

# Perioperative Nursing Conference (PoNC 2019)

9 – 10 November 2019  
AsiaWorld-Expo, Hong Kong

## PROGRAM



Organized by:



Conference Secretariat



International Conference Consultants Ltd

# Table of Content

1	Welcome Messages
3	Organizing Committee
4	Oral & Poster Presentation Panel and Moderators
5	List of Speakers
8	Program
11	Floor Plan with Exhibition Information
13	Speakers
49	Free Paper Presentation (Oral)
50	Free Paper Presentation (Poster)
52	Workshops
55	Acknowledgement

# Welcome Message



On behalf of the Hong Kong College of perioperative nursing (HKCPON), I am delighted to extend a warm welcome to the distinguished speakers and attendees of this Perioperative Nursing Conference (PoNC) 2019, which is the first time for HKCPON to organize this 2-day event.

Since 2012, the Hong Kong College of perioperative Nursing has been one of 14 colleges under the Hong Kong Academy of Nursing. In line with the HKAN's vision is to strive for excellence in achieving safe and quality healthcare that can benchmark with international standards, through regulating advanced nursing practices, HKCPON core values are the same, which are to protect the public by striving for excellent quality in perioperative care, and providing sustainable safety in a highly complex theatre environment. This vision has driven our perioperative nurses towards showing more passion and energy in developing professional competency and accountability through the continuing education and learning process.

The theme of this conference is "Unleash your excellence" which implies our perioperative nurses already have excellence within, they have great knowledge, skills and abilities, and that now it is time to release these. Under your excellent care, you are performing a great job in perioperative care under the 4 Cs - Caring, Competent, Collaborative, and Conscientious. I hope you can learn more and be inspired in these two days for future unleashing

The planning and organization of an event of this size and scope is a daunting and demanding undertaking. I wish to express my heartfelt thanks to the PoNC's Organizing Committee for their hard work and dedication in preparing a high standard conference, and also initiating a professional learning culture.

My very best wishes for a fruitful and fulfilling 2019 PoNC for all attendees. I am confident that our guests, participants, and vendor partners will find it an enriching and inspiring experience that generates many fond memories and greatly expands their healthcare expertise.

**Mr. CHAN H.C. Vincent**

President

The Hong Kong College of Perioperative Nursing

# Welcome Message



On the behalf of the PoNC Organizing Committee, I am pleased to announce that we will be hosting the 1st Peri-operative Nursing Conference (PoNC) in Hong Kong in November 9th and 10th 2019. It is a great pleasure to invite you to join the 1st PoNC conference. The theme is "Unleash your excellence"

PoNC is dedicated to improving Asian peri-operative care. As healthcare is becoming increasingly specialized and healthcare spending continues to soar, innovation and collaboration are essential and necessary. We need to work together to provide a platform for healthcare professionals to share their experience, advance practices and networking.

Our College mission is to ensure continuous quality-improvement-and-enhanced standard-of-patient-care through education and standard of practice. As PoNC is an international conference, many distinguished perioperative nurse leaders from all over Asia will be with us as well as from AORN and CORN.

Throughout this conference, you will have ample opportunities for networking with perioperative nursing colleagues from all over the world.

On behalf of the Organizing Committee, I am offering my best wishes and looking forward to meet you soon.

**Ms. LEUNG Clara**

Chairman

PoNC 2019 Organizing Committee



# Organizing Committee

## Chairperson



Ms. LEUNG Clara

## Committee Members



Mr. CHAN H.C. Vincent



Ms. LEE Berni



Ms. NG Monica



Ms. WONG Sylvia



Mr. WONG Ying Hon

# Oral & Poster Presentation Panel and Moderators

## Oral and Poster Presentation Panel

Mr. CHIU Alick  
Dr. LI William  
Dr. POON Wai Kwong

## Moderators

Mr. CHAN H.C. Vincent  
Ms. CHAN Maria  
Mr. CHIU Alick  
Ms. FONG Denny  
Ms. FUNG Man Yi  
Ms. KWAN Ka Lai  
Ms. KWOK Ka Wai  
Ms. LEE Berni  
Mr. LO Barry  
Mr. MOK Tsz King  
Ms. NG Monica  
Mr. TAM Andrew  
Ms. TSE Kit Ling  
Dr. WONG Steven  
Ms. WONG Sylvia  
Mr. WONG Ying Hon

# List of Speakers

## Mr. AU YEUNG Terence

Department Operations Manager,  
Department of CSSD & TSSU,  
United Christian Hospital  
(Hong Kong)

## Dr. BALL Kay

Professor,  
Nursing Department,  
Otterbein University  
(USA)

## Mr. CHAN H.C. Vincent

President,  
The Hong Kong College of Perioperative Nursing  
(Hong Kong)

## Ms. CHAN Kimmy

Nurse Manager,  
Endoscopy Center,  
Gleneagles Hong Kong Hospital  
(Hong Kong)

## Ms. CHAN Rachel

Department Operations Manager,  
Department of Anaesthesiology and Operating Theatre Services,  
Queen Elizabeth Hospital  
(Hong Kong)

## Dr. CHAN S.Y. Eddie

President,  
Hong Kong Urological Association  
(Hong Kong)

## Dr. CHAN Yau Wai

Consultant Anesthesiologist and Director of Training,  
Department of Anaesthesiology,  
The University of Hong Kong-Shenzhen Hospital  
(Hong Kong)

## Ms. CHANG Hou Chan

Head Nurse,  
Operating Room,  
Guangdong Provincial People's Hospital  
(China)

## Dr. CHAUVIN Chloé

Doctor of Medicine,  
Department of Anesthesiology,  
CHRU Hospital of Strasbourg  
(France)

## Mr. CHEUNG Joe

Infection Control Nursing Officer,  
Central Sterilization and Reprocessing Unit,  
Hong Kong Adventist Hospital – Stubbs Road  
(Hong Kong)

## Mr. CHIU Alick

Principal Manager, Nursing,  
Planning Office,  
Chinese University Hong Kong Medical Centre  
(Hong Kong)

## Prof. CHIU W.Y. Philip

MD(CUHK), MBChB(CUHK), FRCSEd, FCSHK, FHKAM (Surgery);  
Division of Upper GI & Metabolic Surgery, Department of  
Surgery, The Chinese University of Hong Kong;  
Director, CUHK Jockey Club Minimally Invasive Surgical Skills  
Center  
(Hong Kong)

## Ms. FONG Im Ha

Nurse Specialist,  
Operating Theatre,  
Conde S. Januário Hospital  
(Macao)

## Mr. FUNG Camel

President,  
Hong Kong Amputees Sport Association  
(Hong Kong)

## Dr. GONO Kazuhiro

Innovation Manager,  
Technology Innovation Global / Office of CTO  
(Japan)

## Prof. GUO Li

President, Committee of Peri-Operative Room Nurses of Chinese  
Nursing Association;  
Vice Chairman, Asian Perioperative Nurses Association;  
Vice President, Committee of Peri-Operative Room Nurses of  
Beijing Nursing Association;  
Vice President, Peking University Third Hospital Yan'an Branch  
(China)

## Ms. HAMMANT Susie

Charge Nurse,  
Department of Surgery,  
East Jefferson General Hospital  
(USA)

## Ms. HUANG Jing

Senior Nurse Officer,  
Operating Theatre,  
The University Hong Kong - Shenzhen Hospital  
(China)

## Mr. LAI Kai Cheong

Unit Manager,  
Nursing Administration Department,  
Union Hospital  
(Hong Kong)

# List of Speakers

**Ms. LAM C.W. Flori**

Nurse Consultant,  
Department of Anaesthesiology and Operating Theatre Services,  
Kwong Wah Hospital  
(Hong Kong)

**Dr. LAM Veronica**

Senior Lecturer,  
School of Nursing,  
The University of Hong Kong  
(Hong Kong)

**Prof. LAW Wai Lun**

Clinical Professor,  
Department of Surgery,  
The University of Hong Kong  
(Hong Kong)

**Dr. LEE Yuk Tong**

Honorary Clinical Associate Professor,  
Department of Medicine and Therapeutics,  
The Chinese University of Hong Kong  
(Hong Kong)

**Dr. LEUNG Clarence**

Clinical Director,  
Minimally Invasive Spine Surgery Center,  
Hong Kong Adventist Hospital  
(Hong Kong)

**Mr. LEUNG Kenneth**

Senior Physiotherapists,  
Physiotherapy Department,  
Kowloon Hospital  
(Hong Kong)

**Dr. LI Carina**

President,  
Hong Kong Pain Medicine Centre,  
Hong Kong Pain Society  
(Hong Kong)

**Mr. LOU Kin Chong**

Advanced Practice Nurse,  
Operating Theatre,  
Kiang Wu Hospital  
(Macao)

**Dr. MOK Louis**

Associate Consultant,  
Anaesthesia and Intensive Care,  
Prince of Wales Hospital  
(Hong Kong)

**Dr. NG Margaret**

Barrister  
(Hong Kong)

**Mr. TAM Andrew**

Operational & Technical Manager,  
Operating Room, Robotic & MIS Center,  
Hong Kong Adventist Hospital – Stubbs Road  
(Hong Kong)

**Dr. WATSON Donna**

Director,  
Professional Affairs & Clinical Education,  
Minimally Invasive Therapies Group  
(USA)

**Dr. WONG H.L. Randolph**

Consultant and Head,  
Division of Cardiothoracic Surgery,  
Prince of Wales Hospital  
(Hong Kong)

**Mr. WONG K.L. Martin**

Nursing Officer Chief Perfusionist,  
Extracorporeal Circulation Perfusion Team,  
Department of Cardiothoracic Surgery,  
Queen Elizabeth Hospital  
(Hong Kong)

**Dr. WU W.C. Stephen**

Director,  
Orthopaedics and Sports Medicine Centre,  
Hong Kong Sanatorium & Hospital  
(Hong Kong)

**Ms. XU Mei**

Vice President,  
Committee of Peri-Operative Room Nurses of Chinese Nursing  
Association  
(China)

**Ms. YIP S.P. Cindy**

Nurse Consultant,  
Department of Anaesthesiology and OT Services,  
Queen Elizabeth Hospital  
(Hong Kong)

(In alphabetical order)



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# Program

## Perioperative Nursing Conference

Venue: 2/F, AsiaWorld-Expo, Hong Kong

**Saturday, 9 November 2019**

Time	Session
10:00 – 10:40	<b>Opening Ceremony</b> (R201BC) Guests of Honour: <i>Dr. CHUI Tak Yi, JP, Under Secretary for Food and Health, Hong Kong Special Administrative Region</i> <i>Prof. WONG Frances, President, Hong Kong Academy of Nursing</i>
	Moderators: Ms. WONG Sylvia & Ms. TAM Clara
10:40 – 11:10	(R201BC) <b>Keynote Session 1 – Care for Patients Receiving Minimally Invasive Surgeries - Unleash Your Excellence</b> <i>Prof. CHIU W.Y. Philip</i>
11:10 – 11:40	(R201BC) <b>Keynote Session 2 – 中國手術室護理同質化發展</b> <i>Prof. GUO Li</i> (This session will be conducted in Mandarin)
11:40 – 12:00	(R201BC) <b>Plenary Session 1 – 手術室和諧護理團隊建設</b> <i>Ms. XU Mei</i> (This session will be conducted in Mandarin)
12:00 – 12:30	Exhibition / Poster Viewing (R204-205 & Foyer)
12:30 – 13:45	<b>Olympus Lunch Symposium – Innovation for Endoscopy and Surgery</b> (R201BC) Moderator: Mr. CHAN H.C. Vincent <i>Dr. GONO Kazuhiro</i>
	Moderator: Ms. NG Monica
13:45 – 14:15	(R201BC) <b>Plenary Session 2 – 帶領進步 — 知易行難</b> <i>Dr. NG Margaret</i> (This session will be conducted in Cantonese)
14:15 – 14:45	(R201BC) <b>Plenary Session 3 – 毅力人生</b> <i>Mr. FUNG Camel</i> (This session will be conducted in Cantonese)
14:45 – 15:30	Exhibition / Poster Viewing (R204-205 & Foyer) Coffee and Tea
	<div> <div>(R201BC)</div> <div><b>Concurrent Session 1</b></div> </div> <div> <div>(R201A)</div> <div><b>Concurrent Session 2</b></div> </div>
	Moderator: Mr. TAM Andrew <div>Moderator: Dr. WONG Steven</div>
15:30 – 15:50	<b>Spinal Navigation Unleashed</b> <i>Dr. LEUNG Clarence</i>
15:50 – 16:10	<b>Advances in Hybrid Cardiovascular Interventions</b> <i>Dr. WONG H.L. Randolph</i>
16:10 – 16:30	<b>Mako Robotic Interactive Hip and Knee Arthroplasties</b> <i>Dr. WU W.C. Stephen</i>
	<div><b>Synergy Lecture</b></div> <div><b>Medtronic Lecture</b></div>
	Moderator: Ms. KWAN Ka Lai <div>Moderator: Mr. MOK Tsz King</div>
16:30 – 17:00	<b>Safely Positioning Patients for Prolonged Surgical Procedures</b> <i>Ms. HAMMANT Susie</i>
	<b>Clearing the Air of Surgical Smoke</b> <i>Dr. WATSON Donna</i>



