

MEDICAL REGISTRATION ORDINANCE (Chapter 161)

ORDER MADE BY THE INQUIRY PANEL OF
THE MEDICAL COUNCIL OF HONG KONG

DR TUNG NGAI LUN ALLEN (REGISTRATION NO.: M15792)

It is hereby notified that after due inquiry held on 17 April 2019 in accordance with section 21 of the Medical Registration Ordinance, Chapter 161 of the Laws of Hong Kong, the Inquiry Panel of the Medical Council of Hong Kong ('Inquiry Panel') found Dr TUNG Ngai Lun Allen (Registration No.: M15792) guilty of the following disciplinary offence:—

'That, in or about April 2014, he, being a registered medical practitioner, disregarded his professional responsibility to his patient ('the Patient') in that he inappropriately caused sciatic nerve damage to the Patient when giving her an injection for treatment of her gastroenteritis.

In relation to the facts alleged, he has been guilty of misconduct in a professional respect.'

Dr TUNG was at all material times a registered medical practitioner. His name has been included in the General Register from 2 July 2008 to present.

Dr TUNG was neither present nor represented at the hearing. The Inquiry Panel was satisfied on the evidence adduced by the Secretary that Dr TUNG had confirmed in his letter dated 28 January 2019 and email dated 30 March 2019 that he would not attend the hearing. The Inquiry Panel verily believed that it was the voluntary choice of the Defendant not to attend the hearing. Having considered all the circumstances, the Inquiry Panel considered it was proper to proceed in Dr TUNG's absence.

According to the Patient, she visited the Cambridge Medical Centre ('the Clinic') on 1 April 2014 because of gastroenteritis and was attended by Dr TUNG. After physical examination, Dr TUNG offered to give the Patient an injection for relief of her various symptoms and she agreed. Dr TUNG then asked the Patient to lie down on an examination bed in the right lateral position and gave her an intramuscular injection ('IMI') of a mixture of Ofen, Buscopan and Graval in the left buttock.

There was conflicting evidence on how the Patient felt at the time and after the injection.

However, according to the Patient, she was still very much in pain when she came down slowly from the examination bed. She told her boyfriend that her left buttock was very painful and she could not walk well and there was loss of power in her left lower limb. With the assistance of her boyfriend, she walked out from the consultation room to the waiting area. After sitting in the waiting area for about 10 to 15 minutes, she started to feel dizzy. Suddenly, she experienced a blackout. She needed to lie down on a bench for some 10 minutes before regaining her senses. Meanwhile, she continued to feel pain in her left buttock and there was loss of power in her left lower limb. Her gastroenteritis gradually improved after she went home. However, she later noticed bruises of the size of a tennis ball developing over the injection site. Apart from mild pain over the injection site and her left thigh, there was also numbness over the area from the injection site to the upper exterior of her left thigh.

There was no dispute that the Patient returned to the Clinic and saw Dr TUNG on 4 April 2014. According to the Patient, apart from telling Dr TUNG that she still had a lot of gas in her stomach, she also told him that the injection site was still painful. However, Dr TUNG reiterated that this was because the injection was comparatively big and he did not look at the injection site.

According to the Patient, few days after the second consultation, bruises of the size of a 5 dollar coin still remained on the injection site. She had increased pain extending from the injection site to her left thigh. There was numbness over the area from the injection site to the upper exterior of her left thigh. Also, there was a feeling of sharp shocking pain extending to her left thigh whenever she pressed on the injection site.

On 9 April 2014, the Patient visited the Clinic for a third time and was attended by one Dr HO, the doctor-in-charge of the Clinic. According to the Patient, she told Dr HO that she had increased pain extending from the injection site to her left thigh. There was numbness over the area from the injection site to the upper exterior of her left thigh. Also, there was a feeling of sharp electric shock extending to her left thigh whenever she pressed on the injection site. Dr HO

did not look at the injection site and explained that this might be due to her over-reaction to the injection.

However, according to the Patient, her pain symptoms became more and more severe after she returned home. In the morning of 10 April 2014, she attended the Accident & Emergency ('A&E') Department of Prince of Wales Hospital ('PWH') for treatment.

According to the medical report prepared by the attending A&E Medical Officer, Dr LI, the Patient:—

'... revealed that she had left gluteal injection for gastroenteritis on 1 April 2014. She then experienced pain, bruises and swelling at injection site. Bruises and swelling gradually subsided but the pain increased in severity with loss of sensation at back of left thigh. She walked with limping gait. Physical examination showed an injection mark at lower lateral quadrant (close to center) of left buttock. There was no mass felt at left buttock. Weakness of her left knee flexion, left ankle inversion were detected. Decrease in left ankle jerk reflex and touching sensation at back of left thigh were also noted. She was referred on same day of consultation to neurology and neurosurgeon departments for suspected sciatica nerve injury...'

