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SICOT

Société Internationale de Chirurgie Orthopédique et de Traumatologie
International Society of Orthopaedic Surgery and Traumatology

■ Newsletter



Hong Kong TWC 2008

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Background

Disc prolapse accounts for five percent of low-back disorders but is one of the most common reasons for surgery.

Objectives

The objective of this review was to assess the effects of surgical interventions for the treatment of lumbar disc prolapse.

Search strategy

We searched the Cochrane Central Register of Controlled Trials, MEDLINE, PubMed, Spine and abstracts of the main spine society meetings within the last five years. All data found up to 1 January 2007 are included.

Selection criteria

Randomized trials (RCT) and quasi-randomized trials (QRCT) of the surgical management of lumbar disc prolapse.

Data collection and analysis

Two review authors assessed trial quality and extracted data from published papers. Additional information was sought from the authors if necessary.

Main results

Forty RCTs and two QRCTs were identified, including 17 new trials since the first edition of this review in 1999. Many of the early trials were of some form of chemonucleolysis, whereas the majority of the later studies either compared different techniques of discectomy or the use of some form of membrane to reduce epidural scarring.

Despite the critical importance of knowing whether surgery is beneficial for disc prolapse, only four trials

have directly compared discectomy with conservative management and these give suggestive rather than conclusive results. However, other trials show that discectomy produces better clinical outcomes than chemonucleolysis and that in turn is better than placebo. Microdiscectomy gives broadly comparable results to standard discectomy. Recent trials of an inter-position gel covering the dura (five trials) and of fat (four trials) show that they can reduce scar formation, though there is limited evidence about the effect on clinical outcomes. There is insufficient evidence on other percutaneous discectomy techniques to draw firm conclusions. Three small RCTs of laser discectomy do not provide conclusive evidence on its efficacy. There are no published RCTs of coblation therapy or trans-foraminal endoscopic discectomy.

Authors' conclusions

Surgical discectomy for carefully selected patients with sciatica due to lumbar disc prolapse provides faster relief from the acute attack than conservative management, although any positive or negative effects on the lifetime natural history of the underlying disc disease are still unclear. Microdiscectomy gives broadly comparable results to open discectomy. The evidence on other minimally invasive techniques remains unclear (with the exception of chemonucleolysis using chymopapain, which is no longer widely available). ■

Reference: Gibson JNA, Waddell G.

Surgical interventions for lumbar disc prolapse.
The Cochrane Database of Systematic Reviews 2007
Issue 2, Copyright © 2007 The Cochrane Collaboration.
Published by John Wiley and Sons, Ltd.
The full text of the review is available in
The Cochrane Library (ISSN 1464-780X).



The Executive Committee has promised that it will update members on the activities of SICOT, the Executive Committee, and the President on a regular basis. It seems to me that our activities accelerate an excitement and success on a monthly basis. We are working closely with several groups in relation to our outreach programmes and our educational activities. This includes not only the Scoliosis Research Society, American Academy of Orthopaedic Surgeons, American Orthopaedic Association, International Federation of Paediatric Orthopaedic Surgeons, International Hip Society, Clubfoot Society, Arthroscopy Association of North America, International Society of Arthroscopy Knee Surgery and Orthopaedic Sports Medicine, Orthopaedic Trauma Association, Orthopaedic Research Society, Orthopaedic Research and Education Foundation, Orthopaedic Trauma Association, and several national societies including the Thai Orthopaedic Association, Mexican Orthopaedic Association, and Canadian Orthopaedic Association.

We have educational and outreach programmes in Africa in conjunction with the World Bank, the Global Learning Centre, and the World Health Organization. It is my hope that by the time you read this newsletter, we will have forums, several SICOT Educational Centres in Africa and between 50 and 100 new members. There is a SICOT programme in St. Petersburg, Russia, in the last week of November 2007. It is hoped that there will be at least 50 new members in Russia as a result of this meeting and expansion of these efforts to two educational centres in Russia by the end of 2008.