# Program

Sunday, 10 November 2019

Time	Session		
	(R201BC)	(R201A)	(R202-203)
	Concurrent Session 3	Concurrent Session 4	Workshop
	Moderator: Mr. CHIU Alick	Moderator: Mr. WONG Ying Hon	09:30 – 15:30 Workshop registration onsite at workshop stations.
09:30 – 10:00	Application of Cerebral Oximetry in Cardiac Surgery for Enhancing Cardiac Pulmonary Bypass Perfusion Technique Mr. WONG K.L. Martin	(09:30 – 09:50) Plan a New Sterile Services Department: Experience Sharing Mr. AU YEUNG Terence	
10:00 – 10:30	敢人為先，創新發展 — 廣東省手術室護理團隊建設經驗分享 Ms. CHANG Hou Chan (This session will be conducted in Cantonese)	(09:50 – 10:10) Enhancing Patient Safety & Management Quality of Loaner Surgical Instruments by Developing Mobile Electronic Data Management System and the A.I Technology Application in CSSD Environment Mr. LAI Kai Cheong  (10:10 – 10:30) Quality Assurance in CSSD - ISO Certification Mr. CHEUNG Joe	
10:30 – 11:00	Exhibition / Poster Viewing (R204-205 & Foyer) Coffee and Tea		
	Concurrent Session 5	Concurrent Session 6	
	Moderator: Ms. KWOK Ka Wai	Moderator: Ms. FUNG Man Yi	
11:00 – 11:20	圖手術期中 HIS 系統之應用 — 手術中藥物及輸血相關流程 Mr. LOU Kin Chong (This session will be conducted in Cantonese)	Experience Sharing in the Use of Virtual Reality in Nursing Education Dr. LAM Veronica	
11:20 – 11:40	Perioperative Normothermia: ERAS for TURP Ms. FONG Im Ha	A Journey to Future Operating Room Mr. CHIU Alick	
11:40 – 12:00	Unleashing Perioperative Nurses' Potential in Anaesthetic Nursing Dr. CHAN Yau Wai	The Art of Perioperative Nursing Ms. CHAN Rachel	
	Moderator: Ms. LEE Berni	Moderator: Mr. LO Barry	
12:00 – 12:20	Enhanced Recovery After Surgery (ERAS) in Urology Dr. CHAN S.Y. Eddie	(12:00 – 12:30) Nurse Pre-anaesthetic Assessment Clinic Ms. YIP Cindy	
12:20 – 12:40	Leadership Role : Building a Culture of Safety & Efficiency in Perioperative Services Mr. TAM Andrew	(12:30 – 13:00) Patient Blood Management Dr. MOK Louis	
12:40 – 13:00	Hyperthermic Intraperitoneal Chemotherapy (HIPEC) for Peritoneal Neoplasms Prof. LAW Wai Lun		
13:00 – 14:00	Johnson & Johnson Lunch Symposium – The Three C's of Policy Health – Smoke Free OR : Create, Communicate, and Comply (R201BC) Moderator: Ms. TSE Kit Ling Dr. BALL Kay		
	Concurrent Session 7	Concurrent Session 8	
	Moderator: Ms. FONG Denny	Moderator: Mr. WONG Ying Hon	
14:00 – 14:30	EUS Guide Biliary Drainage Dr. LEE Yuk Tong	Free Paper	
14:30 – 15:00	Nursing Perspective in Electromagnetic Navigation Bronchoscopy Ms. CHAN Kimmy		
15:00 – 15:30	Virtual Reality Hypnosis in the Operating Room Dr. CHAUVIN Chloé		
15:30 – 16:00	Exhibition / Poster Viewing (R204-205 & Foyer) Coffee and Tea		
	Moderator: Ms. WONG Sylvia		
16:00 – 16:30	(R201BC) Plenary Session 4 – Transforming Perioperative Nursing Education Mr. CHAN H.C. Vincent		
16:30 – 17:00	(R201BC) Closing Ceremony and Prize Presentation Mr. CHAN H.C. Vincent		

The program is subject to change without prior notice.

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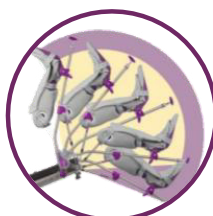
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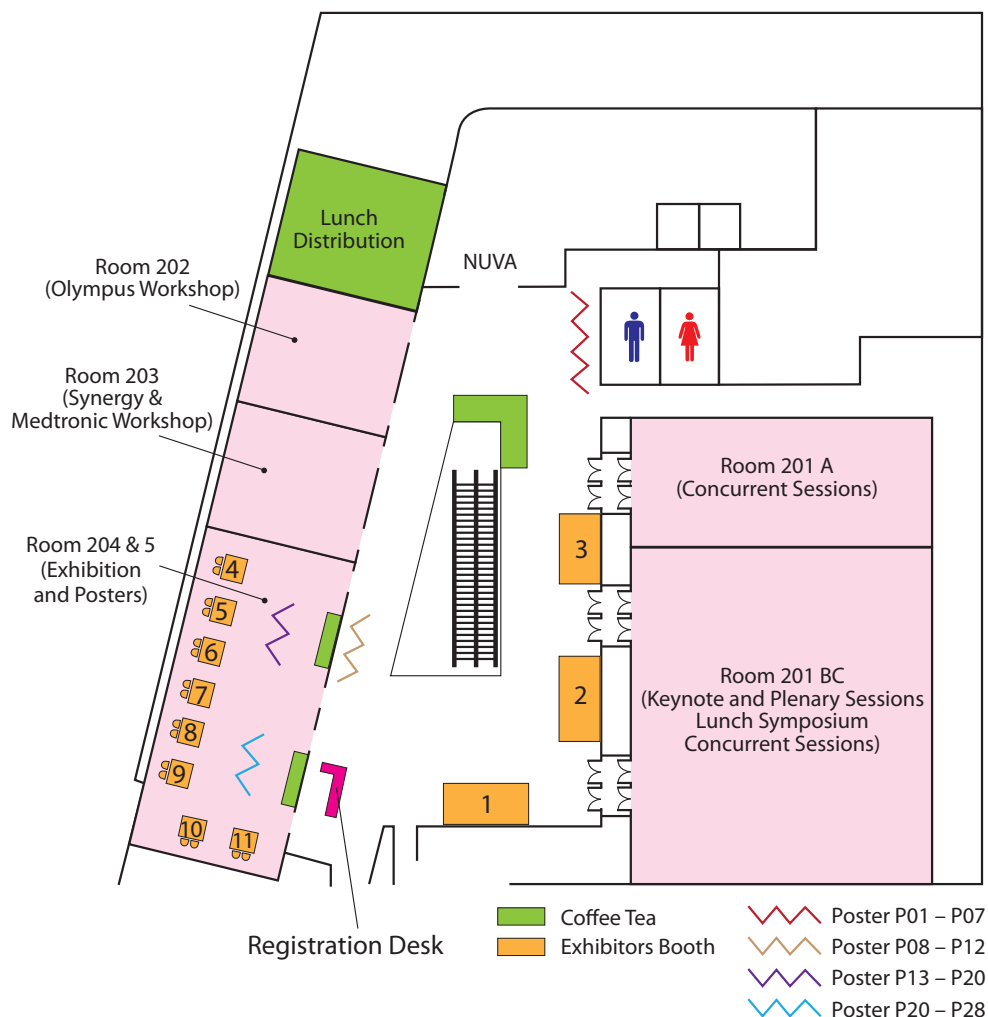
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Phone: 2892 0033

# Floor Plan with Exhibition Information

9 – 10 November 2019

Venue: 2/F, AsiaWorld-Expo, Hong Kong



Booth No.	Exhibitors
1	Olympus Hong Kong & China Limited
2	Synergy Medical Supply Co. Ltd.
3	Johnson & Johnson (Hong Kong) Ltd
4	3M Hong Kong Limited
5	AnterCare Limited
6	B. Braun Medical (H.K.) Ltd.
7	United Italian Corp (HK) LTD
8	Da Hon Enterprises Company Limited & FUJIFILM (Hong Kong) Ltd.
9	Stryker China Ltd.
10	PAUL HARTMANN Asia-Pacific Ltd.
11	Medtronic Hong Kong Medical Limited



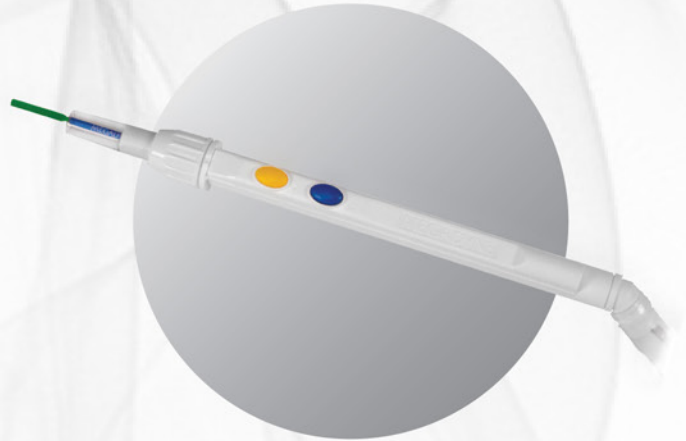
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# Speakers

## Keynote Session 1



### Prof. CHIU W.Y. Philip

MD(CUHK), MBChB(CUHK), FRCSEd, FCSHK, FHKAM (Surgery)

Division of Upper GI & Metabolic Surgery, Department of Surgery, The Chinese University of Hong Kong

Director, CUHK Jockey Club Minimally Invasive Surgical Skills Center

## Care for Patients Receiving Minimally Invasive Surgeries - Unleash Your Excellence

The concept of Minimally Invasive Surgery had major impact to the perioperative care of surgical patients across different specialties since 1980s. Laparoscopic Cholecystectomy was first introduced to Hong Kong at the Department of Surgery, Chinese University of Hong Kong since 1990. Our initial cohort study on laparoscopic cholecystectomy demonstrated significantly shorter hospital stay when compared to open cholecystectomy. Subsequently, the technologies and concept of minimally invasive surgery were applied to various surgical specialties and procedures. Currently, more than 70% of colectomies and 50% of gastrectomies in Hong Kong public hospitals were performed by laparoscopic approach. Meta-analysis and systematic reviews demonstrated significant improvement in hospital and early return to work after laparoscopic surgery. The increasing therapeutic potential of endoscopy further enhanced recovery for patients as the surgical trauma is less with endoluminal procedures. Robotic Surgery is increasingly applied in performance of various minimally invasive surgical procedures. In principles, Robotic system enhanced minimally invasive surgery through increased degree of freedom and ergonomics for manipulation and complex procedures such as suturing. Comparative trials did not demonstrate significant difference in clinical outcomes and recovery between robotic and laparoscopic surgery. However, the precision and stability of platform provided by robotic system could have future impact on various surgical parameters including learning curve and quality of surgical dissection.

Development of novel therapeutic procedures in endoscopy including ESD, POEM, POET and EFTR demonstrated excellent outcomes for treatment of early GI neoplasia, Achalasia, submucosal tumors respectively. In future, robotic endoscopic systems in endoscopy will further allow endoscopists to conduct complex endoluminal procedures.

### Biography

Philip Chiu is currently Professor of Division of Upper GI and Metabolic Surgery, Department of Surgery; Director of Shaw Endoscopy Center, Institute of Digestive Disease; Director of CUHK Jockey Club Minimal Invasive Surgical Skills Center; Director of CUHK Chow Yuk Ho Technology Center for Innovative Medicine and Assistant Dean (Institutional Affairs), Faculty of Medicine, Chinese University of Hong Kong. Professor Chiu graduated from the Faculty of Medicine, Chinese University of Hong Kong in 1994 with two scholarships. He became a fellow of the Royal College of Surgeons of Edinburgh, Hong Kong Academy of Medicine in 2001 and received his Doctor of Medicine at CUHK in 2009. Prof. Chiu was the first to perform endoscopic submucosal dissection (ESD) for treatment of early GI cancers in Hong Kong. In 2010, he performed the first Per-oral Endoscopic Myotomy (P.O.E.M.) in Hong Kong. His research interests include upper gastrointestinal bleeding, esophageal cancer and minimally invasive and robotic esophagectomy, novel endoscopic technologies for diagnosis of early GI cancers, ESD and novel endoscopic procedures as well as Natural Orifices Transluminal Endoscopic Surgery (NOTES). He has published more than 200 peer reviewed manuscripts and 4 book chapters. He received numerous prestigious awards including State Scientific Technology and Progress Award from People's Republic of China in 2007, 2nd class award in Technological Advancement, Ministry of Education of the People's Republic of China in 2011. He served as Yeoh Ghim Seng Visiting Professor at Department of Surgery, National University of Singapore from 2014-2017. His research on POEM was awarded best of DDW 2011 and first prize of ASGE world cup of endoscopy 2012. He was selected as Asia Pacific Digestive Week JGHF Emerging Leader Lectureship in 2016 and Global Outstanding Chinese Youth 2016. He is currently co-editor of Endoscopy and subject editor for Surgical Endoscopy.

# Speakers

## Keynote Session 2



### **Prof. GUO Li**

*President, Committee of Peri-Operative Room Nurses of Chinese Nursing Association*

*Vice Chairman, Asian Perioperative Nurses Association*

*Vice President, Committee of Peri-Operative Room Nurses of Beijing Nursing Association*

*Vice President, Peking University Third Hospital Yan'an Branch*

## Homogeneous Development of Operating Room Nursing in China

Recently, the operation amount improves rapidly with the increase of the Chinese economy. By 2010, the total operation amount in all levels of medical institutes is nearly 30M. However, their healthcare standard development differs. So keeping the safety of patients has become the top urgent issue. Chinese Nursing Association(CNA) has always been keeping the peri-operative nursing in China homogeneously improve, developing the level of OR nursing, and maintaining the safety of patients. First <Guide to Operating Room Nursing Practice> published in 2014 and renewed annually. It has promoted the peri-operative nursing homogeneous improvement. CNA plays an increasingly active role in attending international conferences, strengthening communication with other countries, and improving the development of Chinese Peri-Operative Nursing.

### **Biography**

Professor of Nursing, Master, Master Instructor

Vice President, Peking University Third Hospital Yan'an Branch

Vice Director of Hospital Development Management Department

President of Committee of Peri-Operative Room Nurses of Chinese Nursing Association(CORN)

Vice Chairman of Asian Perioperative Nurses Association (ASIORNA)

Vice President of Committee of Peri-Operative Room Nurses of Beijing Nursing Association

President of Operation Room Management Nursing Group in Nursing Branch of China International Exchange and Promotion Association for Medical and Healthcare (CPAM)

Executive Vice President of Related Controlled Environmental Safety Control Research Committee of Medical Cleaning Equipment Engineering Branch

Editorial Board Member of Chinese Journal of Nursing

Editorial Board Member of Chinese Journal of Nosocomiology

# Speakers

## Plenary Session 1



**Ms. XU Mei**

*Vice President*

*Committee of Peri-Operative Room Nurses of Chinese Nursing Association*

### OR Nursing Team Construction

The culture and connotation of the operating room nursing team are fundamental elements for the construction of the OR team. The structure of a harmonious nursing team enables team members to share common values, to form the maximum working power, with collective will and code of conduct, and to overcome enormous challenges of OR management. Ms. Xu Mei shares her management experience of OR in Peking Union Hospital. We can more effectively carry out the construction of a harmonious nursing team, define the key points and importance of the creation of the departmental culture.

#### Biography

Nursing Supervisor of Peking Union Hospital  
Master, Chief Nurse,  
Vice President of Beijing Nursing Association OR Committee,  
Reviewer of Chinese Journal of Nursing,  
Chinese Medical Association Medical Identification Expert



# Speakers

## Olympus Lunch Symposium



### **Dr. GONO Kazuhiro**

*Innovation Manager*

*Technology Innovation Global / Office of CTO*

## Innovation for Endoscopy and Surgery

Recently "Quadruple Aims" is getting important for healthcare providers. AI and ICT must contribute to it. If we look at endoscopy and surgery, AI is almost being real solutions, such like a computer aided diagnosis or intra-operative image navigation, etc. In my talk, scenario and examples are shown for the better understanding of how AI and ICT can make actual benefits in endoscopy and surgery.

