



# 新聞稿 PRESS RELEASE

## Workshop on Recent Advances in Gynaecology Surgery

The Workshop on Recent Advances in Gynaecological Surgery organized by the Department of Obstetrics & Gynaecology of The Chinese University of Hong Kong was held yesterday (May 2) at the Prince of Wales Hospital. Local and overseas experts met for an academic and experience exchange on the two advanced gynaecological surgeries, namely LEEP and endometrial ablation.

Held from 9:00 am to 5:00 pm yesterday, the workshop began with the welcome speech given by Prof Allan Chang of the Department of Obstetrics & Gynaecology of the Chinese University. Demonstrations and lectures on the two surgeries were given at the workshop.

LEEP is the latest treatment of premalignant conditions of the cervix. Cervical pathologies are precursors of cervical cancer which is an important killer amongst cancers in women in Hong Kong. Cervical cancer may be prevented if premalignant conditions of the cervix are treated successfully. The Department of Obstetrics & Gynaecology of the Chinese University has devoted lots of effort to research on such pathologies. The Li Ka Shing Gynaecology Clinic is now a major treatment and research centre in South East Asia for such disorders. According to Prof Townsend of the University of California, a pioneer in LEEP, the operation may be performed in the outpatients department as in the case of laser treatment. It is also very effective in experts hands.

Yesterday's workshop also discussed a new concept of treatment of women's excessive menstrual periods. Research data revealed that more than 10% of Chinese women have excessive menstrual periods. Hysterectomy is required for many patients when drug treatment fails. The Department of Obstetrics & Gynaecology of the Chinese University has also conducted lots of research on minimally invasive surgery and endometrial ablation is one of these developments which may allow such patients to avoid hysterectomy.

In endometrial ablation, instruments are passed via the vagina and cervix into the uterus under endoscopic guide. The inner lining of the womb is removed completely. The operation may be performed under local anaesthesia. No abdominal wound is needed. There is only minimal pain on the day of operation. Some patients may even be discharged immediately.

In connection with the local experience of the operation, the Department of Obstetrics & Gynaecology of the University expressed that endometrial ablation has a rather short history of ten years only and the Chinese University has adopted the operation for less than one year through academic activities with universities in Europe. The operation has not been made known to the public before because the University wishes to evaluate the long-term effects of the operation in the local setting first. After intensive study, the Department of Obstetrics & Gynaecology now considers it worthwhile to introduce this advanced operation to local doctors through the Workshop.

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May 2, 1991

Attachment:

Fact Sheet on Endometrial Ablation

Diagrammatic Representation of Endometrial Ablation

Gynaecological Resectoscopes Photograph