

ezine ifssh

CONNECTING OUR GLOBAL HAND SURGERY FAMILY

HAND THERAPY
IMPROVING THUMB MCP
JOINT STABILITY

SPECIAL FEATURE
WALANT FOR SAFER, BETTER, MORE
AFFORDABLE HAND SURGERY



GUY DE CHAULIAC
(1300-1368)
'Father of Surgery'





A week full of scientific knowledge transfer and networking possibilities - we can't wait for this spectacular congress to begin!

More than 2,600 surgeons and therapists representing **83 nations** are already on board. **Register now** and make sure to catch these highlights:

Preliminary Programme Schedule – Surgery

Monday, 17 June	Tuesday, 18 June	Wednesday, 19 June	Thursday, 20 June	Friday, 21 June
6:30 7:00 7:30 8:00 8:30 9:00 9:30 10:00 10:30 11:00 11:30 12:00 12:30 13:00 13:30 14:00 14:30 15:00 15:30 16:00 16:30 17:00 17:30 18:00 18:30 19:00 19:30 20:00 20:30 21:00 21:30 22:00 23:00	6:30 7:00 7:30 8:00 8:30 9:00 9:30 10:00 10:30 11:00 11:30 12:00 12:30 13:00 13:30 14:00 14:30 15:00 15:30 16:00 16:30 17:00 17:30 18:00 18:30 19:00 19:30 20:00 20:30 21:00 21:30 22:00 23:00	6:30 7:00 7:30 8:00 8:30 9:00 9:30 10:00 10:30 11:00 11:30 12:00 12:30 13:00 13:30 14:00 14:30 15:00 15:30 16:00 16:30 17:00 17:30 18:00 18:30 19:00 19:30 20:00 20:30 21:00 21:30 22:00 23:00	6:30 7:00 7:30 8:00 8:30 9:00 9:30 10:00 10:30 11:00 11:30 12:00 12:30 13:00 13:30 14:00 14:30 15:00 15:30 16:00 16:30 17:00 17:30 18:00 18:30 19:00 19:30 20:00 20:30 21:00 21:30 22:00 23:00	6:30 7:00 7:30 8:00 8:30 9:00 9:30 10:00 10:30 11:00 11:30 12:00 12:30 13:00 13:30 14:00 14:30 15:00 15:30 16:00 16:30 17:00 17:30 18:00 18:30 19:00 19:30 20:00 20:30 21:00 21:30 22:00 23:00
Registration	Registration	Registration	Registration	Registration
Educational Monday	Combined Session I IFSSH & IFSH-T	Concurrent Scientific Sessions	Concurrent Scientific Sessions	Concurrent Scientific Sessions
Coffee Break	Swanson Lecture	Coffee Break	Coffee Break	Coffee Break
Educational Monday	Concurrent Scientific Sessions	Concurrent Scientific Sessions	Concurrent Scientific Sessions	Concurrent Scientific Sessions
Lunch Break	Lunch Break / Industry Workshops	Lunch Break / Industry Workshops	Lunch Break / Industry Workshops	Lunch Break
Educational Monday	Concurrent Scientific Sessions	Concurrent Scientific Sessions	Combined Session II IFSSH & IFSH-T	Concurrent Scientific Sessions
Coffee Break	Coffee Break	Presidential Guest Lecture	Coffee Break	IFSSH Closing Ceremony
Educational Monday	Concurrent Scientific Sessions	DGH General Assembly	Concurrent Scientific Sessions	
Opening Ceremony		FESSH Delegates Assembly		
Welcome Cocktail	Berlin Night	IFSSH Delegates Council Meeting	Congress Dinner & Party	



IFSSH Congress Berlin: Announcement

The **NEWBORN COMPARTMENT SYNDROME** Session
 will be held Tuesday 18 June 2019

in Room M6+7 from 12h45 to 13h45

All interested are welcome to participate to help solve
 this intriguing problem

contents

4 EDITORIAL

What the Surgeon ought to be...
 - Guy de Chauliac (1300-1368)

5 LETTER TO THE EDITOR

Research Participation
 - A. Daigeler

6 SECRETARY-GENERAL REPORT

- Daniel J. Nagle

10 PIONEER PROFILES

• Fatma Merih Eroglu
 • Jamal Gousheh

12 SPECIAL FEATURE

WALANT for safer, better, more affordable hand
 surgery
 - Donald H Lalonde

16 RESEARCH ROUND-UP

Volar Distal Radius Anatomy Applied to the
 Treatment of Distal Radius Fracture
 - Junya Imatani
 Treating Proximal Inter-phalangeal Joint
 Dislocations
 - Saitta and Wolf

20 HAND THERAPY

Improving thumb MCP joint stability with a
 simple lightweight splint
 - Sarah G. Ewald

28 MEMBER SOCIETY NEWS

• Turkish Society of Hand and Upper Extremity
 Surgery
 • South African Society for Surgery of the Hand
 (SASSH)
 • Swiss Society for Surgery of the Hand
 • Venezuelan Society for Surgery of the Hand
 and Upper Limb Reconstructive

33 LIVING TEXTBOOK UPDATE

34 ART

Pen and Paper holder

35 UPCOMING EVENTS

List of global learning events and conferences
 for Hand Surgeons and Therapists



EDITORIAL

What the Surgeon ought to be...

The conditions necessary for the Surgeon are four:

First, he should be learned;

Second, he should be expert;

Third, he must be ingenious; and

Fourth, he should be able to adapt himself.

It is required for the First that the Surgeon should know not only the principles of Surgery, but also those of Medicine in theory and practice; for the Second, that he should have seen others operate; for the Third, that he should be ingenious, of good judgement and memory to recognise conditions; and for the Fourth, that he should be adaptable and be able to accommodate himself to circumstances.

Let the Surgeon be bold in all sure things, and fearful in dangerous things; let him avoid all faulty treatments and practices. He ought to be gracious to the sick, considerate to his associates, cautious in his prognostications. Let him be modest, dignified, gentle, pitiful and merciful; not covetous nor an extortionist of money, but rather let his reward be according to his work, to the means of the patient, to the quality of the issue and to his own dignity"

Guy de Chauliac (1300-1368)

'Father of Surgery'

From: "Chirurgia Magna"

Research Participation

Dear Sir and Madam,

The evolution of different suture techniques and suture material in the past decades provides an abundance of surgical options for primary flexor tendon repair. However, a consensus has not been reached on the optimal treatment or postoperative rehabilitation protocol of zone II flexor tendon injuries so far. We therefore want to conduct a survey asking for your treatment strategies of primary flexor tendon repair illustrated by a representative case report. The purpose of this investigation is to compare surgical and postoperative therapeutic options within the hand surgeon community worldwide.

We would be grateful if you would like to take part in our investigation which is accessible via the following link:

https://www.surveymonkey.de/r/flexor_tendon_repair

The survey will take about 5 minutes to complete. All answers will be collected anonymously.

If you have further questions please do not hesitate to contact me.

Kind regards,

Prof. A. Daigeler, M.D.



Department of Hand, Plastic and Reconstructive Surgery
BG Trauma Center / Eberhard-Karls University of Tübingen
BG Trauma Center Tuebingen
Schnarrenbergstrasse 95
Germany - 72076 Tuebingen
Tel: +49 7071 606 - 1036
Fax: +49 7071 606 - 1037
E-Mail: adaigeler@bgu-tuebingen.de
www.bgu-tuebingen.de

ezone
ifssh
CONNECTING OUR GLOBAL HAND SURGERY FAMILY

IFSSH DISCLAIMER:

The IFSSH ezine is the official mouthpiece of the International Federation of Societies for Surgery of the Hand. The IFSSH does not endorse the commercial advertising in this publication, nor the content or views of the contributors to the publication. Subscription to the IFSSH ezine is free of charge and the ezine is distributed on a quarterly basis.

Should you be interested to advertise in this publication, please contact the Editor: ezine@ifssh.info

IFSSH EZINE EDITORIAL TEAM:
EDITOR:

Professor Ulrich Mennen

Past President: IFSSH

DEPUTY EDITOR:

Professor Michael Tonkin

Immed Past President: IFSSH

GRAPHIC DESIGNER:

Tamrin Hansen

tamrin.hansen@gmail.com

TO SUBSCRIBE GO TO:

www.ifssh.info

administration@ifssh.info

14TH IFSSH & 11TH IFSHT TRIENNIAL CONGRESS, BERLIN - JUNE 17-21, 2019

We will meet in Berlin in one month to celebrate another successful IFSSH triennium. The scientific programme is complete, the social events are incredibly popular (some allocations already exhausted) and the host societies - the German Society for Hand Surgery (DGH) and the German Society of Hand Therapy (DAHTH) are ready to welcome all delegates:

The German Society for Hand Surgery has the honor and pleasure to host the 14th Triennial Congress of the IFSSH together with the 11th Triennial Congress of the IFSHT from June 17th to 21st 2019 in Berlin.

