



東風



TUNG FENG

香港東區扶輪社週報 THE ROTARY CLUB OF
HONG KONG ISLAND EAST

Last week's Proceedings -

2nd August, 2006

This is the first luncheon in August. President Paul called the meeting at 1:20 pm. He then invited PP George to introduce the Visiting Rotarian and Guest. It was our great pleasure to have IPDG Peter Wan from RC of Tolo Harbour and PP Peter Tse of TST attending this luncheon. PP David Li also invited his guest Mr Heman Lam to attend our luncheon as well.

There are two Birthday Boys in this week, and they are Rotarian Kenny Chan and PP John Kwok. Before President Paul presented the birthday gifts to them, PP George led the birthday song and all of us congratulated them for a very happy birthday.

President Paul then reported that:

1. The Club had made a visit to Rotary Club of Makati North from 26 to 29 July 2006. The delegation was well received. HKIE are invited to join their local project and we also invited them to participate in our Water Project.
2. The District Simplified Grant application of our Club is in progress.
3. Our Club will host an Inner City Meeting in honor of RIPE Wilfred Wilkinson on 23 August 2006. President Paul encouraged all Rotarians to offer help for this function and attend this event too.
4. RC of Wanchai invited all Rotarians to attend their next luncheon on 7 August 2006.
5. There will be a 4th International Golf Fellowship held on 4-9 March 2007 in Philippines. Interested Golfers from our Club are encouraged to join in due course.

Before Acting Sergeant-at-arms PDG Peter reported the Red Box Contribution, he reminded us the proper way to recognize the District Officers. This week we have a very good contribution of HK\$1,800 from various Rotarians and IPG Peter as well.

Taking this opportunity, President Paul also invited IPDG Peter to give us his remarks and IPDG Peter thanked HKIE for our contribution during 2005-2006 for District 3450. He also congratulated HKIE to have been awarded as the "Best Rotary Club of the Year" for 2005-2006 and IPP Eddy be recognized as "President of the Year" for 2005-2006. After his remarks, he presented the Certificate and Plaque to IPP Eddy and President Paul. It is indeed a great honor to our Club. Thank you for all the hard work done by our Rotarians. HKIE, you are the best !!!

After the presentation, Rotarian Tony introduced our Guest Speaker Dr Byron Wong to all Rotarians. Dr Wong is a specialist in Urology and the title of his speech is "Men's Health – Understanding Prostate Enlargement".

The following is a summary of Dr Wong's speech:

Introduction

The prostate is an accessory male sex organ that sits below the bladder and in front of the rectum. The urethra (urine passage) passes through the prostate. The normal prostate is about 20 grams in size (slightly larger than a walnut) and secretes a clear fluid that constitutes about 15% of the volume of the semen. Diseases that commonly affects the prostate include benign enlargement of the prostate (BPH), prostate cancer, and acute and chronic infections (acute and chronic prostatitis).

Benign Prostatic Hyperplasia (BPH)

BPH is a pathological process in which the prostate cells grow both in size and numbers, leading to obstruction to the flow of urine and resulting in various clinical manifestations (symptoms). It is one of the most frequent urologic complaints in ageing men. Of men aged between 60 to 70 years, about 40 to 70% will be affected with this condition. Over their lifespan, about 80% of men will develop BPH and nearly 30% will undergo surgery for this condition. The cause of BPH is not well known, but we do know that ageing and continued stimulation by male hormones play an important role in the development of BPH.

Clinical Symptoms

The common complaints (symptoms) that men with BPH have include the following: weakening in the force of the urine stream, straining to pass urine, hesitancy (need to wait for the urine stream to start), intermittency (urine stream stops and starts), dribbling of urine, nocturia (having to get up at night to pass urine), urinary frequency, urgency and urge incontinence (unable to hold the bladder when full). In the

late stages, patients may also present with complications of BPH, such as repeated urine infection, bladder stone, blood in urine (haematuria) or even unable to pass urine with a painful, full bladder (acute urinary retention) or kidney failure. Of course, these symptoms are not exclusive to BPH alone, and there are other conditions that may mimic BPH in producing these complaints. Such conditions include prostate cancer, urethral stricture (narrowing of the urethra), bladder cancer, diabetes, stroke, Parkinson's disease, just to name a few. One important condition that we need to be aware of, especially in the more elderly patient, is depression, which may also present with urinary complaints.

Assessment of BPH

The most important first step is to recognize that you have the above symptoms and to seek help from a doctor, and maybe get a referral to see a urologist if necessary. One shouldn't accept this as part of natural ageing, as complications can develop if BPH is not managed properly. Apart from taking a medical history and performing a rectal examination to feel the prostate (to look for prostate cancer), some of the tests that are commonly performed include prostate symptom score questionnaires, urinalysis, uroflowmetry (to assess the urine flow rate), and checking of the tumour marker, prostate specific antigen (PSA), in selected patients to exclude prostate cancer. Further tests may be necessary, but it will usually be decided by the urologist.

