

# Berita Ortopedik

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NEWSLETTER OF THE MALAYSIAN ORTHOPAEDIC ASSOCIATION

APRIL 2007

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Annual Congress  
2006

## Message from the President

This has been a very eventful year for the association and also, in truth, for me.

I have really benefited from being the President – gaining insight, learning, making new friends from around the region and around the world and getting to know and appreciate our own members. It has been a privilege and I hope I have represented you well. I enjoyed working with the Executive Committee and the ever cheerful and super efficient Ms Kong and her team. In short we are a sensible and practical group with the best of intentions working hard to improve, always cordially, having much hilarity along the way.

The Organising Committee of the Annual Scientific Meeting has been magnificent; pulling out all stops to have a great event. Again no regrets working with such an enthusiastic group who set such high standards for themselves.

Associate Prof Saw Aik and his Editorial Board tried their best to produce a good journal and maintain the Orthopaedic Supplement of the Medical Journal of Malaysia. Unfortunately, the MJM Editorial Board has decided to terminate the Orthopaedic Supplement and this has led to our setting up the Malaysian Orthopaedic Journal. This is our very own journal and I would like to appeal strongly to all members, even though it is not referenced, to keep submitting articles. It is certainly peer reviewed and in the future I am certain that it will be indexed. Perhaps this is a good thing, to push us out from the nest so we are forced to try out our wings. The Editorial Board does an excellent job with helping to transform your unpolished diamond into a real gem of an article. We need a journal, we can only do it with support from all our members.

Finally I wish you all the very best in your career and family life and see you in Langkawi.

God bless.

**Prof Dato' Dr Tunku Sara Ahmad**  
*President*

# BRITISH ORTHOPAEDIC ASSOCIATION ASEAN TRAVELLING FELLOWSHIP 2006

10 – 29 September 2006, United Kingdom

## REPORT

By the BOA – ASEAN Fellows, 2006

NAME	COUNTRY	SUBSPECIALTY INTEREST
Bernard Prakash Devadasan	Malaysia	Arthroplasty & Ilizarov surgery
Boonsin Tangtrakulwanich	Thailand	Paediatric Orthopaedics
Judith Valerie Mendoza Akol	Philippines	Orthopaedic Oncology
Mohammad Zaim Chilmi	Indonesia	Trauma & Joint reconstruction
Mai Trong Tuong	Vietnam	Microsurgery & Plastics in Orthopaedics
Kevin Lim Boon Leong	Singapore	Paediatric Orthopaedics

### 10 SEPTEMBER, 2006

#### *Arrival into UK*

After months of planning and more than 150 emails between fellows and Miss Sally Deakin (BOA co-ordinator), September arrived and the 6 fellows flew into the United Kingdom from our respective countries to meet at Nuffield House in Central London. This is adjacent to the Royal College of Surgeons of England in Holborn. The group met for the first time that afternoon to discuss outstanding issues with regard to travel and accommodation. We finally met the people behind the names!



*Lounge at Nuffield College of Surgeons, England*

### 11 SEPTEMBER, 2006

#### *Royal National Orthopaedic Hospital, Stanmore, Middlesex*

This world famous institution was our first port of call. We met Mr Tim Briggs, the hospital director, at the Sir Herbert Seddon Teaching Institute. During the day all six fellows presented their work. Consultant staff also shared their experience with autologous chondrocyte implantation, and

the carcinogenic effect of released metal ions with metal on metal resurfacing in hip arthroplasty. To mark the occasion, we were each presented a tie and admitted as members of the Seddon Society. (Orthopaedic research is presented annually at the Seddon Society meeting in London, at the Royal College of Surgeons of England). In the afternoon, we were taken on a brief tour of the hospital and shown around the



Bioengineering Unit on campus, where the Stanmore hip prosthesis was developed. We travelled on the London Underground back to our accommodation in Holborn, and the group walked to Covent Garden for dinner.