The Patient returned to see Dr HO on 13 April 2014 and informed him of the findings of Dr LI. However, Dr HO told her that the medical expertise of A&E medical officer(s) at PWH would not be high. Dr HO then offered to refer her to see one Dr LO, a specialist in neurology, and she agreed. Dr HO also arranged for her to undergo an ultrasound examination by one Dr HUI at Union Hospital on the following day.

However, when she consulted Dr LO at his clinic on 15 April 2014, Dr LO told her that ultrasound examination could not show the sciatic nerve. Dr LO then recommended her to undergo a magnetic resonance imaging ('MRI') examination of her pelvis and she agreed.

Upon the referral of Dr LO, the Patient underwent a MRI examination at one Magnus Magnetic Resonance and Ultrasound Diagnostic Center on 23 April 2014. The MRI of pelvis/buttock did not reveal any abnormality in her left sciatic nerve.

The Patient was subsequently referred by Dr LO to consult one Dr POON, a specialist in orthopaedics and traumatology, on 2 May 2014. In his memo dated 30 May 2014, Dr POON had this to say of the Patient:—

'This lady had an injection to her left gluteal region on 1 April 2014. There was immediate sharp radiating pain during the injection indicative of a sensory nerve affection. There was bruising around the injection site shortly afterwards.

There is persistent, severe, sharp pain from the injection site down along her left thigh. Clinically this is compatible with sensory nerve injury.

She also has right upper limb sprain due to prolonged use of walking stick.

This situation may be treated conservatively but it may take up to a year or longer to recover.

There is a possibility that the recovery may not be 100%.'

Meanwhile, the Patient first consulted the Neurology Clinic of the Department of Medicine and Therapeutics of PWH on 5 May 2014. According to the medical report prepared by Dr AU, a specialist of the Neurology Clinic:—

'Ms Kam was referred to the Neurology Clinic from [1]the Department of A&E on 10-Apr-2014 for 'sciatic nerve injury after injection'...

On examination on 5-May-2014, she walked with a limping gait and assisted by a stick. She had no muscle wasting, no palpable mass over left buttock, normal limb tone. Right leg power was normal. Left leg power was weak (hip and knee power MRC grade 4, ankle and toe power MRC grade 5). Reflexes were normal. Plantar response was normal. There was 20% reduction in pinprick sensation over left posterolateral aspect of her buttock and thigh.

Nerve conduction study was performed on 21-May-2014, reported normal study.

MRI pelvis and hip was repeated on 26-Jun-2014, reported:—

- 1) Swollen left sciatic nerve just beyond left sciatic foramen compatible with nerve injury.*
- 2) No nerve transection evident.*
- 3) Otherwise, unremarkable appearances.*

...

Our clinical diagnosis was left sciatic injury.'

The Patient subsequently lodged her complaint against Dr TUNG with the Medical Council.

The Inquiry Panel agreed with the Secretary's expert, Dr YU, a specialist in neurosurgery, that IMI should not be administered at a point close to the sciatic nerve.

The Inquiry Panel accepted the Patient's testimony that when Dr TUNG started to inject the medications in the syringe, she felt a sharp shocking pain in her left buttock. The Inquiry Panel agreed with Dr YU that Dr TUNG should stop administering the IMI once the Patient alerted him of severe pain. The Inquiry Panel also agreed with Dr YU that the Patient's description of her neurological deficits, which was corroborated by the physical examination findings of Dr LI, were consistent with the left sciatic nerve injury.

There was no doubt in the minds of the Inquiry Panel that the left sciatic nerve injury subsequently confirmed by the MRI done at PWH was caused by an indirect injury by deposit of medications in the IMI very close to the left sciatic nerve. In this connection, the Inquiry Panel agreed with Dr YU that the failure to pick up the injury to the sciatic nerve in the earlier MRI examination was due to its visual inadequacy for magnetic resonance neurography of the sciatic nerve.

For these reasons, the Inquiry Panel found Dr TUNG's conduct to have fallen below the standards expected of registered medical practitioners in Hong Kong and found him guilty of misconduct in a professional respect as charged.

Having considered the nature and gravity of the disciplinary charge and the mitigation mentioned in his letter dated 28 January 2019, the Inquiry Panel ordered that Dr TUNG's name to be removed from the General Register for a period of 1 month and the operation of the removal order be suspended for 2 years on condition that he shall complete to the satisfaction of the Medical Council, during the suspension period, courses to be approved by the Medical Council, on communication skills; and clinical skills on administration of IMI.

The orders are published in the *Gazette* in accordance with section 21(5) of the Medical Registration Ordinance. The full decision of the Inquiry Panel of the Medical Council is published in the official website of the Medical Council of Hong Kong (<http://www.mchk.org.hk>).

LAU Wan-ye, Joseph *Chairman, The Medical Council of Hong Kong*