# HAND FELLOWSHIP REPORT

**AUTHOR: DR. GEORGE OMONDI AFULO**

## INTRODUCTION

The hand fellowship programmed at Chris-Hani Baragwanath General Hospital of the republic of South Africa came to my attention through my dear wife, Winnie, who went out of her way despite her busy schedule as a computer expert to search for me a training institution in the discipline of hand surgery after I had indicated to her the area I was interested in pursuing.
The contact person indicated in the advert was Prof. J H Fleming. I immediately got in touch with him and the response was very prompt and to the point. He advised me on all the requirements to be handed in so as to qualify for the programmed.
The information I had was that there would be a stipend attached to this position.
The moment I got indication that I could be admitted for the programmed, I put in an application to my employer, The Kenyatta National Hospital, for sponsorship. The hospital management gladly allowed me to pursue the fellowship programmed on condition that they would pay for my return ticket and I support myself with the promised stipend for the whole period.
I took my flight on 31/8/2004 and got temporarily accommodated at the education campus near the Witwatersrand medical school for 2 weeks. The distance to the hospital is about 40 km. During the 2 weeks, Prof Fleming would pick me in his car and we go to work at the hospital then he would drop me back.
In the course of the 2 weeks, he negotiated with the hospital administration for my convenient accomodation within the hospital. I managed to get a self contained room which I occupied till my departure.
When we enquired from the hospital management about the monthly stipend, we were informed that the stipend was cancelled a year earlier. My survival was therefore dependent on the goodwill of Prof Fleming. He therefore advised me to partly work in the general hospital and partly assist him in his private surgeries so as to earn some funds for my upkeep. My employer was not ready to step in to lend a hand.

## THE TRAINING

The weekly schedule of duties was as follows:
MONDAYS were dedicated for the hand clinic and a post-weekend theatre . The clinic was attended by all consultants, hand fellow, orthopaedic registrars, hand therapists and physiotherapists attached to the hand unit. The clinic would run from 8 am upto 12 midday though it may extend until all patients are reviewed.
I was always next to Prof Fleming. We would discuss normal anatomy of the hand and upper extremity and various hand pathologies ranging from congenital malformations, infections, trauma and degenerative conditions among others.
In the afternoons, I would go to the library for reference and further reading.
The post-weekend theatre would be done by the registrar on call but in case of need for assistance or consultation, the hand fellow would be involved.

TUESDAYS was for a major ward round. The team leader of the ward round was the senior most consultant followed by the hand fellow.We would see patients with all ranges of hand pathologies admitted for surgery, post operative reviews, discharges and follow up in the clinic. In the course of the round, patients awaiting surgery were identified. After the ward round, we would converge at the occupational therapy department for preparation of the theatre list for the next day.

WEDNESDAYS were theatre days. There were three hand theatres running at the same time. I would operate with Prof Fleming in the same theatre. This gave me a rare opportunity to learn the fine surgical skills Professor had acquired over the years.

THURSDAYS were meant for a quick ward round and a theatre session for registrars and hand fellow if need arises. The round would be led by the available consultant and the hand fellow. Two theatre lists would be generated for the next day.
On this day, I would be invited by Professor to assist him in his private cases.This gave me a chance to learn more in terms of surgical skills and at the same time earn some assistant surgical fee for my personal survival.

FRIDAYS were theatre days. There were two theatres ran by both the consultant on one hand and hand fellow on the other hand. I would also assist Prof in his private surgery.

SATURDAYS AND SUNDAYS were free days except for emergencies which would require the presence of the whole hand team.

**WHAT WAS LEARNT**

1) Importance of the hand in our day-to-day activities .
2) Understanding the gross anatomy of the hand and upper extremity.
3) Relevance of clinical anatomy of the hand in surgery.
4) Outcome of early and prompt management of the hand
5) Use of the right instrumentation for better outcome.
6) Relevance of hand therapist in hand management.
7) Need to develop a properly equipped hand unit.

**EXPERIENCE AFTER TRAINING**

I completed the fellowship programmed on 1/9/2005. On arrival home, I approached my employer to assist in setting up a hand unit. There are several constraints involved in the process:

1) There are only two(2) hand surgeons in Kenya. one of whom is a plastic surgeon. The process of capacity building takes time and therefore delay in setting up a hand unit. We hope to get more opportunities from INTERNATIONAL SOCIETY FOR SURGERY OF THE HAND (ISSH) to train more hand fellows through the same programmed.

2) The hand has always been managed by young doctors training in general surgery in Kenya. Attempts to introduce hand surgery as a sub-speciality has been an uphill task due to resistance from the older orthopedic surgeons who view it as interference with their income especially in private practice.
3) The teaching of hand surgery has also not been given adequate attention. During my training both at undergraduate and postgraduate studies, the hand was mentioned in passing and therefore no much importance was attached to it. We are trying to re-introduce the hand at all levels and students and doctors are now appreciating the usefulness of the hand.
4) Very expensive hand equipments. We therefore rely on equipments used by maxillofacial and plastic surgeons.Any possibility of assisting to avail hand equipments would be highly appreciated.

**CONCLUSION**

The hand fellowship programmed is unique. It has not taken root in most African countries. The major constraints are cost and expertise.
I would encourage the international community and ISSH in particular to allocate more resources to train more doctors from developing countries in hand surgery.