

# Hester Cheung Memorial Lecture

STEVEN D WEXNER, MD, PHD (HON), FACS, FRCS, FRCS(ED)

Director, Digestive Disease Center;
Chairman, Department of Colorectal Surgery;
Cleveland Clinic Florida
Professor of Surgery, Florida Atlantic University College of Medicine
Professor of Surgery, Florida International University College of Medicine
Professor of Surgery University of South Florida College of Medicine
Professor of Surgery, Ohio State University

### **Education and training**

- ▶ **Primary School:** Canossa School, Hong Kong. 1980-1986
- ▶ **Secondary School:** Belilios Public School, Hong Kong, 1986-1992
- ▶ University: The Chinese University of Hong Kong, Bachelor of Medicine & Bachelor of Surgery (M.B.,Ch.B.), 1992-1998
- Clinical attachment: Department of Surgery, Westmead Hospital, University of Sydney, Australia. (Supervisor – Professor J Fletcher), May – June, 1997

## Professional qualifications

Year	Degree	Institution
1998	M.B. Ch.B.	The Chinese University of Hong Kong
2002	MRCS Edin	The Royal College of Surgeons of Edinburgh
2007	FRACS	The Royal Australasian College of Surgeons
2007	FCSHK	The Collage of Surgeons of Hong Kong
2007	FHKAM Surgery	Hong Kong Academy of Medicine

### **Appointments**

Consultant in lower GI team of Surgical Department in Pamela Youde Nethersole Eastern Hospital from Jan 2012 to March 2016

Consultant Surgeon in Hong Kong Adventist Hospital (Tsuen Wan) after April 2016

Honorary Clinical Assistant Professor, University of Hong Kong Li Ka Shing, Faculty of Medicine

Honorary Clinical Assistant Professor, Chinese University, Faculty of Medicine

### Administrative posts

#### **Department Level**

- ► Co-ordinator and Mentor, Joint Hospital Surgical Grand Round (2009 to 2012)
- ► Co-ordinator and Mentor, Joint Hospital Higher Surgical Trainee Assessment (2009 to 2012)

#### **Hospital Level**

- Co-ordinator Cluster Quality & Risk Management Committee, PYNEH since 2012 till 2014
- Sub-committee for Medical Equipment/ Technology Planning
- Vice-chairman of Cluster Cancer Services Co-ordination Committee since Nov 2013
- Chairman of Cluster Medical Records
   Policies & Procedures Subcommittee since
   Nov 2013

### Overseas training

Department of Surgery, Memorial Sloan Kettering Cancer Center, New York, USA.

Colon and Rectal Surgery Program, Department of Surgery, New York-Presbyterian Hospital, Cornell University, New York, USA.

Department of Gastroenterology and Digestive Endoscopy Unit, Toranomon Hospital, Tokyo, Japan.

## Honors / Awards (highlights)

▶ 11 awards for best paper or paper presentation

► Pamela Youde Nethersole Eastern Hospital

► Most Appreciated Staff Award 2003

**▶ Outstanding Performance Award** 2005, 2007-2011

▶ Best Chair Award 2010

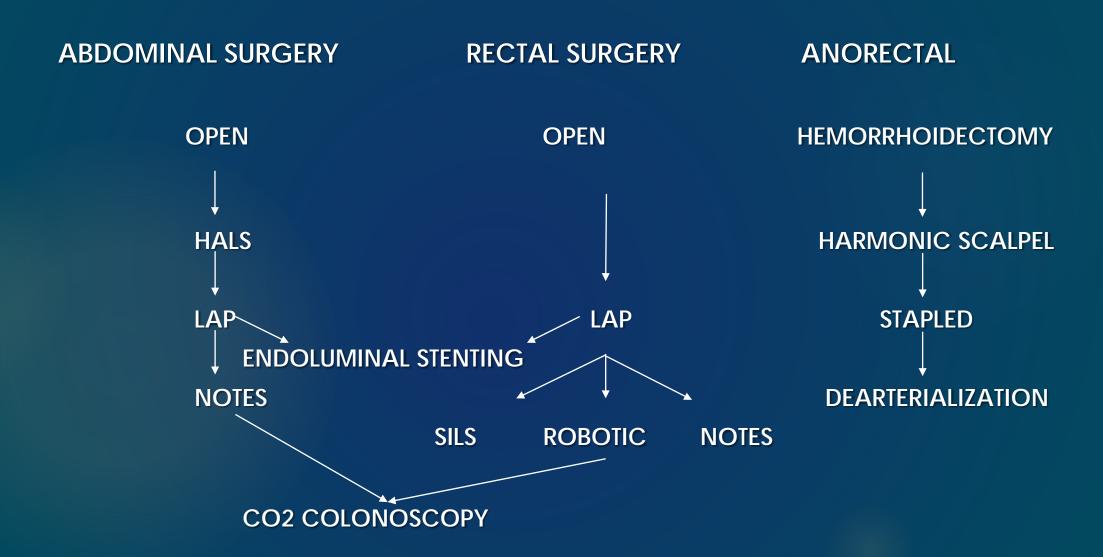
### Writings and meetings

- ▶ 62 Peer-reviewed publications
- ▶ 12 Book chapters
- ▶ 37 Abstracts
- ▶ 43 Invited lectures
- ▶ 44 Conference/meeting presentations
- ▶ 43 Courses/workshops as organizer or faculty