Our members in Hong Kong and China are working hard to increase membership in SICOT in Mainland China and to develop educational centres in Hong Kong and Mainland China.

We are also in the process of formalising our board examination every year into an international board which will become more sophisticated and join the other two boards of orthopaedic surgery. There is a great need for this expansion that offers a “plum” and a symbol of excellence for those who can achieve this level of professional excellence. It is a very complicated matter to form the international board, and I strongly suggest that our members offer suggestions, help, and advice as we move into this prestigious effort for our SICOT activities. ■

Chadwick F. Smith
SICOT President

Hong Kong

Prof Keith D-K Luk | SICOT Vice President (Asia Pacific)



Hong Kong primarily consists of Hong Kong Island, Kowloon Peninsula, the New Territories and more than 260 outlying islands (the biggest one is Lantau Island, where the international airport is located). The Kowloon Peninsula is attached to the New Territories to the north, and the New Territories extend northward to connect with mainland China. The name “Hong Kong”, literally meaning “fragrant harbour”. It is derived from the area around present-day Aberdeen on Hong Kong Island, where fragrant wood products and fragrant incense were once traded. In the narrow body of water separating Hong Kong Island and Kowloon Peninsula is Victoria Harbour, one of the deepest natural maritime ports in the world.

Hong Kong was a British colony from 1842, but on 1 July 1997, sovereignty reverted to the People’s Republic of China (PRC). At present, Hong Kong is a Special Administrative Region (SAR) of the PRC. Under Hong Kong’s constitutional document, the Basic Law, the existing economic, legal and social systems will be maintained for 50 years. The SAR enjoys

a high degree of autonomy except in defence and foreign affairs.

The history of western medicine in Hong Kong dates back to 120 years ago. The College of Medicine for Chinese established in 1887 was later renamed as the Hong Kong College of Medicine. One of the first two graduates was Dr Sun Yat-Sen, the Founder of the modern Republic of China. In 1911, the Hong Kong College of Medicine was amalgamated as one of the two founding faculties of the University of Hong Kong. A second medical school was established in 1980 at the Chinese University of Hong Kong. The two medical schools now produce more than 250 new doctors each year.

With the establishment of the Hong Kong Academy of Medicine in 1993, a body established by statute, the Hong Kong College of Orthopaedic Surgeons was officially formed. It has been given the authority to set standards for training in orthopaedics and traumatology. It has been authorised to set intermediate and exit examinations for this specialty. The period of training required consists of two years of basic surgery and four years of higher orthopaedic surgery. Trainees who have satisfied the training requirements and passed the intermediate and exit examinations become fellows of the Hong

Kong College of Orthopaedic Surgeons and fellows of the Hong Kong Academy of Medicine (Orthopaedic Surgery). They are then eligible for registration as specialists in orthopaedic surgery under the Hong Kong Medical Council. Since 1997, the exit examination has been conjoined with that of the Royal Colleges of Surgeons of Edinburgh, and successful candidates also obtain the FRCS(Ed) (Orth). This mode of examination, including overseas examiners, ensures that the passing trainee has attained an international standard.

Orthopaedic surgery in Hong Kong was practiced mainly by general surgeons until 1951, when Dr Arthur R. Hodgson was appointed senior lecturer in the Department of Surgery at the University of Hong Kong and asked to start a service in orthopaedics and trauma. In 1961, the Department of Orthopaedic



Dr Arthur R. Hodgson



Queen Mary Hospital

Surgery was established at the University of Hong Kong and Dr Hodgson appointed as the Foundation Chair. The Department was housed at the Queen Mary Hospital. Around 1963, a second major general hospital (Queen Elizabeth Hospital) opened in Kowloon, with two orthopaedic and traumatology units. Subsequently, orthopaedic units were opened in the Princess Margaret and other hospitals. In 1980, a Department of Orthopaedics and Traumatology was established at the Chinese University of Hong Kong.