*Biomedical Engineering Department*

### 12 SEPTEMBER, 2006

#### *The Royal London Hospital, Whitechapel, East London*

We travelled by Underground to the Royal London Hospital. This is a busy teaching hospital and a Level 1 trauma centre. The department is staffed by 12 consultants with different subspecialty interests. The day was structured very much like the previous day's, with presentations from hospital consultants and two of us (Chilmi and Kevin). The lectures covered topics which included: surface changes following total knee replacement, recent advance in spinal surgery, and fixation of pediatric fractures with flexible nails. We were taken for lunch at the 'Nucleus' cafeteria in the spanking new medical school building.



*Drinks at Good Samaritan*

In the afternoon we attended the weekly department teaching session. No elective surgery lists or outpatient clinics run on Tuesday afternoons as the entire department attends this session- a reflection of the great emphasis the department places on teaching. Two patients with complex orthopaedic problems were presented as cases for teaching. Trainees demonstrated their clinical examination skills and discussed the management of these cases. In the evening, we were taken to the 'Good Samaritan' pub for drinks before we adjourned for dinner in a North Indian restaurant ('East is East'). We traveled back to our accommodation by taxi at the advice of our hosts.



*Dinner at East restaurant with Goodier, Gareth Scott and Pramond*

### 13 – 15 SEPTEMBER, 2006

#### *Norfolk & Norwich University Hospital, Norwich, Norfolk*

We travelled up to Norwich from London Liverpool Street and arrived in Norwich at lunchtime. As we had a few hours free after we checked in to the Georgian House Hotel, we proceeded to explore the city after a quick lunch at Chapelfields shopping centre. A new Hospital Trust regulation required visitors from abroad to have a recent chest x-ray for tuberculosis screening, and therefore a few of us had to go for a chest x-ray that afternoon. At 5 pm, we met Mr Keith Tucker

>> *Continued on page 3*



Norwich and Norfolk University Hospital

who gave an informal talk on the history of orthopaedics in Norwich. This was followed by a discussion of a few interesting cases. We were treated to dinner at an Indian restaurant.

museum not far from the hospital. Dinner was at the "Flying Pizza" restaurant.

The next day was another lecture-packed day. Many presentations were on trauma-related subjects, including one on the use of the Ilizarov fixator for trauma and deformity correction.



BOA Fellows with Prof Dickson



Decompression of Unicameral Bone Cyst

The next day (14 September) was a full day at the hospital. We participated in the department trauma round at 8 am before spending the rest of the day with different consultants. We were assigned according to our subspecialty interests. Some of us spent the day in the outpatient clinic while others observed in the operating theatre. At 5.30 pm, we reconvened in the conference room for the department grand round. Five cases were presented and discussed. Our hosts then took us for dinner at "The Unthank Arms", one of the oldest pubs in Norwich.



X-ray discussion



Mai

Our last day in Norwich was free for us to explore the city and its vicinity. On a chartered black cab, we saw some more of Norwich (including her famous Cathedral), then travelled north to Cromer. After lunch we headed back south to London on the 1530h service, and checked in again into Nuffield House for the weekend. This first weekend was free for us to explore London, which we did after a hectic week!

(In Norwich, three of us stayed in consultants' homes while the rest of the group stayed at the Georgian House hotel. Clearly the former group saved some money!)

**18 – 19 SEPTEMBER, 2006**

*St James' University Hospital, Leeds*

We travelled to Leeds on Sunday morning (17 September) and arrived mid-afternoon. We checked into our accommodation and spent the rest of the day walking around the city centre.

On 18 September, we headed to 'Jimmys' and had a short conference with Professor Dickson. Our hosts gave three impressive presentations on the following subjects: thoracolumbar burst fractures, spinal infection, and cervical disc replacement. In the afternoon, we visited the Thackray

**20 – 21 SEPTEMBER, 2006**

*Edinburgh Royal Infirmary (September 20 – 21)*

On 20 September, we travelled to Edinburgh by train and arrived around 4pm. We stayed at the Point Hotel, a four-star accommodation in the heart of Edinburgh. Our host was Mr Daniel Porter, an orthopaedic oncologist from the Royal Infirmary.