### Minimizing Surgical / Procedural Trauma



### TOWARDS PAINLESS COLONOSCOPY: A RANDOMIZED CONTROLLED TRIAL ON CARBON DIOXIDE-INSUFFLATING COLONOSCOPY

JAMES C. H. WONG, KEVIN K. YAU, HESTER Y. S. CHEUNG, DENIS C. T. WONG, CLIFF C. CHUNG AND MICHAEL K. W. LI

ANZ J. Surg. 2008; 78: 871-874

- RCT to assess the effect of CO2 insufflation on pain during and after colonoscopy.
- ▶ 96 patients randomized to undergo colonoscopy with CO2 or Air insufflation
- Patients in the CO2 group had less pain:
  - ▶ During colonoscopy (P < 0.01)</p>
  - ➤ 30 min after colonoscopy (P = 0.02)
- More patients reported the examination as painless (45% vs 14%, P < 0.01) and 30 min after (70 vs 51%, P = 0.04).</p>

#### **RCT**

# Hand-assisted Laparoscopic Versus Open Right Colectomy A Randomized Controlled Trial

Chi Chiu Chung, FRCSEd,\* Dennis Chung Kei Ng, MBChB,\* Wilson Wen Chieng Tsang, FRCSEd,\*
Wai Lun Tang, FRCPA,† Kevin Kwok Kay Yau, FRCSEd,\* Hester Yui Shan Cheung, FRACS,\*

James Cheuk Hoo Wong, FRACS,\* and Michael Ka Wah Li, FRCS (Eng), FRCSEd\*

(Ann Surg 2007;246: 728–733)

	HALC (n = 41)	OC $(n = 40)$	P*
Conversion (n )	3	_	_
Operative time (min)	110 (75-200)	97.5 (60-165)	0.003
Blood loss (mL)	35 (10-300)	50 (10-200)	0.005
Lymph node harvest (n .)	18 (5-30)	15 (5-45)	0.217
First passage of flatus (d)	2 (1-6)	3 (1-8)	0.003
Time to normal diet (d)	3 (2-5)	3 (2-14)	0.001
Time to ambulation (d)	3 (1-11)	4 (1-21)	0.008
Hospital stay (d)	7 (4-17)	9 (6-25)	0.004
Pain score <sup>†</sup>	2.5 (1-10)	6 (2-10)	< 0.001
Morphine (mg)	19 (5-75)	54 (8-182)	< 0.001
Pethidine (mg)	50 (50-200)	75 (50-450)	< 0.001
Dologesic (tablets)	10 (2-50)	26 (3–56)	< 0.001

# Hand-assisted Laparoscopic Versus Open Right Colectomy A Randomized Controlled Trial

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James Cheuk Hoo Wong, FRACS,\* and Michael Ka Wah Li, FRCS (Eng), FRCSEd\* (Ann Surg 2007;246: 728–733)

► Median follow-up: 28-30 months

- ▶ No difference in disease recurrence
- ► Similar 5-year survival rates

Surg Endosc (2009) 23:147–152 DOI 10.1007/s00464-008-0081-z

# Laparoscopic rectal cancer surgery with and without neoadjuvant chemo-irradiation: a comparative study

Hester Y. S. Cheung · C. C. Chung · James C. H. Wong · Kevin K. K. Yau · Michael K. W. Li

- Comparative cohort study -
- Rectal cancer patients Compare the perioperative and short-term outcomes of
- 52 Patients Neoadjuvant Chemoradiotherapy + Lap proctectomy
- ▶ 138 Patients Lap proctectomy without Neoadjuvant

Chemoradiotherapy

Surg Endosc (2009) 23:147–152 DOI 10.1007/s00464-008-0081-z

# Laparoscopic rectal cancer surgery with and without neoadjuvant chemo-irradiation: a comparative study

Hester Y. S. Cheung · C. C. Chung · James C. H. Wong · Kevin K. K. Yau · Michael K. W. Li

- Median operating time significantly longer in the neoadjuvant group (155 versus 135 minutes, p = 0.09)
- No significant difference was observed in terms of
  - blood loss
  - conversion rates
  - postoperative morbidity
  - Length of hospital stay
  - sphincter preservation rates
  - Overall 5- year survival rates

# Laparoscopic sphincter-preserving total mesorectal excision: 10-year report

H. Y. S. Cheung, K. H. Ng, A. L. H. Leung, C. C. Chung, K. K. Yau and M. K. W. Li

Colorectal Disease © 2011 The Association of Coloproctology of Great Britain and Ireland. 13, 627-631

- Prospective, 10 year evaluation of the long-term oncological outcome after laparoscopic sphincter-preserving TME with a median follow up of ~ 4 years.
- ▶ 177 Patients (1999-2009) 38 received Neoadjuvant Chemoradiotherapy
- Conversion rate 1%
- ► (+) Resection margins 5%

# Laparoscopic sphincter-preserving total mesorectal excision: 10-year report

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► Median follow-up - 49 months:

Local recurrence - 5.1%

▶ Overall metastatic recurrence rate - 22%.

