Arthroscopy in Orthopaedics and Sports Medicine

Starting centuries ago, humans have had a great desire to look into different joints. In order to do this, an optical instrument that can illuminate the inside of the joint is needed. With the development of the endoscope in the 19th century, this dream turned into reality.

The Past

Dr S Nordentoft (1866–1922) was a Danish surgeon who first introduced an endoscope into a knee joint, marking the birth of “arthroscopy”. Thereafter, the application of endoscopic techniques to diagnose different knee pathologies has been reported. Kenji Takagi (1888–1963) was credited with using a cystoscope to examine tuberculous knees. Eugen Bircher (1882–1956) was the first to use a laparo-thoracoscope to diagnose meniscus problems of the knee. In the 1950s, Masaki Watanabe (1911–1994) first used different portals to bring in instruments to treat knee pathologies and thus introduced the concept of “triangulation”.

In the latter half of the century, the invention of the television system marked the major breakthrough in the development of the modern arthroscope. The incorporation of a complex camera into the lens system of an arthroscope enables us to display and record every detail of a joint in the operating theatre, thus greatly enhancing both teaching and learning of different arthroscopic techniques.

The Present

With the commitment of arthroscopists and the various technological advancements, arthroscopy development in orthopaedics and sports medicine has undergone exponential growth in the past few decades. Arthroscopic procedures offer numerous advantages:

• Improve diagnostic accuracy
• Simplify some open surgical procedures
• Minimally invasive with less surgical trauma
• Cosmetically appealing
• Less post-operative pain with faster recovery
• Shortens hospital stay and greatly reduces the medical cost

Nowadays, arthroscopic knee surgery is the most common orthopaedic operation performed in the United States. In Hong Kong, most of the knee pathologies, ranging from meniscus problems and cartilage damage to ligament disruption, can all be tackled arthroscopically. Applications in other areas, such as fracture fixation, rheumatic joint and degenerative joint diseases, are countless.
The great success of knee arthroscopy laid down the cornerstone for the future development of arthroscopy in other parts of the human body. In the upper limbs, arthroscopy for the shoulder joint has developed rapidly in past decades. Rotator cuff disease, shoulder instabilities and other capsulo-labral disorders can all be treated using shoulder arthroscopy. Patients with shoulder problems can now enjoy the same benefits brought by knee arthroscopy.

Now, even small and deep-seated joints, including the wrist, elbow, ankle and hip, can be accessed by arthroscope. Similar to the knee and shoulder, arthroscopy of these regions provides significant diagnostic and therapeutic value to our patients.

Since the completion of our operating theatre renovations in 2008, Hong Kong Baptist Hospital has been equipped with the latest arthroscopic instruments. Together with the best medical and nursing staff, numerous arthroscopic surgeries have been performed with excellent clinical outcomes.

The Future

From an historical point of view, the development of arthroscopy is still quite “young”. However, its influence on the whole of orthopaedics and sports medicine is remarkable; the importance of an arthroscope is comparable to that of a scalpel in surgery. With the anticipated “energetic” advancement of the field, better and better arthroscopic techniques and instruments are expected to become available in the future.

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Guess What???

When drugs are not clearly written, can you decipher them?

Though pharmacy staff are good handwriting detectives, sometimes they still get lost when walking around a writing ‘bush’ with so many different species. Clarification with prescribers is our most ethical approach. Yet, to all healthcare practitioners working in the hospital, please bear in mind that “Unclear Rx may delay a critical treatment and, at worst, a misread prescription may lead to patient harm and loss of patient trust”.

Pharmacy Department

A. B. C. D. E. F. Answers:

A. (A) Folic Acid 1 tab BD oral
B. (B) Januvia 100 mg om
C. (C) Triact 1 tab tds
D. (D) Papase 1 tab tds/Dologesic 2 tabs qid
E. (E) Primperan 10 mg IM X 1 dose
F. (F) Aspirin 240 mg qid po/MgTri 5 mL qid po

Setting the Info Straight
We would like to amend the following error that appeared in the September 2010 edition of the Newsletter. We apologize for the error and any inconvenience caused.

In “Neonatal Respiratory Morbidity Risk Related to the Mode of Delivery” on page 3, the last key improvement should read Delay elective CS to 39 weeks.
Doctors’ credentialing is a process of attestation and recognition of doctors’ current medical and technical competence, as well as their performance, through monitoring and evaluating his or her medical or clinical decision-making abilities. Furthermore, through observation and investigation, doctors’ credentialing verifies medical education, certification, training, licence status, experience, technical abilities and clinical judgement, and any adverse clinical occurrences and malpractice claims. The purpose of credentialing is to ensure that the clinical skill of doctors is kept up-to-date with their practice and they are providing services that are of a desirable standard.