Treatment Options of BPH

The treatment options include watchful waiting (wait and see approach), medications, and surgery. One must tailor the treatment to the individual patient, taking into account the severity of the symptoms and how much they are affecting the patient's day to day life, whether complications had occur, and the side effects and risks of the treatment itself.

Watchful Waiting

Watchful waiting means no specific treatment is given, but the patient will be monitored regularly by the doctor and the overall clinical situation will be reassessed from time to time, to ensure no complications had developed. It is usually adopted in those patients with only very mild symptoms that are not really affecting their daily living, and the side effects arising from starting specific treatment may be more significant than BPH itself. Managed this way, about 50% of patient will have a stable condition, or may even improve on their own. The rest will probably deteriorate and will require specific treatment at some point. The risk of urinary retention is about 1 to 2% per year.

Medications

There are two main groups of medications used in the treatment of BPH: alpha blockers and 5-alpha reductase inhibitors (5-ARI). They are both directed at different components of prostate growth. Alpha blockers are the most commonly used medications in BPH. They relax the prostate and bladder neck smooth muscles, and lead to improve urine flow. They are rapid in onset, and take about 2 weeks for optimal effect. They are useful in patients with mild to moderate symptoms. Side effects include dizziness, lethargy, and blood pressure changes. 5-ARI works by targeting the male hormone, testosterone, and leading to decrease hormonal stimulation of the prostate. As a result, the prostate should decrease in size. Its action is much slower, and it usually takes at least 6 months for any benefit to be seen. Side effects of 5-ARI are decreased libido, impotence, and ejaculatory problems.

Surgery

Surgery is recommended if the patient has severe symptoms, cannot tolerate the side effects of medications, or has already developed complications arising from BPH. The aim of the operation is to remove the prostate growth that is causing obstruction to urine flow, rather than removing the whole prostate. This can be achieved through traditional cut-open operation, which is rarely performed nowadays, or through transurethral resection (TURP), where a special cutting instrument is passed through the penis and urethra into the prostate and bladder. TURP is the gold standard of treatment for BPH, and further technical modifications (vaporization and resection, TURVP) had been achieved in recent years to improve its safety and effectiveness. The complications of TURP include retrograde ejaculation leading to infertility (~70%), impotence (~5%), and urinary incontinence (< 1%). Recently there is also development of minimally invasive operations utilizing various forms of energy (such as microwave or laser) to treat BPH. The short term results are promising, especially in those patients with less severe symptoms and no complications.

Conclusion

Benign prostate enlargement is a common problem affecting most men as they age. When symptoms occur, they should not be accepted as part of natural ageing. Proper recognition, assessment and management of this condition are essential in order to improve quality of life and to prevent complications.

All the luncheon participants were fully attracted by his speech because all of us are male members and prostate problem may sooner or later happen in our life. President Paul thanked Dr Byron Wong for his informative life and it helped us understand more and lead us to a happier life. At 2:05 pm, President Paul adjourned the meeting with a toast to RI coupled with the names of TST and Tolo Harbour. A group picture with the speaker and visiting Rotarians was also taken afterwards

Rotary Information

Despite the fact that Rotary International designated August as the Membership and extension month, yet you can practice this important subject throughout the year. Membership is the basic that Rotary is built. It is the foundation of the entire Rotary family, as you can see that the way Rotary is established in the following pyramid. It starts with membership at the very bottom, then comes to Zones, Districts, and the top is where Rotary International stands. Without membership, the whole RI structure will collapsed.

Every year we face declining membership without much of a clue as to what we can or should do about it. Every year, we dutifully attended the district assembly, district conference as well as the RI Convention. These meetings focused on membership growth and retention of existing members and are well presented and well received but nothing seems to change. In Hong Kong area, we had just one new club chartered after ten long years.

Rotary International, the world's first and most international service organization, has about 1.2 million members in 168 countries spanning the globe. Nearly 26,000 Rotary clubs are in existence to-day and that number steadily grows as hundred of new clubs are chartered annually. The 1989 collapse of communism in the former Soviet Union provided RI with numerous opportunities for expansion into regions never before entered, as well as into those which once had Rotary clubs that were forced to disband prior to or during World War II. Recent years have also seen the addition of several African nations, Greenland and countries in the Caribbean Sea and the Atlantic, Pacific, and the Indian Oceans. In 2006, we have two new Rotary clubs established in PRC.

Since 1975, the overall number of Rotarians worldwide has increased from about 780,000 to about 1.2 million. Each year, the figure has risen as more and more people find their niche for serving their community, their country and indeed, the world through our organization.