► Overall 5-year survival - 74%

▶ 5-year disease-free survival - 71%

### The outcome of laparoscopic colorectal resection in T4 cancer

D. C. K. Ng, C. S. Co, H. Y. S. Cheung, C. C. Chung and M. K. W. Li

Colorectal Disease © 2011 The Association of Coloproctology of Great Britain and Ireland. 13, e349–e352

- Retrospective review of prospectively collected data
- ▶ 1999-2008 : 146 patients with T4 rectal cancer underwent laparoscopic proctectomy.
- Median operative time 125 (46–285) min
- ► Median blood loss 50 (0–1800) ml
- Conversion rate
- Anastomotic leakage 4.1%
- ► Lymph Node harvest 13 (2–40)

#### The outcome of laparoscopic colorectal resection in T4 cancer

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Colorectal Disease © 2011 The Association of Coloproctology of Great Britain and Ireland. 13, e349-e352

- ► Recurrence rates Stage II 41% Stage III 53%
- ► Local recurrence 3.9%
- Median follow up 18 (1–118)months
- Overall survival 25 months
  - ► Stage II 63M , Stage III 36M, Stage IV 12M

- Conclusions:
  - Laparoscopic colectomy in histologically T4 cancer is safe.
  - Oncological outcomes remain satisfactory.



#### Laparoscopic Resection for Colorectal Cancer in Octogenarians: Results in a Decade

Dis Colon Rectum 2007; 50: 1905-1910 DOI: 10.1007/s10350-007-9070-x

Hester Y. S. Cheung, F.R.A.C.S., C. C. Chung, F.R.C.S.(Edinb.), James T. K. Fung, M.R.C.S., James C. H. Wong, F.R.A.C.S., Kevin K. K. Yau, F.R.C.S.(Edinb.), Michael K. W. Li, F.R.C.S.(Edinb.), F.R.C.S.(Engl.)

10 year period – 1996 – 2006

Recurrence -

Five-year survival

101 Octogenarians, median age – 83 (range 80-95) years

<b>&gt;</b>	Median operative time	110 (60–245) min
<b>&gt;</b>	Median blood loss	50 (0–1,000) ml
<b>&gt;</b>	Conversion rate	1%
<b>&gt;</b>	Leakage rate	3.3 percent
<b>&gt;</b>	Overall morbidity rate	17%
<b>&gt;</b>	Operative mortality rate	3%
	Median follow-up	24 (0–102m) months

22%

51%

#### ORIGINAL ARTICLES

#### Laparoscopic Resection for Rectal Cancers

#### Lessons Learned From 579 Cases

Kheng-Hong Ng, FRCSEd, Dennis Chung-Kei Ng, FRCSEd, Hester Yui-Shan Cheung, FRACS, James Cheuk-Hoo Wong, FRACS, Kevin Kwok-Kay Yau, FRCSEd, Clift Chi-Chiu Chung, FRCSEd, and Michael Ka-Wah Li, FRCS

Annals of Surgery • Volume 249, Number 1, January 2009

- 15-year period: 579 Lap proctectomies
  - ▶ 316 Lap proctectomy for rectosigmoid and upper rectal cancer
  - ► 152 Laparoscopic sphincter-saving TME
  - ▶ 92 Lap APR
  - 17 Lap Hartman for rectal cancer
  - ▶ 2 Lap proctocolectomy

#### ORIGINAL ARTICLES

#### Laparoscopic Resection for Rectal Cancers

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Annals of Surgery • Volume 249, Number 1, January 2009

- ▶ Median follow-up 56 (range, 8–288) months .
- Port-site recurrence 2 patients.
- ► Locoregional recurrence 7.4%
- ▶ Overall 5- and 10-year survivals for rectal cancer were 70% and 45.5%
- Cancer-specific 5- and 10- year survival was 76% and 56%
- Conclusions: laparoscopic resection for rectal cancer is safe with good long-term oncological outcomes.

# Laparoscopic reversal of Hartmann's procedure: safety and feasibility

Daniel C.K. Ng<sup>1</sup>, Salvatore Guarino<sup>1</sup>, Steven L.C. Yau<sup>1</sup>, Benny K.L. Fok<sup>1</sup>, Hester Y.S. Cheung<sup>1</sup>,

Michael K.W. Li<sup>1,2</sup> and C.N. Tang<sup>1</sup>

Gastroenterology Report 1 (2013) 149–152, doi:10.1093/gastro/got018

Advance access publication 17 June 2013

Retrospective comparison over 12 year period

► Laparoscopic Hartmann's reversal 47 Patients

► Open Hartmann's reversal 35 Patients

- Conversion rate 28% in the laparoscopic group.
- No difference in:
  - operation time
  - blood loss
- Laparoscopic approach:

► Shorter median length of stay (12 vs 14 days, P=0.002)

▶ Less post-operative paralytic ileus (2 vs 17%, P=0.038).

