



The Hong Kong Ophthalmological Society

60th
Anniversary



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香港眼科學會六十周年

THE HONG KONG OPHTHALMOLOGICAL SOCIETY

攜手同心
共締光明

Message from the President



Dr. LEE Yau Wing, Vincent
President,
The Hong Kong
Ophthalmological Society

The Hong Kong Ophthalmological Society (HKOS) will enter its 6th decade since it was founded in 1954. In August 2014, we celebrate 60 years of this Society's inspired projects, educational events and visions. According to the Lunar calendar, 60 years marks the completion of the Chinese Sexagenary Cycle. Our Society has evolved from a small society consisting of 19 Founding Members to the 325 members today. We owe the success and thriving of HKOS to all the Past Presidents and Council Members. Their wisdom and guidance have shaped the HKOS into one of the most important ophthalmology organization in Hong Kong. Our blooming society would not have reached this stage without our members who have participated and supported our functions throughout the years. A number of meaningful, beautiful projects and events were successful

because of the support and contribution of our enthusiastic and multi-talented members. The medical field has changed drastically over the past 60 years and ophthalmology is no exception. We face new challenges which differ from the past. We have witnessed great progression in the core of our field – patient and disease management. The development and transformation in eye treatments is, in my opinion, beyond my wildest imaginations since my graduation from Medical School. Ophthalmology has been attracting the “cream of the crop” from various medical schools. Combing our excellent doctors and treatment methods, the HKOS is indeed lucky to serve as a platform to help our profession's growth. With this synergy between our members and the College of Ophthalmologist of Hong Kong (COHK), we believe that the future of our profession is shining.

HKOS was established “with the objectives to maintain and upgrade the quality of eye care in Hong Kong, and to foster brotherhood among eye care professionals serving the public in Hong Kong”. Adhering to this principle we have been publishing a newly formatted Newsletter, “Eye Opener” in the recent years to serve as a communication platform for all members. On top of the other important events like annual scientific meeting, public eye health events, sports tournament and social gathering, we have made several practical souvenirs for members to use in daily life to enhance the sense of belonging to the Society. We plan to publish a Chinese book on common eye disease for HK citizens and organize a variety of events for our members in the near future. With our joined efforts we can, not only strengthen our bonds as a Society but serve the community as well.

It is our deepest wish that our success in the first 60 years will stimulate even more brilliant minds of our next generations to join in our profession, so the health of our eyes could count on them, allowing us to look back on our good old days with 20/20 vision when we celebrate the future anniversaries of HKOS.

We are proud of being members of HKOS in the past, now, and in the future.



PREFACE - THE HISTORY OF THE HONG KONG OPHTHALMOLOGICAL SOCIETY



The Hong Kong Ophthalmological Society (HKOS) was formed and registered on 16th August 1954 with Dr DANSEY-BROWNING as the first Chairman and 19 members on the list. This year, The Hong Kong Ophthalmological Society is celebrating its 60th anniversary. Looking into the development of ophthalmology in Hong Kong over the past six decades, one must be impressed by the tremendous advancement and rapid expansion we have made throughout these years.

The continuing growth in demand of quality eye care by the public has driven us forward. Back in the 1940s, Ophthalmology in Hong Kong was not recognized as a specialty. Many clinicians who provide ophthalmic service were Eye-ENT practitioners. Public ophthalmic service relied on private ophthalmologists working on a part-time basis in government-run clinic. After the Second World War, the Hong Kong Government employed the first Consultant Ophthalmologist, Dr DANSEY-BROWNING, a British army Colonel, to organize public ophthalmic service in Hong Kong. After one year, Dr DANSEY-BROWNING produced a report titled "Causes of Blindness in Hong Kong", which pointed out the alarming fact that 80% of the blindness in Hong Kong was preventable and curable. In 1958, to ensure the standard of ophthalmic service, the Government promulgated the Medical Registration (Amendment) Ordinance stating that "...no person unless he is a registered practitioner, shall hold himself out as being qualified to undertake the treatment of the human eye....". In the 60s, the Government Ophthalmic Service head-quartered at Yaumatei Eye Clinic was set up. Under the leadership of Dr Timothy LIU, it served as the training center for local eye doctors and offered a centralized ophthalmic service to Hong Kong citizens. The Tang Chi Ngong Eye Clinic came into service in the 70s and become the administrative and clinical base of Government Ophthalmic Service in the Hong Kong Island District. The first academic eye team, headed by Professor Patrick HO, was set up in 1984 under the Department of Surgery at the Prince of Wales Hospital by the Chinese University of Hong Kong. In the early 90s, the University Grants Committee decided to establish a single academic unit, namely the Department of Ophthalmology and Visual Sciences, to provide under-graduate teaching for both the University of Hong Kong and the Chinese University of Hong Kong. Professor Mark TSO was appointed as the first Chairman. In 1992, the Yaumatei Eye Clinic completed its historic mission and the service was transferred to the Argyle Street Ophthalmic Center, later renamed by the Hospital Authority as today's Hong Kong Eye Hospital.

In order to consolidate training, examination and registration of specialists, the Hong Kong Academy of Medicine was formed in 1993 and under its umbrella are colleges for various specialties. The Faculty of Ophthalmology was formed in the same year with Dr Timothy LIU elected as Dean. Since then, Hong Kong has set its own requirements and curriculum for training and examination for ophthalmologists. The first Fellowship examination in Ophthalmology was held conjointly with the Royal College of Surgeons of Edinburgh in March 1994. In 1994, the Faculty matured to form the College of Ophthalmologists of Hong Kong (COHK) and Dr Timothy KC LIU was elected as the first President. All through the years, HKOS and COHK work closely together towards a high standard of ophthalmic practice in our community. The dedicated efforts from the academic, public and private sectors all contribute to this accomplishment of our profession.



With increasing number of ophthalmologists and other ophthalmic professionals in Hong Kong, HKOS, being the earliest ophthalmic professional body established, has positioned itself as the core that binds all of us in the field of eye care. These included ophthalmologist specialists, ophthalmologists under training, ophthalmic nurses, orthoptists and optometrists. The Society always strives to provide platforms for continuous medical education. In 1989, HKOS organized its first scientific meeting, which was a two-day event. This has since then become an annual event to be held every December. It offers good opportunities for exchange of professional knowledge and has received international recognition with delegates from mainland China and overseas. The series of open lectures held in conjunction with COHK and the Hong Kong Association of Private Eye Surgeons were another important occasions for sharing of expertise. Apart from local meetings, members of HKOS also actively participate in international conferences. The Society hosted the 9th Congress of the Asia Pacific Academy of Ophthalmology (APAO) in Hong Kong in 1983 with great success. In 2008, The World Ophthalmology Congress co-hosted by International Council of Ophthalmology, APAO, COHK and HKOS was well-attended by over 10000 delegates from all over the world. In 2012, the Society successfully bid the APAO Congress to be held in Hong Kong again in 2018.



In the past decade, HKOS has worked in collaboration with COHK and non-governmental organizations in organizing public education campaign and screening programs on major and common eye diseases, like dry eye, glaucoma, age-related macular degeneration and diabetic retinopathy. Information on eye care were also disseminated via our website launched in 2003 and various newspaper columns starting in 2012. Through all these channels, our fellow members are dedicated to promote awareness on eye care in our community.

Last but not least, a main objective of the Society is to bring our members together through a spectrum of sports and social functions. Events that have been organized in the past and in this year for celebration of the 60th Anniversary include soccer match, bowling competition, dragon boat race, singing competition, hiking, painting and wine-tasting etc. A biannual internal publication, "Eye Opener", first published in January 2012, was in place to facilitate members' communication and to highlight interesting personal stories of individual members.

The Hong Kong Ophthalmological Society is now one of the most active and prominent medical groups in Hong Kong. The success of the Society was the results of the concerted effort of our members, from the private and the public, young and senior, hero and anonymous. Looking into the future, the Society will continue to serve as a window for international collaboration as well as a bridge for members from different sectors of ophthalmology. We are committed to work in unity to uphold the professional standard of ophthalmic practice in Hong Kong and to promote among the public awareness of common and sight-threatening eye disease. With passion and determination, we shall overcome challenges, internal and external, local and global, joining hands in hands.

We would like to take this opportunity to express our heartfelt gratitude to all our constituent members for their support and contribution to the Society throughout the years. We salute to all those who have devoted their time and effort for the development of our profession. In this commemorative bulletin, we shall recount the development of Ophthalmology in Hong Kong and present highlights of important events held in the past ten years.

Dr. LI Yuen Mei, Emmy

Dr. LEE Yau Wing, Vincent



香港眼科學會六十周年

THE HONG KONG OPHTHALMOLOGICAL SOCIETY

Congratulatory messages



梁振英
行政長官

復明有術
壽世延光

香港眼科學會六十周年誌慶

行政長官梁振英



Congratulatory messages



高永文醫生
食物及衛生局局長

食物及衛生局局長高永文



專才卓術
護眸功深

香港眼科學會六十周年誌慶

Congratulatory messages



梁家騮醫生
立法會議員 (醫學界)

祝賀香港眼科學會成立六十周年誌慶

甲子之慶
共創新猷

立法會議員(醫學界)梁家騮醫生

Congratulatory messages



梁智仁教授
醫院管理局 主席

眼科翹楚 拓光明
健目有術 愛無疆

香港眼科學會六十周年誌慶

醫院管理局主席梁智仁





Congratulatory messages



梁栢賢醫生
醫院管理局 行政總裁

妙手仁心澤香江
去翳除障濟萬民

香港眼科學會六十周年誌慶

醫院管理局行政總裁梁栢賢



Congratulatory messages



陳漢儀醫生
衛生署署長

香港眼科學會六十周年誌慶

專才承志
續展長虹

衛生署署長陳漢儀





Congratulatory messages



史泰祖醫生
香港醫學會會長

護目衛民

香港眼科學會六十周年誌慶

香港醫學會會長史泰祖敬題
甲午夏末

Congratulatory messages



Dr. Li Kwok Tung, Donald
President,
Hong Kong
Academy of Medicine

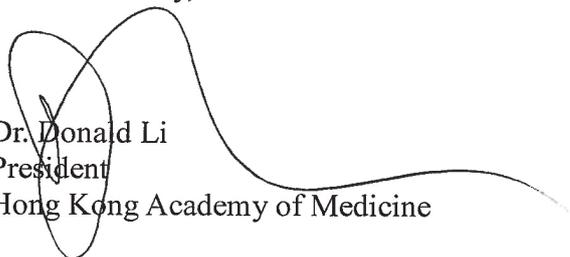
On behalf of the Hong Kong Academy of Medicine, it gives me great pleasure to extend our heartfelt congratulations to the Hong Kong Ophthalmological Society on your 60th anniversary.

Ever since the establishment in 1954, the Hong Kong Ophthalmological Society has committed to providing quality and comprehensive eye care of the highest quality to the community. The Society through the collaborative effort of a large number of dedicated ophthalmologists, has also played a key role in promoting eye healthcare in Hong Kong by raising public awareness of common and major eye diseases. Many well-structured and informative scientific meetings have been organized throughout the years. The meetings provided great platforms for ophthalmologists to be updated on knowledge and new technological advances that help maintain the highest professional and ethical standards of their practices.

Celebrating this auspicious occasion of the Society's Diamond Jubilee, I have every confidence that the Society will continue to build on its reputation for ophthalmological excellence in the region. May this milestone of achievement mark the beginning of further advancement and success. I wish the Hong Kong Ophthalmological Society every success in all future endeavors.

Yours sincerely,

Dr. Donald Li
President
Hong Kong Academy of Medicine



Congratulatory messages



周伯展醫生太平紳士
香港眼科醫學院院長

香港眼科學會六十周年誌慶

子曰：「吾十有五而志於學，三十而立，四十而不惑，五十而知天命，六十而耳順，七十而從心所欲，不踰矩。」以孔子的說法，人到三十歲正是踏入壯年，根基已固，能連用所學，立身行事，六十歲則洞察世情，成熟處事。

香港眼科學會成立於1954年，至今已有六十年歷史。但在一個學會發展方面來說，一個甲子其實僅可算是青年。

我是在1980年成為學會的會員。學會的組織章程大綱及章程細則於1981年1月5日由7位眼科學會會員簽署，而由我個人見證作實。1989年至1991年間，我獲選為學會的副會長。這些年見證學會的成長，蓬勃發展而取得一定的成就，其中包括學會的會員由成立初期的20多位會員增加至現在300多人；1983年我們主辦第九屆亞太眼科醫學會大會（Asia Pacific Academy of Ophthalmology of Hong Kong），1989年首次舉辦週年眼科學術會議；我們並舉辦一系列的公眾健康教育活動，包括有「親子護眼」，「戰勝青光眼」和「戰勝黃斑病」等等。

時至今日，香港眼科學會已成為一個甚具規模及代表性的專科專業團體，我們在舉辦專科教育，國際學術會議，同業交流，公眾教育等方面已甚有經驗，可謂得心應手。

我祝願眼科學會在未來繼續維持及提高香港眼科專業水平，為眼科專業人才提供平台作交流，以及為香港市民服務。在將來一個又一個的甲子為社會作出更多的貢獻。

香港眼科醫學院院長
周伯展醫生太平紳士

List of Presidents (Year of service)



Dr LEE Yau Wing, Vincent
李佑榮醫生
2013-Present



Dr YUEN Shi Yin, Nancy
袁淑賢醫生
2009-2013



Dr KWOK Kwan Ho, Alvin
郭坤豪醫生
2005-2009



Dr KO Tak Chuen
高德全醫生
2003-2005



Dr CHEUNG Tze On, Benson
張子安醫生
2001-2003



Dr TSE Kwok Kay, Raymond
謝國璣醫生
1999-2001



Dr HO Chi Kin
何誌健醫生
1993-1999



Dr HUI Siu Ping
許少萍醫生
1991-1993



Prof HO Chi Ping, Patrick
何志平教授
1986-1991



Dr NG Yuk Hon
吳鏊漢醫生
1984-1986



Dr TONG Pak Chuen, Patrick
唐柏泉醫生
1982-1984



Dr SUNG Sai Cheung, Benjamin
宋世祥醫生
1979-1982



Dr WOO Chi Pang, Victor
胡志鵬醫生
1977-1979



Dr LIU Kai Ching, Timothy
廖啟澄醫生
1975-1977



Dr LEONG Tak Shing, Lawrence
梁德成醫生
1973-1975



Dr CHAN Wai Kai
陳煒楷醫生
1969-1971, 1972-1973



Dr CHANG C N, John
張橋南醫生
1971-1972



Dr WONG Wing Tze, Yvonne
黃詠滋醫生
1967-1969



Dr CHING, Renald
程伯京醫生



Dr CHAN Shing Chu
陳聖柱醫生



Dr CHAN Yick Ping
陳翼平醫生



Dr G C DANSEY-BROWNING
1954-1955

Congratulatory messages from Past President



Dr. TONG Pak Chuen,
Patrick
HKOS president,
1982 - 1984

Time Flies!

Nearly forty years have passed since I first joined HKOS, then under the able leadership of Dr. Timothy K.C. LIU. I have the honour of serving the Society in various capacities, including Hon. Treasurer, Hon. Secretary and President (then called Chairman).

In the late 70's and early 80's, there was as yet no academic body in ophthalmology in Hong Kong. Our Society was responsible for organizing scientific meetings. These meetings were not regularly held but rather "opportunistic" when we tried to get hold of every opportunity of the visit of scholars to Hong Kong.

In those days, our society has already begun organizing social activities for members such as field trips. We also joined hands with other related professional bodies, cumulating in the formation of the Hong Kong Federation of Societies for the Prevention of Blindness in 1981. Since then, our Society has been pivotal in providing various public education programs in Hong Kong.

The most notable event during my two years of presidency is the first international conference in ophthalmology in Hong Kong in March 1983. This was the 9th Congress of Asian Pacific Academy of Ophthalmology, with Dr. John C.N. CHANG as our organizing chairman. Over 300 delegates from 28 countries and regions participated. This is also the first time when our Society invited ophthalmologists from Mainland China to join our meeting.

I must congratulate Dr. Vincent LEE and his great team on their success in making our Diamond Jubilee so memorable!

Congratulatory messages from Past President



Prof. HO Chi Ping,
Patrick

HKOS President,
1986-1991

A Vision in Ophthalmology (眼界¹)

Sixty year celebration is an auspicious occasion both in tradition and in the cycle of natural happenings.

As someone who has witnessed firsthand the dynamic changes in the formative stages of The Society, I would attempt to recollect from my personal perspective the angst and strife of the period auguring what is installing for Ophthalmology.

The last quarter of the last century, from 1975 to 2000, marked the golden years of Ophthalmological advancement in the history of mankind. Cataract extraction has progressed from intra-capsular to extra capsular, and to phacoemulsification; moving from hospitals to offices; with implants; with to without sutures and anesthetics. Laser surgery has moved from argon to krypton, to dye lasers, to continuous wave YAG, and to photodynamic therapy.

Keratoplasty has adopted Sato's keratotomy, then to radial keratotomy, Excimer surface keratoplasty and to LASIK. Vitrectomy has advanced through bimanual dissection, subretinal manipulation, vitreous replacement and expansion to a variety of intravitreal therapeutics. Ocular patho-physiological examination in vivo has been made possible by OCT, SLO, and hosts of technological innovations. All these, and much more, had taken places during that most prosperous years of Western Ophthalmology.

Ophthalmology in Hong Kong, since the 50's and the 60's of the last century, had solely been the responsibility of the Government, operated through the Government Ophthalmic Service (GOS). The imperative was to provide clinical services to the masses. HKOS was the only platform where eye practitioners in private practice and in GOS interact professional and socially. Academic Ophthalmology was nonexistent until 1984 when the Chinese University established an Eye Unit under the Department of Surgery, and an Eye service was set up at the Prince of Wales Hospital; and in 1988, when a structural Chair in Ophthalmology was inaugurated². Ophthalmology in Hong Kong has much to catch up from having fallen so much behind, to dovetail with the rapid modern development in the West, and to be aligned with the international standards of professional training, clinical service delivery, and research interests.

Members of HKOS were taken to task, but collectively, we organized Clinical Ophthalmological Symposium (COS) with Guangzhou and Macau starting in 1987 on a rotational basis; we put on the first Ophthalmological Symposium in 1988 inviting the Chinese American Ophthalmology Society to attend. And when that has proven to be successful, Annual HKOS Symposium was initiated in 1989, and then yearly after then, culminating to the APAO meeting in HK in 1995, and beyond. Then the College of Ophthalmologists of Hong Kong was formed and which then, with the University Department, took over much of the professional and academic activities from HKOS. Nonetheless, HKOS has fulfilled its role in a very demanding period of history of Ophthalmological development in Hong Kong.