We invite you not only to actively participate in an extraordinary scientific meeting but to meet friends, connect with hand surgeons and learn about the different perspectives of hand surgery from all over the world as well. According to the mission of our congress "Building bridges – together hand in hand" we are delighted to welcome you as our guest in the outstanding city of Berlin!

Prof. Jörg van Schoonhoven

It is our aim to allow as many hand surgeons as possible to report of their scientific and clinical experience. At the same time we want to bring together all the various disciplines of hand surgery from all parts of the world. All main topics of hand surgery will be included into the scientific program. In addition to lecture from invited international experts there will be various workshops, instructional courses and new formats, like the "Educational Monday". Feel encouraged to send us your abstracts, share your experience with us and actively take part in this unique event. Be curious!

Prof. Max Haerle

It is a great privilege for the German Society of Hand Therapy to invite Hand Specialists from all over

the world to come to Berlin for the next Triennial Congress of IFSSH and IFSHT. Berlin is an example of two communities with different approaches and ways of living having successfully joined together to form a vibrant, forward-looking society that is open to new impulses and willing to meet new challenges. There could be no better place to join and intensify the cooperation between surgeons and therapists as well as the experience of therapists from different cultures and countries. We are certain that it will be an unforgettable event. See you in Berlin!

Natascha Weihs

With its extraordinary history – full of contrasts and significant changes – Berlin is one of the most fascinating cities in the world. But the German capital provides not only a great variety of cultural and entertainment options, but also all the necessary requirements for a successful meeting. The scientific and the accompanying social program will provide a great opportunity for inspiring exchange between colleagues as well as making new friends. Experience it for yourself!

Prof. Andreas Eisenschenk

Throughout the week we will be honoring IFSSH Pioneers of Hand Surgery, reconnecting with our colleagues and encouraging a new generation of young hand surgeons. Please join us!

Full information is available on the Congress website - <http://ifssh-ifsht2019.com/welcome/>

2019 IFSSH Delegates' Council Meeting

The 2019 IFSSH Delegates' Council Meeting will be held at 4:30pm, Wednesday 19th June within the Berlin Triennial IFSSH Congress - Room A3, Berlin CityCube. The meeting agenda and relevant documents will be forwarded nearer to the date.

We hope that a representative of each IFSSH member society will participate in the Delegates' Council Meeting. If the society delegate (refer to IFSSH website - https://ifssh.info/member_nation.php) cannot attend then please discuss the appointment of a proxy within your society. The proxy details - name and email address - must be forwarded in writing prior to the commencement of the Delegates' Council Meeting to the IFSSH Secretary-General (secretary@ifssh.info).

Please also take this opportunity to check the IFSSH website and advise the secretariat if your delegate and/or society details require updating - https://ifssh.info/member_nation.php

Please note:

1. There will be a number of items requiring voting procedures. Each society is entitled to one vote. If your society has not fulfilled the appropriate dues payments as per the IFSSH Bylaws, the delegate will not be entitled to vote. If you are unsure of your financial standing, please contact the IFSSH secretariat - administration@ifssh.info.

2. The host society for the 2025 Congress will be chosen at this meeting. The bidding societies have distributed their submissions to all IFSSH delegates. However, if for any reason you have not received any of the following bids, please contact the IFSSH secretariat:

- American Society for Surgery of the Hand and American Association for Hand Surgery (combined with American Society of Hand Therapists)
- Brazilian Society for Surgery of the Hand (combined with Brazilian Society of Hand Therapists)
- Colombian Association for Hand Surgery (combined with Colombian Association for Hand Therapy)

3. This IFSSH Delegates' Council meeting will be held at the same time as the FESSH General Assembly. Therefore, if you are the IFSSH Delegate but would also usually attend the FESSH General Assembly, please

consider the appointment of a proxy to one of these meetings.

Registration information, scientific and social programmes, and accommodation and tourism suggestions are available on the congress website: <http://ifssh-ifsht2019.com/>.

We hope to see you in Berlin in June.

Future Meetings

- Triennial IFSSH Congresses
XIVth IFSSH – XIth IFSHT Congress – Berlin, Germany
17th -21st June, 2019
www.ifssh-ifsht2019.com
- XVth IFSSH – XIIth IFSHT Congress – London, United Kingdom
27th June - 1st July, 2022
www.ifssh2022.london

National and Regional hand surgery meetings
Please see announcements in the Ezine and IFSSH website.

Please remember to follow us on Twitter for regular updates: @IFSSHHand

Yours sincerely,

Daniel J. Nagle MD

Secretary General: IFSSH





IFSSH & IFSHT Triennial and FESSH Congress 2019 17th to 21st June in Berlin, Germany

The countdown is on!

A week full of scientific knowledge transfer and networking possibilities - we can't wait for this spectacular congress to begin!

More than 2,600 surgeons and therapists representing **83 nations** are already on board. **Register now** and make sure to catch these highlights:

Preliminary Programme Schedule – Surgery

	Monday, 17 June	Tuesday, 18 June	Wednesday, 19 June	Thursday, 20 June	Friday, 21 June	
6:30			Registration	Registration	Registration	6:30
7:00		Registration				7:00
7:30						7:30
8:00	Registration	Combined Session I IFSSH & IFSHT	Concurrent Scientific Sessions	Concurrent Scientific Sessions	Concurrent Scientific Sessions	8:00
8:30	Educational Monday	Swanson Lecture				8:30
9:00			Coffee Break	Coffee Break	Coffee Break	9:00
9:30						9:30
10:00	Coffee Break	Coffee Break	Concurrent Scientific Sessions	Concurrent Scientific Sessions	Concurrent Scientific Sessions	10:00
10:30	Educational Monday	Concurrent Scientific Sessions	Concurrent Scientific Sessions	Concurrent Scientific Sessions	Concurrent Scientific Sessions	10:30
11:00			Lunch Break / Industry Workshops	Lunch Break / Industry Workshops	Lunch Break	11:00
11:30						11:30
12:00	Lunch Break	Lunch Break / Industry Workshops	Concurrent Scientific Session	Combined Session II IFSSH & IFSHT	Concurrent Scientific Session	12:00
12:30	Educational Monday	Concurrent Scientific Sessions				12:30
13:00	Coffee Break	Coffee Break				13:00
13:30						13:30
14:00						14:00
14:30						14:30
15:00						15:00
15:30						15:30
16:00						16:00
16:30						16:30
17:00						17:00
17:30						17:30
18:00						18:00
18:30	Opening Ceremony					18:30
19:00						19:00
19:30						19:30
20:00						20:00
20:30						20:30
21:00	Welcome Cocktail					21:00
21:30						21:30
22:00						22:00
23:00						23:00

Status: February 2019

IFSSH & IFSHT Triennial and FESSH Congress 2019 17th to 21st June in Berlin, Germany

The countdown is on!

MONDAY HIGHLIGHTS

Educational Monday

8 sessions, 1.5 hours each, two rooms.
Designed for the next generation of hand surgeons. Add an extra day to your IFSSH & IFSHT Congress experience.

ifssh-ifsht2019.com/educational-monday

Opening Ceremony & Welcome Cocktail

The best kick-off for our congress week!

TUESDAY HIGHLIGHTS

Combined Session I

Tendon – past, present and future

Building Bridges

Experience therapists from all continents.

Swanson Lecture

„Challenges!“ by Professor Dr. Steven Hovius

Berlin Night

A unique networking and party evening in the Kühlhaus.

WEDNESDAY HIGHLIGHTS

Assemblies

IFSSH, IFSHT, FESSH, EFSHT, DGH, DAHTH

THURSDAY HIGHLIGHTS

IFSHT Silent Auction

The goal is to generate funds which will be used to support speakers from countries with limited resources.

ifssh-ifsht2019.com/silent-auction

Combined Session II

Assessments in the upper extremity – Can assessments be used to build bridges between patients, professions and researchers?

Congress Dinner & Party

FRIDAY HIGHLIGHT

Closing Ceremony

Standard registration fees apply until 5 May 2019 – register now and save up to EUR 100!

ifssh-ifsht2019.com

We would like to thank the partners, exhibitors and sponsors of the 14th IFSSH & 11th IFSHT Triennial Congress for their extraordinary support!

Stay tuned and follow our news via [website](#), [newsletter](#) or [twitter](#).

See you in June in Berlin!

Andreas Eisenschenk, Natascha Weihs, Max Haerle, Beate Jung & Jörg van Schoonhoven

F. MERIH EROGLU MD

Turkey



Fatma Merih Eroglu was born in Istanbul, Turkey in 1924. She graduated as a doctor from Istanbul University Medical Faculty in 1947. She completed her residency programme in the Department of Orthopaedic Surgery between 1947-1951 at the same University and took

the Board Certificate. She continued her profession as an Assistant Professor in the Department of Orthopaedic Surgery and Traumatology.