► Less incisional hernia (0 vs 14%, P=0.012).

# Laparoscopic reversal of Hartmann's procedure: safety and feasibility

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- Retrospective comparison over 12 year period
  - ► Laparoscopic Hartmann's reversal 47 Patients
  - Open Hartmann's reversal
    35 Patients
- Conversion rate 28% in the laparoscopic group.

Table 2. Comparison of operative data and outcomes

	Open	Laparoscopic	<i>P</i> -value
Median operation time <sup>a</sup> (minutes)	153 (65–317)	167 (69–310)	0.854
Median blood loss <sup>a</sup> (ml)	124 (30–800)	77 (10–550)	0.192
Median length of stay <sup>a</sup> (days)	14 (6–35)	12 (6–19)	0.002
Covering ileostomy (%)	20 (57%)	5 (11%)	0.040

# Laparoscopic reversal of Hartmann's procedure: safety and feasibility

Daniel C.K. Ng<sup>1</sup>, Salvatore Guarino<sup>1</sup>, Steven L.C. Yau<sup>1</sup>, Benny K.L. Fok<sup>1</sup>, Hester Y.S. Cheung<sup>1</sup>, Michael K.W. Li<sup>1,2</sup> and C.N. Tang<sup>1</sup>

Gastroenterology Report 1 (2013) 149–152, doi:10.1093/gastro/got018 Advance access publication 17 June 2013

Table 3. Post-operative complicati	ions
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	Open	Laparoscopic	<i>P</i> -value
Wound infection	8 (22%	6 (13%)	0.251
Mesh infection <sup>a</sup>	1 (2.89	%) 0 (0%)	0.573
Anastomotic complication <sup>a</sup>	0 (0%)	2 (4%)	0.505
Paralytic ileus	6 (17%	) 1 (2%)	0.038
Pelvic collection	0 (0%)	1 (2%)	0.573
Incisional hernia	5 (14%	0 (0%)	0.012
Total	14 (40%	5) 10 (21%)	0.134

# Outcomes of endoluminal stenting for distal colorectal cancer: An institutional experience Surgical Practice (2009) 13.

Surgical Practice (2009) 13, 8–11 © 2009 The Authors Journal compilation © 2009 College of Surgeons of Hong Kong

James C.H. Wong, Hester Y.S. Cheung,\* Kwok-Kay Yau, Chi-Chiu Chung and Michael K.W. Li

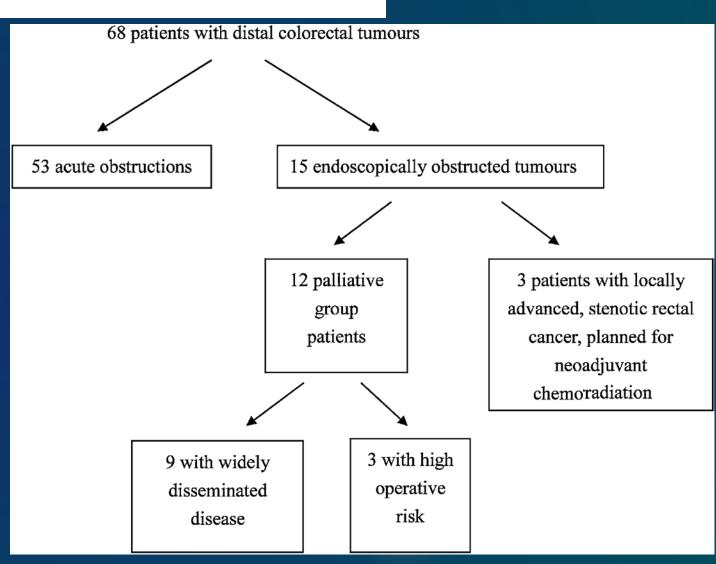
- ► Institutional experience with Self-expanding metallic stent for colorectal tumors distal to the splenic flexure.
- ▶ 68 Patients (2002-2008):
  - ▶ 53 Emergency stenting for acute obstruction
  - ▶ 12 Palliative for endoscopically obstructing tumors
  - pre-emptive stenting locally advanced tumor, before neoadjuvant Chemoradiation
- ► Median follow-up 11 months

# Outcomes of endoluminal stenting for distal colorectal cancer: An institutional experience

Surgical Practice (2009) 13, 8–11 © 2009 The Authors Journal compilation © 2009 College of Surgeons of Hong Kong

James C.H. Wong, Hester Y.S. Cheung,\* Kwok-Kay Yau, Chi-Chiu Chung and Michael K.W. Li

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James C.H. Wong, Hester Y.S. Cheung,\* Kwok-Kay Yau, Chi-Chiu Chung and Michael K.W. Li

Overall	technical	success rate	81%
	tooi ii iioai	3 <b>3.</b> 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	9.79

- ► Clinical success rate 65%
- Complications:
  - ▶ stent-related perforations
    4 (5.9%)
  - ▶ distal migrations 7 (10.3%)
- ▶ Post stenting laparoscopic tumor resection:
  - ▶ intestinal obstruction group
    27 (51%)
  - neoadjuvant chemoradiation group
    3 (100%)

