Arthroplasty in Hand, Wrist and Elbow

Programme and Abstracts
17-18th March, 2012
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Third Announcement

5th Annual Therapist Symposium
Management of Rheumatoid Arthritis

Date: 16 March 2012
Time: 08:45 – 17:00
Venue: H702, 7/F, Block H, Princess Margaret Hospital

Invited Speakers
Dr. P.C. HO
Department of Orthopaedics & Traumatology, Prince of Wales Hospital

Dr. R.T. CHAN
Department of Orthopaedics & Traumatology, Tuen Mun Hospital

Dr. Mason C.P. LEUNG
Department of Rehabilitation Sciences, Hong Kong Polytechnic University

Dr. M.H. LEUNG
Department of Medicine, Queen Elizabeth Hospital

Dr. Julia P.S. CHAN
Department of Medicine, Queen Elizabeth Hospital

Mr. Thomas H. CHEUNG
Occupational Therapy Department, Pamela Youde Nethersole Eastern Hospital

Ms. Teresa W.M. LI
Occupational Therapy Department, David Trench Rehabilitation Centre

Overseas Speaker
Dr. Jo ADAMS
School of Health Sciences, University of Southampton

Special Focus
- Pathomechanics of Arthritic Hand
- Operative Treatment of Rheumatoid Hand
- Post-operative Management of RA wrist
- New and Expensive Biologic Agents for RA - for Who and When
- Musculoskeletal ultrasound in Rheumatoid Arthritis
- Acupuncture for RA
- Occupational Therapy in Management of RA hand - Local practice & application of RA working splints

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Supporting Organizations

Enquiry: Ms. Chloe Lam
Tel: 2468-5232
Email: info@hksht.org

Please visit the website: www.hksht.org for further information
Message from The President

As the president of Hong Kong Society for Surgery of the Hand, it is my pleasure and great honour to welcome all participants to the 25th Annual Congress of the Hong Kong Society for Surgery of the Hand.

Each year we will select a main theme for the congress to stimulate discussion and promote understanding of the problematic area. This year we have picked up a very interesting topic - Arthroplasty in hand and wrist. About 120 years ago, Themistocles Gluck had performed the first ivory wrist replacement. But it was not until late 1960's, Alfred Swanson developed silicon prothesis that attracted the attention of many surgeons. In recent years, a number of new replacements for the hand and wrist have developed as a result of the knowledge 'boom' learned from hip and knee arthroplasties counterpart.

Every year, we maintain our tradition to invite authoritative figures from the respective field. We are very proud to have a prominent group of world renowned hand and wrist arthroplasty experts gathering in current annual congress. We have Professor Brian D. Adams from the United States, Professor Yoshitaka Minamikawa from Japan, Professor N. Gillham from United Kingdom, Professor P. Bellemère from France, Professor Peter Evans from United States, Professor Stephen Brindley from Australia and Dr. Jo Adams from Southampton, United Kingdom to come from long way to teach us on their broad experience and state of art knowledge.

With such a good mix of remarkable pioneers from all over the world, we hope that every participant can learn a good chunk of experiences and useful information from our great teachers.

Besides the Main Congress, we have a whole week packed with nurse symposium, workshop, therapist symposium and surgical demonstration. You are most welcome to join any one of them. The details of our scientific week program are listed out in our program book. I would like to thank our Congress chairman, Dr. Chan Wing Leung, Scientific Program chairman Dr. Tse Wing Lim and their prominent team for their enormous effort over a whole year in organizing such a fabulous scientific program over the week.

Also, I would like to thank the support from our industrial partners for helping us to make our congress an admirable scientific event.

Last but not least, I wish all our overseas friends enjoy the vibrant and attractive life of Hong Kong city!

Dr. Choi Kai-Yiu, Alexander
President
Hong Kong Society for Surgery of the Hand

message from the chairman of the organizing committee

On behalf of the Organizing Committee of Hong Kong Society for Surgery of the Hand (HKSSH), it is my greatest pleasure to welcome you to the 25th HKSSH Annual Congress held on 17th and 18th March 2012.

This year, the main theme of the congress is “Arthroplasty in Hand, Wrist and Elbow”. We are privileged to have invited prominent overseas speakers for the congress and workshop—Professor Brian D. Adams (USA), Professor Yoshitaka Minamikawa (Japan), Dr. Jo Adam (UK), Professor N. Gillham (Great Britain), Professor P. Bellemère (France), Professor Peter Evans (USA) and Professor Stephen Brindley (Australia).

Arthroplasty in hand, wrist and elbow is an ever-interesting topic because of the emergence of new concept, new implant design and refinement of surgical techniques that offer a new approach and higher standard of care to the patients. It is particularly true when we are facing with the aging population and increasing prevalence of arthritis. On the other hand, we are also under the pressure from younger patient group with higher expectation for functional reconstruction and recovery in many post-traumatic conditions. To achieve these, no doubt, we need multi-disciplinary approach and inputs from different specialties. The Organizing Committee has worked very hard to provide a platform for a line-up of world-class overseas speakers, together with distinguished local faculty, to share their wisdoms in management of arthritic conditions in the form of lectures, panel discussion and case presentation.

For overseas guests and delegates, apart from the stimulating scientific program, I would encourage you to explore our fascinating city and enjoy the superb cuisine and magnificent scenery in Hong Kong. Also, it is a wonderful time to establish new friendships and to meet up with old friends here.

Last but not the least, I would like to extend my heartfelt gratitude to all members of the Organizing Committee for their tremendous efforts in making this congress a success. And last of all we must be grateful to our supporting organizations for their unfailing support in all these years.

Again, we look forward to welcoming you to Hong Kong and hope that you all enjoy our stimulating program.

With my warmest regards,

Dr. CHAN Wing Leung
Chairman
Organizing Committee of 25th Annual Congress
Hong Kong Society for Surgery of the Hand
The Council

PRESIDENT:
Dr. Choi, Kai-Yiu, Alexander

VICE-PRESIDENT:
Dr. Lo, Che-Yuen

PRESIDENT-ELECT:
Professor Ip, Wing-Yuk Josephine

SECRETARY:
Dr. Wong, Hin-Keung

TREASURER:
Dr. Koo, Siu-Cheong Jeffrey Justin

COUNCIL MEMBER:
Dr. Chan, Ping-Tak
Dr. Chan, Wing-Leung
Dr. Ho, Pak-Cheong

Organizing Committee

CHAIRMAN : Dr. Chan Wing-Leung

Presidential Report HKSSH 2011-2012

Another year passed in my term as the President, a year of mixed blessing.

Highlights

Our Society celebrated her Silver Jubilee Anniversary. A banquet was held at the Cityplaza on 20/3/2011. Distinguished guests include Dr. York Chow, GBS, JP, Secretary for Food and Health, Dr. Raymond Liang, President of Hong Kong Academy of Medicine, Dr. Y Y Chow, President of Hong Kong College of Orthopaedic Surgeons and Dr. Y L Lee, President of the Hong Kong Orthopaedic Association. Ten of our twelve past presidents also gather to share the joy with all the guests. We had a very memorable evening when we looked at some of aged photos and listened to the sharing of our predecessors. During the banquet, we also confer each of our past presidents, as well as Dr. and Mrs Chow, a plaque to commemorate their acceptance as the Society’s Honorary Adviser.
Training in Hand Surgery – still a challenge

In the last Presidential report, I have listed out challenges and opportunities that we face in the subspecialty training in Hand Surgery in Hong Kong. We confirmed that the curriculum and examination towards Hand Diploma of the Federation of European Societies for Surgery of the Hand is a viable pathway, with recognition by the Medical Council of Hong Kong. Yet in the current system, interested Resident Specialists may still find it difficult to complete the required training of 1 year rotation in Hand Surgery. I sincerely hope that we could work out a solution with the Hong Kong College of Orthopaedic Surgeons, COC of Orthopaedics and all O&T COSs of HA to allow a system of post-fellowship training in Hand Surgery in the future.

Activities

4/6/2011

We make use of the opportunity of holding the Saturday Inter-hospital Meeting and expand it to convene a Combined Symposium on Birth Brachial Plexus Palsy at the Princess Margaret Hospital. This symposium was co-organized with the Paediatric Chapter of HKOA, Department of Orthopaedics and Traumatology of PMH and the Paediatric Neurological Association of Hong Kong. This is fruitful meeting, first of its kind, with collaboration across major specialties involved with this complicated problem that is receiving ever-increasing awareness from the society. There were over 160 participants in the Symposium. Highlights of the lecture can be found in our website (http://www.hkssh.org/courses1.htm).

6/8/2011

A successful Anatomical Workshop was co-organized with the Hong Kong Society for Hand Therapy and Department of Rehabilitation Sciences, the Hong Kong Polytechnic University. The theme is “Functional Anatomy of the Hand and Wrist: What we need to know in basic hand surgery and hand therapy” with demonstration on anatomical specimen. There were over 50 participants and they all enjoyed a great afternoon with demonstration of hand anatomy by Dr PC Ho.