### Biography

OLYMPUS Corp.      1922 – Present

2014 – 2017

General manager for 40 engineers to drive innovative projects in the area of gastro intestinal endoscopy, endo-urology/ gynecology/ENT and general surgery

Development of a new business in the area of histopathology

Project leader of 5 years OLYMPUS global R&D strategy

Establishment of design thinking center in the United States

2017 – Present

Chief Fellow\*2 / Innovation Manager in Technology Innovation Office, directly report to CTO

Management of Global OLYMPUS innovation strategy

Establishment of innovation management system

Innovative project initiation in the area of gastro intestinal endoscopy, endo-urology/gynecology/ENT and general surgery

Technology scouting including investment and M&A

### **Education**

BS 1990 Chiba university, Image science and engineering

MS 1992 Chiba university, Image science and engineering

Ph.D. 2003 Tokyo institute of technology, Biomedical optics

### **Teaching activity**

Chiba university: Part time lecturer

Tokyo university: Visiting professor (from April, 2019)

Tohoku university: Visiting professor (from April, 2019)

### **Awards**

2004 Best employee (OLYMPUS internal award)

2007 Best NIKKEI product and service award (Group winning)

2009 President award of Kanto regional, Japan Institute of Invention and Innovation

2011 Prime minister award of Japan Institute of Invention and Innovation

2016 Culture, Sports, Science and Technology Minister award

2017 Medal with Purple Ribbon

2017 Special contributing innovator award (OLYMPUS internal award)



# Speakers

## Plenary Session 2



**Dr. NG Margaret**

*Barrister*

### The Challenge of Modern Leadership

What is leadership? What are the qualities that make someone a good leader? Leadership has always been a fascinating subject, but such questions as these are beginning to look old fashioned. It is no longer the “strong” or “charismatic” leader who is superior to ordinary men and women that the modern world stands in need of. The modern leader is closer to a facilitator than a commander, a listener more than an advocate: someone who is more likely to work with others as a group of autonomous beings to discover, formulate and endeavour to reach their common goal, including amending and reformulating the goal if desirable, through a rational and inclusive process. This is of course easier said than done. It is easier to promise “we connect” than to stay connected, and easier to pledge inclusiveness than to put up with or, better still, to welcome the consequences of inclusiveness when one feels strongly that one already has the true answer. The idea of leadership needs reform through critical examination. Indeed, one may say that modern leadership is more about procedure than personality. It will not be easy, because in the process we may have to give up old and cherished images of leadership. Yet ultimately this is what will pull us through the difficulties of our rapidly changing society.

### Biography

Margaret Ng BA; MA(HKU); Ph.D (Bost); BA (laws)(Cantab); PCLL (HKU) was called to the Bar in 1988 and is a barrister in private practice. She was a Member of the Legislative Council returned by the Legal Functional Constituency in 1995-1997 and 1998-2012. She is also a notable writer and commentator with a long list of publications to her name. Prior to her legal practice, she was Deputy Editor-in-Chief and later Publisher of the Ming Pao Daily News in 1986-1990.

# Speakers

## Plenary Session 3



**Mr. FUNG Camel**

*President*

*Hong Kong Amputees Sport Association*

### 毅力人生

自從四十年前的意外及截肢之後，「跑」這個意念一直不能受到正視，我只能將這個想法收藏起來。雖然不能「跑」，「走」終歸是可以的。因此，可以走的時候，我一定會走，無論是帶家人走家樂徑，或是陪太太操練毅行者，我都會盡力陪行。儘管自己的體能有限，我都「有幾多就行幾多」，藉此鍛練身體，而且又可以踏遍香港的山野，欣賞我們美麗的郊野景色，一舉數得，何樂而不為呢？

自從偶遇我的運動義肢，想不到從此改寫命運，令很多不可能變成可能，亦因此而成為事實！我很高興在 2011 年完成首個全馬及樂施毅行者；及後組隊挑戰【4 極】沙漠極地馬拉松：2015 年亞塔卡瑪沙漠、2017 年戈壁沙漠、2018 年南極州雪地及 2019 年納米比亞沙漠。每次比賽都要背負 7 日所需的食物、衣物及急救用品，在這 7 日內完成 250 公里的賽程。沙漠中的天氣變幻莫測，崎嶇的路段、我每天面對挑戰的身心質素，其困難之處實在不能為人所理解。當然，我滿懷夢想，行事務實，凡事必準備充足。如果自己也不能完賽，又豈能與他人論英雄呢！

### Biography

Fung Lam Hung, 67, is a Ultra marathon runner. He lost his left leg for 40 years as he has come across his unpredictable traffic accident. He learns to walk and run with his prosthesis. He attends the marathon from 10km, half marathon, full marathon, trailwalk and stage race of ultra-marathon. He feels proud to be the first amputee to complete the "4 deserts challenge" in Chile 2015, China 2017, Antarctica 2018 and Namibia 2019.

# Speakers

## Concurrent Session 1



### **Dr. LEUNG Clarence**

*Clinical Director  
Minimally Invasive Spine Surgery Center  
Hong Kong Adventist Hospital*

## Spinal Navigation Unleashed

We will focus on the latest intraoperative navigation technology on minimally invasive spine surgery. Modern minimally invasive spine surgery would involve extensive use of intraoperative fluoroscopy. The exposure to radiation intraoperatively can cause occupational hazard to the surgeons, operating staff, and also the patient. We will investigate how spinal navigation would help in preventing such occupational hazard and also the potential benefit and improve the quality and accuracy of minimally invasive spine surgery. Also we will discuss the future potential of navigation guided robotic surgery and spine.

### **Biography**

Dr. Clarence Leung graduated from the University of Edinburgh, Scotland, United Kingdom in 1994. He completed his internship in general surgery at the Professorial Unit headed by the Emeritus Professor D.C. Carter at the Royal Infirmary of Edinburgh. He qualified as a specialist in Neurosurgery in 2003 after completing his Neurosurgical residency at the University Hospital of the Chinese University of Hong Kong. He was awarded the first place prestigious Douglas Miller Gold Medal in the professional qualifying examination of the Hong Kong Academy of Medicine.

Following his residency, he completed a one-year Complex Spine Fellowship under the world renowned Professor Alan H. Crockard at the National Hospital for Neurology and Neurosurgery at the University of London. He is the recipient of both the Esther Wu scholarship from the College of Surgeons of Hong Kong and the Sir Robert Black scholarship from the Government of Hong Kong SAR in 2003-2004 during his fellowship training in spine surgery in London, United Kingdom. He moved to private practice in 2006 and continued serving as the Honorary Clinical Assistant Professor in Department of Surgery at the Chinese University of Hong Kong. At present, he is the Clinical Director of Minimally Invasive Spine Surgery Center at the Hong Kong Adventist Hospital, and serves as the Honorary Consultant in Department of Neurosurgery of Kwong Wah Hospital.

Dr. Leung has pioneered several spinal techniques in Hong Kong. He performed the first cervical spine artificial disc replacement in Hong Kong in 2004. He also performed the first Prodisc-C Nova artificial disc replacement in the Asia-Pacific region.

Dr. Leung specializes in spinal surgery, including minimally invasive spinal surgery, artificial disc replacement, endoscopic spinal surgery, disc treatment and complex spinal reconstruction.

# Speakers

## Concurrent Session 1



### **Dr. WONG H.L. Randolph**

*Consultant and Head  
Division of Cardiothoracic Surgery  
Prince of Wales Hospital*

## Advances in Hybrid Cardiovascular Inventions

Bygone the days when human heart was a condemned land of surgery, thanks to the courageous forefathers of cardiac surgery. With the advance and modification of mechanical circulatory support, cardiac surgery had established itself from impossible to possible and from high risk to low risk. The horizon was also boarden from mere life saving procedures to functional operations such as atrial fibrillation ablations.

In the past decades, cardiovascular interventionists were actively developing catheter-based skills and deeply involved in Transcatheter Aortic Valve Implantation (TAVI) and Thoracic Endovascular Aortic Repair (TEVAR).

With the Advances in Hybrid Theatre, it has been a perfect match for combining the best of open, minimally invasive and catheter-based treatment for the best outcome of our patients.

### **Biography**

Dr. Randolph Hung-leung WONG received medical training from Medical School of The Chinese University of Hong Kong since 1995. He received Tang Siu Cho Memorial Prize in 1998 and obtained his MBChB (CUHK) in 2000. He undertook higher surgical training in cardiothoracic surgery in Prince of Wales Hospital, Grantham Hospital and Queen Elizabeth Hospital and obtained FRCSEd (CTh) from The Royal College of Surgeons of Edinburgh in 2008. He further obtained Fellow of The College of Surgeons of Hong Kong and Fellow of Hong Kong Academy of Medicine in 2009.

Dr. Wong's career interests include complex open aortic surgery, hybrid thoracic aortic intervention and hybrid cardiovascular procedures. He is a committee member of Hybrid Operating Theatre management committee of Prince of Wales Hospital and actively participates in the development of hybrid cardiovascular interventions.

Academically, Dr. Wong has contributed over 110 publications in peer-reviewed journals including Circulation, JACC, CHEST, Journal of Cardiothoracic and Vascular Surgery and Annals of Thoracic Surgery, over 40 abstracts and poster presentations, 6 book chapters and more than 60 invited talks. He has been regular reviewer of CHEST, HEART, European Journal of Cardiothoracic Surgery and Interactive CardioVascular and Thoracic Surgery since 2005.

Currently, Dr. Wong is the Consultant and Chief of Cardiothoracic Surgery at the Cardiothoracic Division of the Department of Surgery, Prince of Wales Hospital and Clinical Associate Professor (honorary) of CUHK. He is also the Cluster Service Team Head of the New Territories East Cluster of the Hospital Authority. He is the Secretary of Cardiothoracic Surgery Board of Hong Kong, fellow of American College of Chest Physician, European Association of Cardio-Thoracic Society and member of Asian Society for Cardiovascular and Thoracic Surgery.

# Speakers

## Concurrent Session 1



### Dr. WU W.C. Stephen

*Director  
Orthopaedics and Sports Medicine Centre  
Hong Kong Sanatorium & Hospital*

## Mako Robotic Interactive Hip and Knee Arthroplasties

Hip and knee arthroplasties had proved to be effective and helped to relieve suffering of many patients. The clinical outcomes are suboptimal in some patients though due to technical reasons. The recent development of robotic hip and knee arthroplasties has many advantages and helps to reduce these errors significantly. The Mako robotic system is now used for total hip, total and partial knee arthroplasties. The system consists of the computer with the necessary software, the navigation system and the robotic arm. CT scan of the diseased joint and the lower limb is performed before operation to attain the bone model of the concerned joint in the computer. Planning of the positions of the implants could then be performed. Intra-operative verification of the necessary bony landmarks allows synchronization of the pre-operative and intra-operative data of the joint. The navigation system is a very useful tool. It helps to assess the soft tissue tension across the joint and the mechanical alignment of the limb real time intra-operatively. The haptic system within the robotic arm allows safe removal of the unwanted bone and prepares the bony surfaces for implantation of the prostheses. The implants used with the system were also proved to be reliable and had good long term outcomes.

### Biography

#### 1. Qualification

MBBS, FRCSEd, FRACS, FHKCOS, FHKAM (Orthopaedic Surgery)

#### 2. Position

- Director of the Orthopaedic and Sports Medicine Centre, Hong Kong Sanatorium and Hospital starting from 2 February 2004 till presently.
- Head, Department of Orthopaedics & Traumatology, Hong Kong Sanatorium & Hospital starting from 9 September 2011 till presently.
- Chief-of-Service, Department of Orthopaedics and Traumatology, Pamela Youde Nethersole Eastern Hospital, Hong Kong from 1 August 2000 to 1 February 2004.
- Consultant, Department of Orthopaedics and Traumatology, Pamela Youde Nethersole Eastern Hospital, Hong Kong from 1 September 1994 to 31 July 2000.
- Clinical Co-ordinator, Pamela Youde Nethersole Eastern Hospital from 1 March 2000 to 1 February 2004

#### 3. Publications : 62 papers, international and local journals

Presentations of papers: 62, local and international meetings

#### 4. Awards

- A.R. Hodgson Award of the Hong Kong Orthopaedic Association in 1992
- Travelling Fellowship of the Hong Kong Society for Surgery of the Hand in 1993
- Authur Yau Award of the Hong Kong Orthopaedic Association in 1996

#### 5. Professional bodies assignmen

- Editor-in-Chief of the Hong Kong Journal of Orthopaedic Surgery 1997-2009
- President of the Hong Kong Society for Surgery of the Hand 2000-2002
- Council Member of the Hong Kong College of Orthopaedic Surgeons 2003--2004
- Director of the Chinese Speaking Orthopaedic Association 2000.
- Council Member of the Hong Kong Orthopaedic Association 1997-2000
- Chairman of the Queen Elizabeth Hospital Doctors' Association 1990



# Speakers

## Concurrent Session 2



### Dr. Li Carina

*President,  
Hong Kong Pain Medicine Centre,  
Hong Kong Pain Society*

## Managing the Mysteries of Chronic Pain

According to International Association of Study of Pain (IASP), Chronic Pain is defined as pain lasts or recurs for more than 3 months. Chronic pain assessment requires HolisticBio -Psycho-Social or Body (Physical)-Mind(Consciousness)-Soul (Spiritual) model. Pain becomes chronic is a result of different pathologies or neurophysiological with peripheral or central sensitisation process. Recently chronic pain has been better diagnosed or redefined with the new IASP ICD-11 classification adopted by WHO in 2019. This classification explains the fundamental distinction of chronic primary and secondary pain. Chronic primary pain is a disease itself while chronic secondary pain can be cancer related, post-surgical or trauma nociceptive, neuropathic, visceral, headache or orofacial pain and more commonly musculoskeletal pain. Besides, mixed pain syndromes and different Pain conditions can be classified by relevant assessment tools, including neuropathic pain, ID pain, DN4, Fibromyalgia, Pain Detect and commonly used psychometric and quality of life assessment tools will be discussed.

Last but not least, in certain pain conditions, disabled neuropathic pain can be easily diagnosed by relevant diagnostic or therapeutic pain procedures. With application of the new Pain ICD-11 classification, provide a better and earlier recognition for different chronic pain conditions. Even without known pathologies, primary chronic pain is just the same as other chronic disease, with its own entity and right to get treated.

### Biography

Dr. Carina Li is a Specialist in Anaesthesiology, graduated from Faculty of Medicine, the University of Hong Kong in 1995, thereafter she received her Fellowship in Anaesthesiology & Pain Medicine training from Department of Anaesthesiology, Queen Mary Hospital, HK 2002 and Fellowship in Regional Anaesthesia and Pain Therapy in Toronto Western Hospital, University of Toronto, 2005.