Edinburgh Royal Infirmary Hospital

The next day (21 September), the Fellows in the group were assigned to consultant staff according to subspecialty interest. Mai Tuong and Mohammad Chilmi saw patients at St John's hospital with hand surgeon Mr Tim White before visiting the Royal Infirmary in the morning. In the afternoon they joined Mr Chris Oliver in his outpatient clinic. Judith was assigned to Mr Daniel Porter with whom she saw patients with orthopaedic malignancies. Boonsin visited the Royal Hospital for Sick Children where he spent the morning with Mr Thanos Tsirikos and the afternoon with Mr Malcolm McNicol, a pediatric orthopedic surgeon.



Visit to Edinburgh Castle

**22 SEPTEMBER, 2006**

*Ninewells Hospital and Medical School, University of Dundee*

On the morning of Friday, 22 September, we travelled to Dundee by train. At Ninewells Hospital all the Fellows presented their work to the orthopaedic department and the Masters degree students. In the evening, we had cocktails at Professor Rowley's house along with the postgraduate degree students, before returning to Edinburgh by train later that evening.



Ninewells Hospital in Dundee

23 September was free day for us to explore the capital city of Scotland. Blessed with some unusually warm weather, we made it to most of the tourist attractions! On Sunday (24 September), we travelled by train to Glasgow.

**25 – 26 SEPTEMBER, 2006**

*Royal Hospital for Sick Children, Glasgow*

Glasgow is truly cosmopolitan! In Glasgow, we stayed at the Campanile hotel, a three-star hotel, close to the city's convention center (the venue of the BOA meeting).



*Discussion with Mr George Bennet*

On Monday 25 September, we visited the Royal Hospital for Sick Children and attended some lectures at the Queen Mother's Hospital lecture theatre. There we also met Mr George Bennett, the department head, who gave a talk on the epidemiology of pediatric fractures in Scotland. Other lectures covered the following topics: cerebral palsy, the stiff elbow, navigation systems in orthopaedics, and limb salvage in tumour surgery. Chilmi and Bernard from our group then presented their work. In the afternoon, our hosts arranged a trip to Loch Lomond, a national park and 'must-see' attraction.



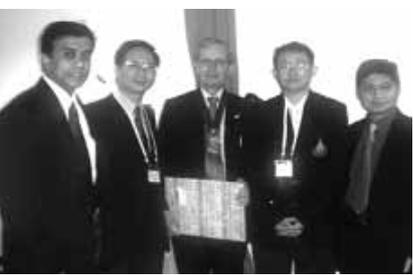
*Dinner Royal College of Physicians and Surgeons of Glasgow with David Allan and Dominic*

The following day (26 September), we attended more lectures on brachial plexus injury, pelvic osteotomies, and deformity correction in children, before visiting Kelvingrove art gallery not far from the hospital. That evening, our hosts had arranged a special dinner for us at the Royal College of Physicians and Surgeons of Glasgow. It was an occasion

planned in our honour, and we were treated to a traditional Scottish bag-pipe performance.

**27 – 29 SEPTEMBER, 2006**

*BOA Annual Meeting, Scottish Exhibition and Conference Center, Glasgow*



*With Mr Ian Leslie (President of the BOA)*

Our Fellowship stint ended with the BOA annual meeting. This was a large gathering of orthopaedic surgeons from the UK and abroad. The meeting was well structured with instructional course lectures as well as oral and poster presentations, not forgetting the social events. We were privileged to meet Mr Ian Leslie, the BOA president.

On day 2 of the BOA meeting, we attended a formal dinner at the Marriot hotel.



*Official Dinner at the Marriott Hotel*

On the final day of the meeting, Dr Bernard Devadasan represented the group and

presented his work to the delegates at the meeting. After that we headed to the airport and said our goodbyes. The Fellowship came to an abrupt end.