Much has taken place in Hong Kong in the last couple of decades. I for one cannot help but to marvel that the medical and ophthalmological services had assumed some very substantive changes, from having to provide for physical needs to providing for meta-physical needs; from addressing the things that our patients "need" to the things that they "want"; and from delivering a service of "necessity" to a service of "desirability". Ophthalmology has become technology-led, and manual driven; ophthalmic surgeons have become eye care practitioners; clinical judgment replaced by protocol execution; individual patient becomes a client population; and professionalism transformed into consumerism



Congratulatory messages from Past President

A Vision in Ophthalmology (眼界¹)

Perhaps, medical benchmarks have to be defined. However, traditionally and medically, there might be definitions for death and illness, but what is health and wellness as something more than and beyond “non-death” and “non-illness” have not been well explained and discussed. In Ophthalmology, we have standards for blindness and eye diseases, but “sight”, “healthy eye sight”, and “healthy eye” escape definition.

The traditional paradigm involves teaching medical students and trainees how to “raise the dead” (救死) and “cure the sick” (扶傷), with very little emphasis on maintaining health (保健), or enhancing happiness in life (益壽), and not to mention about promoting normal longevity (延年). In eye education, we were taught about reversing blindness (復明), treating visual disorders (治盲). But modern eye practice now called for maintenance of eye health (防盲), improving the quality of vision (e.g, LASIK), and extending sight to “super-sight”.

The 21st century demands a change in the paradigm in ophthalmological practice: a shift of emphasis from reversing blindness to improving quality of vision; a shift that is market driven with consumerism, and that is technologically led with cost as an important determinant; a shift that is patient – need motivated with a trepidation that patients’ needs could be insatiable; and a shift which is value dependent and that is easily influenced by advertisements, swayed by coercions, and by what is fashionable at the time. Ophthalmologists are asked to deliver the kind of care that the patients “want” rather than “need”.

Globalization, through information and technology explosion, and standardization of needs, has begun to alter the landscape of ophthalmic practice so significantly that a readjustment of the ophthalmic manpower supply-demand equation, a major overhaul of the education and training curricula, a deep internal reflection of the government’s role and the public system of care delivery, and a cogent re-examination of the interaction between the public and private sectors are not only necessary but mandatory. The urgency of reform has already been written on the wall. Such are the challenges to Ophthalmology in Hong Kong and in the world.

But then the last 60 years has endowed the HKOS with resiliency, wisdom, and a collective know-how to rise to the challenges of the next 60 years.

My very best wishes to The Society and all its members.

¹ The title is a revisit to the inaugural lecture of the Chair in Surgery (Ophthalmology), the Chinese University of Hong Kong and the Prince of Wales Hospital delivered in 1991.

² 2014 also marks the 30 year anniversary of the establishment of Academic Ophthalmology in Hong Kong at the Chinese University of Hong Kong. (Ophthalmology Awakens in Asia: 40 Years of Asia-Pacific Ophthalmology. Lim KH, ed., Singapore National Eye Center, 1999.)

Congratulatory messages from Past President



Dr. HUI Siu Ping
HKOS President,
1991-1993

Path from the scratch—development of Ophthalmology in Hong Kong before the formation of our College

Apparently, I was the 24th (most junior according to ophthalmic seniority) eye doctor & newest intake trainee when I joined the the Government Ophthalmic Service in 1979. Apart from a handful number of eye colleagues in the private sector, this whole team of less than 25 public eye doctors (trained & training) had to take care of the eyes of majority of Hong Kong (HK) citizens.

After the successful holding of APAO 1983 in Hong Kong under the Chairman-ship of late Dr John CHANG, HKOS held its 1st Annual Scientific Symposium in 1989 . I was then entrusted to be the chairlady of its organizing committee. This green organising committee, including Prof. Dennis LAM, Dr. Leo MA & many other young eye doctors of the time, having no organizing experience for such academic meeting and uncertain about the budget & financial implications, worked out every detail in the logistic plan on their own effort. Fortunately , this 1st symposium was well received & gave HKOS a small surplus. So HKOS decided to hold similar symposium annually. Later, I succeeded Dr. Patrick HO Chi Ping, who was a visionary leader in Ophthalmology, as the chairlady of HKOS in 1991-93. When talking about the formation of our College , we cannot forget our gratitude to late Dr. Timothy K.C LIU; likewise our gratitude to Dr. Patrick HO & Prof. Mark TSO for the formation of DOVS (Department of Ophthalmology & Visual Sciences),CUHK; Dr. James CULLEN for our College Conjoint Fellowship Examination with the Royal College of Surgeons of Edinburgh; & Prof. Guy Hugh CHAN for the development of refractive surgeries in HK. When HK established the Hong Kong Academy of Medicine before 1997, which is the statutory body for training & accreditation of medical specialists of HK, Ophthalmology could not yet form our own College, since the Academy required at least 50 fully qualified fellows in that specialty before a specialty college could be approved. So ,a prior specialty body for Ophthalmology, the Faculty of Ophthalmology, was first formed in 1993 under the umbrella of the Hong Kong College of Surgeons. With the help of Dr James CULLEN, who was the mentor of our many contemporary ophthalmic trainees from HK & Singapore who took training & examinations in Edinburgh, agreement of holding Conjoint College Fellowship Examination for Ophthalmology locally in HK was successfully agreed upon & signed by the HK Faculty of Ophthalmology & Royal College of Surgeons of Edinburgh in 1993. I was then appointed by the Royal College of Surgeons of Edinburgh as its first examiner in HK. Dr. Timothy LIU was then the founding Dean of the Faculty of Ophthalmology, when I was its Secretary & representing the Faculty to sit in the Council of HK College of Surgeons. With enhanced professional training, setting up of proper training curriculum & accredited examination system, our College was soon successfully founded in 1994 with Dr. Timothy LIU being its founding President. I then succeeded Prof. Mark TSO as the College President in 1999-2001. Today, our College has grown into a specialty College of more than 260 Fellows & now celebrating its 20th anniversary. The previous path was not easy but the on-going future is very promising in providing high quality professional eye care to people of HK. Cheers!!!



Congratulatory messages from Past President



Dr. HO Chi Kin
HKOS President,
1993 - 1999

I would like to extend my heartfelt congratulations to the Hong Kong Ophthalmological Society for her 60th anniversary and all that has been achieved in these 60 years. I was president of this society from 1993 – 1999, and since that time we have witnessed a marked increase in the demand for ophthalmic care due to significant advancement in our investigation and management capabilities. To meet this demand, the number of ophthalmologists in Hong Kong has more than doubled in the past 15 years. Now, more than ever, we will need to work hand in hand to keep abreast of these advances in order to provide services for the Hong Kong people at a world recognized standard. I hope as a society we can continue to support each other to ensure a bright future for the field. Happy Anniversary!

Congratulatory messages from Past President



Dr. TSE Kwok Kay,
Raymond
HKOS President,
1999 - 2001

I would like to share with you my heartiest congratulations to the Hong Kong Ophthalmological Society in celebrating her 60th Anniversary.

Upon its formation, there were only a small handful of ophthalmologists in Hong Kong by then with a few founding members, and throughout the past few years and in close collaboration with the College of Ophthalmologists of Hong Kong, the Society had grown to have a few hundred members and had held various social functions to promote fraternity amongst fellow members whereby forming a platform where members working in the public sector can get acquainted with those working in the private sector and young members can meet more senior members. Moreover the Society had been organizing numerous public health education and screening programmes in order to educate the local people (including personnel working in the medical profession) in focusing on eye care as well as awareness of common eye problems with the aim to preserve sight and promote eye health. With our hands joined and hearts united, I firmly believe that we can further promote our fraternity as well as eye health and care in Hong Kong

In this auspicious year, various events celebrating our 60th Anniversary had been held and participation had been enthusiastic and I would like to congratulate the Society again for her 60th birthday and all the best and success in the years to come

Congratulatory messages from Past President



Dr. KO Tak Chuen
HKOS President,
2003-2005

I am honored to write a congratulatory message to celebrate the 60th anniversary of Hong Kong Ophthalmologist Society.

Time flies and I still remember the days when I was given the privilege to serve the Society during its golden jubilee (2003-2005). I would like to quote an excerpt from the 50th anniversary commemorate book "The Hong Kong Ophthalmological Society is determined to work to unite our members and to dedicate our united effort towards a high standard of ophthalmic practice in Ophthalmology and better awareness and understanding of the public on common and major eye diseases". I am glad to see that our Society, under the leadership of our presidents, persistently working in this direction and had raised the standard of ophthalmology practice through collaboration with various stakeholders. I am particularly impressed by the energetic effort and enthusiasm of the present council on improving communication and encourage engagement among members. These efforts successfully motivate our members to join together in public education and social functions. Despite all these success, we still need harder work in different areas including enhancing public private interface, manpower planning etc. We look forward to the vision and action of our council.

Congratulation and cheer to our Society! Salute to our seniors and juniors who had contributed their heart and sweat for the society to achieve our goal.

Congratulatory messages from Past President



Dr. KWOK Kwan Ho,
Alvin
HKOS President,
2005-2009

It is my lifelong honor to have the opportunity to serve the ophthalmic community with my distinguished Councils for two consecutive terms (2005-2009)

During my presidency, we focused on the two main strategies to uphold our profession and public health: maintain our professionalism, as well as our active presence in the public media. The former was through numerous scientific meetings co-hosted with the College of Ophthalmologists of Hong Kong and others, to share and enhance our knowledge. The success of the latter depended on the invaluable contributions from our members through various means, which were financially supported by our Society. The 23rd Congress of Asia Pacific Academy of Ophthalmology co-organized by the Society in 2008 had successfully served the two strategies: education of our ophthalmologists, and strengthen the Society's balance sheet in public education and exposure through a significant surplus.

I would like to take this opportunity to send my sincerest appreciation to my Councils and all the members of the Society. Last but not the least, salute to Dr. Vincent LEE and his great team!

Congratulatory messages from Past President



Dr. YUEN Shi Yin,
Nancy

HKOS President,
2009 - 2013

It gives me great pleasure to be invited to write a message to celebrate the 60th Anniversary of The Hong Kong Ophthalmological Society.

I am honored to have the opportunity to serve the Hong Kong Ophthalmological Society in various capacities since early 2000's, including being Council member, Honorary Secretary and Vice President, I became President for two terms from 2009 to 2013.

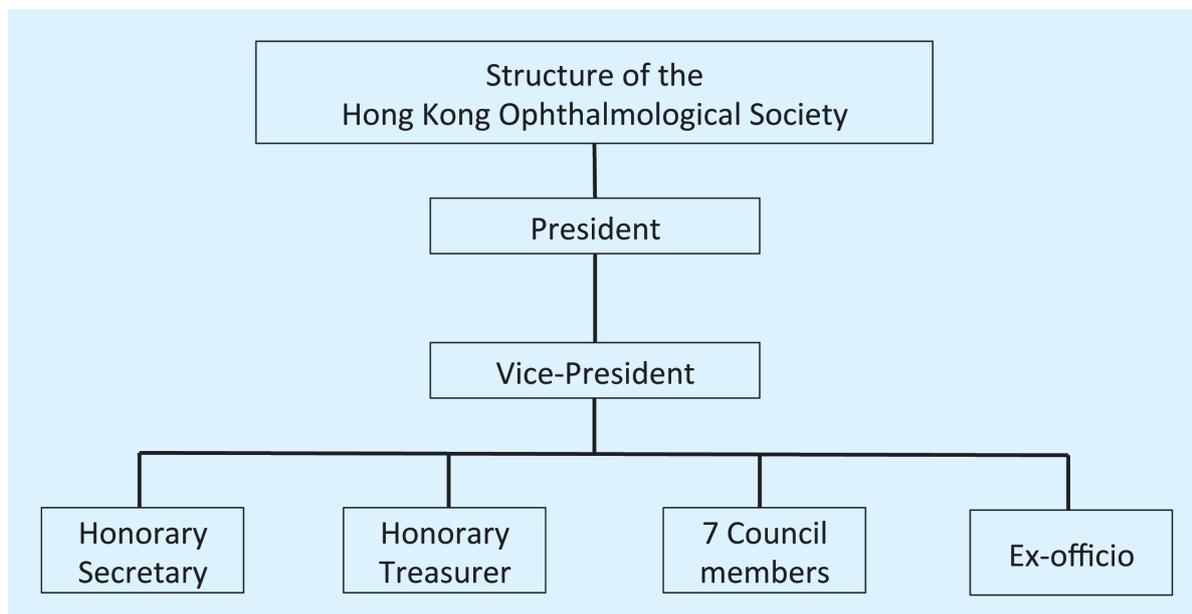
I was honored to be one of the editorial board members of the previous 50th Anniversary Commemorative Book under the leadership of Dr. T.C. KO, this enhanced very much my understanding of the development of our specialty in various aspects in the early years with all the input and contribution from our seniors.

I witnessed the growth of the Society in membership since I joined Ophthalmology in 1994, 1990's marked the start of a significant growth in demand of ophthalmology service and the resource allocation from Government and Universities to the development of our specialty. Now we have more than 300 members as of today. Through the good work developed by precedent Council and Presidents, the Society represents our profession through increasing commitment to public education; academic activities including open lectures and conferences, both local and international; and increasing collaboration with the College of Ophthalmologists of Hong Kong, The Hong Kong Association of Private Eye Surgeons, and various other NGOs and Government bodies or media to enhance the synergy in advancement of eye care service to our public.

All these work is only possible through the energy and enthusiasm of all our Society's members. I would like to take this opportunity to thank all members for their support and contribution to the Society, and to thank all the council I have previously worked with. I would like to congratulate Dr. Vincent LEE, President of the HKOS for his contribution to the profession and I am sure our Society will grow more prosperously under his able leadership.

This year marks both the 60th Anniversary of the HKOS and the 20th Anniversary of COHK, I hope all members will unite and find this year a most memorable year.

Structure of HKOS



The Council of the Hong Kong Ophthalmological Society (HKOS) is comprised of twelve Council Members and two supporting staff:

- A President
- A Vice-President
- An Honorary Secretary
- An Honorary Treasurer
- Seven Council Members
- Ex-Officio

Current Composition (2014-2015):

President	Dr LEE Yau Wing, Vincent	李佑榮醫生
Vice President	Dr LEUNG Yu Lung Dexter	梁裕龍醫生
Hon Secretary	Dr YIP Pui Pui, Terri	葉佩珮醫生
Hon Treasurer	Dr PONG Chiu Fai, Jeffrey	龐朝輝醫生
Council Member	Dr CHU Tung Ki, Aaron	朱東麒醫生
Council Member	Dr CHENG Chi On, Andy	鄭智安醫生
Council Member	Dr FONG Hon Chi, Angie	方瀚芝醫生
Council Member	Dr HO Chun Ho, Jonathan	何俊浩醫生
Council Member	Dr LI Yuen Mei, Emmy	李琬微醫生
Council Member	Dr WONG Yat Hin, Ian	王逸軒醫生
Council Member	Dr YAM Cheuk Sing, Jason	任卓昇醫生
Ex-officio	Dr YUEN Shi Yin, Nancy	袁淑賢醫生

Structure of HKOS



The Council of HKOS 2014-15: (First row from left to right) Drs. Nancy YUEN, Dexter LEUNG, Vincent LEE, Terri YIP and Jeffrey PONG. (Back row from left to right) Drs. Jonathan HO, Emmy LI, Angie FONG, Andy CHENG, Ian WONG, Aaron CHU and Jason YAM

The President is the leader of the Council and the Society, and is the figurehead and representative of the HKOS in any official activities that the HKOS engages in. Each term of the Presidency is for two years, and is elected by the members of the HKOS at the AGM once every two years. Any member of the HKOS may serve up to 3 terms as President of the HKOS.

Other Office-Bearers include the Vice-President, the Honorary Secretary, and the Honorary Treasurer. These positions are also elected at the AGM, for terms of two years.

The seven Council Members are also elected at the AGM by the members. The terms of service are for two years, and there are no limits to the number of terms that any member could serve as a Council Member.

The Ex-officio is a member of the Council whom has just stepped down from Presidency of the Society. This post is unique in that it is not an elected post, but rather, appointed.

The two secretaries of the HKOS support the daily execution and running of the activities of the Society, and are an indispensable part.

Structure of HKOS

Subcommittee and brief description of work

1. **Public Education subcommittee** – Drs Angie FONG, Dexter LEUNG, Emmy LI, Jason YAM and Pui Pui YIP

- Public Education Committee aim to enhance knowledge of the public on common and important eye diseases. We worked closely with the College of Ophthalmologists of Hong Kong and organized regular public health talks, screening program and worked with other organizations and NGOs for health promotion.
- We are also responsible for the matters related to public education, such as answering newspaper columns queries, etc.



2. **Website subcommittee** – Drs Jonathan HO and Jason YAM

- Responsible for the design and upkeep of the Society's website. Our website www.hkos.org provides information on health education for the public, academic information for members, linkage to other health organizations, and communications amongst members.

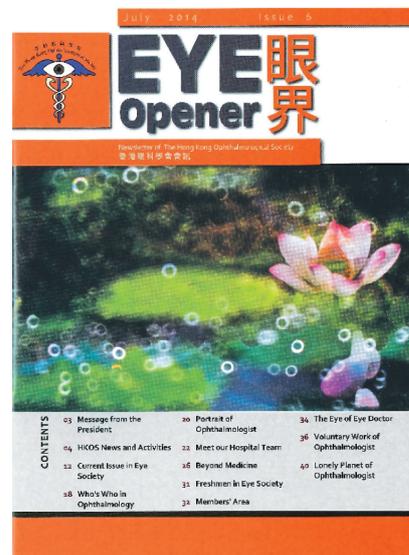


Structure of HKOS

3. **Sports and Social Function subcommittee** – Drs Andy CHENG, Aaron CHU, Jonathan HO, Jeffrey PONG and Jason YAM
 - Responsible for organizing various sports and social functions for its members.



4. **Newsletter subcommittee** – Drs Vincent LEE and Dexter LEUNG
 - Responsible for the matters related to the newsletter 'Eye Opener'.



5. **Public-private interface subcommittee** – Drs Andy CHENG, Dexter LEUNG, Ian WONG, Pui Pui YIP and Nancy YUEN
 - To supervise any matters involving both the private and public sector colleagues and aim to enhance communications and collaboration of eye doctors in various sectors and provide high level of eye care services to our patients.
6. **Publicity subcommittee** – Glaucoma: Dr Dexter LEUNG
Retina: Dr Pui Pui YIP
OOP: Dr Andy HENG
CE: Dr Jeffrey PONG
P&S: Dr Jason YAM
 - Looking after the various publicity campaign to promote the image of ophthalmologists in the community.