Dr. Carina Li is a specialist in Anaesthesiology, graduated from Faculty of Medicine, the University of Hong Kong in 1995. After earning her medical degree, Dr Li underwent fellowship training in Anaesthesiology in Hong Kong under 2 colleges. She then received a Diploma of Clinical Acupuncture from the University of Hong Kong and became a diplomate in pain management of the Hong Kong College of Anaesthesiologists. Dr Li further obtained her sub-specialized Fellowship training in Regional anaesthesia and Pain therapy at the University of Toronto, Ontario, Canada. She has also worked at the multidisciplinary Wasser Pain Centre, Mount Sinai Hospital, and University Health Network in Toronto. She also underwent training in Acupuncture, palliative hospice care, hypnosis, cognitive behavioral therapy and psychotherapy to provide holistic total person pain management. She was the first Fellow of Pain Medicine, HK College of Anaesthesiology in 2012. She has been practicing both in University Hospital, Queen Mary Hospital more than 10 years, then founded a Pain Management Clinic in Private Hospital for 7 years. She is currently working in both private and public systems in Hong Kong and a educator.

Dr. Li is a Clinical Assistant Professor (Honorary) in Department of Anaesthesiology cum Lecturer & Module head of Musculoskeletal Ultrasound in Master course of Rehabilitation Medicine, Department of Orthopaedic and Traumatology, Chinese University of Hong Kong and has been teaching as lecturer in Department of Rehabilitation Science, University of Hong Kong Polytechnic or HKU Space program.

# Speakers

## Concurrent Session 2

**Mr. LEUNG Kenneth**

*Senior Physiotherapists  
Physiotherapy Department  
Kowloon Hospital*

### The Physiological Toolbox: Chronic Pain Self-Management Exercise

Chronic pain is usually defined as pain that persists beyond the normal time that tissues take to heal following an injury and is a renowned multifactorial condition which is imposing significant burdens on the health care system, social security, and quality of life of clients affected. In Hong Kong the prevalence of chronic pain is common among women and middle-aged adults (Wong and Fielding 2011), with the prevalence as high as 10.8% to 28.6%. (Ng, Tsui, & Chan, 2007; Fielding & Wong, 2012).

Biopsychosocial approach is now widely accepted as the most empirical perspective to the understanding and treatment of chronic pain disorders (Gatchel, 2004). In this model, physiotherapy is one of the key components in managing patients with chronic pain. Literature suggested that graded exercise and activities is effective in addressing patient's fear of movement and a reduction of pain intensity during activities with adaptation (Asmundson et al, 2004; Woods & Asmundson, 2008) and exercise therapy is one of the crucial management of chronic pain.

Graded exercise therapy and graded exposure are behavioural intervention strategies that aim to provide a structured framework for patients to increase their levels of physical activity. Graded activity aims at increasing levels of physical activity, through progressive activity threshold, without increasing individuals' levels of pain. Exercise therapy is one of the essential components in self-management plans for patient with chronic pain symptoms. Activity encouragement and engagement helps to reassure patient that physical activity is safe for individuals with chronic pain and is beneficial in combating prolonged disability. Literature suggests that these interventions can effectively improve pain-related fear, activity interference and work disability (Sullivan et al, 2009; Dianne, Gracey and David, 2007).

#### Biography

Kenneth has joined the HA service as a physiotherapist since 1999. He is currently a Senior Physiotherapist and the adult out-patient unit in-charge in Physiotherapy Department of Kowloon Hospital since 2014.

Kenneth completed his Master of Science in Manipulative Physiotherapy and his undergraduate studies at the Hong Kong Polytechnic University. He is now undertaking the Doctor of Health Science in Physiotherapy program in Hong Kong Polytechnic University and his research interests lie in the area of disease burden of chronic low back pain. Kenneth is an experienced physiotherapist with experienced clinical area in musculoskeletal and work rehabilitation aspect. He is now the Accredited Occupational Rehabilitation specialist of the Occupational Safety and Health Council in Hong Kong.

Kenneth has served the population for chronic pain management for years. Prior serving the current post in Kowloon Hospital, he was the physiotherapist in-charge of the pain chronic in management of patients with chronic pain in the tertiary. He has been actively participated in training of nurse and physiotherapy colleagues for the management of chronic pain in physiotherapy aspect.

# Speakers



**Ms. LAM C.W. Flori**

*Nurse Consultant*

*Department of Anaesthesiology and Operating Theatre Services*

*Kwong Wah Hospital*

## Concurrent Session 2

### Recognize a Patient-Centered Approach to Chronic Pain Management

Pain is a complex and multifaceted problem. Pain, no matter in acute or chronic form, can change one's life. The key of Pain Management, like anything in life, is to have the right skills, support, and direction. Pain management goes beyond the hospital settings and requires multidisciplinary care. An effective multidisciplinary teamwork approach is critical for optimizing the health care service delivery model to meet patients' and carers' needs. To improve and promote health care outcomes, there is a need for a robust, hearty engagement between public, community, and healthcare professionals.

Perioperative period is the continuum of patient care involving pre-, intra-, and postoperative phases of patient's journey. Perioperative care is increasingly important in facilitating day admissions. The multidisciplinary team approach builds on mutual learning and understanding. The extended perioperative nursing care is a paradigm shift in how operating theatre nurses can lead a more proactive role for patient care.

Chronic pain is a bio-psycho-social problem that is hard to defeat. It is a lengthy way to walk alongside chronic pain patients. Understanding their difficulties is important to accompany their journey. Involving patients and engaging their family in management and treatment is beneficial to the individuals' health outcomes and the whole medical system. Facilitating patients to move from a passive patient role to an active person is not easy. But the rewards far outweigh any temporary hardship.

Effective pain management goes beyond simply using analgesics but demand a holistic approach to provide safe, practical and feasible in-hospital as well as outpatient care. In pain management strategy, Nurses are gatekeepers and hub coordinators in the multidisciplinary team to provide better pain management to our pain patients. Nurses have played a bridging role as a healthcare provider and a patient advocate. Nurses have the potential to further maximize the science of resource utilization and optimize the art of efficient delivery patient care. Towards this end, nurses must be equipped with special skills and knowledge to deliver such care with expertise and empathy.

The following are the five key objectives for pain nurse services in the coming years.

1. To uphold and to engage the awareness of the nursing professionals
2. To enhance multidisciplinary pain management services across the continuum of hospital-to-community setting
3. To develop more options for patient care
4. To empower patients for self-care
5. To engage patients to support service improvements

Patient education to the general public is being done through various electronic media. e.g. YouTube, Mobile Apps, etc. The importance and knowledge in Pain Management, especially regarding the unique role of the Nursing Profession, is being promulgated through talks, seminars, workshops among nursing colleagues.

### Biography

Ms. Flori LAM has been working as Nurse Consultant in the Pain Team in Kwong Wah Hospital since 2017. She graduated with the Bachelor of Health Science of Nursing in 2003, obtained the Master degree in Counselling in 2006 and Master Degree in Health Management in 2017. Now, she is a student of the Doctoral degree of Business Administration. She has been awarded the Outstanding Staff of QEH in 2015. She is a council member and Treasurer of The Hong Kong College of Perioperative Nursing. Ms. Lam is the Treasurer and the Editorial Board member of the Hong Kong Pain Society. Ms. Lam has taught in various professional training courses in Hong Kong, Macau and China. Over the years, Ms. Lam has developed rapport with chronic pain patients and multidisciplinary team.

# Speakers

## Synergy Lecture

**Ms. HAMMANT Susie**

*Charge Nurse  
Department of Surgery  
East Jefferson General Hospital*

### Safely Positioning Patients for Prolonged Surgical Procedures

Patients who undergo complex and lengthy procedures are at increased risk for complications, many of which can be related to positioning in the operating room (OR). Patients undergoing extended surgery most likely have circulatory problems and often have other conditions that may include obesity, inactivity, poor nutrition, diabetes, and issues related to the aging process. Besides cardiac surgery, other types of surgery may also involve extended time for the patient in the OR increasing the risk for patient safety. Patient safety begins by understanding how key anatomical and physiological conditions related to extended time during surgical positioning can have an impact on patient safety and surgical outcomes. Economic consequences related to adverse effects of extended procedures and poor positioning practices must also be considered.

On a daily basis, Perioperative nurses and other members of the surgical team must understand and incorporate the basic principles of positioning to provide optimal access to and exposure of the surgical site, while preventing complications to enhance patient safety and promote positive outcomes.

Identifying the key safety challenges specific to a variety of specialties that involve lengthy (prolonged) surgical procedures helps Perioperative nurses address these challenges and establish standardized care when positioning surgical patients for complex procedures that are scheduled for extended time or have the potential to have prolonged procedures.

Perioperative nurses and other members of the surgical team must work together to incorporate correct positioning techniques and technologies tailored to the patient. The Perioperative nurse is proactive to influence decisions for standardizing care and incorporates new technologies to safely position surgical patients for prolonged procedures.

#### Biography

Ms. Hammant has been a Registered Nurse for over 31 years. She has specialized in Cardiovascular Thoracic Surgery and is currently the Team Lead of Cardiovascular Thoracic Surgery, Peripheral Vascular Surgeries and HYBRID OR procedures at East Jefferson General Hospital in New Orleans, Louisiana in the United States. She also has been a CNOR for over 25 years.

She has had oversight for positioning and leading OR staff in Cardiac, Thoracic, Abdominal and Peripheral Surgeries. She was instrumental in leading the OR nursing staff in supporting the addition of Hybrid OR Surgeries, including Endoluminal AAA and TAG Stenting, Pulmonary Embolectomy, Convergent MAZE, Cardiac Ablations, and TAVR procedures.

Ms. Hammant has been a contributing member of AORN for over 28 years and was a speaker at the 2019 AORN Congress, where she spoke on safe positioning for prolonged procedures.



# Speakers

## Medtronic Lecture



### **Dr. WATSON Donna**

*Director*

*Professional Affairs & Clinical Education*

*Minimally Invasive Therapies Group*

## Clearing the Air of Surgical Smoke

Each year in the United States it is estimated 500,000 workers, including surgeons, nurses, anesthesiologists, and surgical technologists, are exposed to laser or electrosurgical smoke. Although the long-term effects for health care workers exposed to surgical smoke remains unknown, there is a need to be proactive and prevent any potential harm. Engineering controls and personal protective equipment should be used to protect all staff and patients from exposure to smoke byproducts. A critical step in minimizing exposure is to increase awareness of the environmental hazards related to surgical smoke and aerosols produced during operative and invasive procedures. This session will describe essentials for developing, implementing, and auditing a smoke evacuation program. Setting up a smoke evacuation program requires dedication from key stakeholders to implement team strategies that work toward reducing and eliminating surgical smoke to create a sustainable program.

### **Objectives**

Discuss the contents, distribution, and risks of surgical smoke

Describe the best defenses against surgical smoke

Identify the recommendations/guidelines around the world for evacuation of surgical smoke

### **Biography**

Donna S. Watson, PhD, RN, CNOR, FNP is a Professional Affairs & Clinical Education Director for the Medtronic Minimally Invasive Therapies Group (MITG). Dr. Watson partners to develop sustainable programs with key professional societies and patient advocacy programs that are aligned with MITG mission, vision, and strategic initiatives.

Dr. Watson is a recognized international perioperative thought leader with featured interviews in the AORN Journal, OR Today, and OR Manager. She has presented numerous professional presentations for nurse and physician audiences on perioperative topics in the United States, Canada, China, Europe, Japan, New Zealand, Australia, and India. She has authored numerous articles, chapters, and books; her publication, Practical Guide to Moderate Sedation/Analgesia, 2nd edition received the American Journal of Nursing Book of the Year Award. She served on the AORN Board of Directors from 1999-2003, national AORN President from 2002-2003. In 2014, Dr. Watson received the Award for Excellence, the highest honor bestowed by the AORN for her work and accomplishments on global perioperative nursing practice. She is currently on the Board of Directors for the AORN Journal and the Association for Surgical Education.

Dr. Watson received her PhD in Nursing from Washington State University; ADN from the West Virginia Institute of Technology; BSN and MSN from the University of Evansville; and certificate in family practice from the University of Washington.

Ms. Watson resides in Washington State with her husband.

# Speakers

## Concurrent Session 3



### Ms. HUANG Jing

Senior Nurse Officer  
Department of Operating Theatre  
The University Hong Kong - Shenzhen Hospital

## Improvement on First Case Starting Time Through Multidisciplinary Collaborations

### Background:

From January to September 2017, statistical data on “first case starts on time” of elective operation list (in HKU SZ Hospital, the first case in our hospital was scheduled at 0830 Hour, and knife to skin before 0900hrs regarded as on time) was less than 50%, and it was even worse in October of the same year with a low record of 39%. As a result, daily total surgery time was prolonged plus nurses’ overtime was frequent and excessive. The increased in OR inefficiency triggered low morales to staff of the OR team especially amongst surgeons, nurses and anesthesiologists.

### Actions:

Core members of the peri-operative nursing team had initiated discussions among surgical team members with fruitful results. A series of improvement actions including clearly specifying the respective reach theatre time for the surgical team members, eg patient reaching the operating theater before 0800, reaching the operation table before 0805, surgeon and anesthetist to be on table before 0815 were suggested. Other actions : a, Night duty nurses were responsible for first patients arrival on time. They might send one of team members to fetch patient in according to the list and situation; b, Reach an agreement with the ward nursing team to secure patients’ arrival in OT before 0800. c, The Operating Theater will broadcast all first case starting time via OR WeChat Group to all members of the surgical team. And will highlight those not punctual points, such as late of doctors and waiting for surgeons. Every month send the statistical data to the COS(chief of specialty) and report to Safe and Quality Control Committee quarterly. d, Daily briefing and debriefing among representatives from perioperative nurses, surgeons and anesthesiologists.

### Results:

The first case starts on time at end of December 2017 was remarkably increased to 71% , and to 73% in 2018.

In the beginning of 2019, we set our new target to 90%. A multidisciplinary CQI team comprising surgeons, anesthesiologists, ward nurses, perioperative nurses, and quality management administration was established in May 2019. With the collaborative efforts of all colleagues, an up move trend of 86% and 88% respectively in May and June 2019 was recorded.