1-3/11/2011

As usual, our Society is the supporting organization of the Hong Kong International Wrist Arthroscopy Workshop and seminar in 2011. Under the leadership of Dr PC Ho, the meeting was again another success with numerous participants from local and overseas.

31/12/2011

We convened another Saturday Inter-hospital Meeting on 31/12/2011 at Queen Elizabeth Hospital. The theme was congenital anomalies in the shoulder and elbow region. Two interesting cases were shown with heated discussion and enlightening literature reviews.

11-19/3/2012

The 25th Annual Congress and the congress week activities will be convened in this period. The theme is on Arthroplasty in Hand, Wrist and Elbow. We are honored to have 3 distinguished guest speakers – Professor Brian Adams from USA, Dr Yoshitaka Naminikawa from Japan and Dr Jo Adams from the UK. The week program includes Nurse Symposium collaborated with AADO, a one-day Hands-on workshop, a Therapist Symposium collaborated with HKSHT and surgical demonstration. I wish to express my special thanks to our OC Chairman Dr WL Chan and Scientific committee chairman cum workshop chief organizer Dr WL Tse for their hand work.

Overseas meetings

Due to the great earthquake followed by tsunami and nuclear leak in Japan in March last year, the Annual Congress of the Japanese Society for Surgery of the Hand was cancelled. The exchange ambassadorship is also interrupted and will be resumed this year.

In May, we attended the Annual Meeting of Federation of European Societies for Surgery of the Hand (FESSH) at Oslo, Norway. During the meeting we confirm again the prerequisite and training criteria for Hand Surgeons from Hong Kong to attend their Hand Diploma examination.

In September, Dr PC Ho represented the Society to attend the 61st Annual Meeting of American Society for Surgery of the Hand to give a lecture on “Arthroscopic bone grafting on scaphoid nonunion” and attended the delegate meeting of IFSSH.
Overseas Faculty

Prof. Brian D. Adams
Professor of Orthopaedic Surgery and Bioengineering
University of Iowa
Iowa city, Iowa, USA

Prof. Yoshitaka Minamikawa
Professor, Tokyo Hand Surgery & Sports Medicine Institute
Takatsuki Orthopaedic Shinbashi Clinic
Tokyo, Japan

Dr. Jo Adams
School of Health sciences,
University of Southampton

Prof. Philippe Bellemère
Spécialiste en chirurgie, microchirurgie et arthroscopie de la main, du poignet et du coude, France

Overseas Faculty (cont’)

Prof. Nick Gillham
Consultant Trauma and Orthopaedic Surgeon
and Clinical Lead Horton NHS Treatment Centre

Prof. Stephen Brindley
Newcastle Hand & Upper Limb Surgery, Hand, Wrist, Elbow & Shoulder, Cardiff, NSW, Australia

Prof. Peter Evans
Director, Hand and Upper extremity, Orthopedic surgery
Cleveland clinic, Ohio, USA
Local Faculty

Dr. Chan Ping-Tak
Associate Consultant,
Department of Orthopaedics and Traumatology,
Tuen Mun Hospital

Dr. Chan Yat-Fai
Associate Consultant,
Department of Orthopaedics and Traumatology,
Tuen Mun Hospital

Dr. Choi Kai-Yiu, Alexander
President,
Hong Kong Society for Surgery of the Hand
Senior Medical Officer,
Department of Orthopaedics and Traumatology,
Tuen Mun Hospital

Dr. Chow Yuk-Yin
Cluster Chief of Service,
Department of Orthopaedics and Traumatology
New Territories West Cluster

Professor Ip Wing-Yuk, Josephine
Associate Professor,
Chief of Division of Hand & Foot Surgery,
Department of Orthopaedics & Traumatology,
Queen Mary Hospital, The University of Hong Kong

Local Faculty (cont’)

Dr. Leung Ka-Li, Frankie
Associate Professor
Division Chief, Division of Orthopaedic Trauma
Queen Mary Hospital, University of Hong Kong

Dr. Lo, Che-Yuen
Senior Medical Officer,
Department of Orthopaedics and Traumatology,
Queen Elizabeth Hospital

Dr. Brake, Timothy
Senior Medical Officer,
Department of Anesthesiology,
Pain Medicine and Operating Services
United Christian Hospital

Dr. Ng Woon-Leung
Consultant Rheumatologist
Department of Medicine and Geriatrics
United Christian Hospital

Mr. Lewis Lau
Occupational Therapist,
Department of Occupational Therapy,
Queen Elizabeth Hospital
HKSSH Visiting Scholars 2012 (China)

Professor FANG You-sheng
Department of Hand Surgery,
Shanghai Institute of Hand Surgery,
Huashan Hospital, Fudan University,
Shanghai, China

Professor PAN Yong-wei
Department of Hand Surgery,
Beijing Jishuitan Hospital,
Beijing, China

Professor WENG Yu-xiong
Union Hospital,
Tongji Medical College,
H.U.S.T.
Hubei, China

HKSSH – JSSH Ambassador 2012

Dr. Zenke Yukichi
Department of Emergency and Clinical,
Critical Medicine Unit,
University of Occupational and Environmental Health,
Japan

HKSSH Asian-Pacific Scholar 2012

Dr. Mohammad Irfanulhaq Khawaja
Post Graduate Resident,
Lahore Institute of Hand & Arm Surgery,
Lahore, Pakistan

Professor Orillaza Nathaniel Jr
Clinical Associate Professor
University of the Philippines-Philippine General Hospital,
Manila, Philippines
General and Venue Information

Venue: Block H, 7/F Lecture Theatre, Princess Margaret Hospital, 2-10 Princess Margaret Hospital Road, Lai Chi Kok, Kowloon, Hong Kong.

Locations of Programme

- The registration desk is near the entrance of Lecture theatre
- Scientific Programme and lectures will be held at the Lecture Theatre of 7th Floor of Block H
- Booth area for the scientific exhibition will be located at the Foyer of 7th Floor of Block H
- Coffee and Tea will be served at the Foyer of 7th Floor of Block H
- Luncheon symposium will be served at Lecture theatre

Booth exhibition:
1. The Industrial Promoting Co Ltd
2. Health Medical (Hong Kong) Ltd
3. Accurate Technology (HK) Limited
4. Century Empire Enterprises Ltd
5. Synthes (Hong Kong) Ltd
6. Stryker China Ltd
7. Accession Medical Supplies Co
8. Rottapharm-Madaus
9. McBarron Book Co. Ltd
### Programme at a Glance

**25th HKSSH Annual Congress**

#### Congress week activities time-table

<table>
<thead>
<tr>
<th>Date</th>
<th>AM</th>
<th>PM</th>
<th>Night</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/3 Sun</td>
<td>Arthroplasty in Upper Limb Trauma Lecture and Hands-on Workshop</td>
<td></td>
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<tr>
<td></td>
<td>Venue: Orthopaedic Learning Centre, 1/F Li Ka Shing Specialist Clinics, Prince of Wales Hospital</td>
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<tr>
<td></td>
<td>AADO / HKSSH Conjoint Scientific Meeting 2012</td>
<td></td>
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<tr>
<td></td>
<td>Venue: Orthopaedic Learning Centre, 1/F Li Ka Shing Specialist Clinics, Prince of Wales Hospital</td>
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<tr>
<td>16/5 Fri</td>
<td><strong>25th HKSSH Annual Congress Pre-congress Workshop</strong></td>
<td><strong>HKSSH Welcome Dinner</strong> (Lei Yue Mun Hospital)</td>
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<tr>
<td></td>
<td>(Cadaveric Hands-on Workshop on elbow, hand and wrist arthroplasty)</td>
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<td></td>
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<tr>
<td></td>
<td>Venue: Orthopaedic Learning Centre, 1/F Li Ka Shing Specialist Clinics, Prince of Wales Hospital</td>
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<tr>
<td>17/3 Sat</td>
<td><strong>25th HKSSH Main Congress-Arthroplasty in Hand, Wrist and Elbow</strong></td>
<td><strong>HKSSH Congress Banquet</strong> (Foo Lum Palace Mei Foo Hospital)</td>
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<tr>
<td></td>
<td>Venue: Lecture Theatre, 7/F Block H, Princess Margaret Hospital</td>
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<tr>
<td>18/3 Sun</td>
<td><strong>25th HKSSH Main Congress-Arthroplasty of Hand, Wrist and Elbow</strong></td>
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<tr>
<td></td>
<td>Venue: Lecture Theatre, 7/F Block H, Princess Margaret Hospital</td>
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<tr>
<td>19/3 Mon</td>
<td>Live Surgical Demonstration by Professor Brian D. Adams &amp; Professor Yoshitaka Minamikaw</td>
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<tr>
<td></td>
<td>Venue: Orthopaedic Learning Centre, 1/F Li Ka Shing Specialist Clinics, Prince of Wales Hospital</td>
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</table>