## Outcomes of endoluminal stenting for distal colorectal cancer: An institutional experience

James C.H. Wong, Hester Y.S. Cheung,\* Kwok-Kay Yau, Chi-Chiu Chung and Michael K.W. Li

Surgical Practice (2009) 13, 8-11 © 2009 The Authors Journal compilation © 2009 College of Surgeons of Hong Kong

55 technical

successes

44 clinical

successes

68 patients

- Complications:
  - ► stent-related perforations 4 (5.9%)
  - distal migrations7 (10.3%)
- Post stenting LAP resection:
  - ▶ intestinal obstruction group 27 (51%)
  - neoadjuvant CRX group 3 (100%)

10 failed cannulation

3 guide-wire perforation

11 clinical failures:

13 technical

failures

- ≥ 6 distal migration
- 2 failed expansion
- 2 multi-level obstruction
- > 1 delayed stent erosion

# Endolaparoscopic Approach vs Conventional Open Surgery in the Treatment of Obstructing Left-Sided Colon Cancer

A Randomized Controlled Trial

Arch Surg. 2009;144(12):1127-1132

Hester Yui Shan Cheung, FRACS; Chi Chiu Chung, FRCSEd; Wilson Wen Chieng Tsang, FRCSEd; James Cheuk Hoo Wong, FRACS; Kevin Kwok Kay Yau, FRCSEd; Michael Ka Wah Li, FRCS, FRCSEd

- ▶ 24 endoluminal stenting followed by laparoscopic resection
- 24 emergency open surgery.

# Endolaparoscopic Approach vs Conventional Open Surgery in the Treatment of Obstructing Left-Sided Colon Cancer

A Randomized Controlled Trial

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	Endolaparoscopic	<u>Open</u>	<u>.</u>
Blood loss	50ml	200ml	p – 0.001
LN harvested	23	11	p – 0.005
Pain scores	4	5	p - 0.02
Anastomotic leaks	0	2	p – 0.045
Wound infections	2	8	p – 0.04
One-Stage operation	ns 16/24	9/24	p – 0.04
Permanent stoma	0/24	6/24	p – 0.03

#### Asian Journal of Endoscopic Surgery

Official Journal of JSES, ELSA, and AETF

# Endo-laparoscopic approach versus conventional open surgery in the treatment of obstructing left-sided colon cancer: Long-term follow-up of a randomized trial

Karen Lok Man Tung, Hester Yui Shan Cheung, Lawrence Wing Chiu Ng. Cliff Chi Chiu Chung & Asian J Endosc Surg 6 (2013) 78–81

- ▶ Long term follow up on the 48 patients from the RCT.
- ► Median follow-up (months) Endo-lap: 65 Open: 32
- no statistically significant differences in:
  - ▶ Disease recurrence rate
  - ► 5-year overall survival rate
  - ▶ 5-year disease-free survival rate

## Simultaneous laparoscopic abdominal and transanal excision for low rectal tumours

Dennis Chung-Tak Wong, Chi-Chiu Chung,\* Hester Yui-Shan Cheung, James Cheuk-Hoo Wong, Kwok-Kay Yau and Michael Ka-Wah Li

Surgical Practice (2007) 11, 76-80 ©

- ▶ 5 patients with T2/T3 low rectal cancer, two post neoadjuvant CRX
- Combined laparoscopic abdominal and transanal excision with transanal extraction.

► Median BMI 26 (21-28)

► Median operative time 155 (155-165) minutes

Median blood loss
50 (20-100) ml

▶ Median hospital stay
10 (8–29) days

► Median distance of anastomosis from AV 2.5 (2–4) cm

Clear radial and distal margins were obtained in all five patients



### Endo-Laparoscopic Colectomy Without Mini-Laparotomy for Left-Sided Colonic Tumors

Hester Y. S. Cheung · Alex L. H. Leung · C. C. Chung · Dennis C. K. Ng · Michael K. W. Li

- Hybrid NOTES left sided colonic tumors
- Case series 10 patients
- Laparoscopic Lt colectomy with transanal NOSE:
  - Lap mobilization and devascularization of Lt colon sigmoid upper rectum
  - Division of upper rectum 5cm distal to tumor
  - Opening of rectal staple line and introduction of Anvil
  - Anvil introduced via a colotomy proximal to the tumor and spike passed through the antimesenteric bowel wall.
  - Division of bowel between the colotomy site and Anvil.
  - Extraction of the sigmoid transanally.
  - Closure of rectal stump
  - ► EEA anastomosis End to Side.