## Biography

### Education

1983.9-1986.7 Zaozhuang Second Health School , Nursing Certification  
1991.9-1995.7 Shandong University Night School, Nursing Diploma  
2000.7-2003.9 Shandong University Night School, Clinical Medicine, Degree  
2008.7-2011.6 Shandong University Nursing School, Nursing Master

### Occupational History

1986.7-2012.7 Shandong Provincial Hospital Operating Theatre, Nurse , Head Nurse  
1995.6-1997.5 Singapore Tan Tock Seng Hospital Operating Theatre , Staff Nurse Trainee  
2004.3-2006.2 Singapore Park Way Group Gleneagles Hospital Operating Theatre, Staff nurse  
2012.7- now The University Hong Kong - Shenzhen Hospital Operating Theatre, Senior Nurse Officer

# Speakers

## Concurrent Session 3



**Ms. CHANG Hou Chan**

*Head Nurse  
Operating Room  
Guangdong Provincial People's Hospital*

### 敢人為先，創新發展 — 廣東省手術室護理團隊建設經驗分享

Guangdong Province is one of largest economic provinces in China with a vast territory. In 2017, its population ranked first in the country (120 million). There are many large-scale tertiary hospitals, but mainly concentrated in first-tier cities in the province. Health care, medical condition and nursing qualities various from place to place due to various factors such as geographic locations and economic developments. We have focused on how to build a Peri-Operative Nursing Committees, which can act as a leader, provide more opportunities for nurses to exchange the experience, promote the development of perioperative nursing and homogenization of operating rooms, so as to guarantee surgical patients' safety. So we hope to improve the construction of operating room nursing team, set up a platform for learning and exchange in order to promote the perioperative nursing professional construction and promote development of homogenization of Operating Room nursing in the Guangdong province as following:

- (1) Formed an United, Efficient, Professional Core Team
- (2) Establish Perioperative Nursing Quality Construction System
- (3) Conducted various training courses and various nursing skill competitions
- (4) Started "Perioperative Specialist Nurse Training"
- (5) Provide Assistance Into the Primary Hospitals

### Biography

Engaged in perioperative nursing care for 36 years, Ms. CHANG Hou Chan is the head nurse of the department of Operating Room, Anesthesia, Disinfection Supply Center in Guangdong Provincial People's Hospital. Meanwhile she is the deputy director of the Operating Committee of the Chinese Nursing Association; the chairman of the Guangdong Provincial Nursing Association Operating Room Nursing Professional Committee and director of Guangdong Provincial Operating Room Quality Control Center, the tutor of Guangdong Medical University, adjunct professor of Guangzhou Chinese Medicine University.

She has been to United States, Germany, Australia, Singapore, Taiwan, Hong Kong and Macao for further study. She had hosted and participated in 7 provincial-level research projects and published nearly 30 papers and edited 8 books. She had won the first prize of the Provincial Nursing Society Nursing Quality Improvement Project and the third prize of Science and Technology Progress Award.

# Speakers

## Concurrent Session 4

**Mr. AU YEUNG Terence**

*Department Operations Manager  
Department of CSSD & TSSU  
United Christian Hospital*

### Plan a New Sterile Services Department: Experience Sharing

With the Government's support, the first 10-year hospital development plan has already commenced and the second 10-year hospital development plan is being developed in order to meet an increasing demand for healthcare services in Hong Kong. Overall, the plans aim to increase the number of hospital beds and operating theatre sessions, and to provide additional facilities and quota for consultation.

Sterile Services Department (SSD) is responsible for reprocessing of medical devices for patient care. In response to an increase in service demand and a growing concern for patient safety, SSDs have been constructed or renovated under the first 10-year hospital development plan.

The presenter will share his first-hand experience associated with construction planning of a new SSD. In particular, the topics will include the capacity planning, the new equipment planning, the incorporation of future technology applications, and the integration of functionality with workflow and facility design. Challenges in construction planning will also be discussed.

#### Biography

Mr. Terence AU YEUNG graduated from the Chinese University of Hong Kong with a bachelor degree in Nursing. He has a master degree in Medical Sciences from the University of Hong Kong and a master in Infectious Diseases from University of London. He was appointed as the Convenor of the HA Specialty Core Group (Sterile Supply Services). Currently he is a member of advisory panel of the Group and the Department Operations Manager of CSSD&TSSU of United Christian Hospital.



# Speakers

## Concurrent Session 4



### **Mr. LAI Kai Cheong**

*Unit Manager  
Department of Nursing Administration  
Union Hospital*

## **Enhancing Patient Safety & Management Quality of Loaner Surgical Instruments by Developing Mobile Electronic Data Management System and the A.I Technology Application in CSSD Environment**

Loaner surgical instruments, mostly used for specialty surgeries like joint replacement and spinal surgeries, are not purchased by but on loan to a faculty. The employment of such instruments is inevitable due to their rapid technological advancement and wide demanded variety. Understandably, vendors' delivery of such instruments reasonably prior to the operation to allow sufficient reprocessing time by the faculty is essential. Meanwhile, faculty staff not being conversant with these instruments' set content and assembling, checking, disinfection and sterilization process remains also a to-be-addressed issue. In fact, a comprehensive documentation system encompassing instruments' quantity, integrity and reprocessing method could be a way to enhance sterile supply quality and patient safety. The development and employment of a mobile electronic data management system replaces manual recording tasks, reduces data input time and increases data accuracy by the predefined data inventory, and also enables the most clinically-efficient way of record tracking and tracing.

In perioperative settings, retained surgical items have been inducing serious consequences from time to time. According to the latest-reported data from The Joint Commission, U.S in 2018, unintended retention of a foreign body still demonstrated a high frequency in the list of sentinel events. Beside the promotion of good practices by a systematic approach developed since 2013 by the Association of periOperative Registered Nurses engaging each perioperative personnel to minimize the risk of surgical item retention, considering the use of adjunct technology like artificial intelligence to supplement manual surgical counting procedures may be our way to further extend the scope of patient safety.

### **Biography**

Mr. Mooris Lai is Unit Manager of Infection Control Unit, Union Hospital Hong Kong with specialty expertise in development of the hospital control system, sterilization services and health informatics system. He completed his Bachelor of Nursing in 2005 and then earned his MBA (Health Service Management) in 2008. He also received the EMBA qualification at Chinese University of Hong Kong in 2015. He achieved double fellowships from Hong Kong College of Medical and Peri-operative Nursing since 2012. He has also published 5 abstracts in infection control conferences since 2009.

# Speakers

## Concurrent Session 4

**Mr. CHEUNG Joe**

*Infection Control Nursing Officer  
Central Sterilization and Reprocessing Unit  
Hong Kong Adventist Hospital – Stubbs Road*

### Quality Assurance in CSSD - ISO Certification

Instrument reprocessing in Central Sterile and Supply Departments (CSSD) is divided into five major elements: decontamination, assembly and processing, sterilization, storage and distribution. In order to provide quality instrument reprocessing service, our center practices the philosophy of Continuous Quality Improvement (CQI) to improve patient safety.

Enhancement interventions were implemented for the quality and risk management systems in CSSD to meet international standards. Experience of a small private hospital in Hong Kong to pursue ISO certifications (ISO 9001:2015, ISO 13485:2016 and ISO 14971: 2007) are illustrated.

### Biography

Mr. Shing Cheung (Joe) is an experienced peri-operative nurse. Currently he is working in the field of infection control. He is a council member of Private Hospital Operating Theatre Organization (PHOTO) and the chairman of Education sub-committee of PHOTO. His interests are infection control, patient safety, quality improvement and antimicrobial resistance.

# Speakers

## Concurrent Session 5



### Mr. LOU Kin Chong

*Advanced Practice Nurse  
Operating Theatre  
Kiang Wu Hospital*

## The Usage of HIS System in Perioperative Period—The usage sequences of medicine and transfusion system during operation period

Kiang Wu Hospital has signed a contract of electronic Document management system with the Shenyang Neusoft Corporation in December 2014. The hospital officially began to establish and develop the perioperative nursing electronic system in 2015. The system includes two sets of software programs for the operating theatre. They are:

(1) Interactive Information System in between the operating theatre and the Department of Anaesthesiology, (2) Hospital Information System (HIS) achieving full interoperability of the entire hospital. The Surgical Anesthesia Information Management System includes application software related to preoperative visits, surgical safety checklists, surgical care records, instruments and information of intraoperative vital signs, etc. The content of the HIS system is more extensive covering the general information of patients, the management of drugs used in the operating theatre, the application of blood collection and blood transfusion, the inquiry of patient history and medical reports, the procurement and management of surgical medical supplies and management logistics, etc. Perioperative Nursing Conference 2019.

I would like to take this opportunity to share with you via the Perioperative Nursing Conference 2019 on how the operating theatre is connected to the entire hospital under the Hospital Information System (HIS) on behalf of the perioperative nursing electronic system. We shall focus on the three programs that are commonly used and comprehensive in the perioperative period. They are (1) the management of drugs used in the operating theatre, (2) the preoperative management of medications, and (3) the application of blood collection and blood transfusion. By using the above software programs, our hospital is having a modernized and practical way of maintaining and ensuring safety for three parties (patients, physicians, nurses) during the perioperative period and, most importantly, to reduce the occurrence of medical errors.

### Biography

- Advanced Nurse Specialist in the operating theatre of Kiang Wu Hospital in Macau
- Earned a Master Degree of Nursing in 2018
- Earned a two-year “Professional Diploma Program in Advanced Nursing Practice (Perioperative Nursing)” jointly organized by the Hong Kong Hospital Authority and the Kiang Wu Nursing College of Macau in 2010
- Core leadership for tailoring and editing the clinical guidelines for perioperative care
- Core leadership for training development program for nursing students, regular staff and new staff from the operating theatre which will be dedicated to teaching, training, research and exchanges.
- Core leadership for neurosurgery in the operating theatre
- Core member for the maintenance and development of surgical safety, infection control measures and prevention of orthostatic crushing
- Responsible for cardiopulmonary bypass (CPB) and preoperative visit work

# Speakers

## Concurrent Session 5



**Ms. FONG Im Ha**

*Nurse Specialist  
Operating Theatre  
Conde S. Januário Hospital*

### Perioperative Normothermia: ERAS for TURP

The new era in perioperative defined as Enhanced Recovery After Surgery (ERAS) protocols and Clinical Pathway. Both are started with the increase of the importance of a multimodal approach to surgical patients. The most important aims of the multimodal approach are continually to improve patients' safety in perioperative surgery (preoperative status and the perioperative maintenance of hemostasis by minimizing stress response and inflammation), reduce the length of hospital stay and improve their quality of life. There is an increased interest in ERAS protocols in Urology.

ERAS protocol emphasized that Fluid Normovolaemia, Normothermia, Minimal Invasive Surgery and No drainage are strongly quality of evidence and highly recommended. The ERAS for TURP perioperative period consists of several important elements, Preadmission Counseling and education, Preoperative Fasting, Antimicrobial Prophylaxis; Minimal Invasive Surgery Approach, Regional Anesthesia, Intraoperative Fluid Therapy, Preventing intraoperative Hypothermia; Postoperative Analgesia, early oral intake and Postoperative Nutrition, early Mobilization, Urinary Drainage. Perioperative Normothermia are increased patient satisfaction and reduced anxiety, reduced blood loss, anesthesia cost and time, reduced PACU length of stay, decreased MI and avoiding SSI.

### Biography

Ms. Angela FONG Im Ha, Nurse specialist, OT Nurse of Macau Government Hospital, work as an Operating theatre nurse about 15 years.

President of Nursing Chapter of Macau Urological Association  
Bachelor of Nursing, The Macao Polytechnic Institute  
Postgraduate Diploma in Nursing, The Hong Kong Polytechnic University  
Master of Nursing, The Hong Kong Polytechnic University  
Doctor of Philosophy (in progress), The city university of Macau



# Speakers

## Concurrent Session 5



**Dr. CHAN Yau Wai**

*Chairman*

*The Hong Kong College of Anaesthesiologists*

### Unleashing Perioperative Nurses' Potential in Anaesthetic Nursing

This lecture will discuss:

1. The potential areas of development of perioperative anaesthetic nursing which includes preoperative, intraoperative and postoperative modules.
2. The strategies and challenges in developing a perioperative anaesthesia nursing training program.

#### Biography

- Graduated in HKU in 1992, trained in HK& became HKAM specialist in anaesthesiology in 2001
- Previously worked in Queen Elizabeth Hospital, Pamela Youde Eastern Hospital, Queen Mary Hospital, now working in The University of Hong Kong-Shenzhen Hospital and mainly responsible in training China anaesthesiologists & nurses and developing specialist training program for China anaesthesiologists
- Has served HKCA as training course director in airway management (ADAM courses) since 2007
- Appointed Chairman of HKCA Echocardiography Committee in 2018
- Main interests in medical education and training, airway management, echocardiography and hemodynamic management
- Now working closely with the Hong Kong College of Perioperative Nursing in developing a certificate course of "Perioperative Anaesthesia Nursing" in Great Bay Area, China

# Speakers



**Dr. CHAN S.Y. Eddie**

*President*

*Hong Kong Urological Association*

**Concurrent Session 5**

## Enhanced Recovery After Surgery (ERAS) in Urology

Enhanced recovery after surgery (ERAS) protocol is a multimodal approach to surgical patients. The most important aims of ERAS are the improvement of patients' preoperative status and the perioperative maintenance of homeostasis, by minimizing stress response and inflammation. This was first used in colorectal surgery and then started spreading to all other surgical disciplines, including urology.

There is an increased interest in ERAS protocols in urology. Radical cystectomy (RC) and radical prostatectomy (RP) are predominantly studied urologic procedures. These procedures have major surgical resection, increased risk of bleeding and perioperative transfusion, and in case of cystectomy, urinary diversion and high frequency of postoperative complications. Furthermore, patients undergoing major urologic surgery are usually the elderly, with cardiovascular and other comorbidities, anemia, possible infection, and malnutrition. There are increasing evidences that ERAS can reduce blood loss, length of hospital stays, bowel recovery time without increases in complication rates. In this presentation, different aspects of ERAS and the implementation of ERAS protocol in urology will be discussed.

### Biography

Dr. Chan is the President of Hong Kong Urological Association and the Clinical Associate Professor (Honorary) of the Chinese University of Hong Kong and Honorary consultant of Prince of Wales Hospital. His interest in urology includes laparoscopic/robotic urologic surgery. He has more than ten years of experience as independent robotic surgeon, performing radical prostatectomy, nephrectomy and robotic radical cystectomy. He is actively involving in clinical services, undergraduates teaching, and residents training. Continuing his great interest in research, he has multiple ongoing projects on uro-oncology, both basic and clinical, with close collaboration with local and overseas researches. Over the last ten years, he is very involved in training of Hong Kong and Asia urologists on minimal invasive and robotic urologic surgery and organizes workshops, lectures and conferences for education and improving the standards of urology practice in HK and other Asia countries.

