

## **HAND FELLOWSHIP PROGRAMME**

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### **Introduction**

It was during my A.O. Fellowship in York Hospital U.K. that I developed an interest in Hand as a super specialty, when I had Rotation in various Orthopaedic subspecialty Departments, working with different consultants, as part of my training. On my return to U.A.E., I applied to different universities and institutes for Hand Fellowship Training Program, and among the various replies I received was that of Prof. J. H. Fleming. It was the most convincing to me for two reasons; first, considering his seniority and experience in the field and his wide reputation locally in South Africa and internationally among world famous and eminent hand surgeons; secondly the location of the hospital and its high impute of different hand conditions whether congenital, developmental or trauma.

It took me almost a year and half to finalize my date of Fellowship due to formalities such as paper work and registration with Wits university and acquiring H.P.C.S.O., and back home to grant my paid Study permission leave from Ministry of Health as well as my Hospital administration, because I was informed during my Fellowship that there would be no monthly stipend offered and I have to bear the cost of registration and university fees as well as malpractice insurance.

Finally, I arrived on 1<sup>st</sup> of January 2011 to South Africa to start six months of training. Prof. Fleming had already arranged for my accommodation within the hospital itself.

### **Clinical duties**

Almost on a daily basis we had an O.P.D. in the Dept, but we had a grand O.P.D. only on Mondays where I was required to inspect, examine and write reports. These patients came with a wide range of hand conditions. I was given the privilege of a twin consultation room with Prof. Fleming. We would discuss normal Hand anatomy and various hand pathologies ranging from Congenital Malformations, Infections, Trauma, Degenerative Conditions and their optimal management. The appropriate patients would be booked for surgery as an inpatient or as a day care surgery and would subsequently be reviewed and followed up at the clinics. All clinics were supervised by Consultants.

## **Operations**

Daily, there were two operating lists for both Theaters where cases varied from emergency referred by other Centers or admitted via Accident and Emergency Room, as well as pre booked different hand conditions, and Cold Cases from all age groups. Monday's list was an exception, only for weekend emergency cases.

During my stay, on an average we used to perform 55 operations a week.

On Tuesdays, I was assisting Prof. in the Operation Theaters. Preoperatively, he used to describe every Operation step by step in detail, and keep me updated about other operative options, including his preferred method of treatment with demonstration. Thereafter Prof. Fleming used to discuss and illustrate in detail the case just operated. Later on I would operate independently under his supervision, and he would assist me only when required.

The remaining days of the week I was attending theatres as well after taking my rounds at the ward; carrying on the list independently or assisting the On Duty Consultant in difficult or interesting cases. Sometimes I would assist post graduate orthopaedic students to enhance their operative skills or even to stand as an Observer to supervise their work.

The last two month I had the honor of attending Prof. Fleming's Private Practice on Thursdays to assist him with some rare or difficult cases to enhance my operative skills. I was astonished by the instruments that he has designed and some that he has modified which he was using in his private practice.

Prof. was very kind to send me for the Microsurgery course at MEDUNSA on his own expense for a period of two weeks. This had a great impact on my knowledge and skills and exposed me to new horizons in spectrums of surgery.

## **Teaching and research**

There were daily Orthopaedic meetings/activities going on in the Seminar Room which I used to attend in the presence of most of the Consultants, Fellows, Registrars, Medical Officers even Interns serving in the Department. The Session would begin at 7 a.m. with clinical and radiological discussions about cases that were attended to in the E/R the previous day. This was followed by a fixed subspecialty Orthopaedic topic presentation. Thursdays was fixed for topics related to the Hand.

On Wednesdays, I used to attend Orthopaedic meetings conducted from 1 p.m. to 5 p.m., for all Wits Ortho registrars. This was rotating at all the three major hospitals running under Wits University, with activities ranging from Seminars, Presentations and Case Examination. On many occasions topics of discussion were exclusively Hand oriented.

With Prof. Fleming's encouragement I attended the Refreshing Hand conference in Bloemfontein for two days. I would also attend Hand meetings every 6 weeks gathered by most of the Hand Consultants and some Plastic Surgeons of Johannesburg. Here, they used to present and discuss some very challenging cases in their practice including some complications that they encountered.

Under the supervision of Prof. Fleming, and in association with Consultant Grant Biddulph, I prepared a Presentation about Proximal Row Carpectomy (their retrospective follow up and outcome). This is yet to be completed due to the fact that my stay was short, and some patients could not attend the final follow up with me in the hospital.

### **Learning Outcome**

- . New concepts in surgical exposure of hand and wrist
- . How to prevent anticipated long or short term Post Operative Complications just by modifying my technique
- . To be wise in selecting my case and not to rush to O.T.: I need to take the right case at the right time, fix it with the right instruments and sometimes know where my limitations end
- . Proper instrumentation makes life easier and gives a better outcome
- . Clinical presentations, diagnosis, management modalities of various hand conditions, whether by conservative or surgical means
- . The importance of Hand Therapist for satisfactory outcomes of major hand cases

## **Outcome of the Course**

After the completion of my training course on 30<sup>th</sup> June 2011, I returned to U.A.E. and have been managing hand cases much better, facing no difficulty with complex cases.

With the help and support of my Head of Department and Hospital Administration we are in the process of furnishing the unit with hand equipments, loops, microscope with microsurgery sets and various hand implants.

The surrounding hospitals and Health Care Centers have shown their cooperation, after being informed of the possibility of accepting hand cases here immediately after we become fully furnished with the required sets.

In the end, I would like to express my gratitude to The Department of Orthopaedics (Bara Hospital) and Hand Unit in general, and Prof. J. H. Fleming in person, for their great contribution to the increase of my knowledge and surgical skills in the field of Hand and Microsurgery.

God Bless.

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