And yet, some RI statistics show a disturbing trend. In recent years, even as we charter new clubs and gain new members, we are at the same time losing a significant numbers of Rotarians from existing clubs. Although natural attrition (moving, changing classifications, illness, death) can account for a substantial percentage of these loses, many Rotarians at both local and international levels recognize that a major part of the problem is lack of guidance in the orientation and assimilation of new members.

One of the major factors is that most of us forget who introduced us to Rotary. Have you ever bring in potential members since you joined Rotary? If not, it is your obligation to do so now. Somebody thought enough of you to propose you for membership in your local club. Many other men and women are to be found in your community – men and women who, like you, wish to serve others and be part of the large, ever-growing international network of volunteers in member clubs which constitute Rotary International. Only through your efforts to propose and elect new members and to work at retaining these and established members, can Rotary International grow in scope, and thus in its benefits to people the world over

Electronic Make-up Questions

You can submit an electronic makeup for this missed meeting by answering the following 7 questions:

1. Who is the VIP from District 3450 visiting us today? What awards did he bring?

Answer:

2. Who were the two birthday boys today?

Answer:

3. Pres. Paul made 5 announcements, name two of them.

Answer:

4. The SAA was again PDG Uncle Peter, what was his reported collection for today?

Answer:

5. Who was our guest speaker today and what was his talk about?

Answer:

6. What is today's Rotary Information on?

Answer:

7. What can you do as a member of this club?

Answer:

Instruction:

Please copy these 7 questions click the following URL, [John Kwok](#) and paste it to the email and answer these questions and then click send.

Jokes

Two Montana Cowboys

Two Montana Cowboys, Jim and Bob, are sitting at their favorite bar, drinking beer.

Jim turns to Bob and says, "You know, I'm tired of going through life without an education. Tomorrow I think I'll go to the community college, and sign up for some classes."

Bob thinks it's a good idea, and the two leave.

The next day, Jim goes down to the college and meets the Dean of Admissions, who signs him up for the four basic classes: Math, English, history, and Logic.

"Logic?" Jim says. "What's that?"

The dean says, "I'll show you. Do you own a weed eater?"

"Yeah."

"Then logically speaking, because you own a weed eater, I think that you would have a yard."

"That's true, I do have a yard."

"I'm not done," the dean says. "Because you have a yard, I think logically that you would have a house."
"Yes, I do have a house."

"And because you have a house, I think that you might logically have a family."

"I have a family."

"I'm not done yet. Because you have a family, then logically you must have a wife."

"Yes, I do have a wife."

"And because you have a wife, then logic tells me you must be a heterosexual."

"I am a heterosexual. That's amazing, you were able to find out all of that because I have a weed eater."

Excited to take the class now, Jim shakes the Dean's hand and leaves to go meet Bob at the bar.

He tells Bob about his classes, how he is signed up for Math, English, History, and Logic.

"Logic?" Bob says, "What's that?"

Jim says, "I'll show you. Do you have a weed eater?"

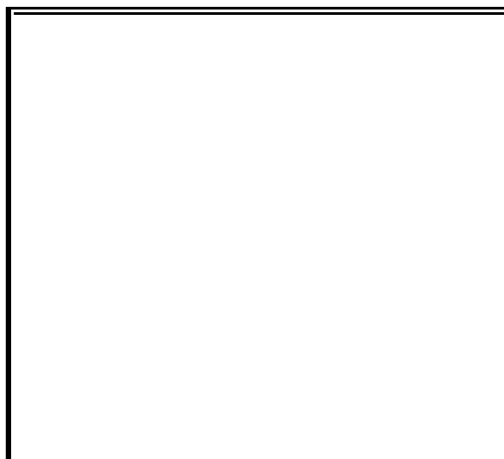
"No."

"Then you're a queer."

Photographs of our meeting

on

2nd August, 2006





Our guest speaker today is Dr. Byron Wong who talk to us about the subject which is interesting to all of us - Urology. What you should do if you have an enlarged prostates.



(L to R) PDG Uncle Peter, guest speaker Dr Byron Wong, and Pres. Paul.



(L to R) Hon Sec Andy, IPDG Peter Wan, IPP Eddy.



PP George led the birthday song for our two Rotarians Rtn Kenny, PP John IV, witnessed by Pres Paul.



Dr Tony introduces our speaker of the day.



Dir Norman and Rtn Kenny.



IPDG Peter Wan came to personally present the best Club Award to IPP Eddy.



IPDG Peter Wan came to our club to present two awards to our club.



IPDG Peter presenting our Club Awards to IPP Eddy, witnessed by Pres. Paul and PDG Uncle Peter.



(L to R) PP Henry, guest of PP Li, Heman Lam, PP's Li, Hubert, George, Rudy.



(L to R) PP Stephen, PE Laurence, Dr Tony, Rtn Herman, PP Andrew and PP Peter Tse (TST).



The group photo of our meeting with PDG Uncle Peter, Pres. Paul, IPDG Peter, guest speaker, visiting Rotarian, guests and our members on 5th of July, 2006.

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