In 1954 she became Associate Professor in the Department of Orthopaedic Surgery and Traumatology. Between 1957-1959, she worked in the New York Hospital for Special Surgery as a Research Fellow. During this time she also visited a number of established centres in the USA before returning to Turkey.

In 1960 she became the Director of the Department of Orthopaedic Surgery and Traumatology at the Ege University, Izmir. In 1961, she became a full professor. Later she worked in the Royal Orthopaedic Hospital (London), the Department of Orthopaedics at Vienna University for six months and in the New York Presbyterian Hospital (Columbia University) for another six months as a Hand Fellow.

Prof. Eroglu, who presented many papers at National and International Congresses, has 173 publications, 32 of which are on Hand Surgery. She is an active member of Turkish Society for Surgery of the Hand, Turkish Society of Orthopaedic Surgery and Traumatology, Society of Sports Medicine, SICOT, EFFORT, and IFSSH. She worked as the Director of the Department of

Orthopaedic Surgery and Traumatology at the Ege University for 31 years and retired in 1991.

Prof. Eroglu has been a distinguished symbol of learning and teaching for Turkish doctors. Over 120 surgeons completed their orthopaedic training under her guidance and took their Board Certificate. 20 of these surgeons are working as Associate Professors or Professors at Medical Schools and Teaching Hospitals. She was instrumental in establishing the Izmir Hand Surgery Centre. She was the President of a former congress of the Turkish Society for Surgery of the Hand.

She enjoys social activities, and her hobbies include hand works such as knitting, sewing, embroidery on canvas, as well as reading. She lives in Gzmir, Turkey.

For her major contribution to Hand Surgery in Turkey, she was honoured as "Pioneer of Hand Surgery" at the Eighth Congress of the IFSSH in Istanbul, Turkey in June 2001.

JAMAL GOUSHEH MD

Iran (1930 - 2016)



Jamal Gousheh was born on 21 March 1930 in Tehran, Iran. He graduated from high school in 1949. He qualified from the Tehran University as Doctor of Medicine in 1956.

In 1959 he graduated as a general surgeon, and started a surgical practice for 10 years at the Pahlavi Hospital in the Kurdistan Province, Sanandaj, Iran. He was instrumental in developing many services in the hospital, and later became the Chief of the Hospital. The street in which his surgical practice was located is named after him.

Dr Gousheh visited Professor Jague Michon in Paris, France a number of times to improve his surgical skills, particularly in hand and microsurgery surgery. After returning to Iran, he started working in the Burn Treatment Centre of the Savaneh Sookhtegi Hospital and was promoted to Chief in 1978. He established a Hand and Microsurgery Unit, and also became the Chief of education and training of the hospital. Gousheh was the first hand surgeon of Iran.

In 1980 Professor Gousheh was transferred to the Shohada Hospital which is affiliated with the Shahid Beheshti University of Medical Sciences, and headed the Hand and Microsurgery Unit.

During the 8 year Iran-Iraq war Professor Gousheh gained much experience in treating war injuries as well as performing and innovating novel reconstructive procedures which he later published and presented in many international publications and conferences. Gousheh was then transferred to the Masih Daneshvari

Hospital in 1988 and established a Reconstructive and Hand Surgery Unit for that hospital as well, which he headed for 8 years. In 1996 Gousheh was again transferred to 15th Khordad Hospital where he restructured the entire hospital which became a specialized plastic, burn, reconstructive, and hand surgery educational and treatment centre of Iran.

In 1978 Gousheh founded the Iranian Society for Surgery of the Hand and in 1996 he established the Journal of Plastic and Reconstructive Surgery of Iran.

In 1995, Professor Gousheh was awarded the esteemed academic title of "Chevalier dans l'ordre des Palmes Academiques" by the Republic of France. In 2000, he was awarded the honorary title of "Distinguished Researcher" by the Shahid Beheshti University of Medical Sciences, followed by being decorated with the "Medallion of Research" by the same university.

In 2005 he was honoured with the national title of Republic of France, "Ordre National de la Légion D'Honneur". In the same year, he was decorated with the medallion of "Merit and Honor" by the Shahid Beheshti University of Medical Sciences. He published 81 articles in domestic and international journals, and presented 116 papers at congresses.

Jamal Gousheh donated towards the building of multiple schools in underdeveloped areas of Iran as well as sponsored many talented medical students in fellowship programs in different medical fields.

Professor Gousheh passed away on Friday 8 January 2016. In 2001 at the Eighth Congress of the IFSSH in Istanbul, Turkey, Jamal Gousheh was honoured as "Pioneer of Hand Surgery"

WALANT

for safer, better, more affordable hand surgery

WALANT means Wide Awake Local Anesthesia No Tourniquet hand surgery[i]. Wide awake hand surgery is being practiced by an increasing number of hand surgeons in most countries of the world[ii]. This will likely increase in the future, because the technique is safer, better in many cases, more convenient for patients and surgeons, and much more affordable, especially in emerging nations. Most surgeons who have tried it continue to use it.

Why is WALANT better?

- We can adjust repaired flexor tendons after seeing active movement in comfortable, cooperative patients and make certain everything is working well before we close the skin. This decreases the rate of rupture and tenolysis after flexor tendon repair[iii]. We see gaps that occur with the force of tested full flexion and repair them. We judiciously vent pulleys till the repair has a full range of motion to avoid tenolysis.
- Unsedated tourniquet-free comfortable patients actively flex and extend their fingers to help surgeons to rupture adhesions in tenolysis.
- Patients can see repaired structures working during the surgery after a loss of function such as tendon laceration, tenolysis, tendon transfer, hand fracture, or Dupuytren's contracture. This visual memory helps motivate them throughout postoperative therapy and recovery.

- We can do a better job setting proper tension on tendon transfers before we close the skin by watching the patient move the transfer to test the tension[iv].
- Patients know what their fingers look like. After we reduce crooked fingers with wide awake surgery, they can tell us if the finger is straight or not.
- We see what is happening with active movement during the surgery in complex secondary reconstructive cases to improve results.
- Patients have no nausea, vomiting, urinary retention, or other unwanted side effects associated with opiates or sedation.
- We do not have to look after patients who must be admitted to the hospital after hand surgery because of sedation complications such as nausea and vomiting.
- Patients get to know and talk to their surgeon during the surgery for intraoperative advice on how to care for the hand postoperatively to decrease complications.
- Patient compliance is improved. When you personally tell patients to keep their hand elevated and immobile at the end of the surgery, they are more likely to comply than if a nurse tells them this in the recovery room when they are still under the influence of sedatives.
- Patients do not need to endure a tourniquet for even 5 minutes. We tell all our trainees that they need

to put a tourniquet on their own arm or forearm for 5 minutes before they ever say, "Patients tolerate it well." The true meaning of this phrase really is: "Patients let me do it, even though it hurts."

- Patients do not need to fast or change medication schedules before the procedure, which is particularly helpful for diabetic patients.
- Patients with sore elbows, shoulders, or backs can position themselves comfortably for hand and elbow surgery, because there is no tourniquet or anaesthesiology equipment preventing them from shifting out of an uncomfortable position. They can easily turn on their side during the procedure.
- No intravenous is required. There is no unnecessary large needle insertion with a 20-gauge intravenous cannula. All the patient will feel is a single brief prick with a 27- or 30-gauge needle in the hand when the local anaesthetic is injected properly[v].

Why is WALANT safer?

- WALANT is like the surgical experience at the dentist. The only drugs that patients get are lidocaine and epinephrine, the same drugs that dentists have used in their offices with an incredibly great safety record in spite of zero patient monitoring for over 65 years.
- We can more safely operate on patients with multiple medical problems because we give them no sedation. They walk in, have their hand surgery, and then get up and go home with their medical issues unchanged, like at the dentist. The fact that they are morbidly obese, diabetic, or have severe lung disease has no bearing on the hand surgery itself, only on the sedation they don't get.
- Surgeons are less likely to operate on the wrong hand or the wrong finger if the patient is wide awake with no sedation.
- Trauma patients can undergo surgery during the day in minor procedure rooms instead of in the middle of the night in the main operating room. They do not need hospital admission to wait for or recover from sedation. Surgeons and nurses

are more likely to be able to perform better safer surgery when they are rested during daytime hours than while they are tired at night.

- The fact that there is no need for a tourniquet is safer in patients who have lymphedema or arterio-venous shunts in the forearm.
- There is no need to discontinue anticoagulation medication in most cases, because the epinephrine provides enough hemostasis that the wound dries up nicely.
- All anaesthesiologists agree that less sedation is safer than more sedation. The safest sedation is no sedation.

