

香港醫務委員會
The Medical Council of Hong Kong

DISCIPLINARY INQUIRY
MEDICAL REGISTRATION ORDINANCE, CAP. 161

Defendant: Dr SHEK Ngok Yung (石岳容醫生) (Reg. No.: M04597)

Date of hearing: 7 August 2026 (Friday)

Present at the hearing

Council Members/Assessors: Dr CHOI Kin, Gabriel
(Chairperson of the Inquiry Panel)
Dr HO Hung-kwong, Duncan
Dr CHOY Chung-ming, Eric
Mr LAM Chi-yau
Ms HO Yuk-wai, Joan

Legal Adviser: Mr Stanley NG

Defence Counsel representing the Defendant: Mr Richard MAN as instructed by
Messrs. Kennedys

Legal Officer representing the Secretary: Miss Linda CHAN, Government Counsel

The Charge

1. The charge against the Defendant, Dr SHEK Ngok Yung, is:

“That she, being a registered medical practitioner, disregarded her professional responsibility to her patient [REDACTED] (“the Patient”), in that she, after the surgical excision of the fibroadenoma on 30 January 2011 (“the Surgery”), failed to completely remove the drainage catheters from the Patient’s right breast that had been inserted during the Surgery.

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

Facts of the case

2. The name of the Defendant has been included in the General Register from 3 March 1982 and up to the present. Her name has never been included in the Specialist Register.
3. On 30 January 2011, the Patient underwent excision of right breast fibroadenoma by the Defendant at Hong Kong Central Hospital (“Hospital”). A drain was inserted. The Patient had removal of drain in her follow up session with the Defendant.
4. On 8 June 2023, about 12 years later, the Patient consulted a Dr WONG (“Dr WONG”) for right breast pain. At that time, Dr WONG found an unremarkable right breast on clinical examination besides right breast scar. Dr WONG advised the Patient to have mammogram.
5. On 9 June 2023, mammogram was performed. It revealed dense breast tissues, and some scattered benign microcalcifications in right breast, and drainage catheters broken into 3 pieces at inner quadrant of right breast. These catheter fragments measured 2.2cm, 0.8cm and 1.6cm in length. The Patient was advised to have removal of the catheter fragments under general anaesthesia.
6. On 11 July 2023, Dr WONG performed right breast exploration and removal of foreign body using periareolar incision along old scar under general anaesthesia. The operation record wrote “Intra-op: 3 pieces of drainage catheter at right breast UIQ, 2.5cm/ 0.9cm / 1.8cm in length”. Foreign bodies were returned to the Patient.
7. By a statutory declaration made on 17 November 2023, the Patient lodged a complaint against the Defendant with the Medical Council (“Council”).

Burden and Standard of Proof

8. We bear in mind that the burden of proof is always on the Secretary and the Defendant does not have to prove her innocence. We also bear in mind that the standard of proof for disciplinary proceedings is the preponderance of probability. However, the more serious the act or omission alleged, the more inherently improbable must it be regarded. Therefore, the more inherently improbable it is regarded, the more compelling the evidence is required to prove it on the balance of probabilities.
9. There is no doubt that the allegation against the Defendant here is serious. Indeed, it is always a serious matter to accuse a registered medical practitioner of misconduct in a professional respect. Therefore, we need to look at all the evidence and to consider and determine the disciplinary charge against her carefully.

Findings of the Inquiry Panel

10. The Defendant admits the factual particulars of the charge against her but it remains for us to consider and determine on the evidence whether she is guilty of misconduct in a professional respect.
11. The Patient has provided copy of a pathology report B11-00562 from the Hospital for the Patient under care of the Defendant, with specimen received on 31 January 2011 -- fibroadenoma, specimen labelled as right breast lump 4 x 2.5 x 1.8cm, whitish on cut surface.
12. The Patient has also provided copy of a Statement of Doctor Fee dated 30 January 2011, which reads "*DR SHEK NGOK YUNG – SURGERY; DR SHEK NGOK YUNG – ATTENDANCE*".
13. These documents suggest that the Defendant was the one who performed right breast fibroadenoma on the Patient on 30 January 2011 at the Hospital.
14. In her statutory declaration, the Patient wrote "*In the follow up session with Dr SHEK, she made a forceful pull of the drain out of me. I felt the drain was broken but I was not sure. In the second follow up, Dr SHEK showed me the drain that she pulled out and said the edge of the drain was a clean cut and there was no*

sign of breakage...". This suggests that a drain was put in and removed personally by the Defendant.

15. There is no suggestion that the Patient has got other procedures since the Surgery by the Defendant in 2011 until the removal of the broken catheters by Dr WONG on 11 July 2023.

