong Kong and NHS in the UK launched other health promotions include encouraging a healthy diet, promoting physical activity, smoking cessation, alcohol and caffeine intake reduction since these lifestyle modifications can further reduce the risk of developing upper and lower GI conditions.

#### **4. To practise focused surgical history-taking, communication and examination skills.**

The Esophageal and Upper GI Surgical team is responsible for patients in different wards such as the general surgical wards, high dependency unit and intensive care unit. I had the opportunity to clerk and examine patients on the general wards since these patients were well enough to describe their symptoms and history to me. This was an invaluable experience since sometimes it was fairly hard for me to understand fully their presenting complaints because of how different every patient describes their symptoms. Also, what I found amazing in this elective was the prompt translation of languages during the ward round and in the clinics. All teachings and case presentations were conducted in English while history-taking and communication with the patients are in either Cantonese or Mandarin. It was challenging as our medical team needs to strike a fine balance between delivering colloquial patient communication in Cantonese, while at the same time giving medical students clinical bedside teaching in English. Even though I know how to speak Cantonese, sometimes it was not very easy to translate word for word instantly without using medical jargons.

#### **Summary**

I indeed enjoyed my 2-week elective at Queen Mary Hospital because of my friendly and insightful surgical team and the encouraging learning environment. The intense schedule and tutorials with the intelligent final year medical students prompted me to further consolidate my medical knowledge which was useful in fully preparing me to be a safe doctor.

#### **Acknowledgement**

The author would like to thank Dr. Daniel King-Hung Tong and the surgical team for their teaching and guidance throughout the elective in Hong Kong.

## References

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6. Public Health England. Bowel cancer screening: programme overview. NHS bowel cancer screening (BCSP) programme 2017.