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Dr. Thomas Sik-to LAI

MBBS, FRCP(Edin, Glasg & Lond), FHKCP, FHKAM(Medicine)
Consultant Physician, Department of Medicine and Geriatrics,
Princess Margaret Hospital



Dr. Thomas Sik-to LAI

Editor

To state that the future of gastroenterology is bright is readily understandable because, for gastroenterologists, this specialty is indeed the "largest" in internal medicine. The digestive system entails the largest organ complex which is the gut together with the exuberant outgrowths such as the liver and pancreas, contains the largest number of endocrine, immune, smooth muscle and nerve cells, carries the largest cancer load, and suffers the largest varieties of acute and chronic inflammatory conditions associated with infective or non-infective causes.

As in all fields of clinical medicine, change is inevitable as practitioners and researchers become more knowledgeable about the disease states. These changes will continue to alter current practice and how gastroenterologists are trained, as well as the economics and organisation of gastroenterology practices in all settings, both private and public. Technological developments in gastroenterological imaging and testing are liable to make some common endoscopic procedures currently performed by trained gastroenterologists obsolete. To maintain the position as experts, gastroenterologists may need to offer new services such as obesity treatment, enteral / parenteral nutrition, and gastroenterological cancer chemotherapy among others. In their changing role, gastroenterologists will also have to act as the "coordinator" or "manager" of all dimensions of digestive health care in a gastroenterology patient.

Thus, gastroenterological training, through college fellowship programmes and Continuing Medical Education for those already in practice, will have to keep pace with the new directions and advancements in the field. Coupled with this trend, basic diagnostic and therapeutic competence building should remain the prime focus in our education process. I hope that our articles in the Diary can contribute, in some way, to the important mission of facilitating learning in Continuous Professional Development.

In this issue, we have gathered a strong team of knowledgeable and well known gastroenterologists to discuss various topics of current interest, with emphasis on the real life approach in daily practice and also reflection on changes and recent thinking in these particular areas. The subjects we are going to cover include management of peptic ulcer bleeding, endoscopic management of biliary obstruction, chronic constipation, hepatitis B infection in special populations, clinical application of transient elastography in liver diseases and management of ascites in cirrhosis.

It is my sincere wish that readers will find the chosen reviews useful and ultimately can translate them into benefit for our patients.