Why is WALANT more affordable?

- Hand surgery under pure local anesthesia is not expensive. Many patients in emerging countries could afford hand surgery if they did not have to pay the large costs associated with sedation and general anesthesia in the main operating room with full sterility[vi].
- Now that we know that epinephrine vasoconstriction in the finger is safe[vii], we can eliminate the tourniquet and all the costs of sedation and general anesthesia for most hand surgery[viii].
- Patients spend less time at the hospital for the procedure, because postoperative recovery time is just minutes, since they receive no sedation and no opioid medications. They can just get up and go home, as they would do after a visit to the dentist. There is no need for recovery room nurses and many other hospital personnel who tend to patients in hospital
- Patients do not lose time from work or pay for a babysitter to go for preoperative blood testing, ECG, chest X-ray or consultations required for sedation they will not get.
- Eliminating general anaesthesia and sedation has enabled many surgeons to observe evidence based sterility outside the expensive main operating room environment[ix]. For over 30 years, Canadians in Ottawa, Calgary, Saint John, and many other

cities have been reducing fractures with K wires with field sterility in minor procedure rooms outside the main operating room with no increase in infection rates. What we have known for years is now backed up with evidence[x],[xi],[xii]. Evidence based sterility is moving hand surgery out of the operating room to make it more affordable not only in Canada, the USA[xiii],[xiv], and Britain[xv], but the recent opening of WALANT operating rooms in Ghana and Nepal have made hand surgery more affordable in those countries as well.



Figure 1. The first WALANT operating room in Nepal opened in Kitipur hospital in Nov. 2018



Figure 2. The new WALANT operating room opened in Kumasi Ghana in Feb of 2017

- It is possible to see a patient in consultation and operate on him or her the same day, because there is little to no preoperative workup required for pure local anesthesia. This is much less expensive and more convenient for patients who have to travel

long distances to the surgeon's clinic or office.

- We do not have to use cautery for most cases because epinephrine hemostasis is very good. We only open cautery as required, not as a routine. The epinephrine and natural clotting typically dries up the field by the time we get to skin closure. This can reduce operative time and the cost of cautery equipment, and possibly even prevent postoperative hematoma.
- We only need one nurse for most simple hand operations, such as carpal tunnel release. This greatly increases efficiency and productivity and reduces costs. We can perform more cases in the same amount of time at less cost. It is never necessary to wait for the slowest member of a big team to finish his or her work so we can proceed.



Figure 3. Field sterility for hand surgery practiced in Canada for over 30 years in many cities

Want to know more about WALANT?

Dr. Don Lalonde will be providing 4 hour WALANT courses at the following meetings. I am willing to come to your society to give a precourse or after course at your national meeting.

Wrightington England Friday May 10, 2019

Santiago Chile Friday May 24, 2019

Tianjin China June 14, 2019

Porto Alegre, Brazil July 12, 2019

Talinn, Estonia Aug 21, 2019

Papers and videos on WALANT available at <https://walant.surgery/>

Or contact Dr Lalonde at dlalonde@drlalonde.ca

References

- [i] Lalonde DH. What is wide awake hand surgery? In: Lalonde DH (Ed.) Wide awake hand surgery. New York, Thieme, 2016a: 17–22.
- [ii] Lalonde DH, Conceptual origins, current practice and views of wide awake hand surgery. J Hand Surg (E): 2017 0(0):1-10.
- [iii] Higgins A, Lalonde DH, Bell M, Mckee D, Lalonde JF. Avoiding flexor tendon repair rupture with intraoperative total active movement examination. Plast Reconstr Surg 2010;126(3):941.
- [iv] Bezuhy M, Sparkes GL, Higgins A, Neumeister M, Lalonde DH. Immediate thumb extension following extensor indicis proprius to extensor pollicis longus tendon transfer using the wide awake approach. Plast Reconstr Surg 2007;119(5): 1507.
- [v] Lalonde DH. "Hole-in-one" local anesthesia for wide awake carpal tunnel surgery. Plast Reconstr Surg 2010;126(5):1642.
- [vi] Leblanc MR, Lalonde DH, Thoma A, Bell M, Wells N, Allen M, Chang P, Mckee D, Lalonde J. Is main operating room sterility really necessary in carpal tunnel surgery? A multicenter prospective study of minor procedure room field sterility surgery. HAND 2011;6(1):60-63.
- [vii] Lalonde DH, Martin A. Epinephrine in local anesthesia in finger and hand surgery: The case for wide-awake anesthesia. J Am Acad Orthop Surg; 2013;21(8):443.
- [viii] Lalonde DH, Wong A. Dosage of local anesthesia in wide awake hand surgery. J Hand Surg;2013;38A(10):2025.
- [ix] Lalonde DH. Field sterility for simple cases makes sense. In: Lalonde DH (Ed.) Wide awake hand surgery. New York, Thieme, 2016: 69-73.
- [x] Dua K, Blevins CJ, O'Hara NN, Abzug JM. The Safety and Benefits of the Semisterile Technique for Closed Reduction and Percutaneous Pinning of Pediatric Upper Extremity Fractures. Hand (N Y). 2018 Jul 1;1558944718787310. doi: 10.1177/1558944718787310. [Epub ahead of print]
- [xi] Garon MT, Massey P, Chen AI, et al. Cost and Complications of Percutaneous Fixation of Hand

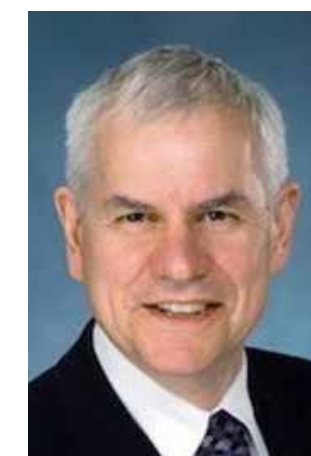
Fractures in a Procedure Room Versus the Operating Room. Hand (N Y). 2018 Jul;13(4):428-434. doi: 10.1177/1558944717715105. Epub 2017 Jun 29.

[xii] Leblanc MR, Lalonde J, Lalonde DH. A detailed cost and efficiency analysis of performing carpal tunnel surgery in the main operating room versus the ambulatory setting in Canada. Hand (N Y) 2:173, 2007.

[xiii] Sieber D, Lacey A, Fletcher J, Kalliainen L. Cost savings using minimal draping for routine hand procedures. Minn Med 97:49, 2014.

[xiv] Chatterjee A, McCarthy JE, Montagne SA, Leong K, Kerrigan CL. A cost, profit, and efficiency analysis of performing carpal tunnel surgery in the operating room versus the clinic setting in the United States. Ann Plast Surg 66:245, 2011.

[xv] Bismil MS, Bismil QM, Harding D, Harris P, Lamymann E, Sansby L. Transition to total one-stop wide-awake hand surgery service-audit: a retrospective review. JRSMS Short Rep 3:23,2012



Donald H Lalonde

Professor: Division of Plastic Surgery
Faculty of Medicine
Dalhousie University
Saint John, Canada
President of the Canadian Society for Surgery of the Hand
ASSH Director of Outreach and International Relations

Research Roundup

VOLAR DISTAL RADIUS ANATOMY APPLIED TO THE TREATMENT OF DISTAL RADIUS FRACTURE

Junya Imatani

Journal of Wrist Surgery Volume 6, Issue 3, August 2017, P174-177

1. What were your main reasons for writing this article?

I was particularly eager to write this article to highlight the morphology of the volar distal radius. In recent years, volar locking plate (VLP) fixation has become a popular choice for the treatment of unstable distal radius fractures. However, based on numerous reports, flexor tendon injuries have been recognized as a severe complication of this technique. In 2006, Orbay and Touhami (Clin Orthop Relat Res 2006;445:58–67) suggested the concept of the 'watershed line' as a guideline for safe placement of the VLP. However, the definition of the 'watershed line' was unclear. We investigated the morphology and histology of the volar distal radius, with particular reference to identify any recognizable and palpable lines which could be used as landmarks for VLP positioning in order to decrease the likelihood of post-operative flexor tendon injury.

2. What are the most interesting/important results and conclusions of your article?

In our findings, from the ulnar aspect, the volar radius has two main distal transverse lines indicated by bony ridges. One is the distal higher line (green dotted line in Fig. 1) and the other, the proximal lower line formed by the distal bony ridge of the pronator fossa (red dotted line in Fig. 1). From the radial aspect, these two lines merge. The volar radius also has ulnar and radial bony prominences (red and blue dots in Fig. 1) on the distal higher line and the flexor pollicis longus (FPL) tendon runs between these two prominences. The FPL

tendon runs on average, 11 ± 1 mm radial to the ulnar bony prominence of the radius. We also reviewed four useful articles on the quantitative analysis of the volar radius morphology based on computed tomography (CT) scans.