Structure of HKOS

Membership categories of the HKOS

1. Regular Membership
 - a. Any person being a registered medical practitioner who practices in Hong Kong and holds such diploma in ophthalmology as may be recognized by the Council shall be eligible to be a regular member on payment of the prescribed entrance fee and annual subscription fee.
2. Associate Membership
 - a. Any person being a registered medical practitioner who practices in Hong Kong but does not hold any diploma in ophthalmology as recognized by the Council, and any person practicing in the para medical field such as nurse, optometrist, orthoptist, or such other profession relating to visual health shall, subject to the approval of the Council, be eligible to be an associate member on payment of the prescribed entrance fee and annual subscription fee.
3. Overseas Membership
 - a. Any person who is a medical practitioner and holds such qualifications in ophthalmology as may be recognized by the Council but practices in places outside Hong Kong shall be eligible to be an Oversea Member on payment of the prescribed entrance fee and annual subscription fee.
4. Absentee Membership
 - a. Any Regular or Associate Member who is absent or intends to be absent from Hong Kong for more than 6 consecutive months may make written application to the Council to become an Absentee Member.
5. Honorary Membership
 - a. The Association in general meeting may elect any person who has rendered outstanding service to the Association to be an Honorary Member of the Association. No subscription of any other fee whatsoever shall be payable by an Honorary Member.

Local representations in other professional bodies by the HKOS

The College of Ophthalmologists of Hong Kong – Dr Vincent YW LEE

Federation of Medical Societies of Hong Kong – Dr Pui Pui YIP

Hong Kong Council of Social Service – Dr Emmy YM LI

Hong Kong Eye Bank and Research Foundation – Dr Vincent YW LEE

Hong Kong Federation of Societies for Prevention of Blindness – Dr Jeffrey CF PONG

Dr Timothy Kai-Ching Liu Memorial Fund – Dr Vincent YW LEE

International representations by the HKOS

HKOS is the professional organization that represent Hong Kong ophthalmologists in various regional and supranational ophthalmological organizations including Asia Pacific Academy of Ophthalmology and the International Council of Ophthalmology. HKOS works closely with these organizations in promoting academic conference in the region and internationally.

Asia Pacific Academy of Ophthalmology – Dr Vincent YW LEE

International Council of Ophthalmology (ICO) — Dr Dexter YL LEUNG

Dr WONG Yat Hin, Ian

Dr YUEN Shi Yin, Nancy

The old days and recent years



歐陽健初醫生

To recount the history of ophthalmology in Hong Kong, we have invited a number of experienced ophthalmologists to share their views on the development of ophthalmic service in the public sector, private sector, academic ophthalmology, ophthalmic surgery and Professional examination from different perspectives

Public Eye Service in the old days

從前的政府眼科服務

我在1975年加入油麻地政府眼科診療所時，全港政府眼科醫生，在九龍的有9位，在香港島的有4位。九龍的政府眼科醫生，負責提供眼科服務給九龍，新界及離島的居民。

油麻地眼科診療所成立之前，先有鴉蘭街眼科診療所，當時的眼科中心。後來這改為兒童智能測驗中心。香港島的眼科診所，初時是設在灣仔佩夫人診所內，後來才遷往鄧志昂眼科診所。

油麻地眼科診所內只有一個手術室。我們要在細小的醫生休息室內一角，以屏風遮掩着更換衣服進出手術室。這手術室只能提供局部麻醉的手術，若手術需要全身麻醉的話，便要在伊利沙伯醫院，廣華醫院，或者佛教醫院內進行。因為油麻地眼科診所沒有病房，所以視網膜脫落的病人都要在伊利沙伯醫院內治療。那時未有激光，視網膜退化 (Lattice Degeneration) 的病人，我們都用冷凍術 (Transcleral Cryotherapy) 來處理。

那時醫治青光眼的藥物不多，也沒有激光，所以很多時如眼內壓控制得不好，只有做手術一途，如Peripheral Iridectomy 或Trabeculectomy。這類手術我們都做得很多，很快。前者只須三數分鐘 (比Laser Iridotomy還快)，後者也可在十多廿分鐘內完成。有時一個下午一個醫生可以做近十個青光眼手術。

在油麻地眼科診所內，每個醫生一個上午平均要醫理70至80個，或更多的病人。不過那時的病人要求不太高，只要能見到醫生及拿到眼藥水，多已滿足地離去。初時是先到先得，額滿便要改日再來。後來才轉為要預約，不用大清早便要來排隊取籌了。

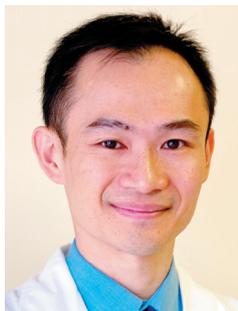
最難忘的是到外圍的眼科診症(Out-station Clinic)。這些包括荃灣，大埔，西貢，沙田，元朗，新墟(屯門)，石湖墟，及長洲，坪洲等。我們可以趁機會郊遊，為同事們，尤其是護士姐姐們，採購新鮮蔬菜，蛋，鹹魚，蝦膏等。也可以吃長洲碼頭魚蛋皇后的靚魚蛋。

記得當年，我和護士揹着診症用品，走在坪洲的街上，島民爭相走告，醫生來了，醫生來了，趕着去輪隊求診。我們儼如大人物似的。

那時病人的衛生知識多不高。記得有醫生處方了Panadol給一個病人。下次他來覆診時，對醫生說，Panadol很見效，他不再頭痛了。原來他用脫苦海膠布將那片Panadol貼在太陽穴上。所以後來有Health Visitors，對病人解釋藥物的正確使用方法，及眼疾的護理。她們也會上門幫助病人。

這些是我初入政府眼科時的見聞。如今，眼科已發展迅速，成為一個很吃重的專科了。眼科也人材濟濟。醫生們可以先進的科技和醫術，奉獻自己，布施病人了。

The old days and recent years



Dr Alvin L. YOUNG
Chairman,
Hospital Authority
Co-ordinating Committee
in Ophthalmology

Public Sector in recent years

It is my great honour to write this brief column for the momentous occasion on the 60th Anniversary of the HKOS. This is meant to be a snapshot of the last decade or so on some of the highlights in the public sector.

In the early noughties, the cluster structure was formalised in the Hospital Authority, and ophthalmic service was no exception in the HA. Different hospitals were regrouped & assigned as 'cluster teams', up to the current day 7 team structure. Headcount of full time doctors working in ophthalmology has expanded from 132 to 138 and 152 in 2004, 2009 and 2014 (as of 31 Mar) respectively.

In terms of quality & safety governance within the HA, the COC < Coordinating Committee> in Ophthalmology is responsible to set HA clinical standards and to advise HA on strategic service planning. It plays an important role in continuously improving professional service through clinical audits & the development of quality improvement programmes. The current members of the COC consists of all the Consultants within HA, honorary Consultants who are at full professor grade together with members from the Head Office, Nursing, Optometrist and Orthoptist representatives.

In recent years, for the key events making a mark in our ophthalmology milieu on a greater scale, one would have to include the establishment of cataract centres and the overall increased surgical throughput in HA (resultant in waiting time for routine cases markedly curtailed in most clusters), the introduction of Risk Assessment & Management Program (RAMP) diabetic retinopathy screening programs in GOPC (referrals to Eye SOPC and impact to new case waiting time) and the recent rapid turnover and brain drain from the public system, especially in the last five years or so (dilution of experience with poorer trainer : trainee ratio, overall less experienced teams).

One of the current and near term challenge that the public system faces is the issue on anti-VEGF treatment. Conditions once considered untreatable in the past may now be 'contained', but only by periodic repeated injections of anti-VEGF. The list of indications is almost growing by the month, with more patients enquiring the possibility and actually proceeding for treatment. At the moment, none of the anti-VEGF (whether Avastin <currently not sanctioned in HA > , Lucentis or Eyelea.....etc.) is covered by HA, so patients who could not afford the treatment (beyond the rather limited number of a special program per year) simply could do nothing. All of the above would stress the public system, with patients being very dissatisfied if they could not afford the treatment, and the heavy & extra workload needed for assessment, monitoring and repeated chronic treatment for all the anti-VEGF patients in an already relatively junior and short staffed public setting.

It remains to be seen if the government may one day allow Avastin to be used in the public sector, if multidose may be produced in HA pharmacies, and/ or if in future, generic drugs may be used once the patents expire in a few more years.

In closing, I wish to express my heartfelt gratitude to all the COS's, COC members and colleagues who tirelessly serve in the public sector and I wish HKOS every success in its endeavours for years to come.

Acknowledgement:

I wish to thank HAHO HR in providing the headcount data on the number of doctors working in ophthalmology.

The old days and recent years



Dr. THAM Min Hin

Private sector in the old days

I started my career in Ophthalmology in 1967 in Glasgow, Scotland after completing my training at the Institute of Ophthalmology and the Moorfields Eye Hospital in London. After I passed the FRCS (EDIN) Ophthalmology in June 1972, I was employed as the Consultant Ophthalmologist for Hong Kong Island, in charge of the Queen Mary Hospital and the Violet Peel Eye Clinic since 1973. At that time, there were less than 50 Ophthalmologists in the territory. Public or private doctors were working together as colleagues and friends, with the aim to prevent blindness. The work load in the public sector during my 5 years of service was heavy and I needed to perform hundreds of retinal repair surgery using the external buckle technique (local indentation and encircling band). Later on, I started my private practice in 1978 in Central. During my

career as a private ophthalmologist, I witnessed many changes in the private sector.

In the very early days of the private sector, there was an interesting phenomenon; there were several non-Chinese Ophthalmologists in private practice: Dr. Mahan SIGH, Dr. Olinto de Sousa, and Dr. William HEFFERNAN. It gave the older generation of HK people an impression that most private ophthalmologists were “Indian or foreigner”.

It was a golden era for private ophthalmologists back in the 70's and 80's. The outflow of ophthalmologists from the public sector to private practice was about 1 to 2 per year during that period. However, the demand of private service at that time was great. My first private practice patient was a lady with corneal abrasions in both eyes after over-wearing contact lenses. She even sought my help the night before my clinic's opening on May 1st, 1978. I was lucky to have a large number of patients from the Tang Chi Ngong Eye clinic (Violet Peel Eye Clinic moved to Tang Chi Ngong Eye Clinic in the early seventies) and the Queen Mary Hospital follow me to my private clinic for treatment. I used to treat more than 50 patients daily. The commonest private cases were refraction, squint, and meibomian abscesses. Frequently, I had to treat patients with acute angle – closure glaucoma and retinal detachment by admitting them to the Hong Kong Sanatorium and Hospital for treatment and surgery. The other most commonly performed procedures in private hospitals were cataract extraction, glaucoma filtration surgery, squint and lid surgeries. Some of my patients were rich property owners, barristers, bankers, solicitors, movie stars and singers. However, many poor patients also attended my clinic for treatment and I usually only charged a minimal fee. At that time, most of the private patients were middle class or above, and most private patients were very polite and respected their doctors.

The most important change during my 32 years of private practice was that in 1978, only 10% of patients attended public hospitals or clinics and 90% of patients sought care in the private sector, whereas when I retired in 2010, only 10% of patients in Hong Kong sought treatment in the private sector, 90% of patients attended public hospitals or clinics. The pendulum has shifted a lot. Moreover, in the early 1980's, there were less than 30 ophthalmologists in private practice, while there were about 60 in the public sector. Nowadays, the number of private ophthalmologists (around 180 doctors in the private sector) is actually greater than that in the public sector (approximately 150 doctors in the public sector).



The old days and recent years

Private sector in the old days

The second great change was the rent for our office space. In 1978, the rent for my office at the brand new Lane Crawford House in Queen's Road Central was only 2.5 HK \$ per sq. ft. At my retirement in 2010, the rent for the offices in Queen's Road Central had increased by at least 50 times since 1978. In the 80's the surgeon fee for cataract surgeries were in the range of \$2000 to \$3000. For laser surgeries, the charge was around \$1000. For major surgeries such as retinal repair surgeries, the charge was around \$6000 to \$8000. The income of surgeries has increased by around 10 times during these years yet the expenditure in office rental has increased by 40 -50 times. In actual fact, doctors practicing in the private sector nowadays are more or less working for the property owners since the rent is so expensive.

The other change seen is the attitude of the patients. During the ten years before I retired, the attitude of patients had changed quite a bit. Some of them did not respect their doctors and did not believe the advice given by doctors. The lack of respect for doctors nowadays is appalling.

The last change is that as the number of doctors in both sectors increased, there was relatively less co-operation or communication between the doctors in the public sector and doctors in the private sector. When I was consultant at the Queen Mary Hospital and the Violet Peel Eye Clinic, any ophthalmologist in the private sector could phone to refer patients with acute diseases like acute glaucoma or retinal detachment and I would tell them to send the patient to me as soon as possible. Nowadays, whenever we referred patients to the public hospital, there was little or no correspondence from them. However, I am glad to see that HKOS and COHK have been putting a lot of effort to improve co-operation and communication between ophthalmologists in the public sector and the private sector.

Has the golden age of Ophthalmology passed?

During the past 60 years, Ophthalmology has improved tremendously and advanced to become an important specialty with modern instruments, new operating techniques and new medicines for the treatment of eye diseases. We have many different types of new technology and instruments to help us treat and cure many eye diseases that were untreatable just 60 years ago. Half a century ago, Ophthalmology was a minor specialty. At present, Ophthalmology has become a major and important specialty which has improved at a very fast pace with many opportunities for further advancement. I am very excited to be passing the torch on to the next generation of dedicated eye surgeons including my daughter, Dr. Vivien THAM, who is a cornea and uveitis specialist in Hawaii.

The most important holy grail of all ophthalmologists is to prevent blindness. I strongly and sincerely urge all ophthalmologists to unite together to try our best to achieve our goal and dream
TO PREVENT AND ERADICATE BLINDNESS!

The old days and recent years



Private Practice Nowadays

Dr. WOO Chai Fong,
Donald

Your Risk

Ecology	<p>Every system has its strength and weakness. The public system is one of the best in the world, yet it has its problems. The demand for free service is unlimited. If there is no balancing mechanism and priority, one day we will find ourselves in trouble water.</p>
Manpower	<p>Our profession has one of the fastest grow in medical manpower, this was also reflected in the private sector. Nowadays, medical service has two components.</p> <p>Medical component - the pathology aspect, the need, major illness, relatively shrinking.</p> <p>Service component - the well being aspect, the demand, minor ailment and health maintenance, market driven and expanding as the society gains affluence.</p> <p>Private manpower increase leads to market dilution, medical component shrinks, especially for the new comers, we have less patients, quantity down, quality up, patient satisfaction and outcome improves, brand names appear, service component expands and everything goes up again. Of course provided the economy continues to boom, otherwise, like in every service industry, BOOM! The beauty of the private sector is that everything makes sense and self regulates itself.</p>
Your Return	<p>APES (Association of Private Eye Surgeons) holds a banquet every now and then for the new comers. A good tradition. We share our experience and bless our new family members. FAQ at the banquet:</p> <ul style="list-style-type: none"> - What we are here for? To be honest, income is of course one of our consideration. Something more, once a senior told us, we gained from the wealthy but we are rewarded by the needy. The successful doctor will not feel rich because he feels happy all the time devoting his effort caring old friends in his clinic. Wonder if you know what he means!
Your External	<p>- Be a great doctor (神醫) In the West we have a single Almighty God. In the East there are thousands of Gods, Goddess and Buddha in heaven (滿天神佛). Each has its own role in looking after their people. Be one of them, team up, learn, communicate and cooperate with every other Gods, join hands in taking good care of our patients. You are in Heaven!</p>
Your Internal	<p>- Be a kind doctor (仁醫) The word kindness in Chinese is 仁, which has two parts, "people two" (人二). You reverse "two people" (對掉二人) and it becomes kindness 仁. Have a role change with your patient. Consider why he is coming for you, how he would like to hear, how he would like to be treated and how much he can afford to pay for your service. You will be a kind Doctor.</p>



The old days and recent years

Private Practice Nowadays

Your Career	– Priority of the five elements of Career - 一命、二運、三風水、四積陰德、五讀書
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- (1) Fate (命) (4) Doing good (積陰德)
- (2) Fortune (運) (5) Study (讀書)
- (3) Fungshui (風水)

Used to be an excuse for not studying hard in school.
Nowadays carry a deeper meaning.

- (1) Fate (命)
Predetermined and genetic.
Luckily with doctors, even not the top cream should be in the upper layers.
- (2) Fortune (運)
Opportunities appear now and then in our journey. Be alert to recognize the good ones and be bold enough to embrace them.
- (3) Fungshui (風水)
Obvious enough, your health.
- (4) Doing good (積陰德)
Treasure every opportunity to help your patients, your friends, your colleagues and people around.
Establish social network, you never know when but surely people will repay you if they can.
- (5) Study (讀書)
That is the tough part. Work hard. No pain, no gain. No free lunch.
Except Fate, already your strength, all the others are under your control.

Your Direction Follow your heart and love your work.

Your Menu	The antipasto - 1 st 10 years - Grasp every opportunity to learn and learn hard. Opportunities are rare and you don't get a second chance nowadays.
	The Primo - 2 nd 10 years - Time to pay back to our teachers, our profession, our patients and our community.
	The Secondo - 3 rd 10 years - Consider going private if that is your wish, time to enjoy being a real doctor serving patients.
	The Dolce - 4 th 10 years – Evaluate the food, if you are not happy with it, sorry, likely you have chosen a wrong restaurant, change to another one for the remaining desert if you still have the appetite.

Happy Anniversary
Long live Ophthalmology.

The old days and recent years

Academic ophthalmology in the old days



Prof. LAI Siu Ming,
Jimmy

Clinical Professor
and Acting Head,
Department of
Ophthalmology,
The University of
Hong Kong

After graduation from the University of Hong Kong in 1983, I was appointed as a medical officer in the Eye Unit of the Department of Surgery at the Prince of Wales Hospital. The Prince of Wales Hospital was the teaching hospital of the Chinese University of Hong Kong. Under the influence of Professor Arthur Li and Professor Patrick HO, I soon became interested in academic research. I recall my very first clinical trial that was conducted in 1986. It was a collaborative study with the Department of Psychology on the effect of behavioral training for myopia. Although it was a prospective longitudinal study, I was only a co-investigator. Nevertheless it was an oasis in the mundane life of a medical officer. I then started writing scientific papers and my first written review paper was "Retinoblastoma – Management update" in 1987. In the following year I did a retrospective study on "Outcome of my first 100 IOLs". After that I did two epidemiological studies on pterygium in Hong Kong fishermen and cataract in institutionalized elderly. My first self-initiated randomized controlled study was done in 1991 on pterygium recurrence after post-excisional - irradiation versus conjunctival autograft. Those were all novelties to me but the attainment made me recognize academic research as an avocation to my clinical work.

