

HAND FELLOWSHIP AT CHRIS HANI BARAGWANATH HOSPITAL

BY: DR PHILEMON OWINO ODUOR,

(MBChB, MMed (Nairobi)),

ORTHOPEDIC SURGEON,

KENYATTA NATIONAL HOSPITAL,

NAIROBI - KENYA

INTRODUCTION

I witnessed patients with hand pathology seek unavailable expert treatment in the hospitals in my home country right from my medical school days as an undergraduate medical student, during my employment as a medical officer, when I was in my MMed (Surgery) program and after completion of the program and when working at the National referral hospital.

I developed an interest in hand surgery training in order to improve the care of such patients. Hand specialty is not well developed in Kenya and local training unavailable.

Dr George Omondi Afulo, a former hand fellow at Chris Hani Baragwanath Hospital, briefed me about the hand training at the institution and I realized it was the kind I looked forward to. I needed a hand on training in such a busy centre. He gave me Prof J H Fleming's address and I sent my application on 11-08-2006.

After receiving a positive response from Prof. Fleming, I applied to my employer for support and release for the training but this was delayed due to government bureaucracy and thereafter to prolonged registration process by South African foreign workforce management program and the health professions council.

The whole formality of registration was finally completed and I arrived in RSA on 06-05-2008 to find that Prof. Fleming had organized my convenient accommodation within the hospital compound and I embarked on my training immediately.

I was pleasantly surprised to be informed by Prof. Fleming about a monthly stipend of R 15,000 from the Hand Federation. I had been informed by Dr Omondi Afulo about the financial situation when he did his fellowship and I feared it would be the same. I continued to receive the same till the end of my training, and this released me from financial burden thus enabling my concentration on the training.

HAND FELLOWSHIP AT CHRIS HANI BARAGWANATH HOSPITAL

THE TRAINING FACILITY

Chris Hani Baragwanath Hospital has densely populated catchment area in the suburbs of Johannesburg, Soweto. It has a well equipped hand unit which, in addition, acts as a referral center for Gauteng and the surrounding provinces.

The hand unit has three consultant hand surgeons: Prof. J H Fleming, head of the hand fellowship program, Dr Walter Stuart, the head of the hand unit, and Dr Jackie Muller.

The average number of hand operations per week during my training was 45 patients.

WEEKLY SCHEDULE

MONDAYS

The clinic day was run concurrently with the post weekend admission theatre. All the consultants hand fellow, orthopedic registrars except the one to start off the theatre list, house officers and hand therapists were present in the clinic and free discussions about difficult cases were done. I was given the privilege of a twin consultation room with Prof. Fleming and the opportunity to learn hand on throughout the fellowship duration. In addition to the on clinic learning I could get side room teaching after the clinic. The other consultants also could invite me to see cases of interest and be shown treatment methods.

After the clinic I would join the registrars to clear the theatre cases for the day.

TUESDAYS

The major ward round was done concurrently with elective theatre and cold case screening and theatre preparation clinic. The most senior consultant would lead all the other doctors, except the two starting off the clinic and the theatre, in the ward round. At least one hand therapist was always present in the round. Patients were discussed, treatment plans made and those for surgery listed down and after the round the theatre lists made for the week.

The rest of the registrars and the hand fellow would join the colleague in theatre to clear the remaining cases in the day's theatre list.

WEDNESDAYS

The main elective theatre attended by all the doctors in the unit. Two operating theatres were operational. I started my fellowship by assisting Prof. Fleming primarily and also the other consultants. Later Prof. Fleming and could assist me in major operations and by the time I was almost completing my training I could do most of the operations with the registrars under the consultants supervision. I thus acquired so much skill from Prof

HAND FELLOWSHIP AT CHRIS HANI BARAGWANATH HOSPITAL

Fleming's long experience that at the end of the training I could confidently make surgical decisions about most of the hand problems.

THURSDAYS

The major ward round and theatre day. After the ward round led by one of the consultants, the hand fellow would join the registrars in theatre. On alternate weeks, Prof. Fleming would book unique learning cases in his private practice and invite the hand fellow for practical teaching sessions.

FRIDAYS

These were also major elective theatre days. The arrangement was the same as for Wednesday.

SATURDAYS AND SUNDAYS

Only emergencies and very urgent cases were operated on in the emergency theatres in the main hospital.

SUMMARY OF FELLOWSHIP

The following is an in-exhaustive list of what was learnt during the program:

1. The dry anatomy and surgical anatomy of the hand
2. Importance of the hand in daily life
3. Industrial and economic importance of the hand and hand pathologies
4. Clinical presentation, diagnosis and treatment methods for various hand conditions
5. Importance of hand therapists and physiotherapy in hand surgery
6. Surgical treatment of various hand pathologies
7. Importance of microsurgical techniques in hand surgery
8. Advantages of day care center in surgery

OUTCOME OF THE COURSE

Following successful completion of the training, I went back to my home country and I have since been working, together with two other hand surgeons, in the department of orthopedics, Kenyatta National Referral hospital.

HAND FELLOWSHIP AT CHRIS HANI BARAGWANATH HOSPITAL

My understanding of the hand and approach to treatment of hand pathologies has markedly improved. Cases that would sound complex prior to my training now appear straight forward. Indeed I get hand surgery consultations and referrals from my orthopedic colleagues.

CURRENT CHALLENGES

Without the following challenges that retard the progress in starting a hand unit, the three of us at the referral hospital would ably handle hand surgery cases and even start a Kenyan hand federation.

1. Resistance from older colleagues in setting up a hand unit
2. Refusal of the department of orthopedics, currently headed by older colleagues, to set up special units. This has given rise to a situation where mainly general orthopedic trauma cases fill up the wards
3. Lack of equipment for hand surgery
4. Wrong admission criteria set up by the hospital with a view of decongesting the wards whereby only seriously ill patients get admission. Hand cases hence are not given priority.
5. Lack of day care centre

THE FUTURE

We are currently having discussions with the hospital management to improve the above situation and give support to the development of hand surgery in the institution.

Initial serious resistance by older colleagues is slowly waning and some of them now recognize the specialty.

A discussion of the need to set up a day care centre is ongoing and this will take care of the many hand cases that are not getting bed space in the hospital.

We are looking for strategic partners and donors to help in setting up a hand unit.

P.A.O. Oduor.