3. What should all hand surgeons (and or hand therapists) reading your article understand about the findings of your research?

The main take-away information should be the definition of the 'watershed' line. It is a useful landmark to perform safe and secure VLP fixations. In the Oxford English Dictionary, 'watershed' is described as the line separating the waters flowing into different rivers.

Therefore, based on the meaning of the term, it seems that the 'watershed line' would be the line shown as the distal higher line (green dotted line in Fig. 2), which is the most protruding bony line on the volar distal radius. However, in the report by Orbay and Touhami, the 'watershed line' was shown to be more proximal to the distal higher line; further, in their text the pronator fossa was described to be limited distally by a ridge called the 'watershed line', which could serve as a distal margin for volar plating in order to avoid flexor tendon injuries. Therefore, it seems that the 'watershed' line indicated by Orbay and Touhami is the most distal bony ridge of the pronator fossa, which is the proximal lower line (red dotted line in Fig. 2). I speculate that the ambiguity of such descriptions has caused the definition of the 'watershed' line to be unclear.

From the results of our investigations, if the 'watershed line' is to serve as a guideline for safe plate placement, the 'watershed line' should be defined as a line corresponding to the merged line in the one-third radial aspect, and a hypothetical line between the proximal and distal lines in the two-thirds ulnar aspect. However, the location of this hypothetical line may vary depending upon particular plate designs and thicknesses (sky blue dotted line in Fig. 2). I believe our study could suggest the anatomic relationship between the 'watershed line' and the bony landmarks line for positioning a VLP.

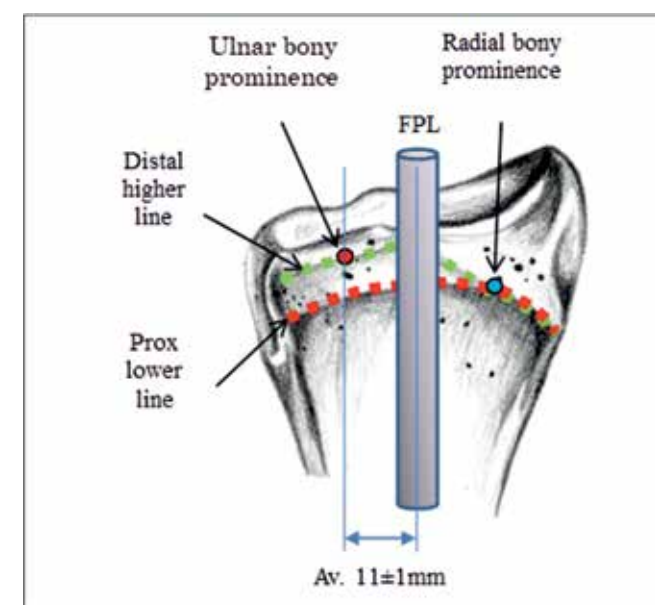


Fig 1. Bony anatomy of volar distal radius

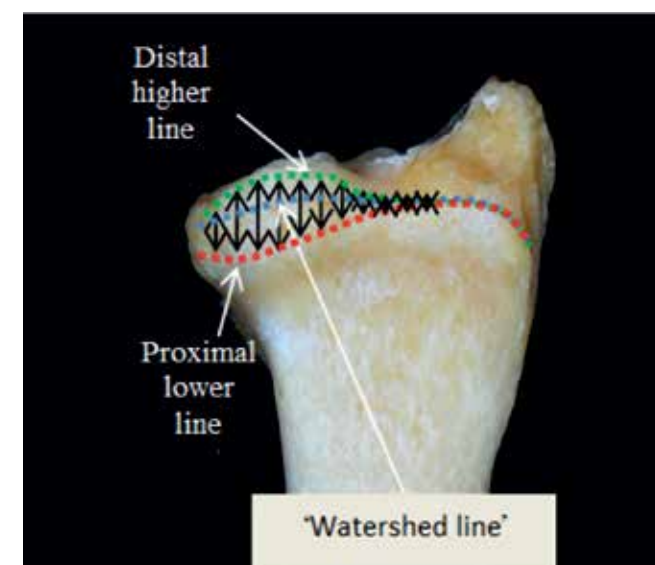


Fig 2. What is the 'watershed' line?

4. Will you be conducting further research/publishing further work on this topic? If so, what will it entail?

Many of the causes for the complications of volar locking plate fixation are reported to be based on surgical technical error. One of the reasons for such error is that the operations of most distal radius fractures are generally carried out by young residents or general orthopaedic surgeons, and the surgical technique itself is also increasing in difficulty as the plate instruments become more complex. In order to ensure that the VLP fixation is a safe and secure surgical procedure, we are trying to formulate a standard surgical procedure based on the clinical anatomy of the distal radius, just as in knee or hip joint arthroplasty which have certain common and universal procedures regardless of the implant used. We are also assessing the beneficial tips and problematic pitfalls.

There are numerous points to be clarified and understood regarding the anatomy around the wrist joint, not only the volar aspect of the distal radius, but also the dorsal and volar aspect of the radio-carpal joint and the distal radio-ulnar joint itself.



Junya Imatani, MD, PhD
The University of Chicago
5841 S. Maryland Avenue
Chicago, IL 60614
Director: Department of
Orthopaedic Surgery:
Okayama Saisiekai General
Hospital
Clinical Professor: Okayama
University Graduate School
Past President: Japanese
Wrist Surgery Workshop
(JWSW)

TREATING PROXIMAL INTER-PHALANGEAL JOINT DISLOCATIONS

Bradley Hart Saitta and Jennifer Moriatis Wolf
Hand Clinics 34 (2018) 139-148

1. What were your main reasons for writing this article?

We wrote this article to address a difficult problem in hand surgery. Proximal inter-phalangeal joint dislocations seem easy to treat, and if everything is done perfectly – closed reduction acutely, minimal immobilization, and no complications – the patient tends to recover most, if not all, motion. However, when a patient doesn't follow up, or has a volar dislocation, issues with stiffness or instability may be the result. This article is an attempt to provide a comprehensive evaluation of the types of PIP dislocations, their treatment, and expected outcomes as well as complications.

2. What are the most interesting/important results and conclusions of your article?

Some of the most interesting facts from this article include the finding that in epidemiological studies of finger joint dislocations, the small finger is involved 24% of the time. Many volar dislocations are irreducible due to interposition of the lateral band. It's also critical to recognize the injury to the central slip in volar dislocations, which typically needs to be surgically addressed.

3. What should all hand surgeons (and or hand therapists) reading your article understand about the findings of your research?

All the providers who read this article should understand the importance of early motion after concentric reduction of dorsal or lateral PIP joint dislocations, because the outcomes of stiffness and contracture are closely related to immobilization. There is strong evidence for simple buddy taping as treatment after PIP joint reduction, with good return of motion.

It's important to understand that volar dislocations are treated differently. If non-operative treatment is chosen – in the cases where the central slip involvement is partial or minimal – the PIP joint is immobilized in extension, with the DIP joint free to encourage motion of the lateral bands and terminal extensor.

4. Will you be conducting further research/publishing further work on this topic? If so, what will it entail?

We are not currently planning further research on this topic – this was part of an issue on the PIP joint and the challenges that injuries present for hand surgeons and therapists.



Jennifer Moriatis Wolf, MD
Professor, Department of
Orthopaedic Surgery
The University of Chicago
5841 S. Maryland Avenue
Chicago, IL 60614



Bradley Saitta, MD
Resident, Department of
Orthopaedic Surgery
The University of Chicago
5841 S. Maryland Avenue
Chicago, IL 60614



Join us in Berlin to celebrate the 11th IFSHT Triennial Congress!!
Register until May 5 at <http://ifssh-ifsht2019.com/registration/>

Building Bridges – Together Hand in Hand

SCIENTIFIC PROGRAMME

The **Scientific Programme** includes two combined sessions with IFSSH: Flexor Tendon Management and Assessment Skills. Other sessions cover topics such as burns, chronic pain management, PIP joint stiffness and therapy following nerve transfers... and that is just on Tuesday! Therapists may attend both surgery and therapy sessions. Explore the program here: <http://ifssh-ifsht2019.com/programme/>.

LIFETIME ACHIEVEMENT AWARD

The new **Lifetime Achievement Award** will be presented to renowned therapists who have made significant contributions in hand therapy research, practice, and training and development of specialist skills. The Award Committee will announce the winners at the Opening Ceremony. Please come and show your support to our award winners!