# Speakers

## Concurrent Session 5



### Mr. TAM Andrew

*Operational & Technical Manager  
Operating Room, Robotic & MIS Center  
Hong Kong Adventist Hospital – Stubbs Road*

## Leadership Role : Building a Culture of Safety & Efficiency in Perioperative Services

Perioperative services are a fast-paced, technology rich, multi-disciplinary, multi-cultural area; focused on achieving benchmark efficiencies, increasing financial margins.

As hospitals have grown more reliant on perioperative services to bring in revenue, perioperative staff have come under greater pressure to work faster and more efficiently, so more procedures can fit into the surgical schedule. After all, time is money, money is time.

Over the years as perioperative services have taken on more patients, more equipment, more people around, more checklists, more potential dangers. As perioperative services to increase speed and efficiency, there is an increased risk of making mistakes and cutting corners that could impair safety and quality. Perioperative care becomes a high-risk endeavour with myriad opportunities for patient harm.

What role do perioperative leaders play in establishing a culture of safety.

A perioperative leader should.....

Ensure the safety and well-being of their patient are on top priorities and develop culture that is supportive of these objectives:

- A. Focusing on process improvement.
- B. Creating a patient safety-cantered organization,
- C. Staff knowledge – to support a safe perioperative environment
- D. Concentrating on culture change

### Conclusion

Peri-operative leader should

- Actively support & promote safety in daily basis
- Employ multiple strategies to align perioperative & facility based safety plan
- Develop a comprehensive network of healthcare practitioner
- To sharp & support ongoing efforts to bring safety initiatives to everyday practice

## Biography

Andrew Tam is the Operational & Technical Manager of Operating Room, Robotic & MIS Center – Hong Kong Adventist Hospital- Stubbs Road. Andrew Tam provides oversight of the operations, planning and advising of the programs of care within his specialty areas. He works closely with the multidisciplinary teams within his service and directs the agenda for surgical and endoscopic programs in Hong Kong Adventist Hospital – Stubbs Road, Andrew Tam earned a Master Degree in Health Service Management from University of Ballarat, Victoria, Australia. He completed courses in per-operative nursing, MIS nursing, endoscopic nursing, robotic nursing, infection control nursing etc. He is the Vice Chairman of Private Hospital Operating Theatre Organization (PHOTO).

# Speakers

## Concurrent Session 5



### **Prof. LAW Wai Lun**

*Clinical Professor  
Department of Surgery  
The University of Hong Kong*

## Hyperthermic Intraperitoneal Chemotherapy (HIPEC) for Peritoneal Neoplasms

Peritoneum is a thin membrane lining the peritoneal cavity and internal viscera. Cancers can develop in the peritoneum and they are commonly known as peritoneal cancers or more appropriately peritoneal surface malignancies.

Primary peritoneal cancers include mesothelioma and tumors with characteristics similar to ovarian cancer. The majority of peritoneal cancers are secondary to intraabdominal malignancies, including ovarian, colorectal, gastric and other cancers. The spread of mucinous tumor from an appendiceal or ovarian primary leading to a condition known as pseudomyxoma peritonei is a typical peritoneal surface malignancy.

Peritoneal cancer has long been regarded as a metastatic disease without effective curative treatment. The outcome from chemotherapy or other systemic therapy is usually dismal except for a few cancers such as ovarian cancer.

In the past 20 years, cytoreductive surgery and hyperthermic intraperitoneal chemotherapy has been developed to improve the outcome of patients with peritoneal cancers. The procedure involves complete resection of the peritoneal cancers, which is usually a lengthy and major operation with resection of multiple organs. After completion of surgical resection, chemotherapeutic agent is infused to and circulate in the peritoneal cavity under a temperature of 40-42°C for 30-120 min. This will help to eliminate the residual cancer cells in the peritoneum. With the improvement in the perioperative care, the mortality of the procedure has been reduced. However, the operation still carries significant morbidity.

Recent data showed improvement in outcome is patients treated with cytoreductive surgery and HIPEC in certain malignancies such as pseudomyxoma peritonei, ovarian cancer and colorectal cancer, when compared to conventional chemotherapy. Patient selection and the performance of complete cytoreduction are important prognostic factors to achieve good outcome. A multidisciplinary approach is also important for the success of this procedure.

### **Biography**

Dr. Law graduated from Faculty of Medicine, The University of Hong Kong in 1987. He obtained the fellowship of the Royal College of Surgeons of Edinburgh in 1991. He was conferred the degree of Master of Surgery in 2001 with the research on the surgical treatment for rectal cancer. Professor Law was appointed as the Clinical Professor of Surgery at The University of Hong Kong in 2008. Currently he is Honorary Consultant at the Surgical Centre at Hong Kong Sanatorium & Hospital. He is also the Anthony and Anne Cheung Professor in Innovative and Minimally Invasive Surgery at the University of Hong Kong.

Dr. Law's main clinical and research interests are in colorectal surgery and minimally invasive surgery. He was the James IV traveling fellow in 2014 and is currently on the Committee of the James IV Surgical Society. In 2017, he was conferred Honorary Fellow of the American Society of Colon and Rectal Surgeons for his exceptional contributions to the advancement of colon and rectal surgery.

Dr. Law is a member of numerous professional societies. He was on the Education Resources Committee of the Society of American Gastrointestinal and Endoscopic Surgeons. He was the Secretary-General and Vice President of the International Society for Digestive Surgery. He was the President of the International Society of Laparoscopic Colorectal Surgery.

Professor Law has authored over 200 articles in peer-reviewed journals and 5 book chapters. He is currently on the editorial board of over ten journals. He is also a regular reviewer of over 30 scientific journals including Annals of Surgery, British Journal of Surgery, Diseases of the Colon and Rectum, Surgical Endoscopy and Annals of Surgical Oncology.



# Speakers

## Concurrent Session 6



### **Dr. LAM Veronica**

*Senior Lecturer  
School of Nursing  
The University of Hong Kong*

## Experience Sharing in the Use of Virtual Reality in Nursing Education

Advancement of technology has brought about tremendous changes to the education field. The use of technology in teaching has evolved from slides presentation into digital education. Among various digital education, virtual reality (VR) is introduced to nursing education in recent years. Training healthcare professionals in VR is the future of medical simulation. The School of Nursing, HKU has implemented VR for undergraduate programme since 2018. Currently, two nursing courses have adopted this teaching strategy for Year 4 and Year 5 students. The evaluation found that students' mental health knowledge and empathy have statistically significant improved. Moreover, students also more engaged in case discussion after viewing the VR. However, instead of viewing the VR, students also expressed they would like the interactive VR.

### **Biography**

Dr. Veronica Lam is a Senior Lecturer and she is also the Associate Director of the Bachelor of Nursing (Hon) Programme, Director of (Part-time) Programme for Enrolled Nurses in the School of Nursing in the University of Hong Kong. She is the external examiner for three Hospital Authority nursing schools and the external advisor of nursing programmes at two Hong Kong institutions. Veronica current lead a team in promoting and enhancing various teaching paedagogies and technology, e.g. the use of simulation, VR and Robots. She is also the chairperson of the Quality and Safety Subcommittee in the School of Nursing which focuses on using advance technology to promote quality and safety nursing care for nursing students.

# Speakers

## Concurrent Session 6



### Mr. CHIU Alick

*Principal Manager, Nursing  
Planning Office  
Chinese University Hong Kong Medical Centre*

## A Journey to Future Operating Room

Every hospital around the world is committed to improve the efficiency, effectiveness, quality, safety and satisfaction of both external and internal customer using a forward thinking approach. The rapid advancement of the IT technology has acted as a catalyst towards the move of building a "Smart Hospital". The trend has storm the health care landscape in the recent years. There are hundreds of successful prototypes being exploring during the patient journey of a hospital stay or even beyond.

If we agree that becoming a "Smart Hospital" is a good idea, what actually a "Smart Hospital" be like? What we should invest and what improvements or outcome we should look for? Why we need this change? Where shall we focus? How "smart we should target and when we should start this transformation? Who actually benefits?

To explore the answer, we shall try to evaluate some empirical innovations adopting in some hospitals during a perioperative journey in three domains. The first domain is about patient management. With the full digitalization of health record, the help of artificial intelligence and modern mobile technology, the combined effort has brought about real time and easily assessable clinical information for the planning of care, right at their pocket of the caregivers. On the other hand, the patients can improve their satisfaction due to the promptness and time saved.

The second domain is the automation resulting from the idea of the Internet of Things. Through the broad application of Wi-Fi, Bluetooth, Ultra-wide Band, RFID, etc., both the operational convenience and patient safety can be enhanced. Typical examples include intelligent alarm, patients and assets location tracking, medication management as well as uniform and consumable management.

The third domain is the introduction of Robot. The Robot can be a good hand in gaining operational efficiency as well as assuring quality process by offering logistic support. At the same time, the replacement of manual labour by Robots can reduce occupational health hazards and the running cost in of a hospital. Alternatively, a Robot can be a very welcome ambassador at the reception or a competent hospital guide.

In view of the above, the idea of Smart Hospital shall be one of the future high priority target for a hospital to aim for a welcome move by the public.

### Biography

The current position of Mr. Alick Chiu is the Principal Manager, Nursing working at the Planning Office for the Chinese University Hong Kong Medical Centre. His main duty is commissioning of the new hospital. The hospital is located adjacent to the CUHK Campus near the University MTR Station and shall start service in 2021. Mr. Alick Chiu is keen in creating a "Smart Hospital" in Hong Kong.

Before his retirement from the Hospital Authority of Hong Kong, Mr. Alick Chiu worked for the North District Hospital for over 20 years as the Department Operation Manager of the Operating Theatre and CSSD. He was appointed as the Hong Kong Assessor for the ACHS - Australian Council of Health Services since 2012. He has helped in hospital accreditation for many renowned hospitals in Hong Kong and overseas. Apart from this, Mr. Alick Chiu was also appointed as the advisor for building new operating theatre and CSSD. His recent project was the new buildings of Pok Oi Hospital and Prince of Wales Hospital.

In addition to Mr. Chiu's hospital work, he is strongly committed in promoting the growth of his own nursing profession in Hong Kong, China and Overseas. He is the Founding President of the Hong Kong College of Perioperative Nursing, the Ex- Chairman of the Hong Kong Operating Room Nurses Association and the active Council of the Asian Operating Room Nurses Association.

# Speakers

## Concurrent Session 6



### **Ms. CHAN Rachel**

*Department Operations Manager  
Department of Anaesthesiology and Operating Theatre Services  
Queen Elizabeth Hospital*

## The Art of Perioperative Nursing

The perioperative care model of the HA focuses on building a “TRUST” relation with our patients and aims on providing high quality of care throughout the perioperative patient journey. In addition to striving for the best clinical outcome, we also need to pursue high satisfaction from our patients. However, obtaining the genuine satisfaction of the patient required both science and arts to achieve. It involves human touch and most importantly the five senses – vision, hearing, smell, taste and touch.

It looks very rudimentary but it is not a new approach. In fact we have been addressing the fundamental needs of the perioperative patient using the 5 senses. About vision, recently we promoted that “TheatreCapChallenge” so that patient can “see” who we are. We provide music to the conscious patient to “hear” during operative procedure. We use anaesthetic mask with fruity “smell” to allay the fear of the small children. We give ice cube for our patient to “taste” when their mouths feel dry during the immediate post-anaesthetic period. Taking a step further, we are now promoting early oral hydration in the Recovery Room. Last but not least, we provide warming blankets to offer the finest “touch” when our patient is shivering. We can never go wrong by thinking about the fundamental need of a human

Whilst the 5 senses is the fundamental approach, address the genuine needs of our patient and the pursuit of genuine partnerships with patients and family members should be the pertinent approach in taking the perioperative care to the next level. Being a science and an art, an evidence based “science” shall be able to accomplish the success of this empirical “arts”.

### **Biography**

Ms. Rachel Chan is currently the Department Operations Manager in Kowloon Central Cluster in Hong Kong. She has been worked in Queen Elizabeth Hospital for 3 decades. With her rich knowledge and management experience in both medical and surgical stream, she led her team to transform operating room nursing from intraoperative care into perioperative patient & family centered care approach. She was among the pioneers to implement Nurse-led discharge in Post Anaesthetic Care Unit and time-out procedure in Hong Kong. As Convenor of Specialty Advisory Group in Hospital Authority during 2015-17, she has launched a number of milestone services in public hospitals including revisiting Manpower Indicator for Perioperative Nursing, developing Integrated Model for Pre-anaesthetic Nursing Services, introducing Perioperative Nursing Information System and kicking off the 1st Nursing Sharing Forum in Perioperative Nursing.

To recognize her remarkable achievement and commitment to the healthcare services, she has been awarded ‘Outstanding Staff in Queen Elizabeth Hospital in 2006’ and her team under her leadership was also granted numerous awards such as Outstanding Team Award in Perioperative Care in 2017, Outstanding team Award in Vascular Anomalies in 2014, Outstanding Team Award in Trauma Care and Asia-Pacific Business Excellence Standard Award in 2010. Furthermore, she extends her professional role by serving as Vice-President of Hong Kong College of Perioperative Nursing and Council Member of Association of Hong Kong Operating Room Nurses for upholding the standard of perioperative nursing care and developing the next nursing generation in the territory.

# Speakers

## Concurrent Session 6



### Ms. YIP Cindy

*Nurse Consultant*

*Department of Anaesthesiology and OT Services*

*Queen Elizabeth Hospital*

## Nurse Pre-anaesthetic Assessment Clinic

Preoperative preparation for patient having surgery is a key to determine patient from speedy recovery, in which pre-anaesthetic assessment is a mandatory step which has been done traditionally by anaesthetists in Hong Kong. In order to facilitate the development of day surgery and ambulatory surgery, pre-anaesthetic assessment is moved to out-patient setting as an assessment clinic with the advantage of having personal interactions, being able to do a physical examination, and performing preoperative testing if needed. The assessment clinic can be run by suitably trained nursing staff with all patients being seen in advance of their surgery whereas this is typically the model in the UK.

In Hong Kong, we have a team of pioneer who set up the perioperative nurse clinic to run the assessment clinic and backup by Anaesthetic department since 2008. Positive effects gained which pushing up the development of Nurse Pre-anaesthetic Assessment Clinic (NPAC) at corporate level of Hospital Authority. In this session, the roadmap of developing NPAC will be shared...

### Biography

Nurse Consultant (perioperative care) works at Queen Elizabeth Hospital currently,  
Chairman of the Association of Hong Kong Operating Theatre Room Nurses (2016-2020)  
Fellow of the HK College of Perioperative Nursing, the HK Academy of Nursing

One of the simulation course instructors as recognized by HA Simulation Training Quality Assurance Group to provide the Procedural Safety for Nurse (PSSN) under the Hong Kong College of Anaesthesiology (HKCA); Nurse Management of Operating Room Emergencies (NMORE) workshop, Post Registration Certificate Course (PRCC) and other simulation training course.