**GENERAL COMMENTS FROM THE GROUP**

The Fellows felt that the BOA-ASEAN travelling fellowship was an educational and enjoyable experience. It was a good opportunity to present our work and also to learn the experiences of our colleagues in the UK. We made many new friends and believe that this Fellowship will be, for many of us, the start of a long and happy association with colleagues in the UK.

We would like to thank our respective hosts for organizing the programmes during the day, and also for their kind hospitality. We must also thank Miss Sally Deakin and Mr David Adams from the BOA for their help in planning and coordinating our Fellowship.

**SUGGESTIONS FOR PLANNING OF FUTURE BOA-ASEAN FELLOWSHIPS**

Rather than have the BOA representative co-ordinate with the respective UK hosts to plan the entire itinerary, we suggest that the BOA simply facilitates the entire process by passing the responsibility to the ASEAN Fellows and the respective local hosts.

For example, Fellow X can be put in touch with Host Y from City Z to plan the programme for the visit there. Similarly, Fellow P can plan city Q's programme with host R. That way, the BOA representative only needs to be kept in the loop to draw up the final itinerary. Accommodation recommendations, bookings etc can be taken care of without the BOA's direct involvement. In this way, there is a different leader for each part of the Fellowship. The group leader can be the spokesperson for the group when liaising with the BOA.

We believe that the final itinerary should be available at least 4 – 6 weeks before the start of the Fellowship so that train tickets can be purchased on-line (this was what we did on the 'trainline' website). However, tickets purchased in advance are not flexible and are not refundable. This was not a problem except for two journeys for which we had to buy a second set of tickets, because of last minute changes to the itinerary.

**SUGGESTIONS TO FUTURE BOA-ASEAN FELLOWS:**

1. The cost of living in the UK is high and the Fellowship money awarded is usually barely sufficient. Accommodation in particular does not come cheap. It therefore pays to plan and buy train tickets well in advance of the trip, as soon as the itinerary is confirmed. For our group, money was sent to the group leader who then purchased train tickets for the group online. We managed to save a substantial amount here.
2. Room-sharing is another way of saving money so long as there are no major differences between the two people that share the room. Savings can be significant.
3. Take enough clothes because laundries can be difficult to locate. Carry an adaptor so that electrical devices and mobile phones can be powered / charged in the UK. A raincoat or an umbrella always comes in handy.
4. International calling cards are sold at most newsagents and are definitely a good option for ringing home.



*Report by: (left to right) Mai, Kevin (leader), Judith, Chilmi, Bernard and Boonsin*

# Second Visit to Angkor Children Hospital Siem Reap, Cambodia

Prepared by **Dr Saw Aik**

This is the second visit by members of MOA to Angkor Children Hospital. Due to shortage of accommodation facilities, I decided to come alone. On the flight here, I met a group of 6 "new doctors" who have just passed their final MBBS (UM) examination few weeks ago. The is the beginning of their Indochina tour.



Orthopaedic outpatient consultation in the casualty room.  
From right: Dr Van Thy, Dr Kathie, Dr Khan Sophy, Dr Saw Aik, Ms Dary (admin officer) and Ms Barbara.

On arrival I was shown a wooden partition at the front of the hospital for oral rehydration therapy. This whole unit was donated by Mercy Malaysia. On the first day, the

Cambodian two surgeons Dr Van Thy and Dr Khan Sophy prepared about 10 paediatric orthopaedic cases for consultation. Most of them were problems around the elbow. There was one teenage girl with severe club foot deformity secondary to constriction bands. One older boy presented with a 3 month history of knee pain which is not mechanical in nature. X-ray showed thickened proximal tibia cortex and malignancy is strongly suspected. Arrangement was made for him to get further investigation in Phnom Penh. Ms Barbara who is a physiotherapist from Germany and Dr Kathie who is a paediatric resident from USA joined us in discussion of some cases. We also reviewed a few patients in the ward.



