

Department of Head and Neck Surgery, Queen Mary Hospital, University of Hong Kong, China, and Department of Otolaryngology, Head & Neck and Skull Base Surgery, St Vincent's Hospital, University of New South Wales, Sydney, Australia, December 2008 to June 2009

Hong Kong

On my way to Australia for the main part of my fellowship, I thought I would make use of the obligatory stop-over and actually leave the airport. Very sensibly, I sent my pregnant wife and daughter on ahead to spend time with the in-laws in Australia, so I had a week to myself in Hong Kong. I was very fortunate to be able to visit Professor Wei's unit (Figure 1) in the Queen Mary Hospital, University of Hong Kong, as well as to see the sights of this amazing city. I used the reciprocal club arrangements of The Royal Society of Medicine to stay in the Hong Kong Academy of Medicine, and also visited the Foreign Correspondents' Club, which is housed in one of the few remaining colonial buildings in central Hong Kong. This proved to be a most interesting prelude to my main fellowship secondment.

The Queen Mary is an acute regional hospital with about 1500 beds, which is situated on the south-western side of Hong Kong island. It is also the main teaching hospital for The University of Hong Kong Li Ka Shing Faculty of Medicine. Professor Wei leads an impressive head and neck surgery department which is world-renowned for its management of recurrent nasopharyngeal carcinoma.

I spent most of my week in theatre, but unfortunately didn't get to see a nasopharyngectomy using the maxillary swing approach. Rather predictably, two of these operations had been done the week before I arrived! However, I did manage to see a wide range of surgery, including a nasal reconstruction for an unfortunate woman whose nose had been bitten off by a rat when she was a baby.

Australia

The main part of my fellowship was spent in the Department of Otolaryngology, Head & Neck and Skull Base Surgery of St Vincent's Hospital in Sydney, New South Wales (Figure 2). I chose this unit because it has an excellent track record of receiving international fellows, and also because

St Vincent's is a major tertiary referral centre for New South Wales. Located in the inner city suburb of Darlinghurst, the public hospital is adjacent to a similarly sized private hospital of the same name, and also shares its campus with the Garvan Institute of Medical Research and The Victor Chang Cardiac Research Institute.

After Christmas with the family at Noosa in Queensland, we arrived in Sydney shortly after New Year's Day. We were extremely lucky to be able to move into a unit recently vacated by a friend, and to use her furniture for six months. My commute to work was an interesting 20 minute walk through the red-light district of Kings Cross (not unlike the area of the same name in London!).

My working day usually started at 7.00 a.m. with a ward round with the registrars. The majority of my time was spent operating – split equally between the private and public hospital theatres. The workload in the public hospital was mainly advanced head and neck cancer surgery – often major resections requiring free flap reconstruction by the plastic surgical unit. In the private hospital, more benign head and neck surgery was undertaken, including thyroidectomy, parathyroidectomy and salivary gland surgery. I also gained some valuable experience in endoscopic sinus surgery, particularly in the use of an image guidance system in the more difficult cases. A full range of laryngeal framework surgery was undertaken – largely medialisation thyroplasty and arytenoid adduction procedures, but also some interesting gender reassignment phonosurgery. Every week, I attended the oncology pathology meeting and multidisciplinary head and neck clinic (during which I presented new patients), and every two weeks I helped run the voice clinic. I assisted in the general ENT clinics when required. There was a bi-weekly departmental radiology meeting and pathology meeting which I also attended.

I found the department very welcoming and felt that they valued the input I was able to offer. The



FIG. 1

Professor Wei (seated) with numerous medical students in the head and neck clinic.

absence of any language barriers, a public hospital system similar to the NHS and a hierarchy comparable to UK teaching hospitals mean that British trainees are, generally, able to fit into the Australian hospital system easily. I was able to work in both the public and private hospitals, and I am grateful to my supervisors for allowing me to actively operate in the private sector rather than to simply assist (Figure 3).

I extended my experience in head and neck surgery, endoscopic sinus surgery and laryngeal framework surgery, not just in the number of cases I was involved in but also the variety of cases I operated upon. Two obvious examples of this were increased exposure to oral cavity carcinoma (which in the UK is often treated by maxillofacial surgeons, but in Australia is usually treated by ENT head and neck surgeons) and to metastatic squamous cell carcinoma of the parotid from a skin primary (this is the commonest cause of a malignant lump in the parotid gland in Australia, in contrast to the UK where it is unusual).

Of course, being on a fellowship is not about all work and no play; despite being on a tight budget, we did manage to get out and enjoy Sydney and its surrounds. And what a fantastic city it is! Centred



FIG. 2

St Vincent's Hospital, Darlinghurst, Sydney.



FIG. 3

The author flanked by supervisors Dr Richard Gallagher (left) and Dr Ian Cole (right).

around the amazing harbour, with a perfect climate, glorious beaches to the east, numerous international sporting events and world-class restaurants. We managed to visit Brisbane and the Gold Coast for the Australian Society of Otolaryngology Head and Neck Surgery annual meeting. I was also lucky enough to be able to join one of the otologists on a visit to an aboriginal outreach clinic run by the department in north-west New South Wales. You really get an appreciation for the size of the country when you have to fly inland for two hours to get to a clinic!

Overall, the time I spent in Sydney has been of great benefit to me, both professionally and personally. I enjoyed the opportunity to explore Australia with my family, as well as to broaden my professional horizons (Figure 4). I would like to whole-heartedly thank the Editors and the



FIG. 4

The author assisting in an operation which was filmed for the Australian television documentary *Last Chance Surgery*.

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