Honorary Clinical Tutor in the School of Science and Technology of the Open University of Hong Kong and Adjunct Tutor in the Nethersole School of Nursing of the Chinese University of Hong Kong  
Core member in HA SAG (Perio/ANA) in set up the Nursing Service Model for Ambulatory Surgery Services and the Integrated Model of Specialist Outpatient Service through Peri-operative Nurse Clinic- Nurse Pre-anaesthetic Assessment Clinic (NPAC). Clinic in-charge of the NPAC in Queen Elizabeth Hospital.

Academic interest

Simulation- based training for nurse, evidence based practice to enhance quality in patient care



# Speakers

## Concurrent Session 6



### **Dr. MOK Louis**

*Associate Consultant  
Department of Anaesthesia and Intensive Care  
Prince of Wales Hospital*

## Patient Blood Management

Blood transfusion is an essential component in the perioperative care of surgical patients. In the United States, one-third of all surgical patients receive at least 1 red blood cell (RBC) transfusion during the perioperative course. [1] However, transfusion is known to be associated with various risks, and there is emerging evidence that RBC transfusion is a strong predictor of mortality and morbidity in surgical patients. [2] In the mid-2000s, there is a paradigm shift away from blood components towards conserving patient's own blood. [3] "Patient Blood Management" (PBM) describes a comprehensive, evidence-based and multidisciplinary approach to 1) maintain haemoglobin concentration, 2) optimize haemostasis and 3) minimize blood loss in an effort to improve patient outcome. In this sharing, the speaker will review the 3 pillars that contributes to PBM and discuss the approach and obstacles to its implementation in the hospital setting.

1. Ejaz, A., et al., Potential Economic Impact of Using a Restrictive Transfusion Trigger Among Patients Undergoing Major Abdominal Surgery. *JAMA Surg*, 2015. 150(7): p. 625-30.
2. Shander, A., et al., Patient blood management--the new frontier. *Best Pract Res Clin Anaesthesiol*, 2013. 27(1): p. 5-10.
3. Isbister, J.P., The three-pillar matrix of patient blood management--an overview. *Best Pract Res Clin Anaesthesiol*, 2013. 27(1): p. 69-84.

## Biography

Dr. Louis Mok is an associate consultant working at the Prince of Wales Hospital in Hong Kong, his clinical interests include regional anesthesia, perioperative echocardiography and simulation training. He is also an honorary clinical assistant professor at the Chinese University of Hong Kong.

# Speakers

**Dr. BALL Kay**

*Professor  
Nursing Department  
Otterbein University*

## Johnson & Johnson Lunch Symposium

### The Three C's of Policy Health – Smoke Free OR: Create, Communicate, and Comply

Research has shown that surgical smoke exposure is a workplace and patient safety issue. This presentation will review the hazards of surgical smoke along with smoke evacuation practices. Strategies for compliance with smoke evacuation recommendations will be highlighted that focus on the importance of the three C's of policy health: creating a smoke free environment, communicating the hazards of surgical smoke exposure, and complying with evidence-based guidelines on surgical smoke safety.

#### Biography

Kay Ball is a Professor of Nursing at Otterbein University in Westerville, Ohio, where she teaches Bachelors, Masters, and doctoral students. She also is a perioperative nurse educator and consultant working with perioperative nurses, professional organizations, healthcare facilities, industry, and legislative groups. Kay has served as the Laser Program Director for Mount Carmel Health and Grant Medical Center in Columbus, Ohio. Kay also has had many years of experience in managing an operating room suite and a PACU unit.

Kay received an A.D.N. (1974) from Columbus Technical Institute in Columbus, OH (received 1998 Alumnae of the Year Award), a B.S.N. (1983) from Otterbein College in Westerville, Ohio (received 1997 Distinguished Alumnae Award), and an M.S.A. (1987) (focusing on healthcare administration) from Central Michigan University in Mount Pleasant, MI. She received a PhD in Health Related Services from Virginia Commonwealth University, Richmond, VA, in 2009. Kay has maintained certification in the operating room (CNOR) since 1981 and also is certified as a Medical Laser Safety Officer (CMLSO). In 1997, Kay was honored to be inducted as a Fellow in the prestigious American Academy of Nursing (FAAN). Kay is the recipient of the 2003 AORN Award for Excellence (the highest honor to be given by AORN) and the 2010 AORN Outstanding Achievement in Perioperative Research, and the 2003 Ohio Nurses Association's Excellence in Political Action Award. Kay is also the recipient of the 2004 ANA Barbara Thoman Curtis Award which is the highest political excellence award to be given by the American Nurses Association and the 2016 March of Dimes Nurse of the Year (Education).

# Speakers

## Concurrent Session 7



### **Dr. LEE Yuk Tong**

*Honorary Clinical Associate Professor  
Department of Medicine and Therapeutics  
The Chinese University of Hong Kong*

## **EUS Guide Biliary Drainage**

Endoscopic ultrasound (EUS) has been developed over nearly 40 years and is changing from a pure diagnostic to an advanced interventional procedure. The latest EUS guided biliary drainage procedure has expended the endoscopist ability to deal with complex biliary problems. There are currently 5 established EUS guided biliary interventional procedures, namely: EUS guided hepaticogastrostomy (HGS), EUS guided choledochoduodenostomy (CDS), EUS guided gallbladder drainage (GBD), EUS guided antegrade stenting and rendezvous procedures. In recent randomised controlled studies and meta-analysis, EUS guided biliary drainage procedures have been shown to be non-inferior, or even better, to conventional surgical, percutaneous or ERCP based drainage procedures for complex biliary obstructive lesions, patients with altered anatomy that conventional biliary drainage procedures failed, or in patients with acute cholecystitis that is not suitable for surgery. In the future, it may become the preferred interventions for all these conditions.

### **Biography**

Dr. Lee graduated from the Chinese University of Hong Kong in 1990. He started his specialty training in Endoscopy, Gastroenterology and Hepatology in the Prince of Wales Hospital under Professor Joseph Sung. Dr. Lee had been working as the director of the Gastroenterology and Hepatology Centre, and director of the Endoscopy and Endosonography Centre of the Baptist Hospital. He is currently honorary consultants of the Prince of Wales Hospital, Queen Mary Hospital, Hong Kong Adventist Hospital, Hong Kong St. Paul's Hospital, and Honorary Clinical Associate Professor of CUHK. He is also the founding president of the Hong Kong Society of Endosonography.

Dr. Lee's interests focus mainly on advanced endoscopy and endoscopic ultrasound. He is one of the few endoscopists being trained in EUS in Hong Kong since 1996. He obtained his Doctorate in Medicine based on his work on EUS on portal hypertension in 2001. In 2007, Dr. Lee, together with the research team in CUHK, had been awarded State Scientific and Technological Progress Award for their excellent researches in the topic of "Non-surgical treatments of peptic ulcer bleeding". Dr. Lee had been invited to give lectures and demonstrations in various EUS and endoscopy workshops and symposiums locally and internationally. Dr. Lee has published 7 book chapters, authored and co-authored more than 60 journal articles.

# Speakers

## Concurrent Session 7



### **Ms. CHAN Kimmy**

*Nurse Manager  
Endoscopy Center  
Gleneagles Hong Kong Hospital*

## Nursing Perspective in Electromagnetic Navigation Bronchoscopy

Electromagnetic Navigation Bronchoscopy (ENB) is an emerging technology that could increase the diagnostic yield of lung lesions, leading to better staging, and hence improving patient management. While doctors are the "drivers" of this novel GPS (Global Positioning System) system, what are the nursing roles in assisting ENB procedure?

### **Biography**

Kimmy Chiu King CHAN is the Nurse Manager of Endoscopy Centre of Gleneagles Hong Kong Hospital.

She has completed the programme in Master of Science in Gastroenterology from The Chinese University of Hong Kong in 2014. She works in private hospitals for many years.



# Speakers

## Concurrent Session 7



### Dr. CHAUVIN Chloé

*Doctor of Medicine  
Department of Anesthesiology  
CHRU Hospital of Strasbourg*

## Virtual Reality Hypnosis in the Operating Room

Anxiety, as quantified by the 'Amsterdam Preoperative Anxiety and Information Scale (APAIS), is detected in 40 to 60% of the surgical patients and there is a link between anxiety and postoperative pain. Clinical hypnosis (CH) and virtual reality (VR) have been shown to be effective tools for the management of preoperative anxiety as well as acute pain before, during or after medical procedure. Both CH and VR are two effective adjunctive non-pharmacologic approach to opioids analgesics and can help to reduce anxiety, pain and discomfort for patients. The widespread use of CH has been limited by advanced expertise, time and effort required by clinicians to provide hypnosis and the cognitive effort required by patients to engage in hypnosis. The immersive VR isolates patients from the "real world" to a pleasant alternative 3D virtual world. It uses a head-mounted display that provides multisensory input (visual, aural, and sometimes tactile). The immersive VR is a novel form of distraction analgesia, by providing a significant cognitive distraction to patients. It has been reported to provide clinically meaningful pain relief (30-50% reductions in pain scores) when compared with standard care in a variety of clinical procedural pain settings. The VR may be useful in delivering hypnosis. Effects of VR existed equally for patients irrespective of age, sex, number of uses and hypnotizability. The results on the effectiveness of VR are promising but future large prospective controlled randomized trials are necessary to confirm these results. Three conditions remain necessary in CH and VR: the patient's motivation, the patient's cooperation and the patient's confidence in the therapist.

### Biography

#### UNDERGRADUATE :

1994 – 2001      Medical School: University Louis Pasteur Strasbourg France

#### GRADUATE :

11 / 2001 - 11 / 2005      Certified as anesthetist and intensivist April 2005  
University Louis Pasteur Strasbourg France

8 / 07 / 2005      Doctor in Medicine  
Thesis : Preventing complications during percutaneous tracheostomy.  
Report of 87 cases.  
University Louis Pasteur Strasbourg France

#### POSTGRADUATE :

11 / 05 – 01 / 06      Department of Anesthesiology ; Pr T POTTECHER  
Senior SpR      Paediatric Anesthesia and Intensive Care  
Strasbourg University Hospital

02 / 06 – 07 / 06      Department of Anesthesiology ; Dr J. ARROWSMITH  
SpR      Anesthesia for cardio-thoracic surgery  
NHS- Cambridge- Papworth Hospital

08 / 06 – 12/06      Department of Anesthesiology; Pr T POTTECHER  
Senior SpR      Anesthesia for neurosurgery  
Strasbourg University Hospital

02/10-present      Department of Anesthesiology; Pr DIEMUNSCH  
Consultant      Paediatric Anesthesia and Intensive Care  
Strasbourg University Hospital

# Speakers

## Concurrent Session 8



### Mr. WONG K.L. Martin

*Nursing Officer Chief Perfusionist, Extracorporeal Circulation Perfusion Team  
Department of Cardiothoracic Surgery  
Queen Elizabeth Hospital*

## Application of Cerebral Oximetry in Cardiac Surgery for Enhancing Cardiac Pulmonary Bypass Perfusion Technique

### Introduction:

Cerebral perfusion during cardiopulmonary bypass (CPB) can be impaired by various factors, both inherent and external factors, such as carotid stenosis, arterial embolism, venous congestion or technical circumstances including cannula misplacement. As cerebral hypoperfusion could be one of the contributing factors to post-operative neurological complications.

NIRS is not only used as an indication of regional perfusion, but as an indication for adjustment of flow rate and correct cannula position.

### NIRS application:

NIRS as a regional oxygenation monitoring device, two pieces of sensors would be applied on the forehead, thus it is indicative of the frontal region of the brain oxygenation. For rare cases of vertebral artery stenosis, shavings of occipital region may be necessary before surgery.

### Intraoperative management:

Baseline would be taken at the time of heparin injection before cannulation. Deviation more than 15% from baseline, combined with physiological parameters out-of range, including PaO<sub>2</sub> (20-25 kPa), PaCO<sub>2</sub> (5.5-6.5 kPa), HCT (25-30 %), MAP > 60 mmHg, would require further actions, such as gas and flow rate adjustment, blood transfusion, etc. Moreover Intraoperative ultrasound carotid Doppler would be used to check carotid blood flow if necessary.

### Summary:

NIRS could be a guidance in maintaining adequate cerebral perfusion during CPB. It is possible that the application of NIRS could minimize factors related to cerebral hypoperfusion during surgery, thus reducing post-operative complications. However, causes of those complications, such as stroke, are multifactorial, making it hard to establish a direct correlation between NIRS application and better post-operative outcome. Besides, NIRS could only be used as regional monitoring, so only frontal region is being monitored in our center. For patients suffering from vertebral artery stenosis, we are scrutinizing the necessity of further application of NIRS at the occipital region is required for additional monitoring.

### Biography

Mr. Martin Wong Ka Lun is the Chief Perfusionist and currently working in Queen Elizabeth Hospital, Hong Kong. He had his training in perfusion technology at Singapore National University Hospital in 1992 and Singapore General Hospital in 1994 respectively. He also granted the ECMO Specialist Certificate by the Glenfield General Hospital, Leicester, England in 1997. In late 1995, he assisted in the establishment of the extracorporeal patient services in Queen Elizabeth Hospital. His interest focus on cardiopulmonary bypass technique and mechanical life support. He was also invited to be the visiting lecturer for various courses organized by the Hospital Authority, Chinese University and other related specialties. Currently Mr. Wong is the Chairperson of the Hong Kong Society Of Clinical Perfusionists and the Committee member of the Chinese Society of Extracorporeal Circulation.

# Speakers

## Plenary Session 4



**Mr. CHAN H.C. Vincent**

*President*

*Hong Kong College of Perioperative Nursing*

### Transforming Perioperative Nursing Education

As perioperative nurses, we need to develop a vision for how to best manage our patients and improve our practices in a highly complex theatre environment. This implies committing to lifelong learning, by advancing our knowledge, skills, and abilities, through participation in continuing education opportunities, such as higher academic qualification, specialty competency recognition, and advance technology training. From novice to expert in perioperative arena, continuing education is one of the key elements that we strive for with competency and advancement in specialty nursing. There is an increasing trend of more complicated operations and sophisticated technological advancements, the requirement that perioperative nurses fulfill to advanced care will be dramatically abundant and specific. Identifying the appropriate strategy professionally is to transform education in perioperative nursing to a context that perioperative nurses receive new learning opportunities and possibilities.