CRISTINA ALEGRI AWARD FOR INNOVATION IN HAND THERAPY

Nominees for this **Innovation Award** represent a variety of innovations: an APP for hand therapy exercise prescription; a tool for sensory assessment; a splint for non-invasive treatment of intra-articular finger fractures; patient evaluation systems; an interim prosthesis for amputation; a pro/supination mobilization splint; a theoretical framework for pain management and a treatment programme for rheumatoid arthritis. The award recipient will be announced at the close of the Innovation Session on the final day of the conference.



Dr. Birgitta Rosen receives the first Alegri Award at the 2016 IFSHT Congress in Argentina

SILENT AUCTION

Please donate interesting items such as artwork, jewelry, small hand sculptures etc. to the **Silent Auction** to be held 20th June (Thursday) at the Congress. Proceeds will support speakers from countries with limited resources to attend the 2022 Congress in London. Please register items online you want to donate: www.ifsht.org/content/silent-auction-donation-form. NOTE: You must bring or have someone bring the items to the Congress.



2016 IFSHT Silent Auction in Buenos Aires

SOCIAL EVENTS

We look forward to meeting you at the **Social Events**, which will include the welcome Cocktail Party immediately following the Opening Ceremony and a Berlin 'Currywurst' Party with beer and jazz music.

IFSSH EZINE

IFSHT's contribution to the February 2019 issue of the **IFSSH Ezine** is from E.B. Vennker, A Janssens, FJB Lötters and TAR Schreuders in the Netherlands who wrote on "Training in Management of Chronic De Quervain's Tendinopathy using Eccentric Exercise." Go to www.ifssh.info/ifssh_ezine.php. Contributions to the Ezine are welcome; please submit to informationofficer@ifsht.org.

Improving *thumb MCP joint* *stability* with a simple lightweight splint



Sarah G. Ewald is an experienced occupational & hand therapist in private practice at City Handtherapie in Zürich, Switzerland. She is an instructor and coordinator in the Certificate of Advanced Studies (CAS) in Hand Therapy program at the Zürich University of Applied Sciences (ZHAW). Sarah was president of IFSHT from 2013-2016. She will teach a hands-on workshop on the splint presented in this article at the upcoming IFSHT Congress in Berlin in June 2019. She can be reached at: sgewald@city-handtherapie.ch

Background:

Hand Therapists are often asked to stabilize the thumb MCP joint in a functional position, prevent hyperextension, but still allow flexion movement. This dilemma is seen in patients with:

- gamekeepers / skier's thumb, when flexion is allowed, while maintaining lateral stability.
- first CMC arthritis: for patients who are unable to prevent MCP hyperextension when pinching.
- joint laxity (see case below with unstable thumb and decreased strength).

Solution:

A simple, lightweight, hygienic Aquatube thumb splint with wire reinforcement. This splint gives stability and simultaneously allows flexion movement of the thumb MCP joint. The splint is inexpensive to fabricate and is well tolerated by patients. I have fabricated this splint for many years and patients find it comfortable and return for replacement splints over time. A step by step approach for making the splint is described here.

Photos: Hans Zuber



Unstable MCP joint of thumb



The application of the thumb splint allows flexion and extension of thumb, and at the same time, maintains stability of the MCP joint during movement as well as prevents hyper extension.



Material (Fig 2):

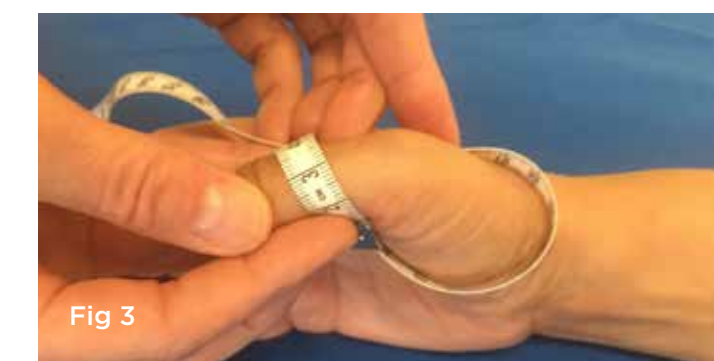
- Aquatube thermoplastic tube 6.4 mm diameter, 20 cm length (Performance Health Art Nr. A96252)
- Soft velcro loop 1 cm wide, 15 cm long
- Velcro hook, 4 cm
- Paperclip 4,5 - 5,0 cm
- Theraputty (can be re-used)
- Rhinestones (Optional)

Tools and Equipment (Fig 2):

- Splinting scissors
- Tweezers
- Needle nosed pliers with a wire cutter function
- Tape measure
- Splint bath
- Heat gun
- Sewing machine (for the strap)

How to make the splint:

- Use the tape measure to measure around the base of the metacarpal of the thumb, then go up to the MCP and around the proximal phalanx in a figure of 8 pattern (Fig. 3).
- Cut the Aquatube to the length you measured, usually about 20 cm. (Fig. 4).



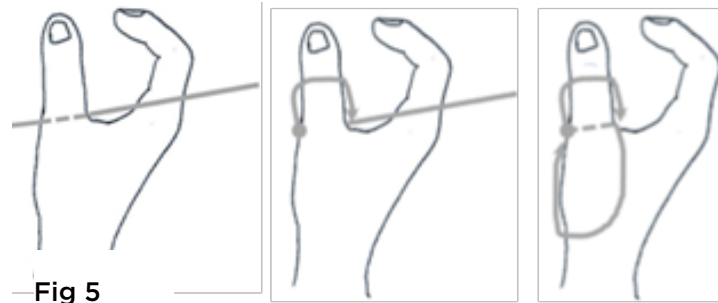


Fig 5

- If the patient's skin is dry, apply hand cream. Pad the radial side of the wrist with Theraputty (Fig. 6).
- Heat the Aquatube in the splint bath until the material is clear and pliable. Remove from splint bath and allow water to drain from the tube.
- Wrap the Aquatube as shown (Fig. 5 and 6). Start on the volar side of the MCP joint, leave about 1/3 of one leg of the tube for the distal loop of the splint. Wrap distal then proximal. Tack the ends of each loop to the sides of the volar leg of the splint. Maintain the MCP in alignment and slight flexion (about 10°) when forming the splint.



Fig 6a



Fig 6b



Fig 6c



Fig 6d



Fig 6e

- For the reinforcement bar: take a long 40-45 mm paper clip, cut one of the legs of the clip that is closest to the length required, to serve as a lateral reinforcement for the splint. (Fig.7)



Fig 7

- Using the pliers, bend each end of the clip, about 2-3mm at a right angle (Fig. 8)



Fig 8

- Remove the splint from the patient
- Heat the paper clip with the heat gun, hold the legs of the wire aligned with the pliers, when hot insert into radial side of splint to reinforce (Fig. 9).
- Apply aesthetic enhancements (e.g. rhinestones), this also assists with orientation when donning and doffing the splint. (Fig 10)



Fig 9



Fig 10

- Make the strap to for the splint. Measure circumferentially around the wrist and add 1 cm, cut the 1cm loop-Velcro accordingly, then cut the hook-Velcro in 2 cm lengths. Sew the hook-Velcro to both ends of the loop-Velcro strap, the hook should face up and in the same direction as the loop. The strap will be folded around the base of the splint at the wrist and loop back on itself. The application is the same on each side of the splint. (Visible in Fig. 1a, 1b)

Check the splint:

- The distal loop of the splint should sit 3-4mm proximal to the IP joint.
- The volar leg of the splint should support the MCP joint, flexion of the MCP joint should not be limited. (Fig 11)
- The proximal loop of the splint should NOT exert pressure on the first extensor tendon compartment, the Velcro strap should be lax (not tight!). (Fig. 11)

- Ask the patient to pinch or hold something firmly, the MCP should not be able to hyper-extend in the splint. (Fig. 12)



Fig 11



Fig 12

Practice tip:

This splint works well for patients that work in healthcare or with food. The strap sits at the level of the wrist and thus contact with contaminants can be minimized. Patients that work in areas where hygiene is an issue will appreciate having several extra straps to wash and wear. The low profile of the splint makes it easy to wear under a latex glove. (Fig. 13 &14)