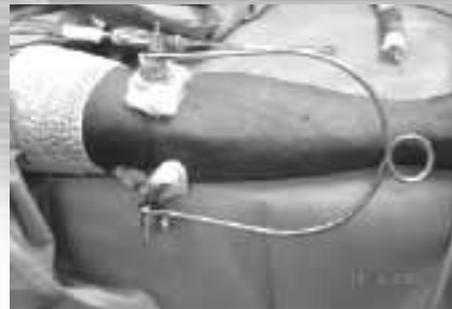
A child with quadriceps contracture after injection was administered into the thigh at 10 months old. A case for Sengupta procedure.

On the second day, there was a road traffic accident about 100 km from Seam Reap involving 3 children. One 14-year-old boy sustained compound grade 3A femur fracture and another 12-year-old boy sustained a compound grade 3A tibia fibula fractures. It took them about 20 hours to arrive here. The hospital has several sets of external fixators donated by a visiting surgeon from USA several years ago. These were very versatile and light weight external fixator available only in some private hospitals in Kuala Lumpur. The tibia fracture was put on external fixation with triangulation and the femur fracture was put on skeletal traction after debridement.



Oral rehydration therapy room donated by Mercy Malaysia

The two surgeons were keen to learn more about external fixation and I promised to bring some saw bones for them to practice various configurations of the frame. Skeletal traction through proximal tibia has not been performed here for a long time, and it took a senior nurse quite a while to locate the Steinman pin holder. All the while skin traction is the standard practice here.



Skeletal traction, a procedure not commonly done here



Application of external fixator performed by local surgeons under C-arm guidance

On the third day the streets were rather quite. This is one of the four "new years"

celebrated by Cambodia people. After meeting up with the young doctors from Malaysia and showing them around the Angkor Hospital, I joined them for a trip to Tonle Sap lake. Surprisingly the area was full of tourists, mostly from Korea.

In places where medical resources are limited, being able to disseminate medical knowledge and helping to develop practical guidelines for managing common conditions are probably more beneficial than performing sophisticated procedures. The hospital just received a new image intensifier (from Japan) and this will allow more orthopaedic procedures to be performed. There are however only 3 proper lead gowns, and they are very stiff resembling armors worn by soldiers. There is also a shortage of half pins, 1.8 mm and 2.0 mm K-wires. Is it hoped that in future there will be some medical students, medical officers or specialist trainees from Malaysia coming to Angkor Children Hospital for clinical attachments. This will provide an opportunity for them to meet with health workers from all over the world and work with them to provide the best medical services with the resources available.



Lead gowns for C-arm image intensifier



Checking in skeletal traction apparatus in the ward

# AO Principles Trauma Course

## Kuala Lumpur 2007

Prepared by **Dr Saw Aik**

The course proper started on 27 March 2007. There were 60 doctors and 60 ORP registered as participants. The welcoming speech was delivered by the deputy dean of the medical faculty who represented the vice chancellor of University Malaya.

The response from doctors and operating theatre personal (ORP) for the AO principle trauma course 2007 was very good. This is partly due to the fact that we have not organized a basic trauma course in the country for the last 2 years. Another reason was the wide publicity provided by the newsletter and homepage of Malaysian Orthopaedic Association (MOA). A pre course meeting held on 26 March was attended by some of the local faculty. We identified several problems including a very poor quality sound system for the workshop. Fortunately all these problems were rectified before the actual course on the following day. We would also like to thank Synthes for providing excellent support not only on logistic matters but also on technical aspects in both the lecture halls and workshop rooms.

In addition to providing the course venue, technical support and security services, the University also allowed us to charter the varsity bus and use the hostel at a very low rate. This significantly reduced the running cost of the project and also lessened the financial burden of the participants. We were fortunate to have a very dedicated team of foreign faculty headed by Professor Heiner Winker who advised us in various aspects of the course organization and its content. Other faculty members included Dr Luo C F from Shanghai, Dr Vajara from Bangkok and Dr Chong K W from Singapore. Since many local faculty members were involved for the first time, guidance from these experts helps a long way in maintaining the high standard of AO trauma course. This is the first time we use ARS system for evaluating every single lecture and overall achievement of the course. The system was very effective and outcome of these evaluations will definitely help us to improve our course in future.