At present there are 14 Orthopaedic and Traumatology Departments in the public sector. Over 90 percent of patients in Hong Kong will go to the public service if they need specialist consultation or in-hospital treatment. This is because of the very low charges and high quality services provided in the public sector service compared with the relatively high costs of the private sector care, which most citizens cannot afford. Medical insur-

ance is still relatively uncommon. Knowing that the present state is not going to be sustainable, the government is working hard on reform of the health care system.

While the predominant musculoskeletal problems five decades ago were infections, especially tuberculosis, and hand injuries affecting workers in light industries, they are becoming much less common now since the factories moved to mainland China. Ageing of the population in Hong Kong has made conditions such as osteoporotic fractures, degeneration of the spine and joint disorders the commonly encountered pathologies.

Orthopaedic surgeons in Hong Kong are very active in regional and international orthopaedic affairs. Hong Kong has a long-term relationship and is still playing an important role in the Asia Pacific Orthopaedic Association (APOA, formerly known as Western Pacific Orthopaedic Association). Professor John C.Y. Leong, former Chairman of the Department of Orthopaedic Surgery at the University of Hong Kong, was President of SICOT from 2002 to 2005. To our great pleasure, the next Triennial World Congress of SICOT will be held in Hong Kong from 24 to 28 August 2008 (*for more information, please see pages 6 and 12*). ■



Location: Situated at the south-eastern tip of China

Coordinates: 22° 15" North, 114° 10" East

Population: 6.95 million in mid-2005

Size of country: 1,104 square kilometres

Type of government: The Government is led by the Chief Executive (selected by the Chief Executive Election Committee composed of 800 members). The affairs of the Government are decided by secretaries, who are appointed by the Chief Executive and endorsed by the Central People's Government in Beijing

Ethnic features: 95% are Chinese

No. of doctors (ratio doctors/population): 10,400 (1:670)

No. of orthopaedic surgeons (ratio doctors/population): 320 (1:22,000)

No. of hospitals: 41 public hospitals (14 have an orthopaedic and traumatology department) and 12 private hospitals

No. of medical schools: Two

Ratio private/public health patients: For hospital services, 5 to 10% are private and 90 to 95% are public





Members of the Committee are at present Prof Federico Fernandez-Palazzi, Ass Prof Tomas Trç, Prof René Verdonk, Dr

Eduardo Zamudio and myself as chairman. This Committee is a forum to discuss strategic measures and activities to guide SICOT into the future. We all do our best under the pressure of our daily work, but we are often too busy to carry our ideas through. At the same time, there are different opinions on what

is good for SICOT and what is bad. A Strategic Plan approved by the International Council could be an important tool for SICOT. It should have visions and missions. It can be a document on which to base our discussions and reports. We shall rationalise our discussions to prevent repetition and ensure that we are all heading in the same direction. The mission of our plan is mostly within our current activities, but new ones will also be developed. During the Marrakech meeting, our Committee will discuss further the preparation of a plan for the next triennium.

Some important SICOT aims are:

- to preserve SICOT as the true international platform for exchange of orthopaedic scientific knowledge and research;
- to bridge the wide range of subspecialties in international orthopaedics and traumatology;
- to ensure outreach orthopaedic teaching and learning;
- to direct SICOT activities for the best possible match between our income and expenditure.

The Committee shall meet in Marrakech on 28 August 2007. ■

Hong Kong Visitor Information

Visa Requirements

Hong Kong has a liberal visa policy, allowing visa-free entry to nationals of more than 170 countries and territories. For country-specific visa information, please visit http://www.immd.gov.hk/ehtml/hkvisas_4.htm. For delegates from countries for which visas are required for entry to Hong Kong, please check with the Chinese Embassy or Consulate in your country.

For delegates travelling to other cities in Mainland China a separate entry visa is required. Please obtain your visa from the Chinese Embassy or Consulate within your current place of residence. Travel documents must be valid for at least 6 months from the date of travelling.