#### 17th March 2012 (Saturday)

<table>
<thead>
<tr>
<th>Time</th>
<th>Events</th>
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</thead>
<tbody>
<tr>
<td>09:00-10:00</td>
<td>Free Paper Session I (Local)</td>
</tr>
<tr>
<td>10:00-11:00</td>
<td>Symposium I: Managing Patient with Upper Limb Arthritis</td>
</tr>
<tr>
<td>11:00-11:30</td>
<td>Tea Break</td>
</tr>
<tr>
<td>11:30-12:00</td>
<td>Plenary Lecture I: Optimizing Wrist Arthroplasty</td>
</tr>
<tr>
<td>12:00-12:25</td>
<td>Opening Ceremony and Presentation of Souvenirs</td>
</tr>
<tr>
<td>13:25-14:25</td>
<td>Symposium II: Wrist Arthritis and Arthroplasty – the radiocarpal joint</td>
</tr>
<tr>
<td>14:25-14:55</td>
<td>Plenary Lecture II: The Role of Splintage and Joint Protection in Rehabilitation for Patients with Upper Limb Arthritis</td>
</tr>
<tr>
<td>14:55-15:25</td>
<td>Tea Break</td>
</tr>
<tr>
<td>16:15-17:15</td>
<td>Symposium IV: Elbow Arthritis and Arthroplasty</td>
</tr>
<tr>
<td>17:15-17:20</td>
<td>Photo with Speakers and Organizers</td>
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<tr>
<td>17:20-18:00</td>
<td>HKSSH AGM</td>
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#### 18th March 2012 (Sunday)

<table>
<thead>
<tr>
<th>Time</th>
<th>Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:30-09:15</td>
<td>Symposium V: Hand and Finger Arthritis</td>
</tr>
<tr>
<td>09:15-09:45</td>
<td>Tea Break</td>
</tr>
<tr>
<td>09:45-10:15</td>
<td>Free Paper Session II (Overseas)</td>
</tr>
<tr>
<td>10:45-11:15</td>
<td>Plenary Lecture III: Decision Making in Managing Arthritic Hand</td>
</tr>
<tr>
<td>11:15-12:30</td>
<td>Symposium VI: Finger Joint Replacement</td>
</tr>
<tr>
<td>12:30</td>
<td>Closing Remarks and Presentation of Souvenirs</td>
</tr>
</tbody>
</table>
### Programme in Details

#### 17th March 2012 (Saturday)

**08:30 - 09:00**
Registration

**09:00 - 10:00**
Free Paper Session I (Local)
- Speaker: PL Cheng
- Time: 30 min

**10:00 - 11:00**
Symposium I: Managing Patient with Upper Limb Arthritis
- WL Ng (30 min)
- Lewis Lau (12 min)
- Tim Brake (12 min)
- N Gillham (12 min)
- WL Chan (12 min)
- Joe Wong (12 min)

**11:00 - 11:30**
Tea Break

**11:30 - 12:00**
Plenary Lecture I: Optimizing Wrist Arthroplasty
- Speaker: B Adams
- Time: 60 min

**12:00 - 12:25**
Opening Ceremony and Presentation of Souvenirs
- Speaker: KY Choi
- Time: 25 min

**12:25 - 13:25**
Synthes Luncheon Symposium: Fracture Distal Radius – Dorsal or Volar Approach?
- Speaker: YY Chow / F Leung
- Time: 60 min

**13:25 - 14:25**
Symposium II: Wrist Arthritis and Arthroplasty – The Radiocarpal Joint
- Complication of Wrist Implant Arthroplasty and Its Management
- Hemiarthroplasty for Wrist Arthritis
- Tendon Suspension Interposition Arthroplasty
- Wrist Arthroplasty in Post-Traumatic Condition
- Panel Discussion
- Speaker: B Adams
- Time: 12 min

**14:25 - 14:55**
Plenary Lecture II: The Role of Splintage and Joint Protection in Rehabilitation for Patients with Upper Limb Arthritis
- Speaker: Jo Adams
- Time: 30 min

**14:55 - 15:25**
Tea Break

**15:25 - 16:25**
Symposium III: Wrist Arthritis and Arthroplasty – The Distal Radio-ulnar Joint (DRUJ)
- DRUJ Instability: Techniques for Stabilization
- Management of DRUJ Arthritis
- Ulnar Head Arthroplasty - Indications and Techniques
- Panel Discussion
- Speaker: B Adams
- Time: 12 min

**16:15 - 17:15**
Symposium IV: Elbow Arthritis and Arthroplasty
- Elbow Replacement: Her Evolution, Rationale and Beauty
- Radial Head Arthroplasty
- Uni-elbow Replacement
- Total Elbow Arthroplasty for Failed Elbow Fracture
- Panel Discussion
- Speaker: CY Lo
- Time: 12 min

17:15 - 18:00
HKSSH AGM

19:00
HKSSH Annual Banquet

#### 18th March 2012 (Sunday)

**08:30 - 09:15**
Symposium V: 1st CMCJ Thumb Arthritis
- Assessment and management of thumb basal joint arthritis
- Salvage options for failed thumb basal joint arthroplasty
- Total Replacement of 1st CMCJ
- Panel Discussion
- Speaker: N Gillham
- Time: 12 min

**09:15 - 09:45**
Tea Break

**09:45 - 10:45**
Free Paper Session II (Overseas)

**10:45 - 11:15**
Plenary Lecture III: Decision Making in Managing Arthritic Hand
- Speaker: Y Minamikawa
- Time: 30 min

**11:15 - 12:30**
Symposium VI: Finger Joint Arthritis and Replacement
- Surgical Approach to PIP
- PIP Joint Arthritis: Arthrodesis or Replacement
- Finger joint replacement: her evolution, rationale and beauty
- Complication of implant PIP arthroplasty
- The first Local design Artificial finger joint
- Panel Discussion
- Speaker: YF Chan
- Time: 12 min

12:30
Closing Remarks and Presentation of Souvenirs
### Programme in Details (cont')

#### Free Paper Session I (Local)

<table>
<thead>
<tr>
<th>No</th>
<th>Title</th>
<th>Presenter</th>
<th>Affiliated Institute</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>10-year experiences using dynamic treatment for basal proximal phalangeal fractures of the hands</td>
<td>Margaret Fok</td>
<td>Queen Mary Hospital</td>
</tr>
<tr>
<td>2</td>
<td>Arthroscopic debridement in advanced thumb carpometacarpal joint arthritis</td>
<td>Kenny Kwan</td>
<td>Prince of Wales Hospital</td>
</tr>
<tr>
<td>3</td>
<td>Botulinum injection as a predictor for outcome after surgical reconstruction of the upper extremity in cerebral palsy</td>
<td>Kenny Kwan</td>
<td>Queen Mary Hospital</td>
</tr>
<tr>
<td>4</td>
<td>Randomized Controlled Trial to Investigate the Effectiveness of Wrist Extension Splint for Relieving Pain in Patients with Lateral Epicondylitis (Tennis Elbow)</td>
<td>Iris Ho</td>
<td>Prince of Wales Hospital</td>
</tr>
<tr>
<td>5</td>
<td>Fixation of Phalangeal Fractures Using 1.6mm Titanium Locking Plate</td>
<td>Kwong-ting Ho</td>
<td>Princess Margaret Hospital</td>
</tr>
<tr>
<td>6</td>
<td>Static Splinting for the New Interphalangeal Joint Arthroplasty</td>
<td>Edward Man-tai Chan</td>
<td>Queen Mary Hospital</td>
</tr>
</tbody>
</table>

#### Free Paper Session II (Overseas)

<table>
<thead>
<tr>
<th>No</th>
<th>Title</th>
<th>Presenter</th>
<th>Affiliated Institute</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A New Technique Of Pectoralis Major Transfer For Loss Of Biceps Tendon Function (Jafri Pectoralis Major Transfer)</td>
<td>M.I. Khawaja</td>
<td>Lahore Institute of Hand &amp; Arm Surgery (LIHAS), Lahore, Pakistan</td>
</tr>
<tr>
<td>2</td>
<td>Combined Ulnar Shortening and TFCC Reconstruction for DRUJ Instability Caused by Positive Ulnar Variance</td>
<td>You-sheng Fang</td>
<td>Huashan Hospital, Fudan University, Shanghai, China</td>
</tr>
<tr>
<td>3</td>
<td>Eating Out of the Hand. Maggots- Friend or Foe?</td>
<td>Queenie Chan</td>
<td>The Canberra Hospital, ACT, Australia</td>
</tr>
<tr>
<td>4</td>
<td>Extensor Pollicis Longus Tendon Rupture Accompanied with Distal Radius Fracture</td>
<td>Yukichi Zenke</td>
<td>University of Occupational and Environmental Health, Fukuoka, Japan</td>
</tr>
<tr>
<td>5</td>
<td>Radiologic and Clinical Outcomes of Conventional Plate Osteosynthesis vs Minimally Invasive Plate Osteosynthesis for Distal Radius Fractures</td>
<td>Yukichi Zenke</td>
<td>University of Occupational and Environmental Health, Fukuoka, Japan</td>
</tr>
<tr>
<td>6</td>
<td>Hourglass-like Constrictions of Peripheral Nerve in Upper Extremity: Is It a New Entity?</td>
<td>Yongwei Pan</td>
<td>Beijing Jishuitan Hospital, Beijing, China</td>
</tr>
<tr>
<td>7</td>
<td>Management of Transradial Styloid Perilunate Fracture-dislocation with Ulna Styloid Fracture</td>
<td>Yuxiong Weng</td>
<td>Huazhong University of Science &amp;Technology, Union Hospital, Tongji Medical College, Wuhan, Hubei, China</td>
</tr>
<tr>
<td>8</td>
<td>Role of Preoperative Lavage in Decreasing Infection Rates in Open Fractures of the Hand, a Randomized Controlled Trial, Preliminary Report</td>
<td>Nathaniel Orillaza Jr.</td>
<td>University of the Philippines Manila – Philippine General Hospital, Manila, Philippines</td>
</tr>
</tbody>
</table>
Abstracts of Lecture

1. New advances in medical treatment of inflammatory arthritis
Dr. Ng Woon-Leung
Consultant Rheumatologist, Department of Medicine and Geriatrics, United Christian Hospital

Among the inflammatory arthritides that affect the upper limbs, rheumatoid arthritis (RA) is undoubtedly the prototype. Emerging understanding of the biology and natural history of the disease has resulted in a radical change in management and treatment outcome.