Clinical research in the late 80s and early 90s were less structured and organized than now. There was no support of any sort. I myself was responsible for the literature search, study design, preparation of protocol, implementation of the study, data collection, statistical analysis and manuscript writing in a DIY manner. There was no funding from the Medical and Health Department or the Hospital Authority for research work. Literature search was challenging. It was done mainly in the library. To get access to the archives, I had to climb up and down on the bookshelves and to carry the heavy bound-journals to the copying machine. The hardship did not baffle me in my pursuit of achievement in academic research. On the other hand, the lack of support did make me relinquish publication of clinical data including a series of retinoblastoma cases that had undergone enucleation, cryotherapy and brachytherapy. In the early 90s, Professor Denis LAM joined the Eye Unit as an academic. With his input and support, my interest in academic research grew exponentially. My research zealotry can be reflected by my dedication to some of the clinical studies involving ALPI as the initial treatment for acute primary angle closure. I was prepared for daily 24-hours emergency call to perform the laser treatment for subjects coming to the hospital mainly through the Accident and Emergency Department. I remember pushing patients on wheelchair to the block where the laser machine was housed and performing the laser and measuring the IOP at 15, 30 and 60 minutes after treatment. Life became easier when Professor Clement THAM joined the glaucoma team in the mid 90s. Professor THAM was also enthusiastic in academic research. With his helping hands and contributions from other glaucoma team members including Dr. John CHUA and Dr. Agnes POON, our publications increased rapidly in number. Many a times, Denis and Clement spent their evenings with me discussing how to revise submitted papers in addressing reviewers' comments. I also had the honour to write up a case report jointly with Professor Calvin PANG on Iris sector heterochromia associated with Hirschsprung's disease. My research passion did not change after taken up the consultant post at the United Christian Hospital in 1999. There I met Dr. Jonathan CHAN and Dr. Thomas CHUNG who assisted me in scientific publications. I eventually became an academic when I joined the University of Hong Kong as a clinical professor in 2008. I began to adapt to the research life and culture in a university where everything is well structured and organized. This will be depicted in the next article written by Professor Clement THAM.

In summary, I feel elated to have published a significant number of scientific papers when I was a non-academic and when no monetary or manpower support was given by the Medical and Health Department or the Hospital Authority. I feel proud to have obtained my Doctor of Medicine degree with my own effort without a supervisor. I am grateful to all the colleagues mentioned in this article and those whom I have worked with. Without their support and sharing, I would not have made such an achievement.

The old days and recent years



Prof. THAM Chee Yung,
Clement
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Academic Ophthalmology in recent years

The Increasing Roles of Hong Kong in International Ophthalmology

Introduction

Hong Kong has long been recognized as a leading center for ophthalmic and visual sciences research in the Asia-Pacific region, through the concerted efforts of the ophthalmology departments of the two local medical schools in international research collaborations and impactful publications. For example, the Chinese University of Hong Kong (CUHK) has in recent years collaborated with our counterparts in Singapore, Beijing, and other major eye centers in the region to discover the first gene (ABCC5) that is associated with primary angle closure glaucoma. One may not, however, realize that the contributions to international ophthalmology from Hong Kong have extended well beyond the realms of scientific research and publications. This brief article aims to focus on some of the increasing roles Hong Kong is playing in international ophthalmology, as well as reporting on some of the major milestone events.

Major International Ophthalmology Congresses in Hong Kong

The landmark international ophthalmic event in Hong Kong really must be the World Ophthalmology Congress in 2008 (WOC2008), which was co-hosted by the Hong Kong Ophthalmological Society and the College of Ophthalmologists of Hong Kong. The WOC2008 was attended by over 13,000 international delegates from 122 countries around the world. Over 3600 lecturers and presenters contributed to the scientific programs.

Apart from WOC2008, Hong Kong has also hosted the Asian-Oceanic Glaucoma Society congress in 2003, the International Society of Refractive Surgery of the American Academy of Ophthalmology (ISRS/AAO) meeting in 2005, the Euro Asian Congress in 2006, the conjoint European Society of Cataract and Refractive Surgery (ESCRS) meeting in 2007, the Asia-Pacific Vitreo-Retina Society (APVRS) meeting in 2012, and the Asia-Pacific Glaucoma Society (APGS) meeting in 2014, amongst the more notable ones. Many of these international congresses have been held in conjunction with the International Symposium of Ophthalmology of Hong Kong (ISOHK) of the CUHK.

Looking ahead, Hong Kong will be proudly hosting the World Glaucoma Congress in 2015, which is the largest and most important glaucoma event in the international ophthalmic calendar. The Hong Kong Ophthalmological Society has also launched a successful bid to bring the Asia-Pacific Academy of Ophthalmology (APAO) congress back to Hong Kong in 2018. This will surely be another landmark international ophthalmic event in Hong Kong.

Responsibilities in Supranational and Subspecialty Societies

Our ophthalmologists have also taken on increasing responsibilities in both supranational ophthalmic and international subspecialty societies around the world.



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Prof. Dennis LAM succeeded Prof. Arthur LIM as the Secretary-General and CEO of APAO in 2005, bringing the APAO Secretariat to Hong Kong. In 2013, Prof. LAM was elected the President-Elect of APAO, and would succeed Prof. Rajvardhan Azad of India to become the next President of APAO in 2015. At the same election in 2013, the author was very privileged to be elected to succeed Prof. Dennis LAM as the Secretary-General and CEO of APAO, for a four-year term. The author has been the Chair of the APAO Congress Committee since 2010, and has assisted Prof. LAM, with the support from the congress secretariat team from Hong Kong, in organizing every APAO congresses since 2009. These include the 2009 congress in Bali, the 2010 congress in Beijing, the 2011 congress in Sydney, the 2012 congress in Busan, the 2013 congress in Hyderabad, and the 2014 congress in Tokyo (conjoint with the World Ophthalmology Congress 2014). Such opportunities have awarded the Hong Kong team very good experience in organizing major international events in ophthalmology and the visual sciences.

In addition to APAO, the author has also been lucky enough to be elected by the Board of the International Council of Ophthalmology (ICO) to be the Chair of the Scientific Program Committee of the next World Ophthalmology Congress (WOC2016) in Mexico in 2016.

Furthermore, ophthalmologists from Hong Kong has also taken on important positions of responsibilities in international subspecialty societies, including the World Glaucoma Association (WGA), the Asia Cornea Society (ACS), the Asia-Pacific Glaucoma Society (APGS), Asia-Pacific Society of Ocular Oncology and Pathology (APSOOP), the Asia-Pacific Society of Ophthalmic Plastic and Reconstructive Surgery (APSOPRS), the Asia-Pacific Society of Eye Genetics, (APSEG), the Asia-Pacific Strabismus and Paediatric Ophthalmology Society (APSPOS), and the Asia-Pacific Vitreo-retina Society (APVRS), just to name a few.

International Ophthalmology Fellowship Programs

The ophthalmology departments of both the University of Hong Kong (HKU) and the CUHK are both offering subspecialty fellowship training programs to the young, up-and-coming ophthalmology trainees in the Asia-Pacific regions. These programs are endorsed by the APAO, and have now been incorporated as part of the APAO International Fellowship Program (APAO IFP) (http://www.apaophth.org/fellowship_program_about.php). Through such programs, Hong Kong is able to offer world-class subspecialty training to deserving young eye doctors, who will hopefully be able to bring their acquired knowledge and skills back to their native countries. Through such programs, Hong Kong has gradually built up a strong network with key ophthalmic institutes and their younger leaders in the Asia-Pacific region and worldwide.

The Road Ahead

In my humble opinion, we should continue to concentrate our efforts in two major areas in the international scene. On the one hand, academic ophthalmic institutions in Hong Kong should further strengthen our ties with our international research collaborators to engage in even higher-impact ophthalmic and visual sciences research, with the aim of taking the lead in at least some areas of clinical and visual sciences research into the coming decade. On the other hand, Hong Kong has also the expertise, experience, and is well positioned now, to contribute towards raising the standard of eye care in developing countries in our region, through the various international programs of supranational societies, such as the APAO. I believe there are abundant opportunities for every eye doctor in Hong Kong to make such contributions in the years to come.

The old days and recent years



Dr. LEONG Tak Shing,
Lawrence

Ophthalmic Surgery in the old days

It is an honour to be invited to write an article on “Ophthalmic Surgery in the old days” for the celebration of the 60th Anniversary of the Hong Kong Ophthalmological Society.

As a continuation of “Memory Lane” written in 1998, I am going to add some reminiscences of past events encountered in the mid 60’s to 70’s.

The working condition of the Arran Street Eye Clinic in Kowloon was described by our colleague in the 50th Anniversary Booklet. I further describe the work and surgery the ophthalmologist performed at those days in the Violet Peel Eye Centre in Hong Kong.

In the mid 60’s, ophthalmic surgery had to be performed with manual skill by the surgeon. There were no operating microscope, laser nor computer equipment to assist him. Both minor and major procedures were performed as day surgery in the clinic. Hospital procedures were reserved for children requiring general anaesthesia and retinal surgery. All minor cases involving the eyelids, cornea and lacrimal duct etc. were performed in the morning session by one ophthalmologists. Most of the sight restoring and sight preserving surgeries were performed as outpatient procedures in the operating room of the clinic during the afternoon session. After surgery, the patients were either sent home with escort or to the hospital (the Queen Mary Hospital) by ambulance.

Once or twice a month, the ophthalmologist had to perform minor procedures in the Stanley Prison and some outlying islands including the then Haylingchau Leprosarium. Before the banning of firecrackers, there were a lot of corneal injuries during the Chinese New Year due to firing accidents. The ophthalmologist had a busy time during the festive holidays.

In the mid 60’s, cataract surgery was performed mainly as intracapsular extraction with a Graefe knife or keratome and corneal scissors to open up the anterior chamber. Zonolysin was used to break up the zonules so as to facilitate the whole lens with the capsule to be delivered. Sometimes, for the sake of easier removal, the lens was waited to become more firm (matured) before operation. An incision was closed with a few silk stiches. It took about a week for the wound to heal up and stiches removed.

For acute cases of glaucoma, iridectomy was performed. For glaucoma not responsive to medical treatment, iridectomy cum sclerectomy to create a filtration bled was performed. Retinal detachment surgery was performed as the scleral buckling procedure with the direct or later the indirect ophthalmoscope. Pterygium excision was performed for some years in the early 70’s with application of beta-irradiation at the time of excision to avoid recurrence. This was later replaced by the use of mitomycin application.

With the advent of laser, computerized equipment and ophthalmic subspecialty, ophthalmic surgery has advanced by leaps and bounds. The manual intracapsular cataract extraction has become obsolete. Cataract surgery is now routinely performed by phacoemulsification and intraocular lens insertion. Femtosecond laser assisted cataract surgery, retinal surgery and refractive surgery are common procedures for the ophthalmologist in the subspecialty today.

I look forward to a very bright and successful future for the Society as more and more well-trained and experienced members are at a hand and marching forwards towards the 75th Anniversary of the Hong Kong Ophthalmological Society.

The old days and recent years



Dr. LEUNG Yu Lung,
Dexter

Ophthalmic Surgery in the Modern Era

The word “surgery” comes from the Greek: [χειρουργική] cheirurgikē (composed of χείρ, "hand", and ἔργον, "work"). While a pair of skillful hands plus years of hard work remains the cornerstone of a good eye surgeon, the great advancement of modern ophthalmic surgery comes from innovations in applied and basic sciences, as well as better understanding of the needs of our patients.

The first month when I joined ophthalmology, I was told of a story – there was one of our senior eye doctors, who managed to maintain a perfectly round pupil after an extracapsular cataract surgery, which was a rare achievement at that time --- which attracted his eye doctors colleagues to go up to the ward to see the patient and were amazed at how this was possible. Nowadays, a less than perfectly round pupil after a phacoemulsification cataract surgery, will be considered as a rare failure, and both the patient and the doctor will be amazed at how this is even possible...

One of the major driving force for improvement is the increasing need for people nowadays to rely on their vision for daily functions. Even the most senior citizens enjoy their whatsapp-ing and Facebook-ing. This fundamental change in visual requirements drove them to have cataract removal much earlier, with an increased demand for aberration-free near and distance vision.

This demand can now be met with modern cataract surgery. An increasing number of cataract surgery are being performed using phacoemulsification. In fact, for a substantial portion of phaco surgeons in Hong Kong and worldwide, the days of extracaps have long gone as phaco can be performed in virtually all patients even with the most dense and white cataracts. In the past, phaco was longitudinal, the needle tip uses an in-and-out motion, and the lens material is only broken up when the tip goes forward, with the backward move not cutting anything except generating more energy and heat which damages more corneal endothelium. Nowadays phaco utilizes transversal technology which cuts material in an elliptical lateral motion, and/ or the torsional technology which cuts the lens material through circular oscillations. Phaco power modulation enables high pulse rates giving the effect of a continuous phaco with only half the energy required. Together with advances in fluidics, much less phaco power was needed with enhanced safety and efficacy for the cataract surgery. The introduction of foldable intraocular lens (IOL) has made microincision sutureless phaco possible with much faster postoperative recovery and making day surgery a reality. We rarely need to hospitalize the phaco patient nowadays, enhancing the cost-effectiveness of the surgery. A sharp-edge design of posterior optic of IOL has lessened the rate of posterior capsular opacification. The advent of toric/ multifocal IOLs is shifting the procedure from a therapeutic to a refractive surgery. Femtosecond laser-assisted phaco is now a reality under rigorous scientific tests and future data will define the ultimate role of this procedure.

Advances in vitrectomy, such as the transconjunctival microincision (with 23- or 25- or the upcoming 27- gauge and ultra-high speed cutters instrumentation) has significantly shortened operative time, reduced corneal astigmatism, diminished scarring, and improved patient comfort. These advances enable surgical treatment such as macular holes and epiretinal membrane, even for those with relatively good preoperative baseline vision, and the decision is no longer a nightmare for the patient and the surgeon. The drastic increase in surgical demand for macular holes and epiretinal membrane was also related to their early detection by optical coherence tomography (OCT), which itself has undergone quantum leap from time-domain to the current spectral-domain OCT. Swept source OCT and enhanced-depth imaging (EDI-OCT) is already on the horizon and we are likely to see the retina, optic nerve and structures of the eyeball in details unimaginable before.



The old days and recent years

Ophthalmic Surgery in the Modern Era

In the past decade we have witnessed exciting developments in corneal surgery, esp. corneal transplantations. For the past 50 years or more, full-thickness penetrating keratoplasty has been the procedure in most widespread use. More recently, newer forms of lamellar transplantation surgery, which selectively replace only diseased layers of the cornea has become available. For disorders affecting the corneal stromal layers, deep anterior lamellar keratoplasty is now used more than penetrating keratoplasty, without the risk for endothelial rejection. For patients with endothelial disease, visual outcomes are more rapid and predictable with Descemet's Stripping Automated Endothelial Keratoplasty (DSAEK) to selectively replace the corneal endothelium. Ocular surface reconstruction and artificial cornea (keratoprosthesis) surgery are other recently developed procedures. Collectively, these advances have resulted in improved outcomes, and have expanded the number of cases of corneal blindness that can be treated successfully.

Sugar and Cairns, in early 1960's, described the trabeculectomy procedure to allow drainage of aqueous through Schlemm's canal by excising a fragment of trabecular meshwork. Bleb formation was not Cairn's original intention for the procedure. However, a filtering bleb was present in most of the successful cases. Since then, modifications of the procedures evolved, and modern trabeculectomy is much more often a guarded sclerokeratectomy to create a transcleral fistula connecting the anterior chamber and the subconjunctival space, without really removing trabecular meshwork tissues. For half a century, trabeculectomy remained commonly performed and is still regarded as one of the gold standard for management of intraocular pressure (IOP). What has not changed over this half a century, is bleb formation – usually regarded as a hallmark of success – and yet all blebs potentially give rise to complications.

In the recent decade, newer development in non-penetrating surgeries, such as Deep Sclerectomy and Canaloplasty (Ellex iScience, Inc, CA, USA), may offer an alternative for reduction of bleb dependence, while maintaining a high efficacy of sustained IOP reduction.¹ Newer drainage devices such as the ExPress Mini-shunt (Alcon Lab Inc., Texas, USA) may also offer fewer complications compared to trabeculectomy. For PACG (primary angle closure glaucoma), recent evidence suggest that choosing cataract or lens extraction as the form of glaucoma surgery, without performing a trabeculectomy, may be a viable option with good efficacy in IOP reduction. The recent Tube vs. Trabeculectomy (TvT) study has also secured the role of tubes as glaucoma procedure with enhanced safety and efficacy esp. with newer tubes designs. There are many new glaucoma drainage implants/ microincision glaucoma surgical devices on the horizon, such as SOLX Gold Shunt (SOLX Ltd., Boston, MA), trabeculotomy by internal approach (Trabectome, NeoMedix, Inc., Tustin, CA), and trabecular micro-bypass stent (iStent, Glaukos Corporation, Laguna Hills, CA), etc. More studies will cast light onto their respective roles.

While the science part of surgery has changed face, the art part of surgery has not, and this is as important, if not more important than in the past—a surgeon's judgment on what to do, when to do, when not to do, and how to do it in a manner perceived as excellent care by patients.

The old days and recent years



The Royal College of Surgeons of Edinburgh and Hong Kong Ophthalmology

For the past 50 years, the Royal College of Surgeons of Edinburgh (RCSEd), founded in 1505, has been involved in the training and assessment of general surgeons in Hong Kong, where visiting teams of Edinburgh examiners had been coming to Hong Kong to conduct the fellowship examination along with local general surgical colleagues.

Dr. JF (Barry) CULLEN Ophthalmology, however, was not until the 1980's, established in Hong Kong as a significant surgical subspecialty and the main eye department was situated in a small unit in Yaumatei Jockey Club Polyclinic. From the early 80's its Ophthalmology trainees had to go to the UK for specialist training and to take the UK fellowship examinations usually the FRCSEd.

In the Edinburgh Eye department to which I was appointed in 1962, we had a continuing influx of trainees from the mid 1960's coming from southeast Asia for attachment to the department for teaching, training and to prepare for the FRCSEd examination and where they came under my personal supervision. Eventually trainees from Hong Kong joined those from Malaysia and Singapore, in the persons of Drs. Raymond TSE, Edward LI (ex Dublin) PC CHOW and HUI Sui Ping & later others. They became aware of our involvement in the Malaysian MS (Ophth) and later the Singapore MMed (Ophth) and when Sui Ping returned to Hong Kong and eventually became Chairperson of the Hong Kong Ophthalmological Society in 1992, things changed. She and her colleagues then realised the importance of establishing a formal Ophthalmology training programme and local assessment in Hong Kong, preferably with the FRCSEd Ophthalmology system. At the same time, the new Hong Kong Eye hospital had been set up where an increasing number of hospital authority trainees were taken in, and the eye department at the Chinese University in Shatin was also in action and involved in training local Ophthalmologists.