*Deputy Dean of University Malaya Medical Faculty Professor Hamimah (left) and President of Malaysian Orthopaedic Association Professor Tunku Sara (right)*



*ORP participants concentrating on the lecture*



*Faculty members sharing a light moment with then presentation of Prof Winker*



*Group photo of the ORP*



*Part of the audience during the welcoming address by the deputy dean of medical faculty*



*Group photo of the doctors*

>> Continued on page 7

The course dinner was held in a sea-food restaurant not far from the University. We managed to secure a private room for the evening and everyone enjoyed the dishes which were characterized by "fusion" between East and West. Although there was no entertainment program arranged, the two masters of ceremony successfully entertained the crowd with their lively jokes.

On the last day, the organizing committee had a short post course meeting with all the foreign faculty members. Several areas of improvement were identified. It was agreed that there should be more small-group discussions during the course. Some topics could be combined. One of the workshops will be dropped because the procedure is not commonly performed in this country.

Participants hard at work :



*"This is the way to go to Petronas Twin Tower"*



*Foreign course faculty and organizing chairman*



*Professor Winker among the ORP faculty in rainbow colors*

The organizing committee felt that joint effort by AO, an academic institution, the national orthopaedic association and our industrial partners provides a good formula to achieve our objective especially when the resources are limited. We will most probably continue with this structure for coming AO projects at least for the near future.

**1 November 2006**

*One afternoon somewhere along the corridor at the Department of Orthopaedic Surgery in University Malaya.*

Prof Sara: 'Congratulations! You have been nominated as the Ambassador of Malaysia for the 26<sup>th</sup> Hong Kong Orthopaedic Association (HKOA) Annual Congress 2006!'

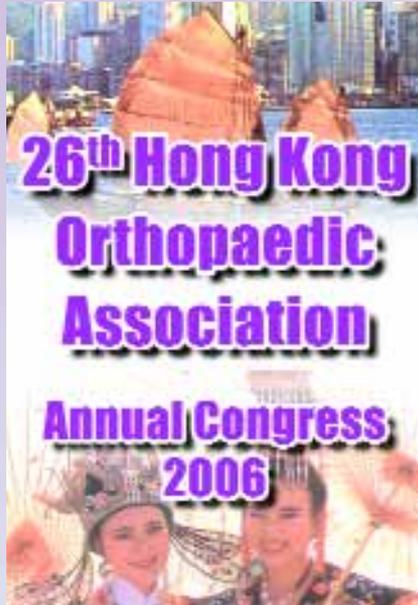
Me: 'Ambassador of Malaysia?' Hmm, that was an interesting thought. For someone who had only recently returned to the motherland after being away for more than 18 years, I was convinced that the participants in the HKOA annual congress would know more about Malaysia than I did. Nonetheless, it did not dampen my enthusiasm to meet and interact with other orthopaedic fellows in my first orthopaedic meeting in Asia!

**10 November 2006**

*Dinner Venue: Gun Room (Kellett Island), Royal Hong Kong Yacht Club*

All the ambassadors (from 5 countries – Japan, Malaysia, New Zealand, Thailand, United Kingdom), fellow representatives of Asian Orthopaedic Associations / organisations and distinguished speakers / guests were invited to attend dinner at this exclusive club on the eve of the congress. We were welcomed warmly by Dr James Cheng, the President of the HKOA and Dr Wilson Li, the current Chairman of the Organising Committee for the Congress.