16. We agree with the opinion of Dr CHONG, the Secretary's expert, in which he wrote:

"14. Doctor has a responsibility to ensure either oneself or advocates has completely removed the drain. In unusual situation a drain may be broken or fractured upon removal. In case of doubt a careful clinical examination and imaging should be performed to confirm the absence of retained fragments. For superficial tissues like in the breast, a focused ultrasound can identify presence of such fragments. Mammographic examination can also reveal presence of any drain fragments but should not be the first choice in the immediate postoperative period due to wound pain on compression of breast.

15. Retained fragment of drain should be removed unless such procedure imposes extreme risks or damages to patient. Doctors have to consider the potential risks versus benefits when recommending these removal procedures. These considerations must be communicated to the patient, starting from any suspicion of retained fragment of drains, investigations and discussion of procedure. In all cases the presence or potential presence of unexpected foreign bodies should be communicated to patients.

...

17. Magnified Mammographic image ... gives a good view of the type of foreign body. From the image total length of the fragments is around 5cm in total length. This is compatible with the size of cavity after removal of breast lump where the pathology specimen measured 4 x 2.5 x 1.8cm in dimensions. This retained drain appears like a polyvinyl Chloride (PVC) in texture though silicon drain cannot be completely ruled out from the image. Its side holes

are placed 5mm apart paired orthogonally. The diameter on measurement is about 1.6mm. Correcting for projection errors the drain should be 5F-6F in size. From the photo it should be a high vacuum suction drain commonly put in breast surgery, more likely a version of miniVac type of drain. Various versions of hemoVac or rediVac drains are also possible. The end with side holes usually is cut short to fit the length of cavity to be drained, and no side hole would emerge through skin level in order to maintain a vacuum suction force.

- 18. The drain was broken at a length 2.5mm from a side hole. As side holes are graduated at 5mm interval that appeared as a sharp puncture or cut. Likely a stitch has pass through the drain and weakened the material at that point. Upon removal the drain would be arrested by the thread of the stitch and it broke on further pulling, leaving a relatively clean-cut appearance at the level. In case of manufactory defect, the drain should break at normal side hole level instead. An anchoring stitch near the exit site of skin is used to secure the drain from falling out.*
- 19. The abnormal shortening of drain should alert health care professionals something unusual happened. Over ten pairs of side holes should appear when the whole drain was removed in this patient. Also, the anchoring point should be over 7cm from the cut end of the drain in this scenario.*
- 20. Drains, especially PVC based drains, will fracture into fragments at stress points with time. For drains or similar foreign bodies it is expected to crack and break into fragments. Presence of these fragments represent a foreign object has been there for quite some time, may be over tens of months depending on material and calibre.*
- 21. Self-recreational insertion of foreign body in this situation is very unlikely. Insertion of this type of drain percutaneously is impossible without use of multiple special equipment and dilators. This can be ruled out completely.*

22. Wound exploration by Dr WONG in 2023 confirmed presence of fragments of a surgical drain compatible with radiological findings.

...

I would conclude that the fragmented drain should be by-product of the breast surgery in 2011 as there is no evidence that Ms CHAN got other procedures since then. The caring team or person removing the drain probably knew something gone wrong or mistaken the drain has been completely removed. In any circumstance the shortened drain upon removal should be obvious or leading to a further clinical suspicious situation... ”.

17. We are satisfied that the Defendant had failed to completely remove the drainage catheters from the Patient’s right breast that had been inserted during the surgical excision of fibroadenoma on 30 January 2011. The Defendant has by her conduct in the present case fallen below the standards expected amongst registered medical practitioners in Hong Kong and we find her guilty of misconduct in a professional respect as charged.

Sentencing

18. The Defendant has a clear disciplinary record.
19. In line with our published policy, we shall give the Defendant credit in sentencing for her admission and cooperation throughout these disciplinary proceedings.
20. We bear in mind that the primary purpose of a disciplinary order is not to punish the Defendant but to protect the public from persons who are unfit to practise medicine and to maintain public confidence in the medical profession by upholding its high standards and good reputation.
21. In mitigation, the Defendant told us that she took full responsibility of her conduct and she expressed sincere and profound apology to the Patient for the distress and inconvenience caused by the retention of the drain and the additional surgery she underwent. We accept that the Defendant is remorseful.
22. However, the offence committed by the Defendant was serious. If she had exercised caution, she should have been alerted of the shortening of the catheter.

The broken pieces of catheter had been left in the Patient for around 12 years, and was only discovered via mammogram in 2023 after consulting another doctor. The Patient was only fortunate that nothing adverse happened to her.

23. Taking into consideration the nature and gravity of this case and what we have read and heard in mitigation, we order that in respect of the charge the name of the Defendant be removed from the General Register for a period of one month.
24. We have considered whether to impose a suspension order. For the reasons stated, we do not find suspension appropriate.

Dr CHOI Kin, Gabriel
Chairperson of the Inquiry Panel
The Medical Council of Hong Kong