Thus, in the spring of 1993, Sui Ping led a delegation to Singapore to meet me in my capacity as Chairman of the Specialty Advisory Board in Ophthalmology of the RCSEd and to observe the joint FRCSEd/ MMed examination taking place there at that time. On my return to Edinburgh I informed the Edinburgh College authorities of the potential of extending our examinations in Hong Kong to include Ophthalmology and I was authorised to negotiate accordingly with my Hong Kong colleagues. In 1994, I went to Hong Kong to conduct the first joint FRCSEd examination in association with the Hong Kong College of Surgeons, having in the meantime awarded Sui Ping the FRCSEd without examination and appointed her an Ophthalmology examiner. Subsequent joint examinations were held in 1995 and 1996 in the Hong Kong eye hospital with the cooperation and involvement of Dr. Timothy LIU & Professor Mark TSO, who had at that time been appointed to head the department and later he was also appointed an FRCSEd examiner. In 1997 with the establishment of the College of Ophthalmologists of Hong Kong the examination was held jointly with them and this has continued to the present day with the annual 20th examination being held in 2014.

Our life as an ophthalmologist

油麻地眼科的外展團隊



謝國璣醫生

在香港的七、八十年代因交通尚未十分發達而公共眼科服務只集中於油麻地及鄧志昂診所，居住偏遠地方之病人往往要長途跋涉才能得到公共眼科服務。於是油麻地眼科(公共眼科服務總部)便發展了一個外展眼科團隊(Outstation)服務，以方便居住稍偏遠的市民得到適切之眼科服務。此團隊由一眼科醫生帶領，另有一眼科護士，一名驗光助理，一名文員及一名司機等。所服務的地方涵蓋港、九、新界及離島等，例如石湖墟、屯門元朗(去一整天)、西貢、荃灣、官塘、橫頭磡、長洲坪州(一整天)、小欖、石壁、荔枝角及赤柱等；通常都是借用普通科街症或監獄署之診症室診症。診症後(只自備電筒，direct ophthalmoscope及問病歷而電隙燈及BIO眼底鏡則欠奉)可即時派葯予病人，而如有需要可安排下一個工作天回油麻地眼科診所治療室作進一步檢查或治療。

當時如果輪到此等值勤，均可寓工作於娛樂，尤其是屯門元朗，西貢及長洲坪州等，因工作量比較不太重亦可中途順道自費吃海鮮午餐及因車程較長，可途中和同事談天說地，可謂不亦樂乎，而自駕值勤者更可claim mileage，堪稱「筍盤」。

有時個別外展醫生不大負責，看完外展後轉介大部份病人於下一個工作天(上午)回油麻地眼科診所治療室檢查，加上治療室上午十分忙碌，導致治療室當值醫生忙得透不過氣。

筆者亦於外展服務時遇到一則趣事。其時外展服務之診所只有簡單葯物如MC, Sulphacetamide, chloramphenicol 或ZnSO₄等，而多數都是由衛生署自製，儲於大玻璃瓶中(約二十公升)，病人亦需以一元向葯房外買附有膠泵及玻璃管之小眼葯水玻璃瓶(多由退休工務員負責，一枝大概十毫升而消毒情況莫問)盛載眼葯水，葯房會於病人取葯時經膠管將眼葯水注入小玻璃瓶中而病人亦一般會要求多枝眼葯水(因只需付一次診金)。有一次去西貢診所值勤，有位婆婆看完病對我說：「醫生，我以前一次要開十枝葯水都唔夠用，(據紀錄病人一個月前已到診過並由另一位醫生處方十枝Sulphacetamide)不過今次我擺一枝就夠嘞！」接着從菜籃取出一個特大裝「萬字醬油」空樽出來，繼而說「幫我入滿晒就夠啦！」登時整個團隊瞠目無語，盡皆莞爾。

當醫管局成立之後，各區之公共眼科團隊亦相繼成立，而由於工作量及病人需求服務激增，人力資源需要集中兼且交通開始發達，各區亦有各自的眼科團隊提供服務，因此外展眼科團隊已大部份被取締。

Our life as an ophthalmologist



林順潮醫生

放棄兒科 選擇眼科

當我還是醫科生的時候，每次涉獵到兒科的課題，總是大感興趣；後來在畢業前有機會到新畿內亞實習，最令我難忘及感觸的，正是那些幼弱卻充滿生命力的孩子；畢業後第一次實習，又是到兒科病房……我跟兒科早生情愫，成為兒科醫生既是我的心願，也是我的計劃。誰料外科實習開始不久，那些奇妙的手術竟會帶給我這麼大的震撼，促使我對多年來的夢想重新定位。然而我心裏直覺我想要從事的不是普通外科 (General Surgery) 的工作。

有一天我翻閱《南華早報》，報上有一篇關於激光在醫學上的潛在用途的報導。激光是一種能量極高、高度集中的光能源。眼球組織的其中一個特質是清澈透明，激光可以長驅直進，毫無阻隔，所以利用激光治療眼疾的領域被視為最具發展潛力。我一向對新科技甚感興趣，於是又搜集了更多相關資料，看得津津有味。一種發自內心的追求，在那一刻湧上心頭，我覺得我須認真考慮從事眼科的可能性。我一向醉心攝影與視覺藝術，眼科做的大部份皆是顯微手術，參與其中，可以說是一個視覺藝術的旅程。眼球內不同的組織，形形色式，各放異彩；組織與組織之間洋溢豐富的空間、顏色、構圖、層次

等藝術元素，人類眼睛所蘊藏的美態在顯微鏡下盡現眼前，鬼匠神工的圖案實非人手苦心經營能及。每一回落刀，每一次縫線，正正是醫生在這絢麗畫面上落墨，尤如藝術家匠心獨運的作品。眼科能融合我對視覺藝術的欣賞與對施行手術的熱忱，我實在無法抗拒它的呼喚。

內、外、兒、產、婦五科在當年是最吃香的科目，人人爭相申請，單是等一個訓練的空缺，動輒也要一至三年。反觀耳鼻喉、眼、皮膚等科規模較小，發展也較為落後，是冷門的科目。當時的眼科只是附屬於外科學系的一個小組，沒有獨立的學系，是一個尚待開發的學科。我卻覺得隨著香港人口老化，資訊科技迅速發展，視力好壞將會越顯重要，故此眼科應該有充裕的發展空間。

我再三衡量利弊，越想越覺得眼科與我的志向是天作之合，心裏有一團熾熱的內在燃燒。我來不及等中央派位，便率先毛遂自薦，寫了一封信給香港政府眼科服務 (Government Ophthalmic Service) 的顧問主管廖啟澄醫生，請求他賜予一次面試的機會。當年的醫科畢業生找工作不必寫求職信，亦不用四出求職。一般來說，只要在實習期間表現良好，醫院的顧問醫生便會考慮繼續聘用；要不然就是在五、六月間到總部面試，等待中央派位，七月正式投入新的工作崗位。所以，我可以說是選擇了一個不跟常規的做法。

我把信寄出的時候並沒有把握會得到回音，但是至少，我為自己的目標踏出了第一步。與此同時，我被外科部的顧問醫生召見。

「林順潮，我對你的工作表現非常滿意，我想知道你有沒有打算實習後繼續留在這裏？」

他大概以為他是明知故問。

「感謝你的鼓勵，但我想我會在其他範疇嘗試一下！」我如實相告。

陳醫生沒有掩飾他的驚訝：「那麼你為什麼如此賣力？」

我答：「因為我沒有打算做外科醫生，這可能是我人生中唯一在外科病房為病人服務及學習的機會，所以，怎能不盡力而為，全力以赴，以臻至善？」

此後，陳醫生並沒有「放過」我。鏗而不捨地每隔數星期便和我討論去留問題。我也坦承自己對眼科最有興趣。

那邊廂，我收到香港政府眼科服務部的通知——我得到了夢寐以求的面試機會！

面試當日，一大清早我便起來，穿著整齊，帶同我的攝影作品前往眼科總部的油麻地眼科診所。

那是一個星期六。眼科位於五樓，升降機差不多載滿了人，正要關門之際，有一位婆婆腳步蹣跚地擠了進來。

「我的眼睛看不清楚，誰人好心請幫我按三樓，我要去看眼科呀！」

「婆婆，我來幫你，但是眼科在五樓，不在三樓，我也要去——」

冷不防，婆婆打斷了我的話：「年青人，你有所不知，那「蛇餅」(人龍) 自五樓開始，通常都排到二樓，如果龍尾在三樓，已經是走運了。你替我按三樓，讓我碰碰運氣！」

我確實是有所不知！

升降機在三樓稍停，門一打開，果然人頭湧湧。樓梯就在升降機旁，此時清楚看見梯級已經站滿了輪候者，看不見龍尾，大概就如婆婆所說，已經排到二樓了。診所沒有空調，梯間更沒有設置風扇，適逢又是一個暑天，那麼多的人，有老有嫩，擁擠在密不透風的梯間，早已大汗淋漓，再加上眼睛不適，病人的痛苦可想而知。這是我第一次「實地」接觸眼科，深深感受到眼疾患者的苦況。我也體會到眼科服務供不應求，極有發展的需要。

終於，我在五樓步出升降機，直往顧問醫生——廖醫生的辦公室走去。

廖醫生說通常醫生都是由中央分派來的，收到求職信還是第一次，所以也感到很意外。他與我有了一次非常友善的面談。我詳述了自己的志向及為甚麼適合在眼科工作，也談到我的愛好，並且堅定地表示如果有幸到眼科工作，定必竭盡所能，鞠躬盡瘁；而他則和我分享了眼科發展趨勢的相關資訊及他本人的看法，使我獲益良多。他還告訴我眼科正要開拓眼底攝影的工作，跟我的興趣不謀而合。聽他一席話，我更清楚及深信我的方向就是「眼科」！雖然還未有機會投身其中，但我已經對它悠然神往，躍躍欲試。

臨別，顧問醫生還送我一支強心針——他答應日後積極考慮我的申請。

我眨了眨眼，確定自己不是作夢。前路未許平坦，但我有信心會走出一條康莊大道。

後記：

非常幸運，面試不久後我便收到電話通知我可入眼科接受培訓。轉眼已經廿八載，當年放棄兒科選擇眼科的每幕仍歷歷在目。

Our life as an ophthalmologist



Dr. WOO Chi Pang,
Victor

I grew up educated and practiced in a period of transition. My family moved to HK in 1950 and witnessed the transition from Nationalist to Communist China and settled in British HK. My primary education was in traditional Chinese and my secondary school in Anglo Chinese. When I entered the Medical Faculty in 1964, I attended my first anatomy class in the old building next to Lok Yew Hall before moving to the brand new building in Sassoon Road. Clinical years were still spent between old lecture rooms in QM Hospital and new ones in Sassoon Road. I stayed in the old Ricci Hall and saw the completion of the new Ricci Hall.

When I entered Ophthalmology in 1970 there were no more than 30 ophthalmologists in total in HK and only 16 in the HK Government Ophthalmic Service. I was first trained in erisophake in cataract surgery and trephine in glaucoma surgery. Zonalysine and Cryoextraction of cataract were then introduced. Sheies' operation became the standard glaucoma operation and later trabeculectomy surgery was introduced.

I moved to solo private practice in 1974 and Dr. Patrick TONG joined me in 1980 and now I am in a group practice of 12 ophthalmologists.

Training of ophthalmologists used to be like master and student style before it became regulated and systemized college training. Reliability on clinical diagnosis by our own eyes was gradually taken over by instruments and technical advances of imagining. I used to prepare my own chloramphenical and sulphacetamide from powder to eye drops and of course today globalization of pharmaceutical industry has limited our use to a few brands.

We used to know every member of our colleagues in ophthalmology well and now I can't recognize the majority of our young members. The world is forever changing and to be nostalgic is not always the best way to deal with the change. What the old guards (like us) should do is to encourage our new members to embrace all the new challenges, accept the changes and expand new horizon in ophthalmology.

Of course we can tell them a few stories in the past but do not bore them by repeating how good we were and how they should behave.

Our life as an ophthalmologist



吳少琼醫生

眼科：一見鍾情，一見Joan情

生病本是苦事，但對容易滿足和想像力豐富的我，卻可苦中作樂。記得小時候，因病獨留家中休息，我會滿足於有「兒童樂園」這個好良伴；當我體溫稍降，精神舒緩的時候，我便會模仿醫生診症和護士照顧病人的程序，自我陶醉一番！從那時起，我已對醫療界懷有濃厚的好奇心和傾慕之情。

小學時，因為從未見過女醫生，所以一心只立志當護士。直至升上中學，才知道醫生並不是男生的專利，於是加倍努力，希望能考進醫學院接受培訓，成為夢寐以求的醫生！

我深信「有志者、事竟成」，加上幸運之神的眷顧，我終於考入大學，踏進醫學院之門！從解剖到各種各樣的實驗，不但實用奧妙，更不時令我有學以致用的憧憬。臨床醫學中：內科、外科、婦科、兒科、骨科及精神科等，更令我目不暇給，一科比一科有趣，科科都令我眼界大開，如癡似醉地追求這無涯學海！

醫學院的最後一年，是行醫前最後打基礎的一年，亦是到內、外各專科體驗學習的最好機會。緊接耳鼻喉科的兩星期充實體會後，便是眼科。由於是專科，醫學院並沒有太多的要求，只要熟讀眼科入門天書，到眼科門診及手術室觀察，最後完成測驗便可通過。大部分同學都覺得眼科是「easy」的一科，輕輕鬆鬆只要達到過關標準便可。但是，我好像被施了魔咒似的，對眼睛的知識和病例，充滿好奇，越學越興奮！記得第一天課堂過後回到宿舍，我開始翻閱眼科天書時，就好像在追看武俠小說般，一頭栽進便完全停不了下來，全副心神都被吸引住，挑燈夜讀到深夜。

對眼科所有課堂，無論是教授或助教、主診醫生或客席醫生的課，我都會準時出席，絕不放過任何一堂。上課時，總喜歡站到最前面，全神貫注傾聽，更不時提問，回想也不禁暗笑自己是「問題學生」！周伯展醫生就是當年極用心的客席醫生，令我們上了充實有用的「Hyphaema」一課。

兩星期的學習，實在太短了！我決定畢業後，積極爭取當上眼科實習醫生。原來，當時全港只有威爾斯親王醫院才有這個職位，每次錄用一人，每人只得三個月實習機會。所以，我真的很希望得到這寶貴的四分之一機會！我的一往情深和積極主動可能幫了我一把，繼入醫學院後，夢境成真竟再次出現了！

當上眼科實習醫生是我確認眼科成為終身職業的關鍵。醫學生對眼科的體會，主要是「紙上談兵」。然而，當實習醫生才能從實踐中，真正了解眼科的性質是否與自己的興趣及能力吻合。因為做過眼科實習醫生，眼科醫生培訓一職亦順利地給予「有經驗」的我！

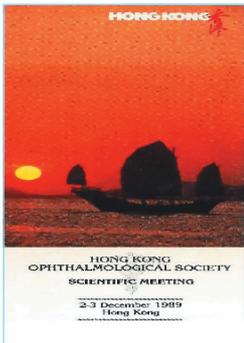
就這樣，我便與自己一見鍾情的眼科結下不解緣。想不到在電視劇中，不時出現一見鍾情的情節，竟然會在我的學習路途上，有幸親身體驗箇中滋味呢！

Activities of HKOS

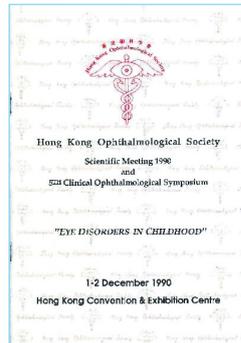
Annual Scientific Meetings

Together with the College of Ophthalmologists of Hong Kong, we have organized the Annual Scientific Meetings (ASM) since 1989, which has become the annual gathering of our big ophthalmology family. These academic meetings provided a platform to promote exchanges of our skills and experiences, and to encourage our colleagues in sharing their research results.

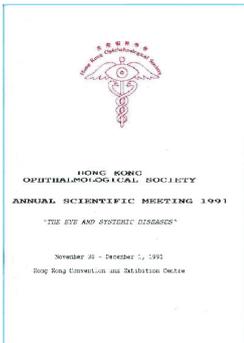
Furthermore, we have hosted several important international conferences over the years, together with the Department of Ophthalmology and Visual Sciences, CUHK. These include the Asia-Pacific Academy of Ophthalmology (APAO) Congress 1995, the World Ophthalmology Congress 2008, International Symposium of Ophthalmology (ISO) 2012, and the second Asia-Pacific Glaucoma Congress in conjunction of 10th ISO 2014. All these conferences have brought together renowned ophthalmologists from all over the world for academic exchange and friendship.