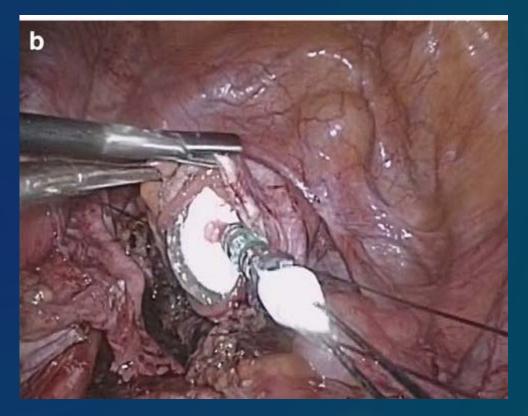
World J Surg (2009) 33:1287–1291 DOI 10.1007/s00268-009-0006-6



### **Endo-Laparoscopic Colectomy Without Mini-Laparotomy** for Left-Sided Colonic Tumors

Hester Y. S. Cheung · Alex L. H. Leung · C. C. Chung · Dennis C. K. Ng · Michael K. W. Li





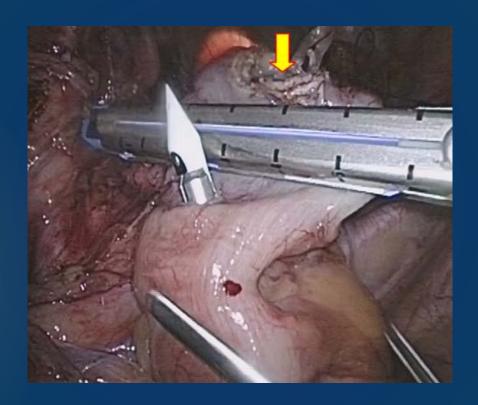
**Introduction of Anvil** 

World J Surg (2009) 33:1287–1291 DOI 10.1007/s00268-009-0006-6



### **Endo-Laparoscopic Colectomy Without Mini-Laparotomy** for Left-Sided Colonic Tumors

Hester Y. S. Cheung · Alex L. H. Leung · C. C. Chung · Dennis C. K. Ng · Michael K. W. Li



Devision of colon between Anvil and Colotomy, proximal to Tumor



### Endo-Laparoscopic Colectomy Without Mini-Laparotomy for Left-Sided Colonic Tumors

Hester Y. S. Cheung · Alex L. H. Leung · C. C. Chung · Dennis C. K. Ng · Michael K. W. Li

- Hybrid NOTES left sided colonic tumors : Laparoscopic It colectomy with transanal NOSE
- ▶ 12/2007 10/2008 10 Patients, 4 Male
- ► BMI 19-27.5
- ▶ Tumor location 5 rectosigmoid, 4 sigmoid, 1 descending
- ► Median 30cm from anal verge
- ► Median operating time 127 minutes
- ▶ No post-operative complications

World J Surg (2009) 33:1287–1291 DOI 10.1007/s00268-009-0006-6



### Endo-Laparoscopic Colectomy Without Mini-Laparotomy for Left-Sided Colonic Tumors

Hester Y. S. Cheung · Alex L. H. Leung · C. C. Chung · Dennis C. K. Ng · Michael K. W. Li

Median length of stay
7 days (Range 4-18)

► Median post-op pain score 2 (Range 2-3)

► Median Lymph Nodes harvested 11 (Range 7-17)

Clear resection margin in all patients. (Median proximal –7cm, distal – 3cm)

▶ Path – 8 carcinomas, 2 Tublovillous adenoma with dysplasia.

## Combined Single-port and Endoluminal Technique for Laparoscopic Anterior Resection

Catherine S. Co, MD, Hester Yui Shan Cheung, FRCS, Kevin K. Yau, FRCSEd, Cliff C. Chung, FRCSEd, and Michael Li, FRCS (Eng), FRCSEd

Surg Laparosc Endosc Percutan Tech • Volume 20, Number 4, August 2010

Staple line rectum

Rectotomy site

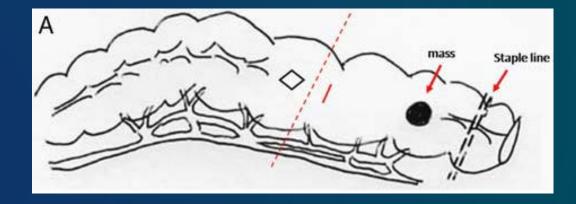
- Technical report of a case of combined SILS sigmoidectomy with transrectal specimen extraction.
- Sessile polyp in distal sigmoid.
- SILS mobilization and devascularization of sigmoid
- Division of rectosigmoid junction
- Opening of rectal staple line and introduction of Anvil
- Anvil introduced via a colotomy proximal to the polyp and spike passed through the bowel wall.

