EDITORIAL

Editorial

Dissemination reports are concise informative reports of health-related research supported by funds administered by the Food and Health Bureau, for example the *Health and Health Services Research Fund* (which was consolidated into the *Health and Medical Research Fund* in December 2011). In this edition, 12 dissemination reports of projects related to cancer, economics, neurology, paediatrics, and wound care are presented. In particular, three projects are highlighted due to their potentially significant findings, impact on healthcare delivery and practice, and/or contribution to health policy formulation in Hong Kong.

As the incidence of breast cancer increases in Hong Kong, the numbers of women treated for and surviving the disease also increase. Fielding and Lam¹ conducted a 6-year follow-up of a cohort of Hong Kong Chinese women who underwent surgery for primary early-stage breast cancer to document the prevalence and nature of residual difficulties faced by women. They found that although most women make a reasonable recovery, psychosocial morbidity can persist for many years following breast cancer surgery. Close supportive social relationships seem to benefit, whereas residual impacts on women's body image and perceived sexuality persist. Residual treatment symptoms seem to be significant barriers to resuming normal life for these women.

Previous research suggests that long-lasting neurotoxicity of general anaesthetics may lead to postoperative mental disturbance. Brain function monitoring, such as the bispectral (BIS) index, facilitates anaesthetic titration and has been shown to reduce anaesthetic exposure. In a randomised controlled trial, Chan and Gin² tested the effect of BIS monitoring on mental functioning after surgery in elderly patients undergoing major colorectal procedures. When anaesthesia was adjusted to

maintain a BIS value between 40 and 60 during surgery, 30% less anaesthetic was delivered. This resulted in a 28% reduction in the relative risk of developing delirium during initial hospitalisation and postoperative cognitive dysfunction at 1 and 6 months after surgery.

Swabbing during wound cleansing is no longer encouraged. Irrigation is now encouraged as it loosens debris, removes excess exudates and reduces bacterial colonisation without traumatising the wound bed and impeding the healing process. Mak et al³ conducted a multicentre, prospective, randomised controlled trial in four out-patient clinics in Hong Kong to compare the two cleansing methods on wound healing. Compared with swabbing, wound cleansing by irrigation was more cost-effective in shortening the healing time of wounds. Patients presented less pain during wound cleansing and had higher satisfaction in terms of comfort after wound cleansing and on the cleansing method itself. There was no clinically important difference in the variation of wound infection rates between two groups.

A research impact evaluation was conducted 2 years after the project end date for all of the studies reported in this supplement. Impact was assessed through knowledge generation, capacity building, and influence on health policy and health care practices.

We hope you will enjoy this selection of research dissemination reports. Electronic copies of these dissemination reports and the corresponding full reports can be downloaded individually from the Research Fund Secretariat website (http://www.fhb. gov.hk/grants). Researchers interested in the funds administered by the Food and Health Bureau also may visit the website for detailed information about application procedures.

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