RA is no longer regarded as a benign condition and is associated with progressive joint destruction and premature mortality. One study demonstrated that more than 80 percent of patients with RA of less than two years duration had joint space narrowing on plain radiographs of the hands and wrists, while two-thirds had erosions. The current treatment paradigm involves early initiation of aggressive therapy with disease-modifying anti-rheumatic drugs (DMARDs). The goal of treatment is to achieve disease remission or low disease activity state as soon as possible. To achieve this aim, new classification criteria have been proposed to facilitate early diagnosis and referral. Composite disease activity indices are used to guide treatment and monitor response. Therapeutic targets were defined and a strategy of treating-to-target was recommended. Methotrexate is now the anchor drug and probably should be the first DMARD used in the majority of patients with RA unless contraindicated. The advent of biologic therapies is a major breakthrough. Biologics are therapeutic agents with biologic properties, including monoclonal antibodies and soluble cytokine receptors. The first approved biologic was the tumor necrosis factor (TNF) inhibiting agents. A number of non-anti-TNF biologics have also been approved.

These advances in early diagnosis, potent therapeutic agents and treatment strategies have significantly improved the prognosis of many RA patients, reducing joint damage and improving functional outcome. These advances have resulted in changes in the frequency and nature of orthopaedic surgeries in patients with rheumatoid arthritis. The other hand; increasing expectations from patients for optimal functioning may shift the focus targets were defined and a strategy of treating-to-target was recommended. Therapeutic

References

2. Functional Rehabilitation in Patient with Upper Limb Arthritis
Mr. Lewis Lau
Occupational Therapist, Department of Occupational Therapy, Queen Elizabeth Hospital

Arthritis is one of the most prevalent chronic conditions and leading to pain and physical disability. It also affects wide aspects of life such as labour force participation, self care ability & social activities. There is no cure for most types of arthritis but both surgical and conservative treatment exist have been shown effective in reduce pain associated with arthritis, prevent disability and maintain function.

Comprehensive functional rehabilitation program including therapeutic exercise, splintage prescription, ergonomic intervention, home modification, and occupational lifestyle redesign were suggested to maximize function of individual with upper limb arthritis. Therapeutic exercise play an importance role in maximizing functional outcome after surgical intervention through maintain range of motion, improve muscle strength and prevent joint stiffness. It is also effective to maintain physical function for people with arthritis.

Therapist provides examination on workstation, equipment and working procedure to determine if the individual need to make changes. Ergonomic interventions including posture advice, modification of procedure and design of aids or equipment can help people with arthritis to maintain productivity. The idea of ergonomics can also be applied to home environment. Therapist will arrange home visit to assess the layout of home environment, furniture arrangement, and household appliance. Modification of home environment and prescription of assistive devices can enhance independent living in the community. Recently, occupational therapist also provide assistance and guidance to clients to develop individualized plan in filling their time with meaningful and happiness activities that compatible with their functional capability and ultimately achieve happiness in daily life.

3. Perioperative Pain Management for Surgery on Upper Limb Arthritis
Dr. Timothy Brake
Senior Medical Officer, Department of Anesthesiology, Pain Medicine and Operating Services, United Christian Hospital

The new paradigm for anaesthesiologist is as the perioperative physician. Perioperative care begins when the decision is made to perform an operation and ends when the physiological changes related to surgery and convalescence have resolved. The perioperative process is a procedural journey taken by the patient who must remain a key partner in this process with the health care system. The anaesthesiologist and surgeon as well as other care givers are part of a multidisciplinary team working towards a common goal.

References (cont’t)
Abstracts of Lecture (cont')

The anaesthesiologist is involved in identifying and modifying risks and aims to optimise the patient’s condition for surgery. The patients will be informed of their anaesthetic choices and risks. Rheumatoid arthritis is a common condition leading to surgery on the upper limb. For rheumatoid arthritis airway assessment will include consideration of the cervical spine particularly CI-2 subluxation, reduced mouth opening by TMJ disease and difficult intubation by crico-arytenoid joint disease. CVS involvement of pericardial effusion and vasculitis. Respiratory system involvement of pleural effusion, pulmonary fibrosis or rheumatoid nodules. Musculoskeletal deformities may lead to difficult positioning or pressure sores. Many patients will be on steroids and will require steroid cover perioperatively and the effects of anti-inflammatory medications such as methotrexate may affect haematological parameters and liver dysfunction.

Anaesthetic management will often include regional anaesthesia. The upper limb is targeted by the brachial plexus block alone or with general anaesthesia or sedation. The advantages of regional techniques include; the reduction of bleeding, improved blood pressure control, and less postoperative pain. Differential blocks may allow a cooperative patient to retain muscle power and test the adhesiolysis or tendon procedures. The regional technique may be continued into the post operative period with the use of brachial plexus catheters and local anaesthetic infusions or boluses to facilitate rehabilitation and physiotherapy.

Chronic pain is viewed as a continuum from acute pain. Poor post operative pain control is associated with a higher incidence of chronic pain. Many patients with upper limb arthritis will have pre-operative chronic pain. The degree of disability is more closely associated with catastrophising than degenerative change. Understanding the impact of the whole disease on the quality of life will help to optimise the rehabilitation of this group of patients.

4. Optimizing Wrist Arthroplasty

Prof. Brian D. Adams
Professor of Orthopaedic Surgery and Bioengineering University of Iowa, Iowa city, Iowa

Although new generation wrist arthroplasty implants provide improved outcomes, strict patient selection, precise surgical technique, and acceptance of permanent modification of activities are important to achieve long term durability. Patients with severe inflammatory arthritis were historically the primary candidates, however recent studies show better results in patients with good bone quality and quiescent disease. By following specific guidelines, wrist arthroplasty can be optimized for individual patients resulting in acceptable long term outcomes.

5. Complications of Wrist Arthroplasty and their Management

Prof. Brian D. Adams
Professor of Orthopaedic Surgery and Bioengineering University of Iowa, Iowa city, Iowa

The risks of complications can be reduced with proper patient selection and precise surgical technique, but some complications are not avoidable. Patients with severe inflammatory disease and joint deformity are at greatest risk for both short and long term complications. Joint stiffness, imbalance and instability are often related to improper surgical technique. Implant loosening remains the most difficult long term problem, which is typically best treated by conversion to arthrodesis.

6. Hemiarthroplasty for Wrist Arthritis (Distal Radius Implant Arthroplasty combined with PRC)

Prof. Brian D. Adams
Professor of Orthopaedic Surgery and Bioengineering University of Iowa, Iowa city, Iowa

A distal radius implant hemiarthroplasty combined with a PRC provided good alignment of the wrist in a cadaver model and in a clinical series of 26 patients. The technique and rehabilitation are less challenging than total wrist replacement. Short term outcomes for motion and pain relief have been good in the majority of patients. Based on these early outcomes, this procedure can be considered for the treatment of wrist arthritis in active patients who are not indicated for total joint replacement.

7. The role of splintage and aids in rehabilitation for patients with upper limb arthritis

Dr. Jo Adams
School of Health sciences, University of Southampton

Background

Splints and assistive devices/aids have been used for many years to help manage functional impairments associated with arthritis. They are an integral to joint protection approaches. Natural ageing and daily use of the hand will predispose to certain deformities and these are considered when structuring joint protection programmes.

This paper reviews the rationale behind the provision of splints and aids for the upper limb. The biomechanical advantage of using aids is illustrated and the principles behind the mode of action for upper limb aids and equipment is reported. The quantitative and qualitative evidence behind the usefulness and effectiveness of some commonly used splints is presented and the OTTER trial is provided as an exemplar in involving patients in helping design research studies into the effectiveness of splints.