Special Festivities in August

- Late June to late August: Hong Kong Shopping Festival
- July to mid-August: International Arts Carnival

For the most up-to-date information, please visit: <http://www.discoverhongkong.com/eng/showtime/index.jhtml>

Climate

Hong Kong has a sub-tropical climate with seasonal changes. Average temperature in August ranges from 28° to 33°C. Humidity is around 85 per cent. Short sleeves and cotton clothes are suitable for this season, but it is worth bringing along a lightweight sweater for air-conditioned premises. For the most up-to-date information, please visit the website of the Hong Kong Observatory at <http://www.hko.gov.hk>.

SICOT Foundation/WOC Travelling Fellowship at Ganga Hospital, Coimbatore, India

Young
surgeons



Dr Fred Otsyeno,
Dip. SICOT; FCS
(ecsa); MMED; MBChB
Orthopaedic Surgeon
Kenyatta National
Hospital
Nairobi, Kenya

As a member of SICOT and upon recommendation of the SICOT National Delegate for Kenya, Dr Parakash M. Heda, who is also a past Vice President of SICOT, I was offered the SICOT Foundation/WOC Travelling Fellowship for higher training in Orthopaedics, Trauma and Spine Surgery at Ganga Hospital by the President of the World Orthopaedic Concern (WOC), Dr S. Rajasekaran, who is also the Director and Head of Orthopaedics and Spine Surgery at Ganga Medical Centre & Hospitals (Private) Ltd. in Coimbatore, India. The fellowship lasted three months beginning January 2007 and under the supervision of Dr S. Rajasekaran. My accommodation was supported by WOC India and I regularly received a monthly allowance of INR 7,200 (USD 175), which was enough to cover my upkeep. Kenyatta National Hospital kindly paid for my air travel to and from Coimbatore.

Communication between Ganga Hospital and me was prompt and emails were always answered within 24 hours. Upon arrival at Coimbatore, on 13 January 2007, I was received by Dr Rajasekaran's sec-

retary, Mr V. K. Mohana, and driven to my accommodation, which had been arranged and paid for in advance. I was later taken to meet the WOC President, whom I found in the operating room on a Saturday afternoon, and whom I ended up assisting in an elective surgery within one hour of my arrival! This tight schedule was to become the way of life throughout the fellowship period: at Ganga there are no excuses for wasting time.



Dr Rajasekaran and Dr Otsyeno in the operating room

The Hospital is involved in orthopaedic, spine, plastic, reconstructive and neuro-surgery. During my time there, it moved to a 400-bed facility with a large outpatient department containing private counselling rooms. Sixteen state of the art operating suites are fully equipped with several image intensifiers, and have facilities for computer-assisted navigation surgery. A wide variety of current instruments as well as implants are available. Intensive care units, a 24-hour pharmacy, an imaging centre with modern digital X-

rays, CT scanners and MRI, a rehabilitation unit with modern equipment provide access to high quality care. A 400-seat auditorium, a library equipped with a wide range of textbooks and current journals and with free internet access 24/7 cater to all educational requirements. Several rooms are available at the facility for visiting fellows, whom Ganga Hospital hosts in large numbers and who come from all around the world.

The hospital work is supervised and guided by Dr S. Rajasekaran, Dr S. Raja Sabapathy, Head of the Department of Plastic, Hand and Micro Surgery and Prof M.V. Daniel, Academic Director of the Department of Orthopaedic Surgery. The Department is well staffed, with seven consultants including the WOC Secretary General Elect, Dr J. Dheenadhayalan, two senior registrars, three registrars, four spine fellows, two trauma fellows, one arthroplasty fellow, four tutors in orthopaedic surgery and 10 postgraduates. During my fellowship I interacted with them collectively and individually. In addition, the hospital hosts many visiting international scholars who give lectures; Prof Srinivasan, an authority on leprosy gave such a talk on 8 February 2007. Many others came from different parts of the globe for fellowships of varying durations in several departments; they brought their different

SICOT Foundation/WOC Travelling Fellowship at Ganga Hospital, Coimbatore, India (cont.)

experiences to the Hospital which was very fulfilling for all of us. The department is staffed by nurses and other support staff who are well drilled for the job. English is the main means of communication and is widely spoken among staff and patients.