Fig 13



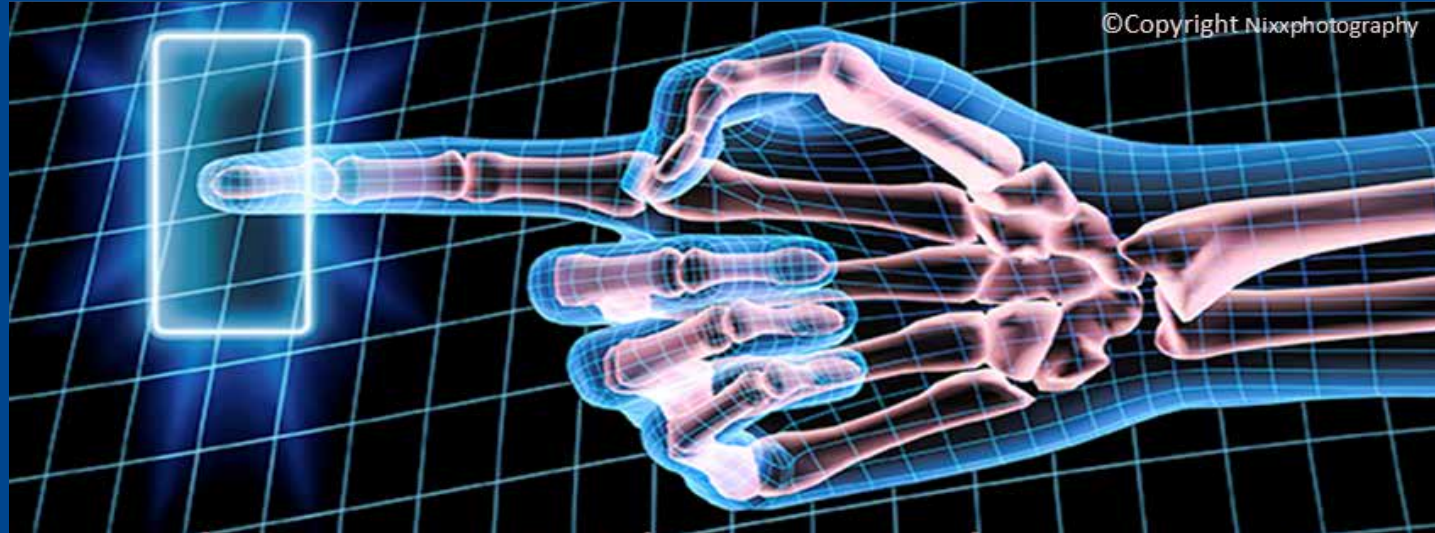
Fig 14

Bob Campbell Al Swanson Norman Condon Joe Boyes Jim Smith Bill Little Allen Inglis



J. Hunter Len Riordan Ram Strach Ed Flynn Guy Pulverstein E. Kaplan Paul Tubiana Bill Frackelton Erik Moberg

Faculty Hand Surgery Symposium Cornell University, New York
March 1964



Hand Surgery Evidence Updates

Do you want to keep up to date with the latest evidence in hand surgery? Then Hand Surgery Evidence Updates are for you...

Hand Surgery Evidence Updates are free monthly e-mails that highlight new systematic reviews and guidelines as they are published.

We now have over 680 subscribers around the world, so why not join them and keep up to date?

To sign up, please visit the registration page on the JISCmail website, where you can an archive of the Updates:

<https://www.jiscmail.ac.uk/HAND-SURGERY-EVIDENCE-UPDATES>

Alternatively, e-mail douglas.grindlay@nottingham.ac.uk to ask to be signed up.

And have you seen HandSRev?

Take a look at HandSRev – the free online database of hand surgery systematic reviews arranged by topic, updated with new search results every month:

<https://www.nottingham.ac.uk/research/groups/cebhs/handsrev/index.aspx>

Hand Surgery Evidence Updates and HandSRev are compiled by the Centre for Evidence Based Hand Surgery at the University of Nottingham, with support from the University of Nottingham, Nottingham University Hospitals NHS Trust and the British Society for Surgery of the Hand (BSSH).



Join us in celebrating 50 years of impact in global hand health and education with a donation to the Hand Surgery Endowment

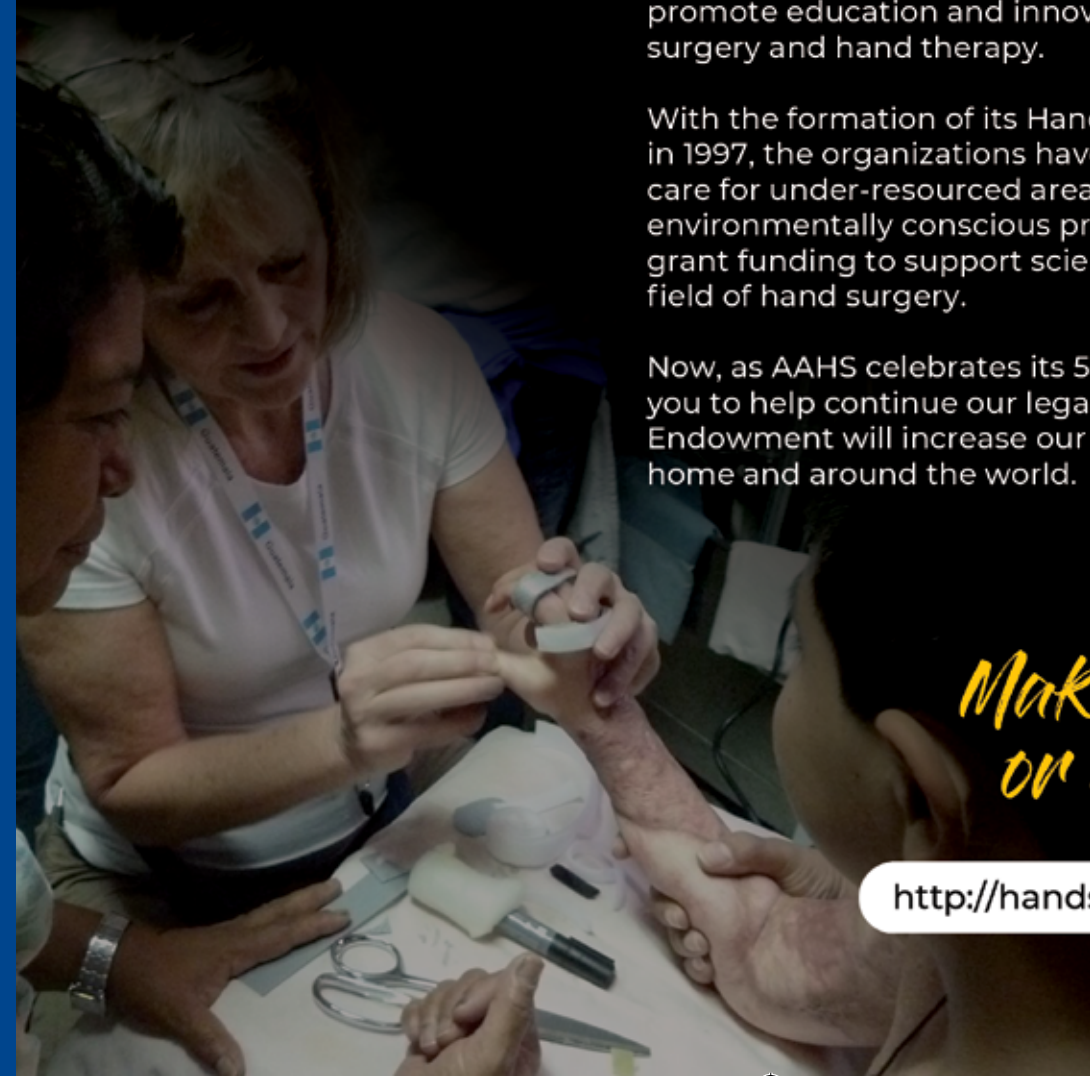
Since its founding in 1970, the Hand Association has brought together experts across many disciplines to promote education and innovation in the field of hand surgery and hand therapy.

With the formation of its Hand Surgery Endowment (HSE) in 1997, the organizations have worked together to provide care for under-resourced areas, promote economical and environmentally conscious practices, and bestow research grant funding to support scientific advancements in the field of hand surgery.

Now, as AAHS celebrates its 50th Anniversary, it looks to you to help continue our legacy. Your donation to the Endowment will increase our impact in communities at home and around the world.

Make a donation or pledge today

<http://handsurgery.org/endowment/>



Member Society News

TURKISH SOCIETY OF HAND AND UPPER EXTREMITY SURGERY

The Turkish Society of Hand and Upper Extremity Surgery was founded in 1977 by the Honorary President, Professor Ridvan Ege. The Society is a member of the IFFSH and FESSH. The IFFSH Congress in 2001 and the FESSH meeting in 2013 were held in Turkey. Since 1992 the Society organised national hand surgery congresses every two years. The 17th national congress will be held between 10-13 May 2020 in Eskişehir. During the last five meetings Hand Therapists organised their own congress along with the national congress of the Hand Surgery Society. The Society published the "Hand and Microsurgery" Journal since 2012, and accepts manuscripts in English. Every year the Society organises courses about emergency and elective hand surgery, directed at the residents in hand surgery, orthopaedics and plastic surgery, as well as emergency department physicians.