Discussion

The use of splintage and aids in rehabilitation for patients with upper limb arthritis cannot be carried out in isolation and should form part of an overall package and approach in encouraging self-management strategies for people with arthritis. If splints are immobilising joints then active exercise programmes should be considered alongside and if aids are prescribed then careful approaches to encourage patient use and adherence should be followed.
8. DRUJ Instability – techniques for stabilization

Prof. Brian D. Adams
Professor of Orthopaedic Surgery and Bioengineering University of Iowa, Iowa city, Iowa

The TFCC is generally accepted as the major soft tissue stabilizer of the DRUJ, of which its volar and dorsal radioulnar ligaments are the primary stabilizing components. Peripheral repair of the TFCC to the lunate of the ulnar head is the first choice of treatment. DRUJ ligament reconstruction is indicated when the TFCC is irreparable. If instability is associated with a radius malunion, an osteotomy must first restore skeletal alignment, which can be combined with a ligament reconstruction. If the sigmoid notch is deficient, a notch osteoplasty is required as an adjunct to ligament reconstruction to restore its long term stability. Ligament reconstruction is contraindicated in the presence of DRUJ arthritis.

9. Ulnar Head Implant Arthroplasty – indications and technique

Prof. Brian D. Adams
Professor of Orthopaedic Surgery and Bioengineering University of Iowa, Iowa city, Iowa

Ulnar head implant arthroplasty is becoming an increasingly popular option for the treatment of various conditions of the DRUJ because it maintains the normal joint kinematics and avoids problems of radioulnar impingement associated with resections. Partial ulnar head implant arthroplasty replaces only the articular surfaces and preserves important soft tissue attachments, thus reducing the risk of joint instability. The surgical technique and rehabilitation are straightforward. The majority of patients achieve a functional range of forearm motion and good pain relief. Short term radiographic findings are favorable, however ulnar neck resorption and sigmoid notch erosion are long term concerns.

10. Total Elbow Arthroplasty for Failed Elbow Fracture Treatment

Prof. Brian D. Adams
Professor of Orthopaedic Surgery and Bioengineering University of Iowa, Iowa city, Iowa

Options are limited for the treatment of failed elbow fracture treatment, especially when there is bone loss, stiffness, and arthritis. Although total elbow arthroplasty has historically had a high failure rate in patients with osteoarthritis and post-traumatic arthritis, these highly disabled patients who have low expectations can achieve a functional result and are usually very satisfied. Long term monitoring is indicated to evaluate for implant bearing wear and component loosening.

11. PIP joint arthritis: Arthrodesis or replacement?

Prof. Yoshitaka Minamikawa
Professor, Tokyo Hand Surgery & Sports Medicine Institute, Takatsuki Orthopaedic Shinbashi Clinic, Tokyo Japan

Reviewing of most text book, PIP joint of the index finger should be fused to achieve stability with pinch, while PIP joints of the ring and little fingers have arthroplasty for power grip. The middle finger PIP may have either option.

Indication of the arthroplasty is always changing depending on the success of newer implant. Silicone implant is not a choice for the PIP joint because it does not provide lateral stability and is prone to implant fracture. Any constraint total joint should be avoided since stress leads to fracture either implant or bone. Surface implant has shown good motion while provide stability. Arthrodesis of the PIP joint has been believed only choice for unstable or dislocated condition. However, ligament reconstruction and bone graft may enable to perform implant arthroplasty even with such a case.

Arthrodesis of the PIP joint for severe Boutonniere deformity and stiff Swan-neck deformity certainly provides good functional and aesthetic results. Therefore, fusion of the PIP joint should not be forgotten and is still the usual choice for non-developed country and even most developed medical environment. Surface implant arthroplasty is relatively new and long term results may not be guaranteed at this moment. Implant arthroplasty, however, can be converted to arthrodesis anytime. Author strongly suggests arthrodesis should be reserved for the last procedure.

12. Decision making in managing arthritic hand

Prof. Yoshitaka Minamikawa
Professor, Tokyo Hand Surgery & Sports Medicine Institute, Takatsuki Orthopaedic Shinbashi Clinic, Tokyo Japan

In rheumatoid arthritis, joint swelling stretch out the capsule and ligaments resulting in unstable and deformed joint. Inflammatory synovium invade joint surface and destroy joint and create frail or stiff joint in various degrees. These inflammatory process is usually progressive and patients often experience less functional difficulty until late stage especially for the hand.

Treatment of the rheumatoid hand can be categorized in three: 1 preventative surgery including synovectomy of the joint and tendons; 2 soft tissue reconstructions for the deformity and repair of ruptured tendons; 3 arthroplasty of the joint with or without implant and arthrodesis. Steroid injection and splinting should be applied in early stage, and do not hesitate perform synovectomy if steroid does not remission the synovitis. Once deformity has started, soft tissue reconstruction and arthroplasty with or without implant are considered depending on the severity of the condition. One of the most important factors in deciding the most appropriate surgical procedure is the needs of the patient. Understanding of the pathology of the deformity is essential and surgeon needs to explain what you can offer to the patient.
Abstracts of Lecture (cont')

“The scope of improvement of surgical care of the rheumatoid hand provides is at last well established and needs no excuse or apologies for its employment. It is said that rheumatologist have not yet generally accept early surgical consultation.” Flatt wrote in his book entitled “care of the arthritic hand” 30 years ago, however, it is still true in Japan now after 30 years. I believe most hand surgeon in Asian country including Hong Kong does not have a chance to experience surgery of the rheumatoid hand.

Sauve Kapandji procedure combined with extensor reconstruction and other wrist surgeries such as radio-lunate fusion or total fusion have been popularized during two decades. In this lecture author, therefore, focus in surgery of the finger deformities. Soft tissue reconstruction Sauve Kapandji procedure combined with extensor reconstruction and other wrist surgeries to experience surgery of the rheumatoid hand.

I believe most hand surgeon in Asian country including Hong Kong does not have a chance have not yet generally accept early surgical consultation.” Flatt wrote in his book entitled “The scope of improvement of surgical care of the rheumatoid hand provides is at last well established and needs no excuse or apologies for its employment. It is said that rheumatologist have not yet generally accept early surgical consultation.” Flatt wrote in his book entitled “care of the arthritic hand” 30 years ago, however, it is still true in Japan now after 30 years. I believe most hand surgeon in Asian country including Hong Kong does not have a chance to experience surgery of the rheumatoid hand.

13. Finger joint replacement: her evolution, rationale and beauty

Prof. Yoshitaka Minamikawa

Professor, Tokyo Hand Surgery & Sports Medicine Institute, Takatsuki Orthopaedic Shinbashi Clinic, Tokyo Japan

In 1953 Brannon and Klein first reported metallic hinged finger implants; shortly after silicone implant was introduced by Swanson in 1962. Over half century, many different implants had been developed and disappeared from the use. Despite numerous attempts at newer ideas and improvements against previous failures, only the basic silicone implants have been widely accepted world-wide to date.

Author developed a cementless poly/metal surface finger implant (Self Locking Finger Joint [SLFJ], Nakashima Medical corp. Okayama Japan) for MP (including thumb) and PIP replacement. Characteristics of these implants include: (1) joint-anchor (stem) design that allows fixation without cement and thus permits change of position during the operation for optimum collateral tension; (2) joint design that preserves collateral ligament and surface contour; (3) simultaneous replacement of both MP and PIP are possible in a finger. The SLFJ have been used since 1999 and reached over 1500 joints in 750 cases. During this period, titanium head changed to CoCr , titanium stem surface changed smooth surface to rough finish, and added anchor hole in dorsum of the MP socket for attachment of the extensor tendon.

Loosening of the implant was very low (less than 10%). Firm fixation of the stem (joint anchor) to the bone were found within one year when proper size of the implant are used. Good fixations were obtained for the cases of failed silicone and other implant with bone graft. Because of the surface design, palmer dislocation was the major concern for MP implant in ulnar drift, however, post-operative dislocation seldom occurred even for the cases of severe palmer dislocation. In long term follow up, number of dislocation secondary to ligament attenuation and muscle weakness increased. Recurrences of ulnar drift were found fairly high in different degrees. Newer and stronger techniques of radial collateral ligament reconstructions and realignment technique of flexor tendon were under process. Results of the PIP joints are very successful and cases in different institutions are increasing.

14. Complication of implant PIPJ arthroplasty

Prof. Yoshitaka Minamikawa

Professor, Tokyo Hand Surgery & Sports Medicine Institute, Takatsuki Orthopaedic Shinbashi Clinic, Tokyo Japan

Any hinged or constraint implant arthroplasty for the PIP joint had failed historically. Lateral stress to the cortical bone directory transmitted to the implant stems and resulted in severe loosening and implant or cortical fracture. Constrained implant for PIP is rarely used today.

Except for the silicone, surface type implant with minimal joint resection and preserve collateral ligament, believed feasible to the PIP implant arthroplasty. There are three choices for the surface finger implant, Surface Replacement Arthroplasty (SRA, S.B.I., USA), cemented and noncemented fixation and Pyrolytic Carbon (Ascension, USA), noncemented, and SLFJ(Nakashima, Japan), noncemented.

Silicone implants have been reliable for many years but still present with lateral instability, high implant breakage and progressive stiffness. Silicone synovitis (particle inflammation) in the finger joint seldom reported however, did exist and was the major cause of implant subsidence.