## Combined Single-port and Endoluminal Technique for Laparoscopic Anterior Resection

Catherine S. Co, MD, Hester Yui Shan Cheung, FRCS, Kevin K. Yau, FRCSEd, Cliff C. Chung, FRCSEd, and Michael Li, FRCS (Eng), FRCSEd

Surg Laparosc Endosc Percutan Tech • Volume 20, Number 4, August 2010

- Division of bowel between the colotomy site and Anvil.
- Extraction of the sigmoid transanally.
- Closure of rectal stump
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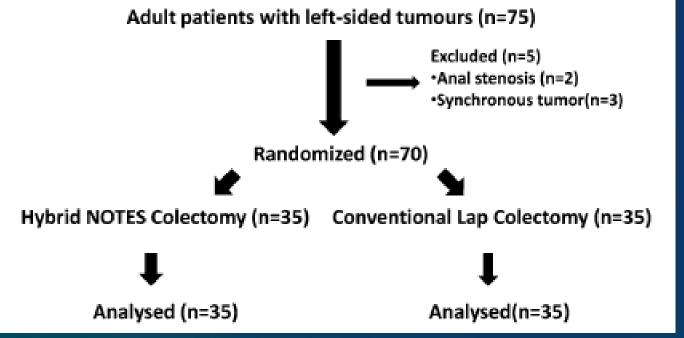
- First report of combined SILS with NOSE.
- No operative op post-operative complication
- ► D/C at POD 6

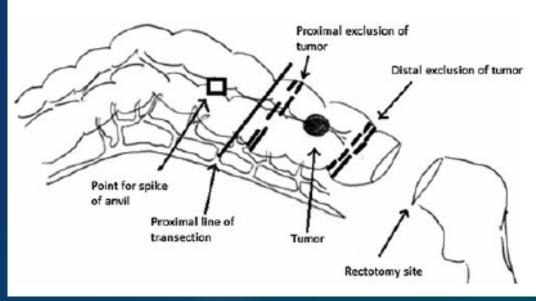


#### Prospective Randomized Trial of Hybrid NOTES Colectomy Versus Conventional Laparoscopic Colectomy for Left-sided Colonic Tumors

Alex Lik Hang Leung • Hester Yui Shan Cheung • Benny Ka Lung Fok • Cliff Chi Chiu Chung • Michael Ka Wah Li • Chung Ngai Tang

- Randomized prospective trial Lap colectomy vs Hybrid NOTES colectomy for Lt sided colonic tumors.
- ▶ 3 year period 35 patients in each group.







#### Prospective Randomized Trial of Hybrid NOTES Colectomy Versus Conventional Laparoscopic Colectomy for Left-sided Colonic Tumors

Alex Lik Hang Leung • Hester Yui Shan Cheung • Benny Ka Lung Fok • Cliff Chi Chiu Chung • Michael Ka Wah Li • Chung Ngai Tang

Table 2	Periope	rative	data
---------	---------	--------	------

Parameter	HNC	CL	p
Operating time (min)	105 (60-170)	100 (59-210)	$0.851^{a}$
Blood loss (ml)	30 (10-50)	30 (10-100)	$0.954^{a}$
Hospital stay (days)	5 (4–9)	5 (3-11)	$0.990^{a}$
Maximum pain score	1 (0-5)	2 (0-6)	$0.017^{a}$
Wound infection	0	4	$0.005^{b}$



#### Prospective Randomized Trial of Hybrid NOTES Colectomy Versus Conventional Laparoscopic Colectomy for Left-sided Colonic Tumors

Alex Lik Hang Leung • Hester Yui Shan Cheung • Benny Ka Lung Fok • Cliff Chi Chiu Chung • Michael Ka Wah Li • Chung Ngai Tang

#### ► Similar :

- ightharpoonup Operative time (105 vs. 100 min, p = 0.851)
- ightharpoonup Blood loss (30 vs. 30 ml,p = 0.954)
- ▶ Length of hospital stay (5 vs. 5 days, p = 0.990)

#### ► Hybrid NOTES:

- ▶ Significantly lower pain score during the first week (1 vs 2, p = 0.017)
- ► Lower wound infection rates (0 vs 4, p = 0.005)

#### Multimedia case reports

## **Surgical Practice**



## Robotic-assisted anterior resection with intracorporeal anastomosis: A case report

Wai-Hong Chan, Ka-Lung Fok, Hester Y.S. Cheung\* and Michael K.W. Li

Surgical Practice (2012) 16, 168–169

# Robotic-assisted abdominoperineal resection with bilateral pelvic lymph node dissection after neoadjuvant chemo-irradiation

Hester Yui-Shan Cheung\*, Karen Chung-Ling Au Yeung, Chi-Wai Fan and Chung-Ngai Tang

## Initial experience on the urogenital outcomes after robotic rectal cancer surgery

Alex L.H. Leung,\* Wai-Hong Chan, Hester Y.S. Cheung, Gilbert K.L. Lui, James T.K. Fung and Michael K.W. Li

Surgical Practice (2013) 17, 13–17

- Prospective assessment of preoperative and postoperative sexual and urinary function of male patients undergoing robot-assisted laparoscopic TME for rectal cancer.
- ▶ 34 month period: 33 patients

	baseline	3 months postoperative	
IPSS score	4	4.1	NS
IIEF-5 score	20	9.4	NS

- ► A trend towards worsening erectile function after surgery.
- Robot-assisted technique does not confer additional benefits in the preservation of urogenital function when compared to conventional laparoscopic technique



# Stapled Hemorrhoidopexy *vs.* Harmonic Scalpel<sup>TM</sup> Hemorrhoidectomy: A Randomized Trial

C. C. Chung, F.R.C.S.(Edinb.), Hester Y. S. Cheung, M.R.C.S.(Edinb.), Eva S. W. Chan, F.R.C.S.(Edinb.), S. Y. Kwok, F.R.C.S.(Edinb.), F.R.A.C.S., Michael K. W. Li, F.R.C.S.(Edinb.), F.R.C.S.(Engl.)

