PLASTIC SURGERY

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APPENDIX 3

Elective Report

Objectives

1. What are the common conditions in plastic surgery in Hong Kong?

I undertook a 7-week medical elective period in the plastic surgery department in the Prince of Wales Hospital, Hong Kong, under professor Andrew Burd, during April-May 2011. The hospital was a major burn centre providing care for all major burn cases in the New Territories and Kowloon district, and some southern districts of Mainland China. The most common cause of burn injuries was accidental scald burns, with the majority of cases affecting children in China, where preventive measures and home care are often inadequate. Several cases of occupational-related electrical burns were also observed. Chemical assault burns in Hong Kong are relative more common compared to other developed countries, with an increasing incidence in the past decade. Thus, a unique protocol had been developed by this hospital to deal with the acute management of chemical assault burns to minimize chemical damage and optimize recovery. A case of chemical assault was seen during my elective period, in which the protocol was implemented. The burn centre also provided follow-up for these burn patients, which included outpatient's wound management and further reconstructive surgery as necessary. Further surgical interventions included skin flaps to release scar contractures or hypertrophic scarring.

Aside from burns care, the department offered services for: skin oncology, neck dissection, facial disfigurement i.e. post-trauma and Romberg's syndrome, transgender operations, congenital skin disorders i.e. sebaceous nevus and epidermolysis bullosa, and tissue expansion.

The 2-week attachment in another local hospital, Kwong Wah Hospital, provided me another spectrum of conditions in plastic surgery: soft tissue cancers i.e.

sarcomas, breast oncology and reconstruction, hypospadias, cleft palate, and lymph node resections.

Overall, the variety of conditions treated by plastic surgeons in Hong Kong is very diverse, ranging from skin cancer excisions to neck dissections. There is a growing emphasis on beauty in Asia, thus the aesthetic and cosmetic component of plastic surgery is becoming more popular, and this applies especially in the private sector of this specialty.

2. How is the public health care system in HK different to the UK?

Public health care in HK is delivered by the Hospital Authority and Department of Health; offering a free service similar to the National Health Service in the UK. There is less emphasis on public family medicine (general practice) in HK compared to the UK, with most family medicine clinics clustered in the private sector. Case referrals to specialist are done by family medicine doctors at either a public hospital clinic or a private clinic. However, they do not act as a point-of-contact between specialist and patients, like in the UK, where the GP is informed of any referrals or discharge. As a result, these enrolled patients will be followed up by the specialist indefinitely. In the case of plastic surgery, the accumulative number of patients for follow-up was immense, putting a heavy strain on these surgeons.

3. How does postgraduate surgical training in HK differ from the UK?

The surgical training pathway in Hong Kong is similar to the pathway in the UK in many aspects. In which, completion of medical school is followed by House Officer Training (Foundation Training in UK), then followed by Basic Surgical Training (Core Surgical Training in UK) and Specialist Training, then 'exit' examination. The membership (MRCS) and 'exit' examination is interchangeable, however, trainees from the UK who wishes to practice in HK require to undertake an initial licentiate/licensing exam and one year of house officer training, regardless of any level of training or qualifications held in the UK. The

requirement for entry to Basic Surgical Training has less emphasis on research and publications as compared to the UK.

4. To enhance my knowledge in a particular area in plastic surgery

Acute management of chemical burn

Urgent airway and eye assessment, immediate lavage, and estimation of % area burn and depth of injury, must be carried acutely. With chemical burns, lavage alone fails to prevent further chemical diffusion, therefore immediate shaving of the wounds under anesthetics will reduce chemical load and prevent further damage. The wounds are shaved to punctate bleeding, to expose underlying health tissue, since tissue with remaining chemicals will not bleed. Following on, the wounds will be soaked with saline gauze for 48 hours, and changed two hourly. Porcine skin will then be applied to test the integrity of skin bed, assessing its potential ability to retain a skin graft. Once the bed is deemed viable, the wounds are debrided and grafted with autologous skin graft, this is usually done 5-7 days post burn.