Report of the AUGIS Travelling Fellowship 2013

Visit to Department of Hepato-Pancreato-Biliary Surgery/Liver Transplantation, Queen Mary Hospital, Hong Kong University, Hong Kong

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As a HPB trainee in the UK, my liver training focused mainly on the management of colorectal liver metastases. The advanced surgical management of hilar cholangiocarcinoma and hepatocellular carcinoma (HCC) were relatively limited in most HPB centres in the West, as compared to the Far East.

My choice to go to Queen Mary Hospital (QMH) of Hong Kong was an easy one. The department of HPB/liver transplantation in QMH is world renowned for their advanced surgical and oncological management for complex liver tumours with/without cirrhosis. Secondly, with over 1000 live-related liver transplantations having been performed in Queen Mary Hospital, its exposure will provide a unique experience for any HPB surgeons.

With an international reputation of the HPB/Liver transplant surgery in QMH, approximately 60 – 70% of oncological HPB resections in Hong Kong are currently undertaken in QMH. There are two wards (male and female) for HPB Surgery, and one ward for liver transplantation. HPB surgery and liver transplantation are managed by two separate teams.

I attended two multi-disciplinary team meetings on a weekly basis. One was to discuss HPB cases, and the other was to discuss complex HCC cases. Medical oncologists were always present in those meetings offering their oncological opinions.

I was particularly impressed with the two early morning weekly meetings for the whole department of surgery. One of them was to discuss departmental surgical research, case presentations and to review the latest surgical development; and the other was morbidity and mortality meeting, which was compulsory for all members of surgical staff.

As in the UK, gallstones disease is one of the commonest HPB pathology in Hong Kong. However, there were many more patients presented with common bile duct stones and recurrent pyogenic cholangitis (RPC) in Hong Kong. RPC is something that I rarely saw or managed in the UK.

The other pathology that commonly presented in Hong Kong as an emergency HPB on call was RUQ mass/pain due to either ruptured or incidental HCC. Most of these patients would inevitably be found to have an underlying viral hepatitis, which is a big contrast to the patient population in the UK.

Over seventy percent of the HPB operations were for the resection of HCC with liver cirrhosis, as compared to colorectal liver metastases in the UK. Instead of following the Barcelona Clinic Liver Cancer (BCLC) management guideline, Hong Kong follows the more aggressive Asia-Pacific Consensus for liver cancer.

During my short stays, I witnessed and participated in some ultra major resections for HCC in cirrhotic livers, with combined portal venous or IVC resections. These cases would normally be considered unresectable following the BCLC guidelines. In addition, I had also witnessed the performance of Associating Liver Partition with Portal Vein Ligation for Staged Hepatectomy (ALPPS) procedure for mild cirrhotic livers with good clinical outcomes.

With the backup and surgical experience of liver transplantations, these advanced surgical techniques were also translated into the oncological resection for biliary and pancreatic tumours, whereby adjacent vasculature tumour involvement was not considered an absolute contraindication for curative resection.

Finally, it is an interesting and valuable experience to work in another healthcare system outside the NHS.

Queen Mary Hospital, Hong Kong


HPB/Liver Tranplant team members at Annual Chinese New Year dinner

High Intensity Focused Ultrasounography for ultrasounic tumour ablation

Vincent and other overseas fellows at the Annual Chinese New Year dinner