Admission rights and hospital privileges
The HKBH has adopted a formal system of granting of admission rights and hospital privileges since the early years of the Hospital’s history, in the 1960s. As the years went by, the scope of privileges began to expand in line with the rapid advances in new medical technology, covering various specialised services. As the level of expertise varies in different specialised services, some privileges are subdivided into different levels or subcategories to make sure that doctors are operating within their expertise and capabilities. For example, only gynaecologists with advanced level minimally invasive surgery privileges can make a booking with our OT to independently perform laparoscopic myomectomy and hysterectomy. HKBH also devises different levels of operating privileges when new procedures are introduced to ensure proper training before doctors embark on the new technique independently.

Periodic review and re-grant of privileges
The reviews are expected to be fair, reasonable, performed in good faith, have extensive documentation, and be equally applicable to all. The decisions made regarding doctors’ credentialing are protected and confidential. To better co-ordinate the credentialing process, HKBH has designated the Executive Committee to oversee the procedures of granting and updating of privileges. HKBH reviews and updates the privileges granted to doctors every 3 years. A review will be conducted and a re-grant may be given subject to satisfactory performance. To facilitate the updating process, apart from doctors who have been newly granted privileges in the preceding 12 months, doctors who have not made use of our hospital facilities in the past 3 years will be requested to provide evidence of active practice in the appropriate subspecialty in other institutions during this period.

Doctor interviews
The HKBH also conducts brief 15–20 minute interviews as part of the privilege renewal process. They are one-on-one sessions with our Chief Executive Officer and/or Director of Medical Services. During the interview, the doctor’s practice expertise, conduct and performance in HKBH will be discussed. The interviews of our 2,000 plus associate doctors will be conducted in phases. The first phase will include those who were granted privileges between 1 June 2006 and 31 July 2009. The doctors concerned will receive our invitation letters in due course.

Update of HKBH records
In accordance with the requirements of the Department of Health, the Code of Practice of the HK Private Hospitals Association, the Hospital’s indemnity insurance and the Hospital’s accreditation programmes, all doctors are required to submit to HKBH a copy of their current annual practicing certificate and the renewed MPS receipt or other professional indemnity certificate. To date this year, only 63% of our active associate doctors have returned these documents to us. For the others, HKBH has no choice but to temporarily suspend their privileges after 30 October 2010. Please send us the requested certificates as soon as possible if you have not already done so.

Successful completion of the credentialing process can only be achieved with your participation and support. We are working together to make inroads towards a better system to ensure the interests of patients, doctors and the Hospital are all best served.

Meanwhile, I am pleased to announce the appointment of Ms Ada LO as the new Doctor Relations Officer in the Hospital. Ms LO is experienced in managing doctors’ credentialing matters and she will be responsible for setting up a new doctor management database and assisting the Board in handling the doctors’ reviewing and updating exercise. She will be working with all of you to achieve a closer interaction through synergy among doctors, staff and hospital administration. For enquiries, please call 2339 8885.

Dr Raymond Chung I CHEN
Chief Executive Officer
What’s ON

**New Laboratory Service for Aspirin and Plavix Assay**
Two new assays, for Aspirin and Plavix, have been added to our laboratory service with immediate effect. For more information, please contact the Haematology section of the Pathology Department at 2339 8928.

**CT Coronary Angiogram Study with Calcium Score**
In order to avoid confusion when booking a CT coronary angiogram study, it should be noted that only a CT coronary angiogram study with calcium score will be allowed, starting from October 18, 2010. The listed price is $6,390 for a general ward patient.

Coronary artery calcium scoring is an integral part of a complete CT coronary angiogram study. No extra radiation is needed to generate the calcium score and the amount of calcium in the walls of coronary arteries is a good predictor of future cardiovascular events. For more information, please call our Radiology Department at 2339 8982.

Who’s NEW

Dr Debra Yuk Man PEI
Resident Medical Officer

Ms Ada Shuk Wah LO
Doctor Relations Officer

Editorial Enquiry
We would like to hear from you! Any questions, comments or suggestions are always welcome. Please email us at pr@hkbh.org.hk