Dr Rajasekaran and Dr Otsyeno

I was involved in all areas of activity, with a weekly schedule of six days, prepared for me by Dr Dheenadhayalan, with Sunday as the optional resting day. A day at the hospital normally begins at 7.15 a.m. with the post admission call rounds, followed by lectures or tutorials on Tuesdays, Thursdays and Saturdays between 7.30 a.m. and 8.30 a.m. Ward work, outpatient clinics and theatre sessions continue until about 8.00 p.m. Ward rounds end the day usually after 10.00 p.m. The emergency service and operating theatres continue to work full time. The outpatient orthopaedic attendance is heavy with an amazing spectrum of referrals, which represents the tertiary institution that is Ganga, where more than 250 patients a day

are seen. I would normally accompany Dr Rajasekaran in the outpatient clinics twice a week and on average we would see over 100 patients between 8.30 a.m. and 8.00 p.m.

The operating room is manned by well drilled competent personnel ensuring efficient use of time, equipment and supplies. Regional anaesthesia is widely practiced. At the time of writing this report, following 12 weeks of my stay, I had been involved in assisting at surgery in 103 procedures and observed more than twice as many similar or other surgeries.

Conferences and meetings attended

I was entitled to complementary attendance at the following meetings that took place at the time of my fellowship, courtesy of the WOC President.

- From 9 February to 11 February 2007, I attended the Tamil Nadu Orthopaedic Association (TNOA) annual conference held at Erode, 90 km away. It provided several CME lectures, presentations, workshops and evening social events. The main resource people at the CME included Dr Rajasekaran and Dr Dheenadhayalan.
- From 8 to 11 March, the Asia Pacific Orthopaedic Association (APOA) 13th operative spine course was held at Ganga Hospital. It brought

together 400 delegates, including myself, from 20 countries and a faculty consisting of 28 internationally acclaimed spine surgeons from different parts of the globe (including Dr Rajasekaran and Dr Ajoy Prasad Shetty from Ganga Hospital). During the course, 26 live surgeries were demonstrated, three workshops held and 22 lectures presented on different aspects of the spine.

Conclusion

This was an enlightening fellowship that I will cherish and remember for the rest of my life. It provided me with an all-round experience, great learning opportunities in large varied pathologies, state of the art equipment and, above all, right attitudes and skills in orthopaedic care and the practice of medicine par excellence. I have no doubt that this will be of immense benefit, not only to me, but also to the people of my country, Kenya, and to all mankind.

My sincere heartfelt gratitude goes to SICOT Foundation/WOC, WOC India, all the people and institutions mentioned in this report, especially Dr Rajasekaran. Thanks also go to the unsung heroes of Coimbatore and beyond, and not least the patients and the people of India without whom Ganga Hospital, as it is today, would not be.

Dr S. Rajasekaran | President of World Orthopaedic Concern, UK



It has been an active year for WOC with Chapters around the world contributing to orthopaedic education in numerous ways. Orthopaedic training has been either by regional fellowships or by international travel in suitable instances. The concept of 'Regional

Training Fellowships' organised in Indian centres has become very popular and has so far succeeded in training more than 90 surgeons in their field of interest in centres of excellence at very low cost. Unlike travelling to distant countries for training, fellowship training in one's own country allows the surgeon to be trained under a home environment with the possibility for hands-on experience. The nature of pathology and the sophistication of facilities available are also easily reproducible. From 2000, more than 90 surgeons in India have been trained under this fellowship scheme. The project is funded by the SICOT Foundation and, from 2004, it has been extended to neighbouring countries also. A unique feature has been the collaboration of various WOC Chapters in jointly sponsoring such educational activities as given below:



Dr Rajasekaran with SICOT/WOC Fellows Dr Oluwabunmi Satungus and Dr Raphael Ayorinde from Nigeria, and Dr Birhanu Ayana from Ethiopia.