Dis Colon Rectum 2005; 48: 1213–1219 DOI: 10.1007/s10350-004-0918-z

- Randomized trial over 20 months: 88 patients.
- Similar:
  - Operative time
  - Blood loss
  - Day of first bowel movement after surgery
  - Complication rates
  - Analgesic requirements
  - continence outcomes
- stapled group:
  - ► Significantly better pain score (*P* = 0.002)
  - Shorter length of stay (P = 0.02)
  - Earlier return to work (6.7 vs. 15.6, P = 0.002)
  - ➤ Significantly better satisfaction scores at 6 month f/u (P = 0.001)

# Comparison of transanal haemorrhoidal dearterialisation THD and stapled haemorrhoidopexy in management of haemorrhoidal disease: a retrospective study and literature review

Y. P. Tsang · K. L. B. Fok · Y. S. H. Cheung · K. W. M. Li · C. N. Tang

Tech Coloproctol (2014) 18:1017–1022 DOI 10.1007/s10151-014-1170-8

ORIGINAL ARTICLE

- Comparison of short term outcome and efficacy between THD and PPH.
- ▶ 40 patients THD prospectively collected
- ▶ 37 patients PPH medical records database.
- ► Median f/u 8 (THD) vs 36 (PPH) months

#### Comparison of transanal haemorrhoidal dearterialisation and stapled haemorrhoidopexy in management of haemorrhoidal disease: a retrospective study and literature review

Y. P. Tsang · K. L. B. Fok · Y. S. H. Cheung · K. W. M. Li · C. N. Tang

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ORIGINAL ARTICLE

- ► THD and PPH similar in
  - Operative time
  - ▶ Blood loss
  - Length of stay
  - ► Time to first BM
  - ► Early complication rates
- ► THD had significant improvement in hemorrhoid symptoms (bleeding and prolapse)

#### Comparison of transanal haemorrhoidal dearterialisation and stapled haemorrhoidopexy in management of haemorrhoidal disease: a retrospective study and literature review

Tech Coloproctol (2014) 18:1017–1022 DOI 10.1007/s10151-014-1170-8

Y. P. Tsang · K. L. B. Fok · Y. S. H. Cheung · K. W. M. Li · C. N. Tang

ORIGINAL ARTICLE

- ► THD -
  - ► Better pain scores (0-10 scale)

1.7 vs 5

p - 0.000

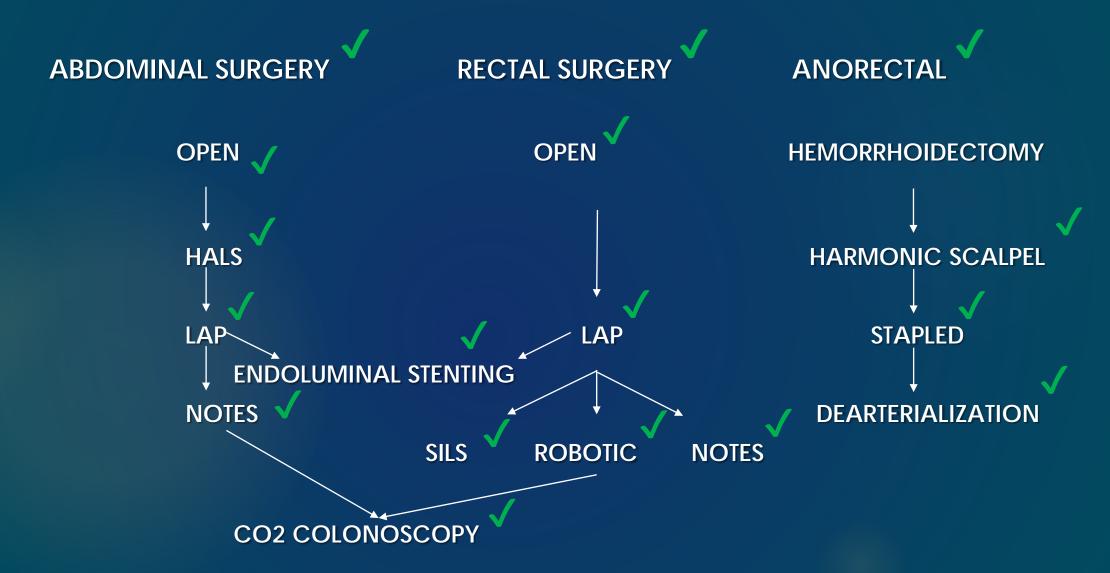
► Earlier return to normal daily activity

3.1d vs 6.8d

p - 0.001

- Long-term THD and PPH had similar
  - ▶ Satisfaction scores
  - ▶ Complication rate
  - ► Recurrence rate

## Minimizing Surgical / Procedural Trauma



## In memoriam



1974-2016