1989
ASM Chairperson:
Dr HUI Siu Ping
Theme:
Trends in Ophthalmology



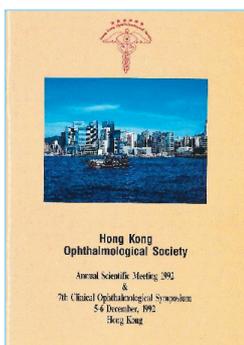
1990
ASM Chairperson:
Dr CHAN Wai Nang, Clement
Theme:
Eye Disorders in Childhood



1991
ASM Chairperson:
Dr LAM Shun Chiu, Dennis
Theme:
The Eye and Systemic Diseases



ASM

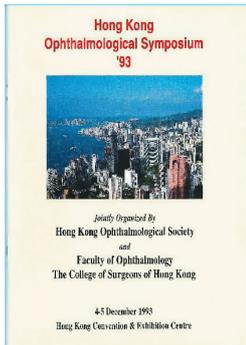


1992
ASM Chairperson:
Dr CHAN Wai Nang, Clement
Theme: Refractive Surgery



ASM

Activities of HKOS



1993
ASM Chairperson:
Dr CHEUNG Sek Hong
Theme:
Neuro-Ophthalmology



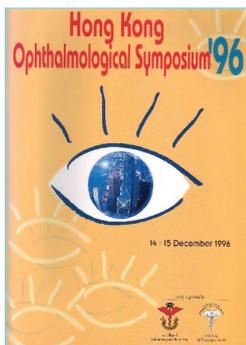
1994
ASM Chairperson:
Dr WOO Chai Fong, Donald
Theme:
Oculoplastic and Traumatology



1995
ASM Chairperson:
Dr LAM Tsze Ho, Philip
Theme:
Glaucoma and Anterior Segment Diseases



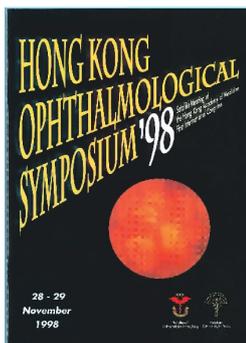
1995 ASM



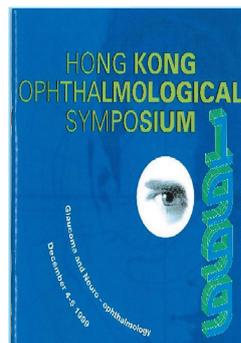
1996
ASM Chairperson:
Dr TSE Tao Yan, Agnes
Theme:
Retina & Uveitis



1997
ASM Chairperson:
Dr CHEUNG Tze On, Benson
Theme:
External Eye Disease

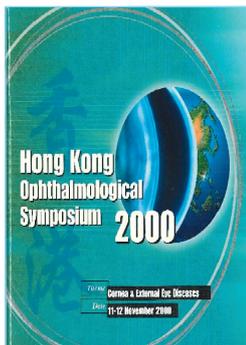


1998
ASM Chairperson:
Dr TSE Kwok Kay, Raymond
Theme:
Myopia

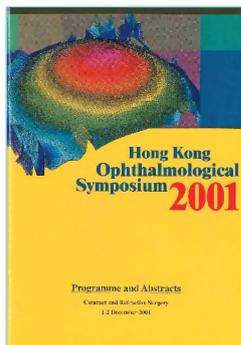


1999
ASM Chairperson:
Dr LEE Wing Hong, Vincent
Theme:
Glaucoma and Neuro-ophthalmology

Activities of HKOS



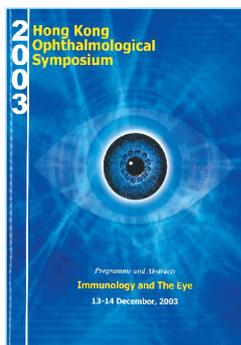
2000
ASM Chairperson:
Dr CHI Chung Chai
Theme:
Cornea & External Eye Diseases



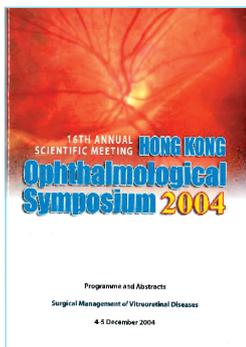
2001
ASM Chairperson:
Dr CHANG So Min, John
Theme:
Cataract and Refractive Surgery



2002
ASM Chairperson:
Dr LAI Shiu Ming, Jimmy
Theme:
Oculoplastic and Orbital Diseases



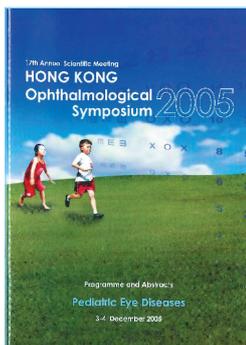
2003
ASM Chairperson:
Dr KWOK Kwan Ho, Alvin
Theme:
Immunology and The Eye



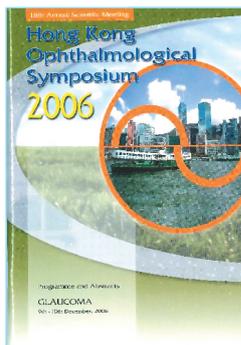
2004
ASM Chairperson:
Dr CHAN Wai Man
Theme:
Surgical Management and
Vitreoretinal Diseases



2004 ASM

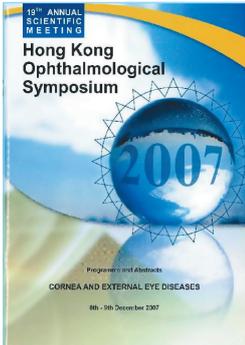


2005
ASM Chairperson:
Dr CHAN Woon Ming
Theme:
Pediatric Eye Diseases



2006
ASM Chairperson:
Prof THAM Chee Yung, Clement
Theme:
Glaucoma

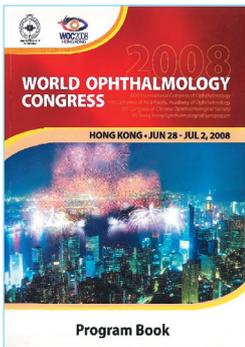
Activities of HKOS



2007
ASM Chairperson:
Dr WU Wai Kwan
Theme:
Cornea & External
Eye Diseases



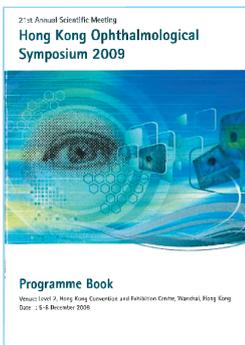
2007 ASM



2008
WOC Chairperson:
Prof LAM Shun Chiu, Dennis



2008 WOC



2009
ASM Chairperson:
Dr YUEN Shi Yin, Nancy
Theme: Glaucoma



2009 ASM

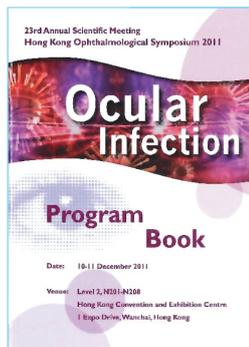
Activities of HKOS



2010
ASM Chairperson:
Dr LEE Yau Wing, Vincent
Theme:
Vitreoretina



2010 ASM



2011
ASM Chairperson:
Dr LAM Nai Man
Theme:
Ocular Infection



2011 ASM

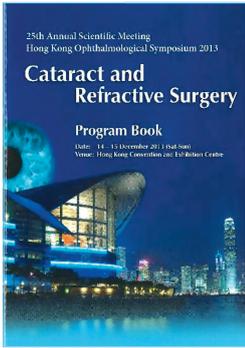


2012
ASM & The 8th ISO-HK
Chairperson:
Prof LAM Shun Chiu,
Dennis and Prof PANG Chi Pui,
Calvin



2012 ASM - 8th ISO

Activities of HKOS



2013
ASM Chairperson:
Dr YOUNG Lermann Alvin
Theme:
Cataract and Refractive Surgery



2013 ASM



2014
APGC-ISOHK Chairperson:
Prof PANG Chi Pui, Calvin
and Prof THAM Chee Yung,
Clement
Theme: Glaucoma



2014 APGC-ISOHK opening ceremony guest of honour

Activities of HKOS

Highlight of Ophthalmology Symposium in Hong Kong –World Ophthalmology Congress 2008

The largest scale ophthalmology symposium ever held in Hong Kong was the World Ophthalmology Congress 2008 (28th June – 2nd July, 2008). It was held in conjunction with the 23rd APAO Congress and the 2008 Hong Kong Ophthalmological Symposium. The paid registration, including the trade exhibitors, has exceeded 13,019. With overwhelming support from over 40 organizations, over 1,140 invited speakers have presented lectures in 319 scientific sessions. There were also 205 free papers and over 1,960 international posters. The Chinese Program covered 510 oral presentations and 1,600 posters. To facilitate the arrival of a large number of international delegates, an immigration counter was specially arranged to help the Congress delegates in the Arrival Hall of the busy Hong Kong Airport. The Congress was listed as one of the most important events held at the Hong Kong Convention and Exhibition Center. The Congress President was Prof LAM Shun Chiu, Dennis. Members of HKOS, COHK and many ophthalmologists of Hong Kong had joined in organizing the congress.



Activities of HKOS

Public Education and Community Services

Public Education and community services are two of the missions of the Hong Kong Ophthalmological Society. We are dedicated to improve the public education of eye health care. Since 2001, in collaboration with the College of Ophthalmologists of Hong Kong, we have one theme of the public education and community service program almost every year, covering all the aspect of important ocular diseases, including children eye disease, macular diseases, diabetic retinopathy, glaucoma, dry eye and corneal transplantation.

Each of the programs usually comprise of health talks and ocular screening of the respective theme of the year. We have invited experts from our society to deliver lectures to the public to convey the importance of ocular health. Many of our members also volunteered to participate in the screening program, which targeted for an early detection and prevention of common eye diseases. These community programs not only successfully aroused the public awareness of the importance of ocular health, but also provided a platform for all our members to serve our community.

List of Charity work

- 2001, 2002, 2003: “Our Children’s vision 親子護眼”
- 2003: “Conquering Macular Diseases 戰勝黃斑病”
- 2004: “Conquering Glaucoma 戰勝青光眼”
- 2006: “Comprehensive Eye Care 周末齊驗眼”
- 2008: “World Glaucoma Day 世界青光眼日”
- 2010: “World Glaucoma Day 向青光眼 Say No”
- 2010: “Diabetic Retinopathy 戰勝糖尿病眼”
- 2011: “Dry Eye Day 眼乾有良方”
- 2012: “AMD Awareness Campaign 老年黃斑病變關注日”
- 2014: “Cornea Day” 活出「睛采」眼科醫療新知：正視角膜疾病



2001,2002,2003 Our Children’s vision 親子護眼



2003: “Conquering Macular Diseases 戰勝黃斑病”



2008: “World Glaucoma Day 世界青光眼日”

Activities of HKOS

Public Education and Community Services



2011: "Dry Eye Day 眼乾有良方"



2010: "World Glaucoma Day 向青光眼 Say No"



2012: AMD Awareness Campaign 老年黃斑病變關注日



2014: "Cornea Day" 活出「睛采」眼科醫療新知：正視角膜疾病



Activities of HKOS

Collaborations with other organizations:

HKOS has collaborations with different medical organizations for both the public education and professional development. These organizations include: Orbis, The Federation of Medical Societies of Hong Kong, HK Federation of Societies for Prevention of Blindness, Hong Kong Lions Eye Bank etc.

Orbis

Each year HKOS president was invited as Guest of Honour at the Orbis World Sight Day. This is an annual initiative led by the World Health Organization to promote health education on awareness of vision and eye diseases. The theme of each year will be conveyed to the public via the programme and via various newspaper reports the day after.



Orbis world sight day 2012



Orbis World Sight Day 2013



The Federation of Medical Societies of Hong Kong (FMSHK)

Each year HKOS will jointly organize the Certificate Course on Clinical Ophthalmology with the FMSHK in October to November. All major topics in Ophthalmology are covered, and HKOS members are invited to deliver the lectures. The course aims to provide an overview and update in the diagnosis and management of common and important eye diseases to general practitioners and allied health professionals. The course is very well received each year.

A joint dinner symposium was organized by the FMSHK, HKOS, and COHK during the Annual Scientific Meeting of FMSHK on 1 June 2014 at the Sheraton Hotel, Hong Kong. Chaired by Drs Mario CHAK and Vincent LEE, the theme of the dinner symposium was "Visual Impairment and Falls in Older People". Drs Pak-Chin CHOW, Nancy YUEN, and Raymond LO (President of FMSHK) were invited speakers.

HKOS and the Federation of Medical Societies co-organize the certificate course of clinical ophthalmology for general practitioners and allied health professional.



Conjoint Symposium with Federation of Medical Societies of HK

Activities of HKOS

Hong Kong Lions Eye Bank

The Lions Eye Bank of Hong Kong was co-founded by Lions Clubs International District 303 - HK & Macao, China and The Hong Kong Ophthalmological Society in 1962.

It united the effort and expertise from the Lions and ophthalmologists with a mission "To Help the Blind to See". It worked to enhance public education and had run pioneer programs in glaucoma prevention and pledging eye donation. The Eye Bank is unique in providing eye tissues for transplantation in Hong Kong. Besides working in eye donation and transplantation, The Lions Eye Bank had been very active in various public education program in promoting health knowledge on common eye diseases e.g. Glaucoma, Diabetic retinopathy, cataract and corneal diseases. HKOS has been the supporting organization for the public education program for many years. The President or representative of HKOS will be the Ex-officio in the Board of Directors in Lions Eye Bank of Hong Kong



1999 World Lions Service Day



Eye screening day organized by Hong Kong Lions Eye Bank and supported by HKOS

Collaborations with other organizations:

The Hong Kong Society for the Blind (HKSB)

HKOS members were invited by the HKSB to join the agency visit to their center on 17 August 2013. During the visit, HKSB rehabilitation services, adaptive equipment, daily living aids for the visually impaired, and new projects such as Guide Dog and Movie Audio Description were presented. We were warmly welcomed by the staff and toured the HKSB Headquarters Building.



HKOS Agency visit to the Hong Kong Society for the Blind

Activities of HKOS

Hong Kong Blind Sports Federation (HKBSF)

In 2013 the HKOS soccer team was invited by HKBSF to join the blind football competition. We had a chance to compete with the healthy and blind athletes while our eyes were covered with blinding eye covers.



The HKOS soccer team joining the blind football competition organized by HKBSF

CME Lectures

HKOS has jointly organized with COHK a number of CME Lectures to our members each year. World renowned and local experts are invited to be the speakers. Members had updates on the latest management of different eye diseases, earned Continuing Medical Education (CME) points, and had the chance to meet colleagues in these symposia.



A typical scene of CME Lecture: Interesting topics, brilliant speakers and full house of audience from both the private and public sectors.

Press conference

In order to increase the awareness of some important eye health information, HKOS, COHK, HKAPES, CUHK and HKU has been jointly organizing press conference to deliver relevant information in the form of press statement to the media. For example, we have press conference concerning the comparison of Avastin and Lucentis in 2011, Orthokeratology contact lens and Pediatric Microbial Keratitis press conference in 2014 and the treatment trends for Wet Aged-related Macular Degeneration (wAMD) in 2014



Press conference for Orthokeratology contact lens and Pediatric Microbial Keratitis



Press conference for treatment trends for Wet Aged-related Macular Degeneration

Activities of HKOS

Hong Kong Ophthalmological Society Sports Teams

The HKOS has different HKOS Sports Teams for popular sports among our members. The aims of forming these sports teams are to create more occasions for us to have fun, get more exercise, and meet colleagues from different sectors. We can challenge ourselves to friendly matches as well. All members are cordially invited to join our HKOS Sports Team activities such as:

Representing HKOS for joining inter-society competitions

Annual friendly matches among HKOS members

Fun day related to the sports

The HKOS soccer team host a 7-a-side soccer competition since 2012. We have invited soccer team from other specialists, hospital, drug company and police force.



The HKOS soccer team



HKOS dragon boat team



The HKOS relay team



The HKOS Swimming Team



HKOS annual bowling tournament

Activities of HKOS

Social Gatherings

The Hong Kong Ophthalmological Society holds social gatherings regularly. Members can bring their family and enjoy some fun and action together. A wide range of activities has been organized including day trip outings, wine-tasting events, mini go karting trip, archery course and competition. The Society aims to enhance bonding and communication between members through these gatherings and activities.



Archery Fun day 2010



Gourmet Dinner 2011

Activities of HKOS

Souvenirs of HKOS

The HKOS is a society with a long and prosperous history. Just like other well-established societies such as the Hong Kong Medical Association and Hong Kong Academy of Medicine, production of practical souvenirs for members to use in daily life can enhance the sense of belonging to the Society. Since 2014, we have tailor made several HKOS Souvenir for our members



HKOS Car badge



HKOS Ties



HKOS Magnetic badge



HKOS Transparent window sticker



HKOS & COHK Anniversary
Tourbillon Watch

Photo Gallery

1960s



Hong Kong Ophthalmological Society members with Eye Bank board members



1967 Hong Kong Government Ophthalmic Team

1970s



1975 Hong Kong Ophthalmological Society members with Prof. Arthur Lim in Singapore



1978 23rd International Congress of Ophthalmology in Kyoto Japan



1978 Hong Kong Ophthalmological Society delegates in 23rd International Congress of Ophthalmology, Kyoto Japan

Photo Gallery

1980s



1981 Hong Kong Ophthalmological Society in Laser and Advanced Retinal Meeting, Penang Malaysia



1981 Hong Kong Ophthalmological Society in Laser and Advanced Retinal Meeting, Penang Malaysia



1983 9th Asia Pacific Academy of Ophthalmology Congress, Hong Kong



1983 Dr. Patrick TONG welcoming delegates from China attending the 9th Asia Pacific Academy of Ophthalmology Congress, Hong Kong



Past Presidents of the Hong Kong Ophthalmological Society



Staffs from Yau Ma Tei Eye Centre



1988 Yau Ma Tei Eye Centre Operating Theatre



1988 Yau Ma Tei Eye Centre Christmas Party



Sharing a fun moment singing karaoke



Visiting the guongdong nuclear power station as one of the social functions of the Hong Kong Ophthalmological Society

Photo Gallery

1990s



1992 Hong Kong Ophthalmological society annual general meeting



1995 Retirement of Dr. Timothy LIU



1995 Prof. Patrick HO in the 15th Asia Pacific Academy of Ophthalmology Congress



Annual Scientific Meeting Social function: Tram ride



1996 Hong Kong's first delegates to Orbis, the flying eye hospital.



In memory of Dr. Timothy LIU who devoted all his energy to the development of the ophthalmology specialty in Hong Kong. Dr. LIU passed away in 1997. The Dr. Timothy Kai-ching LIU Memorial Fund was set up and continued to support the training of trainees in ophthalmology in Hong Kong.



1999 Farewell dinner for Professor Mark TSO



Fundraising walkathon for the Hong Kong Association of Medicine

Photo Gallery

2000s to present



In memory of Prof Guy CHAN who introduced refractive surgery to HK. He passed away in 2002.



2004 50th Anniversary of the Hong Kong Ophthalmological Society and the 10th Anniversary of the College of Ophthalmologists of Hong Kong



2005 Dragon Boat Competition



2008 Go Karting



2008 Opening Ceremony of WOC



2009 Soccer Competition



2011 Gourmet Dinner



2014 Hong Kong Ophthalmological Society Annual General Meeting with Dr. KO Wing Man

Photo Gallery

2014 Hong Kong Ophthalmological Society 60th anniversary celebrations



Photo Gallery

Hong Kong Ophthalmological Society Council: past and present



1972 Hong Kong Ophthalmological Society council and members



1974 Hong Kong Ophthalmological Society council and members

Photo Gallery

Hong Kong Ophthalmological Society Council: past and present



2002-2003 Dr. Benson CHEUNG as chairman



2003-2004 Dr. Simon KO as chairman



2004-2005 Dr. Simon KO as chairman



2011 - 2012 Dr. Nancy YUEN as chairlady



2012-2013 Dr. Nancy YUEN as chairlady



2013-2014 Dr. Vincent LEE as chairman



2014-2015 Dr. Vincent LEE as chairman



Our Members

Title	Name	Chi. Name	Title	Name	Chi. Name	Title	Name	Chi. Name
Regular Member			Dr	CHOW Pak Chin	周伯展	Dr	KWOK Sek Keung	郭錫強
Dr	AU YEUNG Kin Chor	歐陽健初	Dr	CHOW Wun Chung, Stephen	周允中	Dr	KWONG Chi Ho	鄺智豪
Dr	AU YEUNG Siu Man	歐陽兆民	Dr	CHU Tung Hang, Byron	朱東恆	Dr	LAI Hiu Ping Frank	賴曉平
Dr	BAIG Nafees Begum	碧納菲	Dr	CHU Tung Ki, Aaron	朱東麒	Dr	LAI Ho Wa, Kenny	黎浩樺
Dr	BATALHA Pedro Manuel		Dr	CHUA Kien Han, John	蔡敬翰	Dr	LAI Hong Yee, Connie	黎匡怡
Dr	CHAN Cheuk Hung, Jonathan	陳寶珍	Dr	CHUI Yuk Kiu, Diana	徐玉嬌	Prof	LAI Shiu Ming, Jimmy	黎少明
Dr	CHAN Cheuk Ki, Vesta	陳卓琪	Dr	CHUNG Siu Hong, Ronald	鍾兆匡	Dr	LAI Tracy Hiu Ting	黎曉婷
Dr	CHAN Chi Ming	陳志明	Dr	CHUNG Thomas	鍾創輝	Dr	LAI Wai Kwan, Wico	賴維均
Dr	CHAN Chi Wang	陳志宏	Dr	FAN Chi Ming	樊志明	Dr	LAI Yuk Yau, Timothy	賴旭佑
Dr	CHAN Chia Chieh, Orlando	陳家傑	Dr	FAN Ching Yim, Michelle	范靖琰	Dr	LAM Hok Suen, Raymond	林學洵
Dr	CHAN Ching Yan, Noel	陳正欣	Dr	FAN Shu Ping, Dorothy	范舒屏	Dr	LAM King Tak, Douglas	林敬德
Dr	CHAN Chung Yan, Tommy	陳頌恩	Dr	FAR Ying, Nikki	花凝	Dr	LAM Koon Man	林冠民
Dr	CHAN Ding Nai, Dylan	陳鼎鼐	Dr	FOK Chung Tin, Andrew	霍頌天	Dr	LAM Nai Man	林乃文
Dr	CHAN Ho Yin, David	陳浩然	Dr	FONG Hon Chi, Angie	方瀚芝	Dr	LAM Pui Yan, Joyce	林沛欣
Dr	CHAN Hoi Yee	陳凱怡	Dr	FOO Chi Chun	傅子真	Dr	LAM Shun Chiu, Dennis	林順潮
Dr	CHAN Kar Mun, Carmen	陳家敏	Dr	FUNG Siu Kay Nicholas	馮兆基	Dr	LAM Sze Wing	林思泳
Dr	CHAN Kwok Cheung	陳國祥	Dr	GANGWANI Rita Anil		Dr	LAM Tsze Ho, Philip	林子顥
Dr	CHAN Nim Chung, Gerard	陳念聰	Dr	GOH Yau Hang, Terence	吳友恆	Dr	LAU Hing Wai, Henry	劉慶偉
Dr	CHAN Oi Wing, Edwin	陳靄永	Prof	GOLDSCHMIDT Ernst		Dr	LAU Kai Kit, Vincent	劉啟傑
Dr	CHAN Po Chun, Pauline	陳寶珍	Dr	HO Chi Kin	何誌健	Dr	LAU Sing Lok, Charles	劉承樂
Dr	CHAN Pui Man, Poemen	陳培文	Dr	HO Chun Ho	何俊浩	Dr	LAU Tsz Ying	劉紫盈
Dr	CHAN Pui San, Rose	陳沛珊	Dr	HO Kai Kit	何啟傑	Dr	LAU Tze Yan, Teresa	劉芷欣
Dr	CHAN Shun Kit, Keith	陳迅傑	Dr	HO Mary	何璟穎	Dr	LAU Wai Ying, Winnie	劉韋彤
Dr	CHAN Wai Chiu	陳蔚超	Dr	HO Sze Yuen	何思遠	Dr	LAW Wai Kee	羅偉基
Dr	CHAN Wai Ho	陳偉豪	Dr	HO Wing Lau	何穎流	Dr	LEE Allie	李雅麗
Dr	CHAN Wai Man	陳偉民	Dr	HON Charmaine	韓尚穎	Dr	LEE Ka Yau, Gary	李嘉祐
Dr	CHAN Wai Nang, Clement	陳偉能	Dr	HUI Kin Man	許鍵文	Dr	LEE Shin	李羨
Dr	CHAN Woon Ming	陳煥明	Dr	HUI Siu Ping	許少萍	Dr	LEE Wai Yip, Jacky	李煒業
Dr	CHAN Yien Ching, Regine	陳燕晴	Dr	HUI Tak Wing, Samuel	許德榮	Dr	LEE Wing Hong, Rupert	李永康
Dr	CHANG So Min, John	張叔銘	Dr	HUI Yung Lam, Jeff	許用藍	Dr	LEE Wing Hong, Vincent	李永康
Dr	CHAU Kwok On, Gordon	周國安	Dr	HUNG Son On	熊順安	Dr	LEE Yau Wing, Vincent	李佑榮
Dr	CHEN Ngan, Ivan	曾雁	Dr	HUNG Yeung Tong, Michael	洪仰通	Dr	LEONG Chan	梁珍
Dr	CHENG Chak Kwan, Arthur	鄭澤鈞	Dr	IO Yu Fong, Ida	姚汝芳	Dr	LEONG Tak Shing, Lawrence	梁德成
Dr	CHENG Chi On, Andy	鄭智安	Dr	IP Shu Kwan	葉樹均	Dr	LEOW Po Lin	廖寶蓮
Dr	CHENG Lu, Lulu	鄭路	Dr	IU Pui Leung, Lawrence	姚沛良	Dr	LEUNG Kin Ying, William	梁健英
Dr	CHENG Pak Man, George	鄭柏文	Dr	JON Chi Keung, Hayden	莊志強	Dr	LEUNG King Sai	梁競茜
Dr	CHEUNG Jing Chee, Janice	張瀟芝	Dr	KAM Ka Wai	甘嘉維	Dr	LEUNG Lai Chun	梁麗珍
Dr	CHEUNG Ming Kuen	張明權	Dr	KAM Ting Kwong, Joseph	甘定洸	Dr	LEUNG Ming Yin, Colin	梁明彥
Dr	CHEUNG Tze On, Benson	張子安	Dr	KO Chun Yu	高震宇	Dr	LEUNG Siu Foon	梁兆寬
Dr	CHI Chung Chai	池中齊	Dr	KO Ka Li, Callie	高嘉莉	Dr	LEUNG Tai Shing, Alfred	梁大成
Dr	CHING Chin Pang, Elvin	程展鵬	Dr	KO Tak Chuen	高德全	Dr	LEUNG Tsz Wang, Alex	梁子宏
Dr	CHING Hok Ying, Ruby	秦學瑩	Dr	KOO Chi Yan	顧智仁	Dr	LEUNG Wai Yee	梁慧儀
Dr	CHIU Suk I	趙淑義	Dr	KWAN Wing Kwong	關永光	Dr	LEUNG Wing Yun, Joy	梁穎欣
Dr	CHIU Yee Hang, Thomas	趙懿行	Dr	KWAN Yan Wing, Kenneth	關焯榮	Dr	LEUNG Yu Lung, Dexter	梁裕龍
Dr	CHONG Kam Lung, Kelvin	莊金隆	Dr	KWOK Ka Man, Madeline	郭家雯	Dr	LEUNG Yuen Shan, Gloria	梁苑珊
Dr	CHOW Kwok Chi, Charles	周國治	Dr	KWOK Kwan Ho, Alvin	郭坤豪	Dr	LI Che Cheong	李致祥
			Dr	KWOK Pui Wai, Rachel	郭佩璋	Dr	LI Chi Hong, Felix	李志康



Our Members

Title	Name	Chi. Name	Title	Name	Chi. Name	Title	Name	Chi. Name
Dr	LI Chi Lai	李熾禮	Dr	SO Min Woon, Eugene	蘇棉煥	Dr	YAU Chun Yuen, Jackey	邱俊源
Dr	LI Churk Yat, Brian	李卓逸	Dr	SZE Mei Ling	施美玲	Dr	YAU Kin	邱健
Dr	LI Kai Wang, Kenneth	李啟煌	Dr	TAI Ka Fat, Thomas	戴嘉發	Dr	YAU Shing Kin, Gordon	邱承建
Dr	LI Siu Hung, Patrick	李少雄	Dr	TAI Lo Tak, Margaret	戴露德	Dr	YEUNG Chun Chun, Jane	楊珍珍
Dr	LI Tak Lun, Stephen	李德倫	Dr	TAM Mang Kwan, Patrick	譚孟堃	Dr	YEUNG Chun Ting, John	楊震庭
Dr	LI Wai Tat, Walton	李維達	Dr	TAM Sau Man, Barbara	譚秀雯	Dr	YEUNG Fung Yee, Emily	楊鳳儀
Dr	LI Yuen Mei, Emmy	李琬微	Dr	TAM Tak Yau	譚德祐	Dr	YEUNG Man Chan	楊文燦
Dr	LIANG Chan Chung, Benedict	梁展聰	Dr	TANG Kai Tat, Raymond	鄧啟達	Dr	YEUNG Tak Yee, Irene	楊德怡
Dr	LIM Etrian	林一盈	Dr	TANG Wai Ho, Emily	鄧懋焯	Dr	YEUNG Wing Sang, Joseph	楊永生
Dr	LIN Wing Yuen, William	練永炫	Dr	TANG Wai Tat	鄧維達	Dr	YEUNG Wing Sun, Wilson	楊榮新
Dr	LING Mun Wai	凌文煒	Prof	THAM Chee Yung, Clement	譚智勇	Dr	YEUNG Yat Ming, Barry	楊日明
Dr	LIU Chi Han, Candice	廖智恆	Dr	TONG Man Kit	湯文傑	Dr	YEUNG Yat Shan	楊日山
Dr	LIU King Yu	廖景如	Dr	TONG Pak Chuen, Patrick	唐柏泉	Dr	YEUNG Yu Loong Ian	楊裕隆
Prof	LIU Swee Chau, Christopher	劉瑞周	Dr	TSANG Chi Wai	曾智偉	Dr	YICK Wai Fong, Doris	易惠芳
Dr	LIU Ta Li, David	劉大立	Dr	TSANG Moon Kwong	曾滿光	Dr	YIH Lai Bong, Jean Paul	葉禮邦
Dr	LIU Tin Wai, Andrea	廖天蕙	Dr	TSE Chor Fat, Michael	謝初發	Dr	YIM Suk Ming	嚴淑明
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Dr	LOK Ka Hing	駱家慶	Dr	TSE Kwok Kay, Raymond	謝國璣	Dr	YIP Pui Pui Terri	葉佩珮
Dr	LOK Ying Ching, Julie	駱映晴	Dr	TSE Tao Yan, Agnes	謝道欣	Dr	YIP Wai Kuen	葉偉權
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Dr	MAK Shiu Ting, Theresa	麥兆婷	Dr	WONG Chak Ming, Albert	黃澤銘	Dr	YU Kim Hun, Derek	於劍鏗
Dr	MOHAMEDShaheeda	杜曉華	Dr	WONG Ching Yuen, Chad	黃鈺沅	Dr	YU Shan, Carol	余珊
Dr	MOK Anthony	莫華英	Dr	WONG Chun Wah, Alex	黃俊華	Dr	YU Wang Hon, Lester	余泓翰
Dr	MOK Chui Yuk, Jennifer	莫翠玉	Dr	WONG Chun Yu	王震宇	Dr	YUEN Kwok Lai, Hunter	袁國禮
Dr	NEOH Eng Leong	梁榮隆	Dr	WONG Hiu Yan, Angela	黃曉欣	Dr	YUEN Leonard Hsu	源旭
Dr	NG Chun Kwan, Alan	伍鎮坤	Dr	WONG Kwok Tung, Billy	黃國棟	Dr	YUEN Sheung Ching, Kenneth	袁尚清
Dr	NG Lap Ki	伍立祺	Dr	WONG Lai Man, Raymond	黃禮文	Dr	YUEN Shi Yin, Nancy	袁淑賢
Dr	NG Sin Yee, Anita	吳倩儀	Dr	WONG Lee, Amy	黃莉	Dr	YUEN Siu Wah	袁兆華
Dr	NG Siu King, Joan	吳少琼	Dr	WONG Oi Man	黃藹汶	Dr	YUEN Yin Fun, Can	阮燕芬
Dr	NG Wai Chung, Philip	伍偉聰	Dr	WONG Suk Fong, Ursula	黃淑芳	Dr	YUNG Hon Wah	容瀚華
Dr	NG Wing Ho, Kenneth	吳永浩	Dr	WONG Tak Hung	黃德洪			
Dr	NG Yuk Hon	吳鏊漢	Dr	WONG Wing Cheong, Ben	黃永昌			
Dr	NGAI Wing Sang, Jasmine	蟻穎生	Dr	WONG Wing Yee, Victoria	黃穎兒			
Dr	PONG Chiu Fai, Jeffrey	龐朝輝	Dr	WONG Yat Hin, Ian	王逸軒			
Dr	POON Tsun Mui, Betty	潘俊梅	Dr	WONG Yat Wing, David	王日榮			
Dr	SHEN Kwok Leung, Steven	冼國亮	Dr	WOO Chai Fong, Donald	賀澤烽			
Dr	SHIH Kendrick Co	施愷迪	Dr	WOO Chi Pang, Victor	胡志鵬			
Dr	SHIU Chi Yuen	邵志遠	Dr	WOO Jackson	胡澤榮			
Dr	SHUM Wai Kiu	沈偉翹	Dr	WU Kai Wah, Patrick	胡啟華			
Dr	SHUM Wei Huen, Jennifer	沈蔚瑄	Dr	WU Mei Sze	胡美詩			
Dr	SIN Pui Yee	冼佩儀	Dr	WU Tung, Joan	吳彤			
Dr	SIU Ji Yee, Gillian Denise	蕭子宜	Dr	WU Wai Kwan	胡偉君			
Dr	SO Fei, Sophia	蘇斐	Dr	YAM Cheuk Sing, Jason	任卓昇			



Our Members

Title	Name	Chi. Name	Title	Name	Chi. Name
Associate Member					
Dr	AU Ka Hong	區家康	Dr	WONG Yin Yee, Michelle	王嫣宜
Dr	CHAN Hiu Yan, Mariza	陳曉恩	Dr	WOO Tak Yunn, Tiffany	胡德欣
Dr	CHAN Jing Tung, Joyce	陳靖彤	Dr	WU Tian Xin, Christine	吳天心
Dr	CHAN Kwan Tsz	陳君慈	Dr	YIP Lai Ting	葉麗婷
Dr	CHAN Rachelle Monique	陳家昕	Dr	YU Kwok Yui	余國睿
Dr	CHAN Wai Lok	陳偉樂			
Ms	CHAU Shuk Yin, Pearl				
Dr	CHEN Lijia	陳理佳			
Dr	CHEUNG Janice	張靈禧			
Dr	CHIN Kar Yee, Joyce	錢嘉儀			
Mr	CHO Chun Wah, Joseph	曹振華			
Dr	CHOW Lok Wan, Loraine	鄒樂韻			
Dr	CHOW She Wan, Sharon	鄒樞韻			
Dr	CHOY Nga Kwan	蔡雅君			
Ms	CHU Ting Foon, Suzanna				
Dr	FONG Cheong Yi	方暢怡			
Dr	FONG Yeuk Ying, Yoly	方若盈			
Dr	FU Chi Wing	傅志榮			
Ms	HO Sin Yee				
Dr	HUNG Chien Hui, Jennifer	熊健慧			
Dr	KWOK Sze Wai, Jeremy John	郭思璋			
Dr	KWOK Yuen Ting, Tracy	郭婉婷			
Dr	LAI Sum Wai, Isabel	黎心慧			
Dr	LAM Kee Ming, Jasmine	林己明			
Dr	LAM Po Sang, Carol	林寶生			
Dr	LAU Hoi Shan, Flora	劉凱珊			
Dr	LAU Wing See, Tiffany	劉詠詩			
Prof	LEUNG Kai Shun, Chris	梁啟信			
Dr	LI Qing	李青			
Dr	LI Tsz Ha, Randa	李紫霞			
Dr	LIU Shu	劉姝			
Ms	LUI Yuk Chun				
Dr	MAK Lok Yoong	麥樂融			
Mrs	MOK Rosalind				
Dr	SZETO Ka Ho, Simon	司徒家浩			
Mr	TAM Chi Kan				
Dr	TANG Chik Hei, Geoffrey	鄧植禧			
Ms	TONG Mei Ha, Angelina				
Dr	TSANG Alan	曾詠達			
Dr	TSANG Susanna	曾蔚嫻			
Dr	TSE Wai Ip, Marvin	謝偉業			
Dr	WONG Ka Wai, Jasper	黃嘉偉			
Dr	WONG Suhan, Emily	黃蘇哈			
Dr	WONG Wai Ching, Pollyanna	王煒晴			

Approved for macular edema secondary to CRVO¹

With fewer clinic visits, EYLEA[®] helps you and your patients with wet AMD and CRVO^{3,4,5}

REVEAL LIFE BEYOND THE LETTERS



For your newly diagnosed patients with wet AMD

EYLEA[®] PROVIDES A PROACTIVE APPROACH TO WET AMD TREATMENT^{1,2}

Proven to improve and maintain vision with once every 2 months administration^a without the need for interim monitoring¹

Administration schedule in the first year



The recommended dose for EYLEA is 2 mg aflibercept, equivalent to 50 microlitres.

EYLEA treatment is initiated with 1 injection per month for 3 consecutive doses, followed by 1 injection every 2 months. There is no requirement for monitoring between injections.