In 2004, another unique 'Travelling Professor' programme was started as an activity of WOC India. Having a learned teacher travelling to a centre has the advantage that all members of staff in the centre benefit from his expertise and wealth of experience. The Professor stays in the unit for a period of a week to ten days and participates in all activities of the department including outpatient clinics, ward rounds and surgical demonstrations. The two programmes to date have been an outstanding success.

WOC/Prof. T.K. Shanmugasundaram Travelling Professorship:

Visiting	Visit to	Period	Sponsored by
Prof N S Laud	Bangladesh	25 July to 10 Aug 2004	WOC-India
Prof Deven Taneja	Bhutan	March 2007	WOC-India

More exchange fellowships among member countries will surely make WOC stronger and WOC would like to acknowledge the strong financial support the SICOT Foundation has given for its educational activities.

I would also like to record with sadness the demise of one of our illustrious members, Mr J. N. Wilson from the UK, a former President of WOC and its long-time news editor. To honour his memory and recognise his contributions, it is proposed to have this first WOC/J. N. Wilson memorial oration during the next SICOT meeting. Prof Kanda Pillay from Singapore will deliver the oration during the SICOT meeting in Hong Kong. ■

SICOT Foundation/WOC Training Programme

Name of Doctor	Place	Sponsored by
Dr Surianto	Indonesia	WOC-Holland & WOC-India
Dr Sirag	Ethiopia	WOC-UK & WOC-India
Dr Zeng Zhoe	China	WOC-India
Dr Fred Otsyeno	Kenya	WOC-Kenya & WOC-India
Dr Birhanu Ayana	Ethiopia	WOC-UK & WOC-India
Dr Raphael Ayorinde	Nigeria	WOC-India

Dr Wahab Yinusa | National Delegate of Nigeria



The Annual General and Scientific meeting of the Nigerian Orthopaedic Association took place in the ancient city of Ilorin, Kwara State, in Nigeria from 29 November to 1 December 2006. The theme of the conference was osteoarthritis. In attendance were members of the association, other medical personnel and patients with osteoarthritis. The guest speaker at the conference was Prof Galal Zaki Said.

SICOT's Nigeria Section held a well-attended meeting during the conference which was graced by Prof Said. Far-reaching decisions on our National Section were taken.

At the end of the meeting, we had the opportunity to take photographs with Nigerian orthopaedic surgeons who had benefited from the Assiut University/SICOT Training Fellowship.

At the end of the meeting, we had the opportunity to take photographs with Nigerian orthopaedic surgeons who had benefited from the Assiut University/SICOT Training Fellowship.



Prof Galal Zaki Said, SICOT Vice President, is in the middle and flanked on the right by Dr S. B. Agaja, Chairman LOC and to the left by Dr Bob-Yellowe, President of NOA. Dr W. Yinusa, National Delegate of Nigeria, is next to Dr Bob-Yellowe.

We thank Prof Said for his presence and interesting lectures which added much distinction to the conference.

Obituary Announcements



Dr Yamina Benkeddache

It is with great sadness that we announce that Dr Yamina Benkeddache has passed away after a four-year battle against breast cancer. She died on 17 May 2007 in Marseille, France, at the age of 82.

Dr Benkeddache was the National Delegate of Algeria from 1986 to 1993. She was the first female orthopaedic surgeon of independent Algeria and a great specialist of hand surgery, a specialty she developed at the Douéra Hospital in Algiers, Algeria, for many years.

Our deepest condolences go to her husband, Prof Michel Martini, and son, Mr Fadhel Martini.

Dr Zachaeus Alabi

We regret to announce the death of Dr Zachaeus A. Alabi, the former National Delegate of Nigeria. He died on 7 January 2007 at the age of 76.