Post-surgical dislocation often reported with SRA and Pyrolytic Carbon. Relatively shallow joint contour and weak tension of the collateral ligament might be the reason. Both implants do not forgive the amount of joint resection, therefore, excess bone resection lead to lax joint and subsequent subluxation. SLFJ were designed to overcome these joint resection and fixation problems. Because of the screw in mechanism without cement, tension of the collateral ligament can be controlled during the surgery. On the other hand, round shape of the cross sectional shape of the joint anchor(stem) in SLFJ does not fit endosteal contour of the basal phalanx and has risk to be inserted obliquely in AP view. The medullary canal is wider with thin cortex in rheumatoid arthritis and the canal is narrow with thick cortex in traumatic arthritis. In order to obtain firm fixation with SLFJ, the size selection of the joint anchor is critical. Loosening of the joint anchor was observed when the size was smaller and the screw did not reach to the cortex. Even with firm fixation after 1 year, progressive loosening was observed in young factory worker. Patient selection and educating the patient are important for post traumatic arthritis.

Although, recurrence of the deformities, stiff joint or extension lag were often observed in various degrees, these tended to reflect preoperative status or problems of post-surgical care. Soft tissue release and minor additional reconstruction often recover these conditions.
Abstracts of Free Paper Session I

1. 10-year experiences using dynamic treatment for basal proximal phalangeal fractures of the hands

Margaret FOK
Orthopaedic & Traumatology Department, Queen Mary Hospital, Hong Kong SAR

Introduction
The fractures of the proximal phalanges of the hands can be treated by many methods. For phalangeal fractures that undergo surgical interventions, it is well recognized that the adjacent tendinous structures are prone to adhesion. As a result, this leads to a loss in proximal inter-phalangeal joint movement.

By making use of the stabilizing effect of soft tissues (zancolli complex-metacarpo-phalangeal retention apparatus) and external devices (thermoplastic MCP block splint) to block the metacarpo-phalangeal joint in flexion, basal proximal phalangeal fractures can be stabilized in terms of axis, length and rotation. We report our 10 years experience of managing these fractures using a protected mobilization programme (dynamic treatment).

Methods
We analyzed all patients with closed fracture of basal proximal phalanges of the hands who were admitted to Queen Mary Hospital from July 2000 to June 2010. Fractures that presented with rotational deformities or had displaced intra-articular configurations (i.e. >2mm displacement) were excluded. A dynamic splint was given to each patient to wear for at least 4 weeks. It aimed to keep the metacarpal phalangeal joint maximally flexed while allowing free movements of the proximal and distal inter-phalangeal joints of the injured finger. Our supervised rehabilitation programme was strictly followed to gain full range of movement of the proximal interphalangeal joint and to prevent the development of an extension lag contracture.

Results
Clinical and radiological results of 97 patients with 103 basal proximal phalangeal fractures of the hands who were treated with a protected mobilization programme were analyzed. Patients were followed up for a minimum of 1 year. Based on the Belsky classification, 75% of the patients attained excellent/good results. Neither non-union nor delayed union of fracture was noted. The average rate of return to work is 13 weeks (range from 1 – 32 weeks).

The 25% of the patients who attained poor results were observed to be in the older age group (53.1 years old vs. 35.1 years old). They tended to have poor compliance to the rehabilitation programme and often defaulted therapy sessions.

Discussion and Conclusion
Skeletal stability, not rigidity, is necessary for functional movements of the hand. By using the stabilizing effect of zancolli complex-metacarpo-phalangeal retention apparatus and external devices (metacarpo-phalangeal block splint), bone healing and movement recovery can be achieved for basal proximal phalangeal fractures at the same time.

Abstracts of Free Paper Session I (cont’)

2. Arthroscopic debridement in advanced thumb carpometacarpal joint arthritis

Kenny KWAN • Wing Lim TSE • Pak Cheong HO

Objective:
To determine the results of arthroscopic debridement in advanced thumb carpometacarpal joint (CMCJ) arthritis treated at Prince of Wales Hospital.

Methods:
Thirty-four patients (9 males, 25 females; mean age, 55 years) with symptomatic arthritis underwent 39 arthroscopic procedures between December 2001 and January 2010. Indication for surgery was failed conservative treatment of over 6 months. All patients underwent arthroscopic synovectomy and joint debridement; additional thermal shrinkage was performed in the presence of anterior oblique ligament (AOL) laxity. Assessments of pinch and power grip strength, the Kapandji score, and standard radiographs were performed. Change in visual analogue scale (VAS), the Disabilities of the Arm, Shoulder and Hand (DASH) scores, and satisfaction levels were recorded.

Results:
The mean follow-up was 47 months (range, 2 – 100). Mean VAS score improved from 8.25 pre-operatively to 2.74 post-operatively. At the final follow-up, the average power grip and lateral pinch was 88.3% and 81.7% compared with the asymptomatic side. The mean DASH score and satisfaction level were 26.5 and 77% respectively. Nine cases received open surgery for recurrence of their symptoms at an average of 11 months (range, 5 – 30) after arthroscopy. There was no difference in the re-operation rate between the different Eaton stages. No major complication was recorded.

Conclusions:
Arthroscopic debridement and synovectomy is a minimally invasive technique which provides effective medium-term symptomatic and functional improvement in advanced CMCJ arthritis.
Abstracts of Free Paper Session I (cont’)

3. Botulinum injection as a predictor for outcome after surgical reconstruction of the upper extremity in cerebral palsy
Kenny KWAN • Ogbe OMORUYI • Wing Yuk IP
Objective:
To evaluate botulinum injection as a predictor for outcome after surgical reconstruction of the upper extremity in cerebral palsy.
Method:
Twenty-five patients (11 males, 14 females; mean age, 12.5 years) with cerebral palsy with upper extremity involvement who underwent intramuscular botulinum injection between June 1982 and October 2010 were assessed. Range of movement, functional assessment using the House score, and standard radiographs were performed. Indication for surgical reconstruction was based on functional but transient improvement after botulinum injection.
Results:
The mean follow-up was 78.8 months (range, 4 to 312 months). Of the 25 patients, 11 were spastic hemiplegic, 9 were spastic quadriplegic, and 4 were spastic tripalegic. Ten patients had improved but transient range of movement and functional score following intramuscular botulinum injection underwent surgical reconstruction. The improvement in the range of movement and House score were maintained post-operatively.
Conclusions:
The functional results following intramuscular botulinum injections may be incorporated in the general evaluation and patient selection for surgical reconstruction of the upper extremity in cerebral palsy.

4. Randomized Controlled Trial to Investigate the Effectiveness of Wrist Extension Splint for Relieving Pain in Patients with Lateral Epicondylitis (Tennis Elbow)
Iris HO • Vera CHAN • Josephine WONG • Fredrick AU
Occupational Therapy Department, Prince of Wales Hospital
Study Design:
Randomized Controlled Trial
Introduction:
Forearm straps (Tennis elbow band) are commonly used for pain relief in patients with tennis elbow. A wrist extension splint also serves as this function but there are few studies done to compare the clinical outcomes of isolated use of tennis elbow band with combination of tennis elbow band and wrist extension splint.
Purpose of Study:
To identify the effectiveness of wrist extension splint in the treatment of patients with Tennis Elbow

Hypothesis:
Combined use of wrist extension splint and tennis elbow band is more effective in relieving pain, increasing grip strength and improving functional performance than isolated use of tennis elbow band.
Methods:
50 subjects diagnosed with tennis elbow participated in a randomized, single-blind, controlled trial study. Participants in the experimental group were provided with wrist extension splint and tennis elbow band where those in control group were provided with tennis elbow band. Both groups were provided with educational video, educational pamphlets, education on tennis elbow band/wrist extension splint regime. Pain levels (resting and pain of exertion), stretch test, stress tests, grip strength, activities which induced pain, DASH Questionnaire (HK-QMH Version) were conducted in the pre-treatment, post treatment 6 weeks and post treatment 3 months.

5. Fixation of Phalangeal Fractures Using 1.6mm Titanium Locking Plate
Kwong-ting HO • Hin-keung WONG • Kam-yiu WONG
Department of Orthopaedics & Traumatology, Princess Margaret Hospital, Hong Kong SAR
Objective:
The aim of this retrospective study was to analyse the clinical outcome of the application of titanium 1.6-mm locking plate system for the treatment of phalangeal fractures in Asian adults.
Method:
Four patients sustaining phalangeal fractures were treated by open reduction and internal fixation with the application of titanium 1.6-mm locking plate (Hand Plating System; OsteoMed, Texas, USA) from January 2011 to December 2011. The total arc of motion of fingers, grip power, complications, and additional surgery were recorded.
Results:
Two patients eventually restored good hand functions in terms of the total arc of finger motion and grip power. No malunion or non-union was observed. The commonest complication was residual stiffness of phalangeal joints. Improvements in ranges of motions have yet to be observed in the long term.
Conclusions:
The titanium 1.6mm locking plate is useful for the fixation of phalangeal fractures, because of its advantage of better stability, which allows more aggressive rehabilitation. Its low-profile design also reduces soft tissue irritation and is potentially beneficial to reducing post-operative stiffness.
6. Static Splinting for the New Interphalangeal Joint Arthroplasty

Edward Man-tai CHAN1 • Mary Man-lai CHU1 • Henry Kwok-kong FUNG1 • Josephine Wing-yuk IP1
1. Occupational Therapy Department, Queen Mary Hospital, Pokfulam, Hong Kong.
2. Division of Hand and Foot Surgery, Orthopaedic & Traumatology Department, Queen Mary Hospital, Pokfulam, Hong Kong

Introduction:
A cohort single case study on the client who underwent proximal interphalangeal (PIP) joint arthroplasty was reported. This new implant was invented in Hong Kong and firstly applied in rheumatoid arthritis patient with finger joints deformity. A static splinting regime was adopted for this PIP joint arthroplasty rehabilitation. The regime utilized different static splints for immobilizing MCP & PIP joints in early stage then mobilize in late stage. This study evaluated the effectiveness of the splintage program on the new interphalangeal joint arthroplasty.