Situated next to the well-known Compass Room on the top floor of this exclusive club, the private function room of this famous yacht club offered an exquisite fine dining experience and a stunning view of the harbour. The food and the wine were fabulous, though my main attention of the night was focused on the captivating conversations with my dining fellows particularly, the President of the Indonesia Orthopaedic Association and his lovely wife, and Mr Andreas B Imhoff, a prominent orthopaedic surgeon from the University of Munich, Germany. The topics ranged from the current health status in Indonesia to the failure of health policy in Germany (not my words). However, the hottest topic of the night was the launching of the 1<sup>st</sup> International Congress of the Chinese Orthopaedic Association (COA) which was due to take place the following week. This latter congress signified an important milestone in the history of the Chinese Orthopaedic Association. It is also a reflection of the confidence displayed by the Chinese orthopaedic surgeons in embracing the world, as I was told that they were expecting not less than 4000 participants, locally and internationally! It is true what they say: number is never a problem in Mainland China. I wonder what impact this mass of Chinese orthopaedic surgeons would have on the current orthopaedic map and how this would shape the future of orthopaedic world.....



**11 – 12 November 2006**

*Congress Venue: Cyberport Conference and Exhibition Centre*



The congress took place at the state-of-the-art Cyberport – Hong Kong's internationally acclaimed and award-winning US \$2 billion IT Flagship – which is situated at the Telegraph Bay in the southern district of Hong Kong Island. Not only is the whole area of Cyberport covered by Wireless Local Area Network (WLAN), it also provides "bandwidth freeway" for all IT applications with a transmission rate up to 10 Gbps. In fact, the congress centre is so advanced that the lift did not even have any control buttons (though truthfully I was rather nervous inside the lift).

The theme of the meeting this year was centred around knee surgery. The experience and expertise of the organising committee was well demonstrated in the smooth running of the meeting. It was little wonder that the HKOA was the major supporter in helping to organise the 1<sup>st</sup> International Congress of the COA. The programme was compact and stimulating. Free papers presented by the local delegates were of high quality and the discussion was usually thought-provoking and lively. The orthopaedic surgeons in Hong Kong applied great emphasis on the importance of orthopaedic research and this was well reflected in the vast number of excellent quality of research projects that were carried out. I was duly told that since 1956, there were more than 1410 papers published in various international journals and more than 240 books printed covering all aspects of orthopaedic surgery, from this little island!

The free papers sessions were interspersed with a few instructional lectures delivered by international renowned speakers. This provided an opportunity for the participants to keep abreast of up-to-date development on subspecialty topics of knee surgery. To add spice to the congress, the organising committee also introduced a couple of debate sessions on current controversial issues in knee surgery. I particularly enjoyed a session on the 'The usage of Computer-navigation in knee surgery – shall we abandon it?'. Both the local and overseas speakers had researched well on the topic and presented very convincing arguments. Although debate session like this almost never reaches any decisive conclusion, it nonetheless provides a useful platform to provoke high level discussion conducted in complete openness and based on clinical evidence. It was even more interesting to learn that both speakers were absolutely converted by their opposite member after the debate (or could it be that they did not believe what they presented in the first place?)

Apart from the podium presentations, there was also a rich display of scientific posters on all aspects of orthopaedic surgery. The vast number of commercial exhibits was equally informative and impressive. I was also impressed by the courage and creativity demonstrated by the president of HKOA, Dr James Cheung. In his presidential speech, he attributed the contribution of previous pillars of orthopaedic surgeons in Hong Kong (such as Prof P C Leung, Prof S P Chow, Dr D Cheng) in 'English poems'. It must be more challenging than asking a knee and hip surgeon (aka me) to perform the radical 'Hong Kong Operation' for the treatment of spinal tuberculosis (never done in my life). James, I salute you!

The congress was concluded with a lavish and extravagant dinner which was hosted in a local restaurant in Cyberport. Each Ambassador was presented with an orthopaedic memoir book and HKOA tie as souvenirs.

This was a novel and interesting experience for me. More than 50 years ago, the population of Hong Kong was slightly more than 2 million, and orthopaedics was in its infancy. Today, this island which houses more than 6.9 million inhabitants has one of the most advanced orthopaedic services in this region, provided by world class surgeons with full dedication and commitment. It is a great success story within a short period of time in orthopaedic history and I wish the Hong Kong orthopaedic community another 50 years of clinical excellence!

I would also like to take this opportunity to thank both HKOA and MOA for providing me this enjoyable experience.

**E**