Dr Alabi retired as a reader in Orthopaedics & Traumatology at the Obafemi Awolowo University Teaching Hospital, Ile-Ife in 1991. Dr Alabi was the pioneer General Secretary of the Nigerian Orthopaedic Association, a post he held from 1977 to 1990. He was the National Delegate of Nigeria from 1987 to 1996.

He is survived by his dear wife, Stella, and three children.



Application for membership

Please complete this page and forward it, together with your curriculum vitae, a photograph and the list of your main publications, to the Secretary General, SICOT a.i.s.b.l., at the address below. Please print the requested data. Do not send payment now! For additional information please see overleaf or visit <http://www.sicot.org>.

• Name and address

Family name

First name Initials

Address

.....

.....

City Zip code

Country

Phone Fax

Mobile E-mail

Birth date Nationality

• General medical education

Institution:

..... Years:

Institution:

..... Years:

Last degree obtained: Year:

• Scholarships, awards and fellowships

.....

.....

• National orthopaedic society

Are you a member of a national orthopaedic society? Yes No

If yes, please specify

• Hospital(s) to which you are presently attached

.....

.....

• Teaching positions, past and present

Position:

..... Years:

Position:

..... Years:

• Are you applying as an Active member Associate member (under 40 years old)

If you are applying as an Associate member you may stay in this category up to the end of your training and for not more than six years. Beginning of training: (year).

Date: Signature:

• Sponsored by (a SICOT member)

Name:

Country: Signature:

• If you are applying as an Active member:

National Delegate/Secretary's (°)

Name: Signature:

(°) if you do not have a National Delegate/Secretary, please apply directly to the Secretary General.



SICOT/SIROT 2008

XXIV Triennial World Congress

24 - 28 August 2008

Hong Kong

Message from the President

This is the third time in the history of SICOT that the Triennial World Congress is being held in Asia and I welcome you all to our exciting city of Hong Kong.

This year, we have received an extremely enthusiastic demand from friendly subspecialty societies for co-sponsoring programmes with SICOT. Instead of a conventional specialty day when participants may have difficulty choosing between concurrent sessions that they are interested in, the organising committee has decided to spread them out throughout the programme. In essence there will be activities of most of the subspecialties everyday with minimal clashing. In addition to the oral paper presentations, one new initiative we have is the 'special poster sessions' where authors will be given 2 minutes to present their work in front of their posters, followed by 3 minutes of discussions. You are encouraged to bring your coffee with you to these poster

sessions and share your wisdom with this selected group of researchers.

The sun does not go down in Hong Kong. There is no lack of social activities around, both day and night, to keep you busy. I would encourage you and your spouse to register early for the social programmes because seats are limited. There are two things that you should do before coming, go on a diet a month before and save up some money. Do not miss the opportunity to explore the wide range of culinary delights and enjoy the great fun of shopping while in Hong Kong.

For those who have extra time before or after the Triennial World Congress, you may be interested to know that there will be a Pre-congress and a Post-congress meeting with tours in Xian and Shanghai, China, respectively. Xian is one of the oldest cities, where the famous terracotta is located, and Shanghai is obviously the fastest growing economy in the region.

I look forward to seeing you at the congress and I guarantee that it will be the most educational, sociable and memorable event. ■

Professor Keith Dip-Kei Luk
Congress President SICOT TWC 2008

Programme

Venue: Hong Kong Convention and Exhibition Centre

24 August 2008	SIROT SICOT/SIROT Opening Ceremony
25-26 August 2008	SICOT Subspecialty societies
27 August 2008	SICOT Subspecialty societies Congress President's dinner
28 August 2008	SICOT Subspecialty societies Closing Ceremony

Call for abstracts

Online abstract submission for the SICOT/SIROT 2008 XXIV Triennial World Congress in Hong Kong will be open from **25 August 2007 to 31 January 2008.**

For more information, please visit the new SICOT website: <http://www.sicot.org>

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