Hand Surgery is an established specialty in Turkey since 2012. After 5 to 6 years of Plastic Surgery or Orthopaedic Surgery training surgeons need a further 2 years of Hand Surgery training, followed by an oral and written exam, and a case surgery. After completing the requirements, the physician earns the title of "Hand Surgeon" with a diploma and license number from the Ministry of Health. Currently, Hand Surgery training is available at 13 different hospitals. These are Istanbul University Faculty of Medicine; Istanbul University Cerrahpasa Faculty of Medicine; Ankara University Faculty of Medicine; Uludag University Faculty of Medicine; Mersin University Faculty of Medicine; Pamukkale University Faculty of Medicine; Afyon University Faculty of Medicine; Baltalimani Bone and Joint

Diseases Teaching Hospital (Istanbul) and Sisli Etfal Teaching Hospital (Istanbul), Akdeniz University Faculty of Medicine, Ege University Faculty of Medicine, Hacettepe University Faculty of Medicine, Necmettin Erbakan University Meram Faculty of Medicine. Besides these 13 training centres, another 10 established Hand Surgery centres will soon to be registered as a residency training facilities.

For more information about the Turkish Society for Surgery of the Hand, visit: www.turkelcerrahisidernegi.com

SOUTH AFRICAN SOCIETY FOR SURGERY OF THE HAND (SASSH)

Our Society continues to prosper. We have two major meetings per calendar year in the form of a Refresher Course in late February and a Scientific Congress in late August.

The Refresher Course is a series of didactic lectures covering a specific topic and this changes annually on a 6-year cycle basis. Topics include Tumour/ Infection; Trauma; Arthritis; Wrist; Congenital/ Microsurgery; Nerve/Pain

Last year's Refresher Course was at the Irene Country Lodge in Pretoria and the subject was Trauma. Our invited guests were Randy Bindra and Wolfgang Hintringer who delivered some brilliant and practical talks. Highlight was a classic 'braai' which is a South African version of a barbecue washed down with copious amounts of good red wine.



Randy and Wolfgang trying to talk under a cacophony of parakeets filling the night sky

This year's Refresher Course was on Arthritis and we were privileged to have Daniel Herren, Gregoire Chick and Don Lalonde serve as Invited Guests and treat us to some fantastic lectures combining science, experience and new ideas. The meeting was at a luxury rural retreat on the outskirts of Pretoria and a fantastic time was had by all.



Daniel Herren visited Groote Schuur Hospital Martin Singer Hand Unit

On the Friday before we had a cadaver-based workshop on PIPJ replacements and basal joint arthroplasty.



Gregoire and Daniel demonstrating a technique on a cadaver

Our Annual Congress has a different format in that is basically free papers supplemented by talks from our invited guests. Last year's meeting was at the Council for Scientific and Industrial Research and we were honoured to have Ian Trail and Allan Wang as our invited talkers and really enjoyed their brilliant and practical talks tapping into years of experience.

The Saturday night always sees a banquet and prize giving where accolades are acknowledged.

Prof Ulrich Mennen has been a giant of Hand Surgery in our country and worldwide. A worldwide expert in many conditions including Arthrogyrosis and Congenital conditions. He has written books, chapters, countless articles and stood at endless podiums delivering clear concise and practical approaches to every facet of Hand Surgery.

Prof Mennen was deservedly honoured as a Pioneer in Hand Surgery which will be awarded at the Berlin IFSSH Congress in June this year. All our members applaud him for this.





Schweizerische Gesellschaft für Handchirurgie SGH
Société Suisse de Chirurgie de la Main SSCM
Società Svizzera di Chirurgia della Mano SSCM

SWISS SOCIETY FOR SURGERY OF THE HAND

At the 51th Annual Congress 22-23 of November 2018 in St. Gallen, hosted by Mario Bonaccio in his second term as President, over 750 participants visited the Congress and shared their knowledge with surgeons and therapists. The main topic of the Congress was "Looking at outcomes".

We were honored to have our friends from Austria as the guest Society. During the whole Congress and two extraordinary sessions on "Problems around the DRUJ", we shared much information. In addition, there was the 10th anniversary "Together ahead" between the Hand Therapists and Hand Surgeons.



L. Thonnard, D. Weber, J. Macdermid, M. Arner, L. vandeVen-Stevens, M. Marks: Outcome measurements of the wrist

One day before the Congress, an interdisciplinary group, met on 21 November 2018 at the Zürich University of Applied Sciences in Winterthur, to define outcome measures for wrist conditions. The group of 18 people included hand surgeons (6), hand therapists (7) and researchers (5), from two continents and 9 countries. In a joint session

on "Outcome measurements of the wrist: how can we refine our evaluation of function?" a new wrist index score was developed that will be presented at the IFSSH Meeting on 17-21 June in Berlin.



Urs Hug, the new president of the Swiss Society for Surgery of the Hand



Daniel Herren and Esther Bohli
10th anniversary, together: Surgeons and Therapist



Annual congress: Roundtable Discussion with Swiss and Austrian perspectives



Symposium of Experts: DRUJ

The next Annual Congress on 21-22 November 2019 will take place in Interlaken, near the Bernese Alps, organized by the new president Urs Hug. He and his organizing committee chose the subject "Evidence versus Eminence".

With our increasing Society (283 members), education of our young members (29 junior members) remains a very important topic. The members of the Swiss Hand Surgery Board are convinced that basic surgical skills are taught and assessed during procedures between expert and learner by a stimulating feedback system.

This feedback system should be specific, measurable, attainable, relevant and time based (SMART) and leads to structured teaching with a positive impact on the learner's abilities. As we saw during the introduction of this concept, this ongoing process is difficult to implement in daily practice. We are working to improve this SMART model.

One other great goal is to improve the awareness of Hand Surgery within the population, the political institutions and insurance companies. With professional help, we evaluate different options to solve the difficult tariff situation in the outpatient setting.

There are many discussions whether flat rates should be introduced in the future to stabilize this annoying problem.

Esther Vögelin, Stephan Schindele and Urs Hug

VENEZUELAN SOCIETY FOR SURGERY OF THE HAND AND UPPER LIMB RECONSTRUCTION

The beginning of dedicated surgery of the hand and upper limb started at the Dr. Luis Razetti University Hospital Complex of Barcelona, Venezuela in 1996. Dr. Jesús Hernández, began the first consultations of Hand Surgery in the Traumatology and Orthopedics Service of this healthcare center. In 2009 Dr Carlos Gómez as head of the Traumatology Service and with the collaboration of doctors Jesús Hernández, José Viamonte, Jesús López, Alfredo Cabello G, Igor Indriago and Jorge Carreño the Hand and Upper Limb Reconstructive Surgery Unit was created.

It was Sterling Bunnell who suggested that the hand is biomechanically founded in the upper limb and functionally located in the dominant lobe of the brain. Therefore the hand, upper limb and brain are an indivisible unit. Under these precepts the Residency Program in Hand and Upper Limb Reconstructive Surgery began in 2009 and was endorsed by the Ministry of Popular Power for Health with university pre-code No. 7333 in 2012. In 2015 Dr. Chessaysna Silva and Lic. Marisol de Gómez carried out a feasibility study to transform the Residency Program into a 3 year University Specialization Program with academic endorsement from the Universidad de Oriente.

In 2016 the National Council of Universities ratified the university status of this program. Since 2011 the following doctors have graduated from this program: Orlando de la Cruz and Roberto Millán (2011), Chessaysna Silva (2013), Franklin Colina (2014), Yenni Medina and Alfredo Cabello B (2016), Ángel Sifontes and Manuel Montana (2017), Carlos Golindano and Bertha Márquez (2018). The aim of the Residency Program is to produce professionals with great technical, scientific and ethical qualities; knowledgeable in the latest advances of the

specialty; trained to face the varied challenges involved in the professional practice under the paradigm of evidence-based medicine and a comprehensive understanding of Hand Surgery.



University graduates from the Universidad de Oriente, Venezuela: Manuel Montana, Chessaysna Silva and Angel Sifontes.



Participants in the 2018 Colombo-Venezuelan Meeting at the Hand and Upper Limb Reconstructive Surgery Department of the Dr. Luis Razetti University Hospital Complex of Barcelona, Venezuela.

Living Textbook



The Living Textbook of Hand Surgery is an Open Access Textbook, available for everybody free of any restriction. The content, including tables, figures and photos can be used for learning and teaching. The content will be updated and added by well-known authors according to the published table of contents.

The last two years were characterized by developing new software to implement a digital submission and review process. This new version will to be introduced and discussed at the IFSSH-Congress in Berlin.

All interested hand surgeons are invited to contribute, and to ensure a comprehensive and up to date representation of hand surgery.



Wednesday 19.06.2019 - 12:30 – 14:00
Room R12 (Level 3)
CityCube Berlin (IFSSH congress venue)

We will be glad to meet you there and hope for your engaged contribution.

On behalf of the Editorial Board
Richarda Böttcher

Dr. