Chapter Connection

5th Issue - January 2009

Chapter Connection **is a newsletter specially brought to you by the Chapter of General Surgeons under the purview of the College of Surgeons, Singapore. The Board of the Chapter of General Surgeons is well represented with members from different institutions and this would mean that you could find the latest happenings of the general surgery community of these institutions in this newsletter. This newsletter is published quarterly and will be distributed to the Members of the Chapter of General Surgeons. On the goodwill of the Chapter Board, this quarterly newsletter will also be distributed at no cost to the Trainees and Fellows of General Surgery in various public hospitals.**

Message from Chapter Chairman

Dear Fellow Surgeons,

It is now over a year since your new Chapter Board took office, and we would like to seek your feedback concerning the past year's activities.

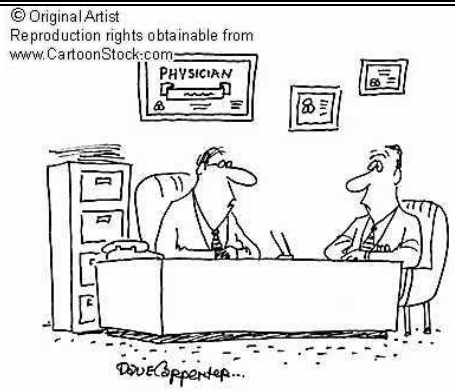
Did we live up to your expectations? More importantly, can we make it better? We seek your valuable feedback.

If you have any topic you wish to be covered, or have suggestions for new activities, please feel free to email me at iswami@singnet.com.sg or send them to our College Secretariat at css@ams.edu.sg.

On behalf of the Chapter Board, wishing everyone a Happy New Year and a blessed & fruitful Year 2009!

Warm regards,
Dr Swaminathan I.
Chairman, Chapter of General Surgeons
College of Surgeons, Singapore

We are pleased to inform that Dr Kenneth Mak, Head of Department of General Surgery of Alexandra Hospital, has been appointed as Clinical Associate Professor effective end November 2008.



Other Medical Events

Workshops organised by the Minimally Invasive Surgical Centre of National University Hospital. Details can be found at www.misc-asia.com.

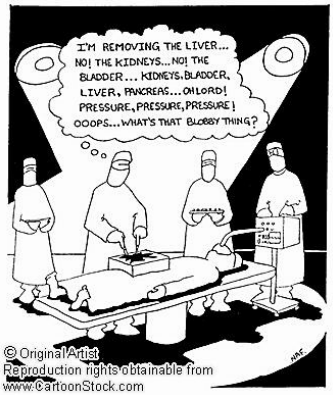
Month	Workshop
February 2009	Thyroid & Parathyroid Surgery
Feb, May & Nov 2009	Basic Laparoscopic Surgery & Advanced Suturing
April 2009	Abdominal Wall Surgery
Mar & Nov 2009	Video Editing
June 2009	Six Sigma Day / Notes & Single Port Surgery
July 2009	Obesity Surgery & Metabolic Syndrome
August 2009	Robotic Surgery

Events & Activities of Chapter of General Surgeons for 2009

Timeline	Event / Activity
February/March 2009	Nomination & Election of Chapter Board & Chapter Chairman
May 2009	3rd Annual General Meeting of Chapter
July 2009	2nd Exit Examination Preparatory Course 2009 (including an informal networking dinner)
August 2009	• Participating in the 43rd Singapore-Malaysia Congress of Medicine in Singapore • 1st Update Symposium 2009

Chapter's On-going Activities

- Publishing of the quarterly Chapter Newsletter - *Chapter Connection*
- Participating in any initiatives as invited by the Ministry of Health
- Participating in any events of the College of Surgeons, Singapore



News/Articles Contribution & Enquiries:

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Contribution of any interesting news & articles from Chapter Members are welcome for consideration to publish in *Chapter Connection*.

A Newsletter brought to you by the Chapter of General Surgeons, College of Surgeons, Singapore.

3rd College of Surgeons Lectureship (Excerpt)

Bringing Up Surgeons

Presented by: Dr Ong Siew Chey

[Dr Ong Siew Chey was the 3rd College of Surgeons Lecturer. Full paper was presented at the College of Surgeons Dinner 2008 held on 19 September 2008 at The Regent Singapore.]

Although there are many different systems of training surgeons, whatever system adopted inescapably carries with it a clear and definite social responsibility. Increasing demands placed on us to provide good patient care and show public accountability no longer allow us to be casual and permissive mentors of future generations of surgeons.

Formal surgical training in the English-speaking world probably began in 1778 when Scottish surgeons broke off from barbers to form the Royal College of Surgeons of Edinburgh. The College was given sole right to examine surgical candidates. Subsequently, English surgeons similarly separated themselves from the Company of Barbers to form the Royal College of Surgeons of England in 1800. In spite of their contributions to the development and progress of surgery in Britain and its colonies, the Royal Colleges placed emphasis on examinations and not on systematic practical training. They ignored the importance of carrying training to the exit point and tended to leave the competence of aspiring surgeons to chance. The unsatisfactory policy had been maintained perhaps until a couple of decades ago when changes began to take place.

Before the Second World War, Malaya (and Singapore) was staffed mainly by colonial surgeons while native doctors were not allowed to go abroad for higher training and qualifications. After the War, pioneering native doctors began to go to Britain for higher surgical training. However, most of them did not go beyond the entry qualification of FRCS. On their return, they could be appointed consultants and state surgeons despite their lack of practical experience and had to rely on self-training. Singapore began to award its basic surgical degree, the M. Med., in early seventies and has since 1992 progressed to train the candidates to the exit point.

In 1892, William Halsted of Johns Hopkins Hospital introduced the American structured residency system, partly based on the German apprenticeship system, which trained surgical candidates to the exit point through a program of graded responsibility and supervised hands-on experience with strong emphasis on basic scientific principles. The residency system was copied by all other disciplines and by all other hospitals in the U.S. and was responsible more than anything else for the surge of American medicine to a leading position in the 20th century. There are several features of the American residency system which we may benefit by copying such as the need to accredit training programs, the intensity of training and the discipline enforced on the trainees.

There are four aspects in the training of surgeons – knowledge, skill, attitude and ethics. We are capable of providing our trainees adequate knowledge and technical competence. We are less able to influence their attitude and ethical behaviour. To a significant degree, a good attitude can possibly be cultivated through discipline and accountability, which were often deficient in our early days. Human weakness breeds unethical behaviour, which is difficult to control with medicine fast evolving into a pure business. Neither peer review in our tight little medical community nor the passive overseeing by the Singapore Medical Council can effectively exert a significant influence over it.

☺ ***A Note of Thanks to Dr Ong Siew Chey for contributing this excerpt.***

Full paper will be published in the Jan or Feb 2009 Issue of Annals of the Academy of Medicine, Singapore.

A Newsletter brought to you by the Chapter of General Surgeons, College of Surgeons, Singapore.

Double Pathology in a 67-year Old

Authored by: Swaminathan IKSHUVANAM (Gleneagles Hospital & Medical Centre)

History

Mr. GEC, a 67 year old, presented with signs and symptoms of Intestinal Obstruction, namely acute abdominal pain, distension and vomiting. He had a past history of vagotomy and pyloroplasty some thirty years ago for perforated peptic ulcer.

Examination

Physical showed a very distended abdomen, muffled bowel sounds and tenderness across various quadrants. No guarding or rebound was noted. He appeared dehydrated and was retching non-stop. Plain abdominal X-ray showed distended loops of small bowel, multiple air-fluid levels, oedematous bowel walls and abrupt termination at the ileum (*Fig.1*). The attending radiologist also recommended a CT scan, in view of the abrupt termination and the patient's age, so as to exclude a mass lesion. Serum electrolytes showed low Sodium and Chloride. Full Blood Count was normal.

Progress

The patient was managed with intravenous fluids, nasogastric suction and intramuscular Pethidine and Maxolone. After six hours, he was still in a lot of pain, and CT scan was done (*Fig.2*).

The scan also showed two hypodense lesions in the liver, one in each lobe. It was felt then that these were separate pathologies, and malignancy was queried (*Fig.3*). A working diagnosis of Intestinal Obstruction of terminal ileum due to a mass lesion was made. In view of the severity of the pain, laparotomy was advised. It was further revealed by patient then that he consumed a lot of Persimmon two days previously.

At laparotomy, the CT findings were confirmed. In view of the possibility of malignancy, resection and end-to-end anastomoisis was done (*Fig.4*). The mass was luminal, and tuned out to be a phytobezoar (*Fig.5*). Typical features of phytobezoar obstruction were present in this case, such as the history of previous vagotomy, consumption of Persimmon and sudden obstruction, with previously minor attacks. The liver nodules were investigated post-operatively, as laparotomy did not show any palpable liver lesion, bowel primary, enlarged nodes, ascites or peritoneal seedlings.

Gastroscopy and colonoscopy showed gastritis and a benign polyp in the stomach and a sessile, benign polyp in the sigmoid. No primary malignancy was seen. H.pylorii was positive and triple therapy begun.

MRI showed enhancing lesions, suggestive of malignancy, and serum alpha-foetoprotein was elevated.at 18mcg/L (*Fig. 6*). The patient was advised to get a tissue diagnosis and underwent ultrasound-guided biosy of the liver nodule in the right lobe. Histology showed a moderately differentiated hepatocellular carcinoma.

Conclusion

He was counselled on treatment options, including chemotherapy, surgical resection and hepatectomy with liver transplantation. The attending oncologist felt that transplant was the only curative treatment and he agreed.

He managed to find a suitable living-related donor and underwent total hepatectomy and liver transplantation some four months after the laparotomy. So far, he has no complications and is recovering well. He will be followed up closely and is expected to do well, with good to excellent five-year survival.

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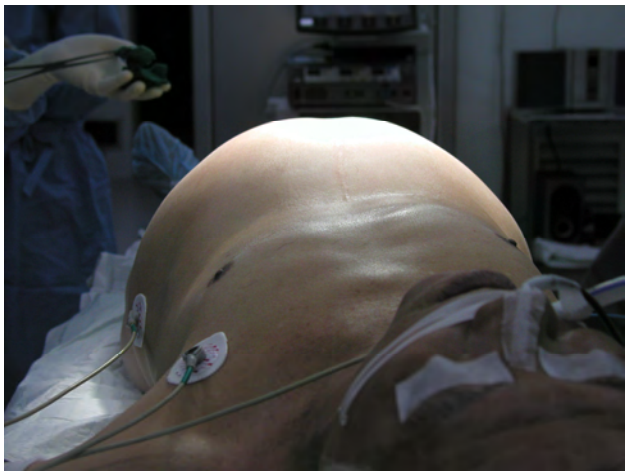

Photograph of the distended abdomen of Mr. GEC

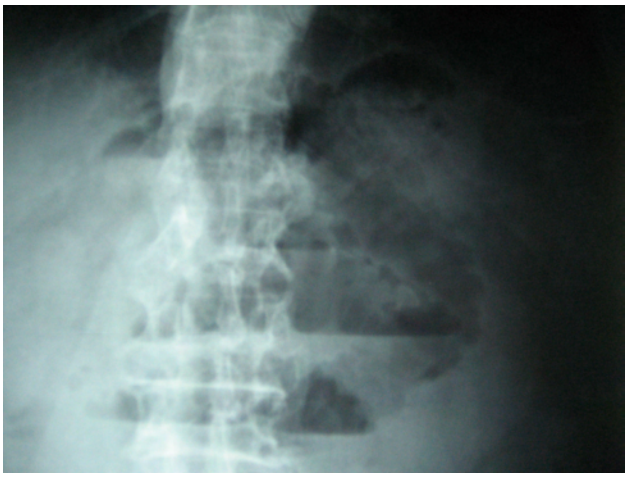

Fig.1 Plain X=ray of patient

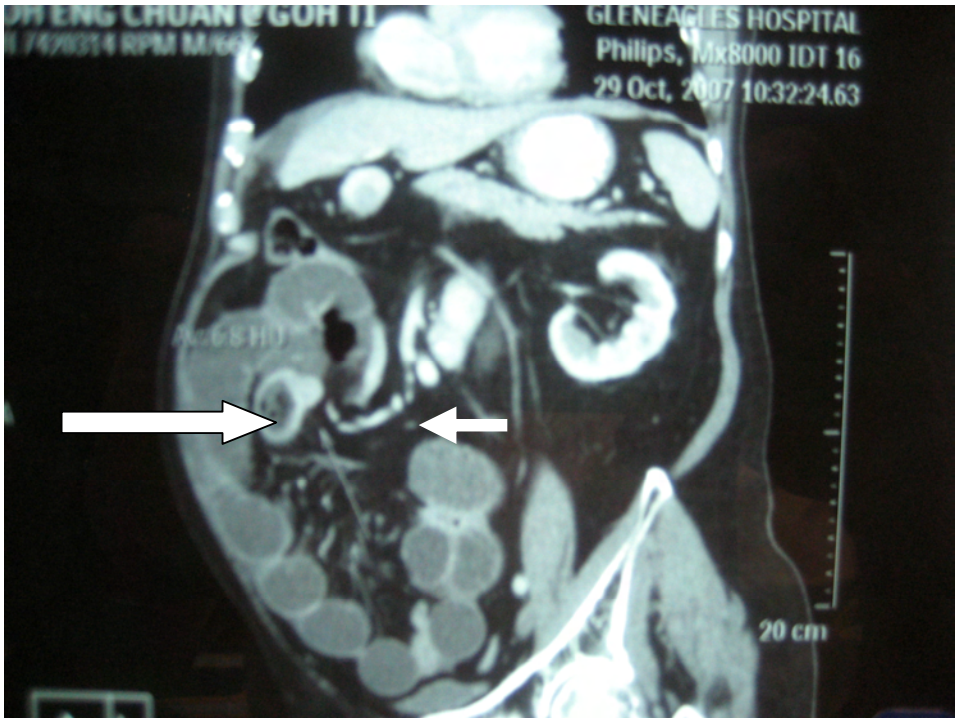

Fig. 2 CT scan showing distended proximal ileum, mass lesion (long arrow) and collapsed distal ileum (short arrow)

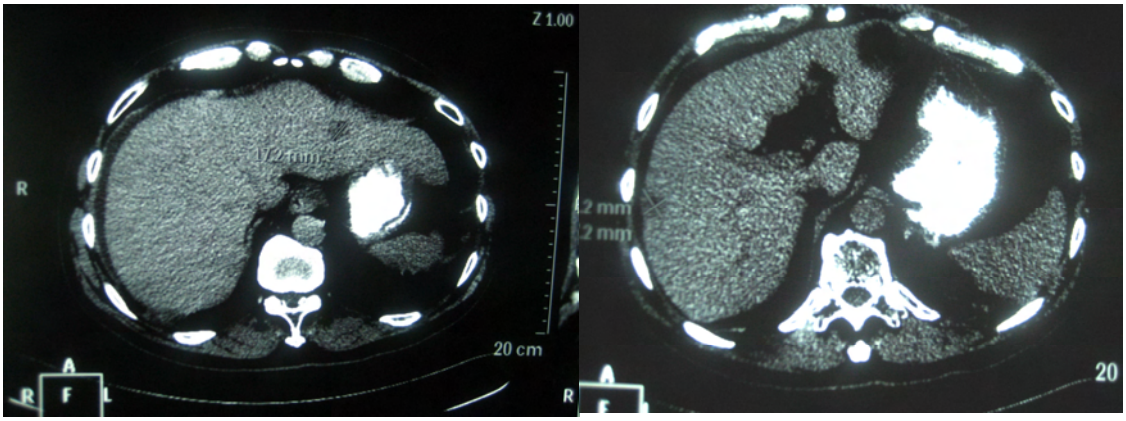

Fig. 3 CT images showing the hypodense lesions, one in each lobe of the liver

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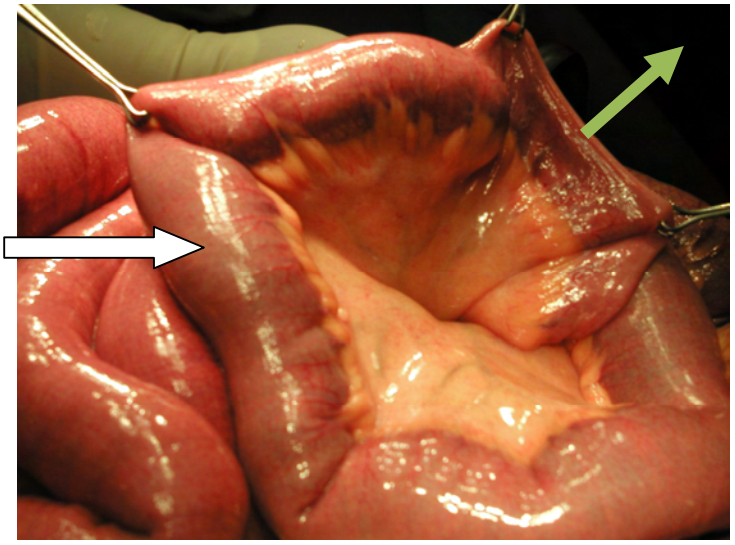

Fig. 4 Laparotomy picture, showing proximal ileum (horizontal arrow), mass in lumen (down arrow) and collapsed distal ileum (diagonal arrow)

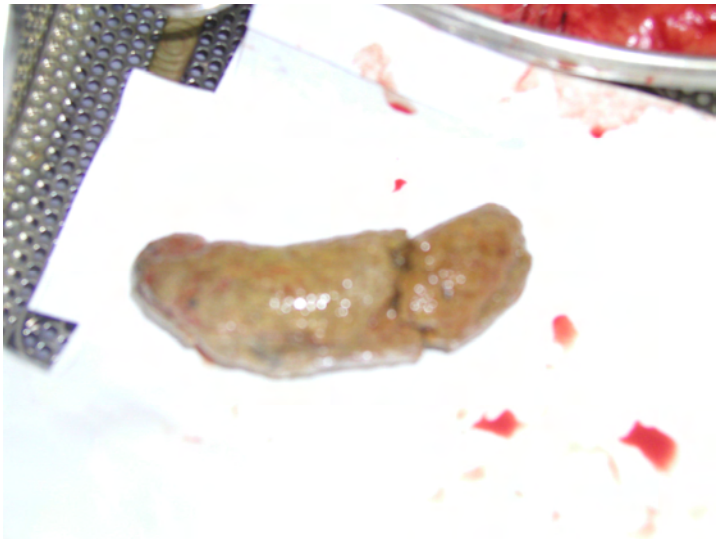

Fig. 5 Showing the phytobezoar

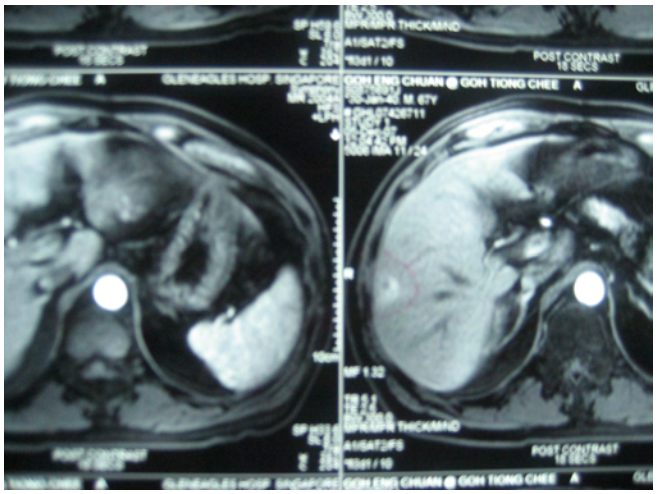

Fig. 6 MRI showing enhancement – T 2 weighted image

☺ ***A Note of Thanks to Dr Swaminathan I. for contributing this article.***
This article can also be read at the Chapter's eForum at www.css.edu.sg/Forum.

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COLLEGE OF SURGEONS, SINGAPORE

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Academy of Medicine, Singapore

2ND CALL

SUGGESTION FORM

1ST UPDATE SYMPOSIUM 2009

Chapters

Cardiothoracic Surgeons
General Surgeons
Hand Surgeons
Neurosurgeons
Otorhinolaryngologists
Orthopaedic Surgeons
Paediatric Surgeons
Plastic Surgeons
Urologists

In pursuance of the proposal by Members of the Chapter of General Surgeons at the 2nd Annual General Meeting of the Chapter held on 7 May 2008 for the Chapter to organise an update symposium for all practising general surgeons, and further to the replies received to the initial survey performed by the Chapter dated 16 July 2008, the Board of the Chapter of General Surgeons has discussed and concurred for the 1st update symposium to take place at end August 2009. Bite-sized updates that aid the general surgeons academically and professionally will be shared with all practising general surgeons, as well as, trainees.

The Chapter of General Surgeons would like to perform a 2nd call to seek suggestions from Chapter Members on the topics that practising surgeons would like to receive updates at this update symposium. All suggestions will be taken into consideration in the planning by the Chapter Board.

If you would like to see your suggested topic as part of the update symposium, please complete and return this SUGGESTION FORM to the College Secretariat via fax at 65937860 before 30 January 2009.

Thank you.

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Name: _____ Signature: _____

Practising Address: _____

_____

Email: _____ Date: _____

I would like to suggest that the following topics to be covered in the 1st Update Symposium (in sequence of priority):

1. _____

2. _____

3. _____

Other Chapter activities / events that you would like to propose to the Chapter Board:

1. _____

2. _____

3. _____

**Please print or write legibly in all required fields.*