Methods:
Repeated measures were taken of hand functions from pre-operation till six months post-operation. From weekly then bi-weekly follow-up in early stage to monthly follow-up in late stage was provided to monitor the progress. Evaluation included range of motion, tip to tip pinch, power grip and Chinese Disability of Arm Shoulder and Hand (DASH) questionnaire. Splintage was changed and adjusted accordingly.

Results:
There is an increased in patient satisfaction and improved hand function in rheumatoid arthritis patients with severe hand deformity after intensive rehabilitation. The arc of motion of MCP joint increase from 40 degree to 70 degree (75% improvement), PIP joint from 23 degree to 25 degree (8% improvement) but extension lag improved from 95 degree to 55 degree where was the mid-range for hand function. The arc of motion of DIP joint increase from 39 degree to 45 degree (15% improvement). Chinese DASH was reported with less functional disability on upper limb function with scoring improved from 84.1 to 70.5 (16% improvement). Tip to tip pinch increased from 0.6 to 0.9 kg (66%) while power grip improved from 3 to 6.4 kg (113%).

Discussion & Conclusion:
Static splinting was feedback by the client with great convenience, small and protective. The overall arc of motion of PIP joint gain less partly due to prolonged finger deformity and prolong immobilization due to osteoporotic bone. However, static splinting able to preserve surgical outcome and improved overall hand function. Further large scale study is required to confine the splinting regime.

1 A New Technique Of Pectoralis Major Transfer For Loss Of Biceps Tendon Function (Jafri Pectoralis Major Transfer)

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Lahore Institute of Hand & Arm Surgery (LIHAS), Lahore, Pakistan.

Abbreviations: Pectoralis Major (PM), biceps tendon (BT), Semitendinosis tendon (ST)

Introduction:
Different Muscle transfer techniques for restoring loss of elbow flexion are Flexorplasty, Anterior transfer of triceps tendon, Transfer of part of pectoralis major muscle, Transfer of Sternoleidomastoid muscle, Transfer of pectoralis minor muscle, transfer of the PM tendon and Transfer of Latissimus Dorsi muscle. Procedures like posterior bone block or elbow arthrodesis are rarely performed.

We are going to introduce a unique and absolutely new, less invasive technique for PM transfer for loss of elbow flexion. This technique is performed by minimal dissection, less soft tissue insult, markedly reduced blood loss and relatively short anesthesia time.

Method:
In the first stage of surgery, subcutaneous tunnel is formed in the arm and silicon rod is placed extending from points of insertion of PM to the BT for 3 months. Synovial sheath is formed around the rod to provide nutrition to subsequent ST graft.

In the second stage surgery, ST graft is taken. Approximately two separate 4cm incisions are given PM and BT insertion sites. PM is detached from its insertion site and sutured with ST proximally. Distal end of ST-graff is sutured with silicon rod and pulled through the tunnel distally to anchor it either with BT or radial tuberosity.

Elbow is kept fully flexed for 4-5 weeks by backslab. Afterwards, physiotherapy is started involving active flexion of elbow.

Result:
Complete elbow flexion is achieved. Less extensive surgery and small incisions are made on PM and BT insertion sites at proximal humerus and elbow. Markedly reduced blood loss, minimal tissue dissection and soft tissue insult took place. Short anesthesia duration prevents complications.

Conclusion and discussion:
Large incision, wrist flexion with elbow flexion and pronation deformity develops in flexorplasty. In anterior transfer of triceps, relatively weak graft of fascia lata is used to anchor triceps tendon to radial tuberosity. Brooks and Seddon PM tendon transfer involves massive dissection, detaching PM muscle insertion and BT long head and ligating the vessels and nerves that enter muscle. Jafri PM transfer is new addition to literature and avoids all the above mentioned complications.
Abstracts of Free Paper Session II (cont')

2. Combined Ulnar Shortening and TFCC Reconstruction for DRUJ Instability Caused by Positive Ulnar Variance

You-sheng FANG
Department of Hand Surgery, Shanghai Institute of Hand Surgery, Huashan Hospital, Fudan University, Shanghai, P.R. China

Purpose:
This prospective study described the outcomes of combined ulnar shortening and Triangular Fibrocartilage Complex (TFCC) reconstruction performed on 8 wrists of 5 cases with early osteoarthritis of the distal radioulnar joint (DRUJ) and positive ulnar variance. The indications and the results were discussed.

Methods:
8 wrists of 5 cases with ulnar wrist pain were treated from 2007 to 2010. The mean age of the patients was 34 years and ranged from 25 to 53 year old. All the cases presented with positive ulnar variance from 5 mm to 12 mm and early osteoarthritis of the DRUJ. The patients were treated by ulnar shortening and TFCC reconstruction. All the patients were followed up, The follow-up period ranged from 11 to 42 months with a mean of 23.6 months. The wrists were graded by the patients' self-assessment of satisfaction and evaluated using the Mayo wrist score system, disabilities of the arm, shoulder and hand (DASH) score.

Results:
All the patients were satisfied with the surgery and returned to their former work. According to the Mayo Modified Wrist Score, 3 of the 8 wrists rated excellent, 5 rated good.

Conclusion:
The combination with ulnar shortening and TFCC reconstruction is a reliable procedure for the DRUJ instability caused by positive ulnar variance.

Abstracts of Free Paper Session II (cont')

3. EATING OUT OF THE HAND. MAGGOTS – FRIEND OR FOE?

Queenie Chan • M Ali Hussain • Vladimir Milovic
Department of Plastic Surgery, The Canberra Hospital, ACT, Australia

Introduction
The presence of maggots (fly larvae) in an open wound is a repelling sight to many and documented cases of myiasis in the literature are scant due to the rarity of such infestation in live patients. However, the use of maggots as a form of debridement therapy has been well documented in the treatment of chronic osteomyelitis, non-healing ulcers and traumatic and post-operative wounds for centuries.

Method
A recent presentation of a maggot-infested hand prompted discussions over the boundary where they transform from cooperative agents of biodebridement to an unmanageable manifestation of an infestation.

Result/ Discussion
A unique case of such a presentation is elaborated in an 80-year-old man who sustained a crush injury to his dominant right hand when his utility vehicle rolled over on his paddock two days prior. Following adequate resuscitation and stabilisation of his parameters, the hand was reviewed and discovered to be grossly infiltrated by multitudes of maggots affecting mostly the dorsum of the hand. All metacarpal and phalangeal fractures were reduced and fixed with Kirschner wires and maggots were removed from the wound. On close examination, there was no exudate present in the wound and little devitalised tissue requiring much further debridement. A vacuum-assisted closure (VAC) dressing was applied to the dorsum of the hand for temporary wound closure and to protect the extensor tendons from desiccation and split thickness skin grafting was performed to cover all raw surfaces.

Conclusion
This case serves to highlight the unique challenges faced in treating such injuries and to raise the profile of maggots and their untapped potential use in biodebridement and management of open wounds in modern day wound care practices.
4. Extensor Pollicis Longus Tendon Rupture Accompanied with Distal Radius Fracture

Yukichi Zenke
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Introduction:
There are few reports of extensor pollicis longus (EPL) tendon rupture accompanied with distal radius fracture (DRF). In this study, we investigated the risk factors for EPL rupture after DRF in our and an affiliated hospital.

Method:
In 4 years (April 2006 to March 2010), 283 cases of DRF were treated using volar locking plates. EPL tendon rupture after surgery occurred in 6 cases (2.1%; 1 man and 5 women; mean age, 57.0 years; range, 33-70 years). According to AO classification, the fracture types were A2, 1 case; A3 4 cases; and C2, 1 case. The average waiting period for surgery was 2.7 days (0-7 days). We investigated the time after which EPL rupture occurred, the presence of protruding screws, and the presence and displacement degree of dorsal roof fragments.

Results:
The average time after which the EPL ruptured was 49.8 days (range, 1-122 days). There were 4 cases of complete tear and 2 cases of incomplete tear. In 1 case (16.7%), rupture was caused by a protruding screw. The dorsal roof fragment was displaced in 2 cases (33.3%); furthermore, both cases showed a high degree of displacement. These representative cases will be presented here.