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AMD = aged-related macular degeneration; CRVO = central retinal vein occlusion

^aFollowing 3 initial monthly injections



Bayer HealthCare

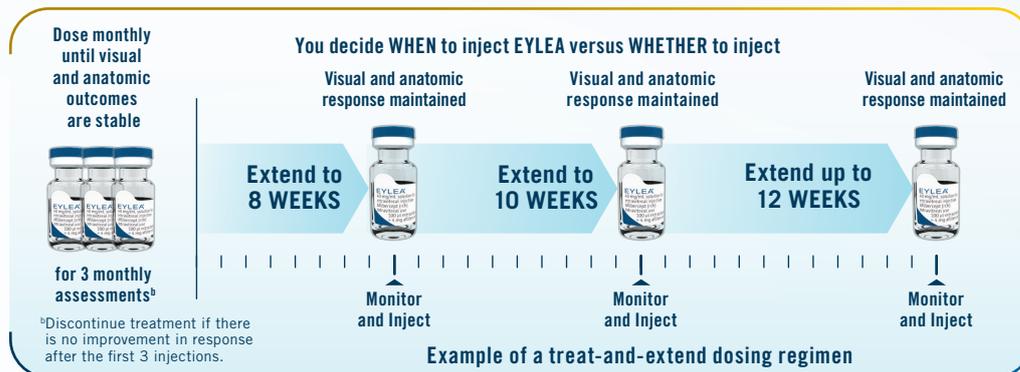
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In treatment-naïve patients—

EYLEA® IS NOW REGISTERED FOR THE TREATMENT OF CRVO WITH A PROACTIVE TREAT-AND-EXTEND DOSING APPROACH^{1,2}

Proactively extend time between combined monitoring/injection visits based on visual and anatomic response¹



The recommended dose for EYLEA is 2 mg aflibercept equivalent to 50 microlitres.¹

After the initial injection, treatment is given monthly. The interval between 2 doses should not be shorter than 1 month.¹

If there is no improvement in visual and anatomic outcomes over the course of the first 3 injections, continued treatment is not recommended.¹

Monthly treatment continues until visual and anatomic outcomes are stable for 3 monthly assessments. Thereafter, the need for continued treatment should be reconsidered.

If necessary, treatment may be continued with gradually increasing treatment intervals while maintaining visual and anatomic response. If treatment has been discontinued, visual and anatomic outcomes should be monitored and treatment should be resumed if these deteriorate.¹

Usually, monitoring should be done at the injection visits. During treatment interval extension through to completion of therapy, the monitoring schedule should be determined by the treating physician based on the individual patient's response and may be more frequent than the schedule of injections.¹

Eylea®
Abbreviated PI (Please refer to full prescribing information for details before use)

Eylea 40mg/ml solution for injection in a vial. Each vial contains 100 microlitres, equivalent to 4mg aflibercept. This provides a usable amount to deliver a single dose of 50 microlitres containing 2mg aflibercept.

Eylea is indicated for adults for (i) the treatment of neovascular (wet) age-related macular degeneration (AMD); (ii) visual impairment due to macular oedema secondary to central retinal vein occlusion (CRVO). Eylea is for intravitreal injection only. **WAMD:** Recommended dose is 2 mg aflibercept, equivalent to 50 microlitres. Eylea treatment is initiated with one injection per month for three consecutive doses, followed by one injection every two months. There is no requirement for monitoring between injections. After the first 12 months of treatment with Eylea, treatment interval may be extended based on visual and anatomic outcomes. In this case the schedule for monitoring should be determined by the treating physician and may be more frequent than the schedule of injections. **Macular Oedema secondary to CRVO:** Recommended dose is 2 mg aflibercept equivalent to 50 microlitres. After the initial injection, treatment is given monthly. The interval between two doses should not be shorter than one month. If there is no improvement in visual and anatomic outcomes over the course of the first three injections, continued treatment is not recommended. Monthly treatment continues until visual and anatomic outcomes are stable for three monthly assessments. Thereafter the need for continued treatment should be reconsidered. If necessary, treatment may be continued with gradually increasing treatment intervals to maintain a stable visual and anatomic outcome. If treatment has been discontinued, visual and anatomic outcomes should be monitored and treatment should be resumed if these deteriorate. Usually, monitoring should be done at the injection visits. During treatment interval extension through to completion of therapy, the monitoring schedule should be determined by the treating physician based on the individual patient's response and may be more frequent than the schedule of injections.

Hepatic and/or renal impairment: No specific studies in patients with hepatic and/or renal impairment were conducted with Eylea. **Elderly population:** No special considerations are needed. **Paediatric population:** Safety and efficacy have not been established in children and adolescents. There is no relevant use of Eylea in the paediatric population in wet AMD and CRVO.

Method of administration: Intravitreal injections must be carried out according to medical standards and applicable guidelines by a qualified physician experienced in administering intravitreal injections. Immediately following the intravitreal injection, patients should be monitored for elevation in intraocular pressure. Following intravitreal injection, patients should be instructed to report any symptoms suggestive of endophthalmitis (e.g. eye pain, redness of the eye, photophobia, blurring of vision) without delay. These should be managed appropriately by the physician.

Contraindications: Hypersensitivity to active substance aflibercept or to any of the excipients. Active or suspected ocular or periocular infection. Active severe intraocular inflammation.

Special warnings and precautions for use: Intravitreal injections, including those with aflibercept, have been associated with endophthalmitis. Proper aseptic injection techniques must always be used when administering Eylea.

Increases in intraocular pressure have been seen within 60 mins of intravitreal injection, including those with Eylea. Special precaution is needed in patients with poorly controlled glaucoma (do not inject Eylea while the intraocular pressure is ≥ 30 mmHg). In all cases both intraocular pressure and the perfusion of the optic nerve head must therefore be monitored and managed appropriately.

As Eylea is a therapeutic protein, there is a potential for immunogenicity. Patients should be instructed to report any signs or symptoms of intraocular inflammation, e.g. pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity.

Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors, and there is a theoretical risk that these may relate to VEGF inhibition.

Interaction with other medicinal products and other forms of interaction

No interaction studies have been performed. Adjunctive use of verteporfin photodynamic therapy (PDT) and Eylea has not been studied; therefore, a safety profile is not established.

Pregnancy: There are no data on use of aflibercept in pregnant women. Studies in animals have shown embryo-fetal toxicity after high systemic exposure. Although systemic exposure after ocular administration is very low, Eylea is not recommended during pregnancy unless potential benefit outweighs potential risk to the foetus. Breastfeeding: It is unknown whether aflibercept is excreted in human milk. A risk to the breast-fed child cannot be excluded. Eylea is not recommended during breastfeeding. Fertility: Results from animal studies with high systemic exposure indicate that aflibercept can impair male and female fertility.

Undesirable effects:

wet AMD

A total of 1,824 patients constituted the safety population in the two phase 3 studies with up to 96 weeks of exposure to Eylea, of which 1,223 patients were treated with the 2 mg dose. Serious adverse reactions related to injection procedure have occurred in less than 1 in 1,000 intravitreal injections with Eylea and included endophthalmitis, traumatic cataract and transient increased intraocular pressure. The most common adverse reactions (in at least 5% of patients treated with Eylea) were conjunctival haemorrhage (26.7%), eye pain (10.3%), vitreous detachment (8.4%), cataract (7.9%), vitreous floaters (7.6%) and increased intraocular pressure (7.2%).

Macular Oedema secondary to CRVO

A total of 317 patients treated with at least one dose of Eylea constituted the safety population in the two phase III studies with up to 100 weeks exposure. Serious adverse reactions related to the injection procedure occurred in 3 out of 2,728 intravitreal injections with Eylea and included endophthalmitis, cataract and vitreous detachment. The most common adverse reactions (in at least 5% of patients treated with Eylea) were conjunctival haemorrhage (15.8%), increased intraocular pressure (12.9%), eye pain (12.6%), vitreous detachment (6.9%), vitreous floaters (5.7%), increased lacrimation (5.0%) and ocular hyperemia (5.0%).

Description of selected adverse reactions

In the wet AMD phase III studies, there was an increased incidence of conjunctival haemorrhage in patients receiving anti-thrombotic agents. This increased incidence was comparable between patients treated with ranibizumab and Eylea. Arterial thromboembolic events (ATEs) are adverse events potentially related to systemic VEGF inhibition. There is a theoretical risk of arterial thromboembolic events following intravitreal use of VEGF inhibitors. ATEs, as defined by Antiplatelet Trialists' Collaboration (APT) criteria, include nonfatal myocardial infarction, nonfatal stroke, or vascular death (including deaths of unknown cause). The incidence in the phase 3 wet AMD studies (VIEW1 and VIEW2) during the 96 weeks study duration was 3.3% (60 out of 1,824) in the combined group of patients treated with Eylea compared with 3.2% (19 out of 595) in patients treated with ranibizumab. Incidence of ATEs in the CRVO studies (GALILEO and COPERNICUS) during the 76/100 weeks study duration was 0.6% (2 out of 317) in patients treated with at least one dose of Eylea compared to 1.4% (2 out of 142) in the group of patients receiving only sham treatment. As with all therapeutic proteins, there is a potential for immunogenicity with Eylea.

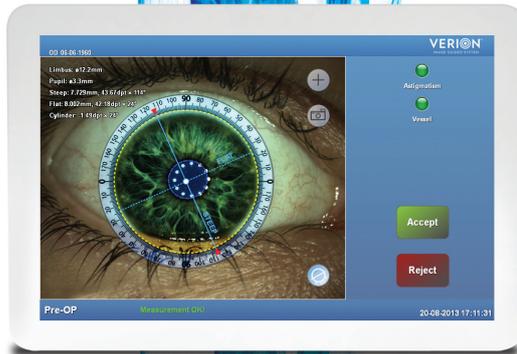
Incompatibilities: In the absence of compatibility studies, this medicinal product must not be mixed with other medicinal products.

Special precautions for storage: Store in a refrigerator (2°C to 8°C). Do not freeze. Keep the vial, in the outer carton in order to protect from light. Prior to usage, the unopened vial of Eylea may be kept at room temperature (below 25°C) for up to 24 hours. After opening the vial, proceed under aseptic conditions.

Bayer Pharma AG, D-13342 Berlin, Germany
Aug 2013

References: 1. EYLEA® full Prescribing Information, Hong Kong, August 2013. 2. LUCENTIS™ (ranibizumab injection) summary of product characteristics. Frimley, Camberley, Surrey, UK: Novartis Pharmaceuticals UK Ltd.; January 19, 2012. 3. Schmidt-Erfurth U, Kaiser PK, Korobelnik JF, et al. Intravitreal aflibercept for neovascular age-related macular degeneration: 96 week results of the VIEW studies. *Ophthalmology* 2014;121:193-201. 4. Heiser JS, Clark WL, Boyer DS, et al. Intravitreal aflibercept for macular edema due to central retinal vein occlusion: 2-year results from the COPERNICUS study. *Ophthalmology* 2014;121:1414-1420. 5. Korobelnik JF, Holz FG, Roeder J, et al. GALILEO Study Group. Intravitreal aflibercept injection for macular edema resulting from central retinal vein occlusion: one-year results of the phase 3 GALILEO study. *Ophthalmology*. 2014;121(1):202-208.

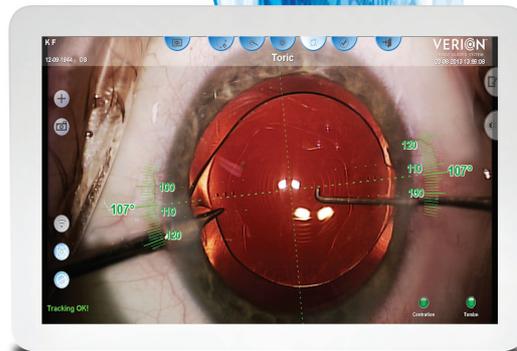
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* Katz L *et al.* Twelve-month, randomized, controlled trial of Bimatoprost 0.01%, 0.125%, and 0.03% in patients with glaucoma or ocular hypertension. *Am J Ophthalmol* 2010;149:661-671.

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1. enVista™ Directions for Use. 2. Tetz MR, Werner L, Schwahn-Bendig S, Batlle JF. A prospective clinical study to quantify glistenings in a new hydrophobic acrylic IOL. Presented at: American Society of Cataract and Refractive Surgery (ASCRS) Symposium & Congress, April 3-8, 2009, San Francisco, CA.

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- ➔ Wet age related macular degeneration.
- ➔ Visual impairment due to diabetic macular edema.
- ➔ Visual impairment due to macular edema secondary to retinal vein occlusion.
- ➔ Visual impairment due to choroidal neovascularization secondary to pathologic myopia.

LUCENTIS®

Note: Before prescribing, consult full prescribing information. **Presentation:** Ranibizumab. Each vial contains 2.3 mg of ranibizumab in 0.23 mL solution. **Indications:** ♦ Treatment of neovascular (wet) age-related macular degeneration (AMD). ♦ Treatment of visual impairment due to diabetic macular edema (DME). ♦ Treatment of visual impairment due to macular edema secondary to retinal vein occlusion (branch RVO or central RVO). ♦ Treatment of visual impairment due to choroidal neovascularisation (CNV) secondary to pathologic myopia (PM). **Dosage:** ♦ The recommended dose is 0.5 mg (0.05 mL) given as a single intravitreal injection. ♦ Treatment is given monthly and continued until maximum visual acuity is achieved, confirmed by stable visual acuity for three consecutive monthly assessments performed while on Lucentis® treatment. Patients should be monitored monthly for visual acuity. Treatment is resumed with monthly injections when monitoring indicates a loss of visual acuity due to wet AMD, DME or macular edema secondary to RVO and continued until stable visual acuity is reached again for three consecutive monthly assessments. The interval between two doses should not be shorter than 1 month. ♦ Lucentis and laser photocoagulation in DME or in branch RVO: Lucentis has been used concomitantly with laser photocoagulation in clinical studies. When given on the same day, Lucentis should be administered at least 30 minutes after laser photocoagulation. Lucentis can be administered in patients who have received previous laser photocoagulation. ♦ CNV secondary to PM: Treatment is initiated with a single injection. If monitoring reveals signs of disease activity, e.g. reduced visual acuity and/or signs of lesion activity, further treatment is recommended. ♦ The frequency of monitoring should be determined by the treating physician. ♦ Lucentis must be administered by a qualified ophthalmologist using aseptic techniques. Broad-spectrum topical microbicide and anaesthetic should be administered prior to the injection. ♦ The patient should be instructed to self-administer antimicrobial drops four times daily for 3 days before and after each injection. ♦ Not recommended in children and adolescents. **Contraindications:** Hypersensitivity to ranibizumab or to any of the excipients, patients with active or suspected ocular or periocular infections, patients with active intraocular inflammation. **Precautions/Warnings:** ♦ Intravitreal injections have been associated with endophthalmitis, intraocular inflammation, rhegmatogenous retinal detachment, retinal tear and iatrogenic traumatic cataract. Therefore proper aseptic injection techniques must be used. Patients should be monitored during the week following the injection to permit early treatment if an infection occurs. ♦ Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of injection of Lucentis. Sustained IOP increases have also been reported. Intraocular pressure and the perfusion of the optic nerve head must be monitored and managed appropriately. ♦ There is a potential risk of arterial thromboembolic events following intravitreal use of VEGF inhibitors. A numerically higher stroke rate was observed in patients treated with ranibizumab 0.5 mg compared to ranibizumab 0.3 mg or control, however, the differences were not statistically significant. Patients with known

risk factors for stroke, including history of prior stroke or transient ischemic attack should be carefully evaluated by their physicians as to whether Lucentis treatment is appropriate and the benefit outweighs the potential risk. ♦ As with all therapeutic proteins, there is a potential for immunogenicity with Lucentis. ♦ Lucentis has not been studied in patients with active systemic infections or in patients with concurrent eye conditions such as retinal detachment or macular hole. ♦ There is limited experience with treatment of patients with prior episodes of RVO and of patients with ischemic branch RVO (BRVO) and central RVO (CRVO). In patients with RVO presenting with clinical signs of irreversible ischemic visual function loss, treatment is not recommended. ♦ Should not be used during pregnancy unless the expected benefit outweighs the potential risk to the fetus. For women who wish to become pregnant and have been treated with ranibizumab, it is recommended to wait at least 3 months after the last dose of ranibizumab before conceiving a child; use of effective contraception recommended for women of child-bearing potential; breast-feeding not recommended. ♦ Following treatment patients may develop transient visual disturbances that may interfere with their ability to drive or use machines. Patients should not drive or use machines as long as these symptoms persist. **Interactions:** No formal interaction studies have been performed. **Adverse reactions:** ♦ **Very common adverse reactions are:** intraocular inflammation, vitritis, vitreous detachment, retinal hemorrhage, visual disturbance, eye pain, vitreous floaters, conjunctival hemorrhage, eye irritation, foreign body sensation in eyes, lacrimation increased, blepharitis, dry eye, ocular hyperemia, eye pruritus, intraocular pressure increased, nasopharyngitis, headache, arthralgia. ♦ **Common adverse reactions are:** retinal degeneration, retinal disorder, retinal detachment, retinal tear, detachment of the retinal pigment epithelium, retinal pigment epithelium tear, visual acuity reduced, vitreous hemorrhage, vitreous disorder, uveitis, iritis, iridocyclitis, cataract, cataract subcapsular, posterior capsule opacification, punctate keratitis, corneal abrasion, anterior chamber flare, vision blurred, injection site hemorrhage, eye hemorrhage, conjunctivitis, conjunctivitis allergic, eye discharge, photopsia, photophobia, ocular discomfort, eyelid edema, eyelid pain, conjunctival hyperemia, stroke, influenza, urinary tract infection*, anemia, anxiety, cough, nausea, allergic reactions (rash, pruritus, urticaria, erythema). ♦ **Uncommon adverse reactions are:** blindness, endophthalmitis, hypopyon, hyphema, keratopathy, iris adhesions, corneal deposits, corneal edema, corneal striae, injection site pain, injection site irritation, abnormal sensation in eye, eyelid irritation. ♦ **Serious adverse events related to intravitreal injections included endophthalmitis, rhegmatogenous retinal detachment, retinal tear and iatrogenic traumatic cataract.**

* observed only in the DME population

Packs and prices: 1 vial per pack

Legal classification: P1S1S3

Ref: 2011-PSB/GLC-0396-s (CDS Aug 2013) + EU.CPP Sep 2013



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F ★★	F ★★★★★	F ★★★★★
I ★★	I ★★	I ★★★★★
N ★★★★★	N ★★★★★	N ★★

Bewertung: Gut (☆☆), sehr gut (☆☆☆) und ausgezeichnet (☆☆☆☆).

FIN: F = Fernvisus, I = Intermediärvision, N = Nahvisus

Multifocal-toric

30 Mplus ^x toric	30 Mplus ^{toric}	20 Mplus ^{toric}	15 Mplus ^{toric}
F ★★	F ★★★★★	F ★★★★★	F ★★★★★
I ★★	I ★★	I ★★★★★	I ★★★★★
N ★★★★★	N ★★★★★	N ★★	N ★

Bewertung: Gut (★★), sehr gut (★★★★) und ausgezeichnet (★★★★★).

FIN: F = Fernvisus, I = Intermediärvision, N = Nahvisus

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