In the context of case complexity, it negates the requirement of perioperative nurses to have appropriate mindset for effective and unique care management of patients undergoing operation in different specialties. Evolving perioperative education towards a paradigm shift to care coordination is to ensure adequate preoperative assessment and optimization for surgery, patient engagement and care planning and outcome, in order to improve safety and reduce complications, ensuring good patient experience and shorten length of stay. Since the last decade, the emergence of digital medical imaging, robotic assisted system and navigating computerization, have revolutionized surgical approaches for operation that require the perioperative nurses to learn more for consolidation of operating theatre techniques to new technology and advancement to first surgical assistance as perioperative nursing roles during surgery become more assisting-focused and more technocentric.

The next decade will see the possibility of turning to new learning methodology using Virtual Reality simulation training. VR simulation will be applied to Operating Theatre training which correlates to real life situations to improve nurses' sophisticated techniques in surgical technology and awareness and response skills in critical clinical situations. Nurses may be able to learn from mistakes in the virtual world and thus reduce the probability of making the same error in the real world – an error which could ultimately cost a patient their life.

#### **Biography**

Mr. Chan has been working for 26 years in the field of perioperative care and services. He started as a Registered Nurse in Operating Theatre Services in Queen Mary Hospital and attained specialty training in Peri-operative Nursing in 2000. In 2003, he was promoted to Advanced Practice Nurse in United Christian Hospital and further advanced to Nurse Consultant (Perioperative Care) in Kowloon East Cluster in 2012. He has now expanded his career in the same specialty area in the private sector, serving under Hong Kong Sanatorium & Hospital.

Mr. Chan completed the nursing training at School of Nursing in Queen Mary Hospital in 1993 and graduated from the department of Nursing Studies, faculty of medicine, University of Hong Kong to be awarded Bachelor of Nursing in 1999 & Master of Nursing in Advanced Practice in 2004. He also gained a Master of Health Care Management to enlarge his horizon for the wide applicability of clinical & managerial knowledge into perioperative nursing. His education and specialty experience definitely lies in the perioperative arena, and this has provided him with an essential skillset in various perspectives of expert practice, operational management, professional development and education, standards and quality, risk management, as well as services development and governance.

Mr. Chan is full of enthusiasm and devotion to the peri-operative nursing education development in Hong Kong. He has been appointed as Educational chairman or advisor in various professional associations, colleges, universities and other health care institutions. He has honorably been awarded the Fellow of the Hong Kong Academy of Nursing (Perioperative) in 2012 and Fellow of Hong Academy of Nursing (Education and Research) in 2014, and recently became the President of Hong Kong College of Perioperative Nursing. His contribution as a leading figure in the perioperative arena as enriched his status and position for the development and advancement of perioperative nursing in Hong Kong.

# Free Paper Presentation

## Oral Presentation:

(List according to abstract number)

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**Ab 01**    Ambulatory Surgery – Our Future Is Your Future!  
Ms. CHAN S.M. Maria, Queen Elizabeth Hospital

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**Ab 06**    Development, Implementation and Evaluation of a Nurse-led, Anaesthetist Supervised Acute Pain Service  
Dr. WONG Man Chun, United Christian Hospital

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**Ab 24**    Reduction of Allogeneic Blood Transfusions in Cardiac Surgery by Minimizing Cardiopulmonary Bypass Circuit Volume  
Mr. NG Wellon, Prince of Wales Hospital

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**Ab 44**    Smart Check  
Ms. LAM Ivy, Ruttonjee & Tang Shiu Kin Hospitals

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**Ab 48**    Enhancement of Patient Safety From Unintentional Retention of Foreign Bodies – Revision of Dental Swab Counting Practice in TMH OT  
Ms. CHU Yan Yan, Tuen Mun Hospital

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# Free Paper Presentation

## Poster Presentation:

(List according to abstract number)

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|--------------|--|
| <b>Ab 02</b> | <b>The Effect of Lemon Inhalation Aromatherapy on Nausea and Vomiting of Adult Gynecological Postoperative Patient</b> |
| <b>P 01</b>  | Ms. WONG Lai Ha, Hospital Authority  |
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- |              |  |
|--------------|--|
| <b>Ab 03</b> | <b>"Sign Out": Signing a Perfect "Full Stop" for Patient Safety in Operating Theatre</b> |
| <b>P 02</b>  | Ms. LI Pui Chi, Queen Elizabeth Hospital   |
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| <b>Ab 05</b> | <b>Boundless Sharing – An Electronic Surgical Sharing Reference in Operating Room</b> |
| <b>P 03</b>  | Mr. WONG Wing Tak, United Christian Hospital  |
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| <b>Ab 07</b> | <b>Surprise Check on Environmental Cleansing in Operating Theatre</b> |
| <b>P 04</b>  | Mr. NGAN W.C. Adrian, Ruttonjee & Tang Shiu Kin Hospitals             |
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| <b>Ab 08</b> | <b>Redesigning the OT Consumables Ordering System with 'Alert' Expired Items</b> |
| <b>P 05</b>  | Ms. CHAN YS, Ruttonjee & Tang Shiu Kin Hospitals                                 |
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| <b>Ab 09</b> | <b>Enhancing Patient Safety &amp; Management Quality of Loaner Surgical Instruments by Developing Mobile Electronic Data Management System</b> |
| <b>P 06</b>  | Mr. LAI Kai Cheong, Union Hospital   |
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| <b>Ab 10</b> | <b>Does the Innovative Pain Management Nursing Service – BRIGHT Programme Improve Patient Outcomes?</b> |
| <b>P 07</b>  | Dr. WONG Man Chun, United Christian Hospital  |
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| <b>Ab 11</b> | <b>Does the Implementation of a Prone Positioning Checklists for Operation Theatre Nurses Improve Compliance with Prone Position Pressure Point Protection?</b> |
| <b>P 08</b>  | Ms. WONG W.Y. Erica, Hong Kong Sanatorium Hospital  |
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|--------------|---|
| <b>Ab 13</b> | <b>"OR Phone" - Smart System for Notifying Operative Patient Status</b> |
| <b>P 09</b>  | Ms. WONG Miu Nga, Hospital Authority                                    |
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| <b>Ab 14</b> | <b>Drain Removal Assured by Initiative "Recording Details of Drain Inserted in Operating Room" No Question of Retention</b> |
| <b>P 10</b>  | Ms. WONG Miu Nga, Hospital Authority  |
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| <b>Ab 17</b> | <b>Looking at the Effectiveness of Warming Methods in the Prevention of Hypothermia in Perioperative Care</b> |
| <b>P 11</b>  | Ms. KAUR Rajwinder, Matilda International Hospital  |
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| <b>Ab 18</b> | <b>Continuous Nursing Management of Patients Receiving Epidural Analgesia: From Theory to Practice in Local Hospital Hong Kong</b> |
| <b>P 12</b>  | Ms. LAM C.W. Flori, Hospital Authority   |
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| <b>Ab 19</b> | <b>"BETTER" Workflow for Critically Ill Post-Operative Patient</b> |
| <b>P 13</b>  | Ms. WONG Grace, Hospital Authority                                 |
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|--------------|---|
| <b>Ab 20</b> | <b>Enhancement Program on Prevention of Hypothermia at Kwong Wah Hospital Operation Theatre</b> |
| <b>P 14</b>  | Ms. CHAN S.M. Mandy, Kwong Wah Hospital   |
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|--------------|---|
| <b>Ab 21</b> | <b>Launch Ipad Technology for Instrument Counting in Kwong Wah Hospital Operation Theatre</b> |
| <b>P 15</b>  | Ms. LEUNG Yi Man, Kwong Wah Hospital  |
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# Free Paper Presentation

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- Ab 23** Switch To SWITCH – A Standardized Perioperative Handover Tool  
**P 16** Ms. YIU Sze Ming, Queen Elizabeth Hospital
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- Ab 25** Mobile Apps Application for Peri-operative Patient  
**P 17** Ms. LAI K.Y. Phoebe, Hong Kong Adventist Hospital
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- Ab 26** Clinical Stimulation Training for Crisis Management in Perioperative Setting  
**P 18** Ms. CHU Oi Wai, Hong Kong Adventist Hospital Stubbs Road
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- Ab 27** The Implementation of Visual Instructional Cards to Improve Patient's Compliance on Bowel Preparation for a Colonoscopy  
**P 19** Ms. YU Oi Yi, Hong Kong Sanatorium And Hospital
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- Ab 30** Kaizen Program: Implementation of Disposable Gauze Rack in Pok Oi Hospital Operation Theatre  
**P 20** Mr. YIP Shing Hei, Hospital Authority
- 
- Ab 33** Audit on Clients' Satisfaction About the Informed Consent Process and Operation Leaflets  
**P 21** Ms. CHAN Y.K. Eunice, Union Hospital
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- Ab 45** Compassion Challenge  
**P 22** Ms. KWONG Jodie, Ruttonjee & Tang Shiu Kin Hospitals
- 
- Ab 46** Get a Good Handover, You'd Feel Much Better!  
**P 23** Ms. LEUNG M.Y. Alice, Ruttonjee & Tang Shiu Kin Hospitals
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- Ab 47** Enhancement of Dangerous Drug Handling in Operating Theatre  
**P 24** Ms. FENN Christine, Queen Elizabeth Hospital
- 
- Ab 49** Sharps Injury Prevention in PWH Operating Theatre through Behaviour-Based Safety Observation (BBSO)  
**P 25** Ms. WONG W.F. Michelle, Prince of Wales Hospital
- 
- Ab 50** Mentors, You Did a Great Job!  
**P 26** Ms. CHAN YS, Ruttonjee & Tang Shiu Kin Hospitals
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- Ab 51** Training of Assisting Endotracheal Intubation for Nurses in Operating Theatre  
**P 27** Ms. CHAN K.M. Carmen, Pok Oi Hospital
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- Ab 52** Study on Risk Factors of Pressure Injury in Prone Position in Operating Theatre and Enhancement Program on Pressure Injury Prevention  
**P 28** Mr. KWONG Ho Tung, North District Hospital
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# Workshops

## Olympus Workshop

### Olympus Station 1: Endocytoscope

#### Endoscopic Observation on Cell Level

By introducing Endocyto, Olympus has broken new ground in endoscopy. Ultra-high magnification of up to 520x enables observation at the microscopic level and helps to improve diagnostic accuracy by allowing real-time in vivo observation of cells and nuclei. With the use of endoscopic image diagnosis support software EndoBRAIN®, it can assist doctors to analyzing an ultra-large endoscopic image of the large intestine with artificial intelligence (AI). This software is currently available in Japan only.



### Olympus Station 2: PowerSpiral

#### Motorized Spiral Enteroscopy

The PowerSpiral allows for fast and gentle access to reach deep into the gastrointestinal tract by pleating the small bowel onto the enteroscope using a spiral segment. This is achieved via an integrated motor, which rotates the single-use PowerSpiral cover tube that is equipped with soft spiral-shaped fins that gently follow the mucosa. The enhanced insertion speed, easy advancement, controlled withdrawal- and improved maneuverability can substantially reduce the overall procedure time and allow time for effective treatment.



# Workshops

## Synergy Workshop

### Advanced Positioning Workshop

Synergy Medical Supply Co. Limited

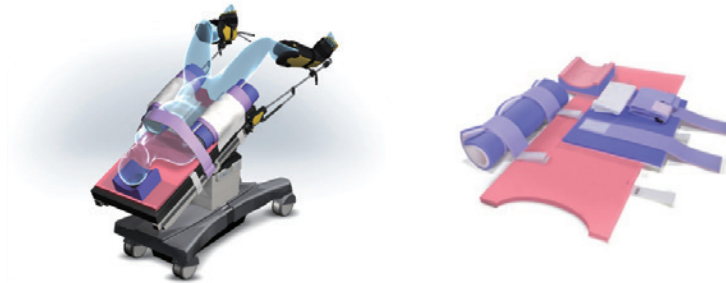
The first Advanced Patient Positioning Workshop in 2019 Perioperative Nursing Conference (PoNC2019)! With a guest speaker Ms. Susie Hammant from East Jefferson General Hospital in USA, this workshop will focus on the topics of Patient Trendelenburg Position for Robotic Laparoscopic Procedures and Prolonged Surgical Positions for Cardiac and Plastic Surgery Procedures.

#### Learning Objectives:

- Identify potential complication and key safety challenges for trendelenburg and prolonged surgical procedures to help perioperative nurses to address these challenges, establish standardized care and incorporate new technologies for surgical positioning.
- Explain how adverse effects related to prolonged surgical procedures and poor positioning practices can have economic consequences.

#### Synergy Station 1:

- Patient Trendelenburg Positions for Robotic Laparoscopic Procedures



#### Synergy Station 2:

- Prolonged Surgical Positions for Cardiac and Plastic Surgery Procedures



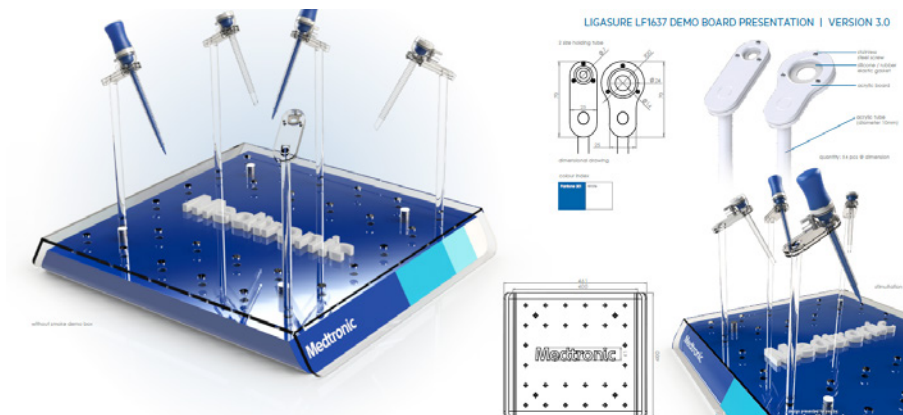


# Workshops

## Medtronic Workshop

### Medtronic Station 1: Smoke Evacuation & Advance Energy – LigaSure

- Understand how Valleylab™ Laparoscopic smoke evacuation can remove surgical smoke from your laparoscopic procedures.
- Participants can try using advanced energy device and smoke evacuator
- Material: Demo, Generator, LigaSure devices, Chicken
- Time needed: 5-10 mins



### Medtronic Station 2: The superDimension™ Navigation Platform

ENB procedure with the superDimension™ navigation system. This advanced technology reveals the path to previously hard-to-reach peripheral branches of the bronchial tree, allowing you to go further and diagnose earlier.

What to do: nurses can try the SuperDimension with planning part of ENB and understand how it works with superD.

Material: SuperDimension console only

Time needed: around 30 mins , 2 sessions in total



# Acknowledgement

The Organizing Committees would like to extend their heartfelt thanks to the following sponsors for their support and generous contribution to the Perioperative Nursing Conference 2019:

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