Discussion:
In 1 case, the screw used was too long: in 2 cases, the dorsal roof fragments were highly displaced; and in 5 cases, the cause was unknown. For determining the optimum screw length, the distance from the EPL tendon groove to the volar cortical line was taken as the height, the length was calculated as the height divided by 86. We found that the length and height were positively correlated (P=0.008, R2 =0.29). Dorsal roof fragments should be reduced anatomically in order to avoid rupture of the EPL.

Conclusion:
EPL tendon injuries occurred in 2.1% of cases after DRF surgery. The causes of EPL rupture after DRF surgery were protrusion of the head screw and insufficient reduction of the dorsal roof fragment. These were considered to be iatrogenic problems. There were 3 cases wherein the cause was unknown.

5. Radiologic and Clinical Outcomes of Conventional Plate Osteosynthesis vs Minimally Invasive Plate Osteosynthesis for Distal Radius Fractures

Yukichi Zenke
Department of Orthopaedic and Emergency Group, University of Occupational and Environmental Health, Fukuoka, Japan

Introduction:
The purpose of this study was to compare the postoperative radiologic and clinical outcomes of conventional plate osteosynthesis (C) with minimally invasive plate osteosynthesis (M) using a transverse skin incision without cutting the pronator quadratus muscle for distal radius fractures.

Method:
Sixty-six patients (C group, 36; M group, 30) underwent open reduction and internal fixation of dorsally displaced distal radius fractures with the volar locking plating system from June 2006 to August 2008. Their mean age was 63.5 years and the mean follow-up period was 22.7 months. One community teaching hospital. Surgical treatment was performed by a single surgeon. Radiologic parameters (volar tilt, radial inclination, ulnar variance), range of motion, grip strength, and Disability of the Arm, Shoulder, and Hand score were evaluated at each examination. The visual analog scale of wrist pain and evaluations of cosmetic problems were assessed at the final follow-up.

Results:
Two groups did not differ significantly in all main outcomes. In the M group, the mean values of the Disability of the Arm, Shoulder, and Hand score at 2 weeks postoperatively (P = 0.06) and visual analog scale (P = 0.07) were lower and the mean value of the patient’s satisfaction score of cosmetic problems (P = 0.08) was higher than those in the C group, but no statistically significant differences were apparent in these values.

Conclusion:
No significant differences were found between the minimally invasive plate osteosynthesis and conventional plating for distal radius fractures based on the data from postoperative radiologic and clinical outcomes.
Abstracts of Free Paper Session II (cont)

6. Hourglass-like Constrictions of Peripheral Nerve in Upper Extremity: Is It a New Entity?
Yongwei PAN • Shufeng WANG • Wen TIAN • Guanglei TIAN • Pak Cheong HO • Hi-shan CHENG
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2. Department of Orthopaedics & Traumatology, Prince of Wales Hospital, Chinese University of Hong Kong, Shatin, Hong Kong SAR.

Introduction:
Our knowledge of hourglass-like constrictions of the nerve is still based on sporadic case reports to date. The purpose of this study is aimed to gain a deeper insight into the various clinical manifestations of this disease.

Methods:
Between November 1994 and January 2011, Forty-seven nerves in 42 patients with spontaneous paralysis of peripheral nerves were treated surgically and an hourglass-like constriction in the affected nerves was discovered. This selected series of patients were retrospectively reviewed, and the symptoms, treatment and prognosis of patients were investigated.

Results:
Accidental events days prior to onset were noted in 16 of 42 (38%) patients. All but one patient experienced sudden onset of pain in the upper extremities, followed by a flaccid paralysis in the affected muscles. Ten (23.8%) patients had multiple nerve involvement. The patients were followed for a mean of 45 months postoperatively. Fourteen of 18 nerves treated by neurolysis, 10 of 14 nerves treated by neurorrhaphy and 4 of 7 nerves treated by nerve grafting had good recovery. One of 18 nerves treated by neurolysis, 3 of 14 nerves treated by neurorrhaphy and 3 of 7 nerves treated by nerve grafting had incomplete recovery. Histologic examination of the resected segment revealed that the axons of the constricted nerve were completely lost and replaced by fibrosis. Scattered lymphocyte infiltration could be observed.

Discussion and Conclusion:
The clinical pictures of an hourglass-like constriction in the affected nerves satisfied the recently reported neuralgic amyotrophy criteria. This remarkable and unexpected nerve pathology appeared to be the basis of lesions in neuralgic amyotrophy.

7. Management of Transradial Styloid Perilunate Fracture-dislocation with Ulna Styloid Fracture
Yuxiong WENG
Department of Hand Surgery, Huazhong University of Science & Technology, Union Hospital, Tongji Medical College, Wuhan, Hubei, China

Abstract:
Seven cases of transradial styloid perilunate fracture-dislocation with Ulna styloid fracture were managed by open reduction and internal fixation. Radial styloid fracture and ulna styloid fracture were fixed with Kirschner wires. Intrinsic carpal ligaments, such as scapholunate ligament, were repaired with bone anchors (Mitek mini anchor). A long-arm cast was applied for four weeks, and followed with a short-arm cast for another two weeks postoperatively. Based on the Mayo wrist score system, we observed two excellent, three good, one fair and one poor results. All fractures were healed and no lunate avascular necrosis was observed. Meanwhile, we reviewed six patients with same diseases who were treated with open reduction and internal fixation only but without bone anchor management five years ago in our department. Interestingly, Mayo score system revealed one excellent, one good, and four poor results. The differentials may be from different follow-up periods. However, carpal instability and wrist pain occurred in several patients untreated with bone anchors indicate that this ligament repairing system may contribute to the better outcome from transradial styloid perilunate fracture-dislocation with ulna styloid fracture.

8. Role of Preoperative Lavage in Decreasing Infection Rates in Open Fractures of the Hand, a Randomized Controlled Trial, Preliminary Report
Nathaniel Orillaza Jr. • Tammy Dela Rosa • Chastity Almir Rejuso
Department of Orthopedics, University of the Philippines Manila - Philippine General Hospital, Manila, Philippines

Introduction
Infections in open fractures of the hand still pose a big problem in our local setting. This is brought about by different factors, more significantly, mechanism of injury and delay in treatment. Lavage, although standard in open fractures of long bones, has not been well studied for open fractures of small bones. Preoperative lavage outside the operating room complex is relatively easy to do and incurs minimal additional cost to treatment. This study aims to evaluate the effect of preoperative lavage in decreasing the infection rates in open fractures of the hand.

Method
Patients with open fractures of the hand seen in the emergency room of two government institutions were classified to either contaminated or non-contaminated wounds. Contaminated wounds all underwent pre-operative lavage. Non-contaminated wounds were randomized to lavage vs. standard management. Patients were regularly evaluated for 4 weeks to check for clinical or radiographic signs of infection.

Result
Out of 45 fractures (in 34 patients), six (in 5 patients) were grossly contaminated and underwent lavage. None of these developed infection. Twenty nine patients were randomized, 11 (14 fractures) to the lavage group and 18 (25 fractures) to the standard group. There were no infections in the lavage group but there were 2 infections in the standard group. Overall infection rate was 4.4 %. The difference in infection rates between the groups was not significant.

Discussion And Conclusion
Preoperative lavage shows promise in decreasing infection rates based on having no infections in the contaminated subset. The trend for decreased infection rates in the lavage group for the non-contaminated subset also supports its use. The authors hope to improve the power of the study with a bigger population in subsequent reports.
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Accredited CME/CPD Points by Various Colleges

Pre-congress Workshop (16/3)
HKCOS CatA 5pt & rehab credits 2pt; training points 5pt

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Family Physicians: 8 (17/5: 5, 18/3: 3) Cat 5.2
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Radiologists: 10.5 (17/3: 7, 18/3: 3.5)
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In loving memory of
Dr. Lam Cho-yee

It was with great sorrow to learn that Dr. Lam passed away peacefully on 23rd December 2011 with his family by his side.

Dr. Lam was well-known to us as an experienced hand surgeon. He was the founding member of the Hong Kong Society for Surgery of the Hand since 1986. He was the vice-president of the Society in 1998-2000 and then served his presidency in 2006-2008. During his term as our President, we successfully hosted the Triennial Congress of the Asia-Pacific Federation of Societies for Surgery of the Hand in Hong Kong. He became our Honorary Adviser in 2011.

Dr. Lam dedicated his orthopaedic career to help patients with rheumatological conditions, not only limited to the Hands but through a holistic approach. He led a team of orthopaedists specializing in both Hand Surgery and Joint Reconstruction at the Princess Margaret Hospital where he was the consultant for over twenty years. Under his mentorship, over 100 doctors were trained. Besides offering surgery, he also pioneered community service to these disabled patients. His 24-years voluntary service at St John Ambulance Brigade and Association was also remarkable with numerous awards and achievements.

But above all, Dr. Lam, besides a great teacher and mentor, was also an exemplary husband and father. May our deepest condolences be with his wife Connie and his daughters Madaleine, Jennifer and Nicole.

Dr. Choi Kai-yiu, Alexander
President
Hong Kong Society for Surgery of the Hand
15th January, 2012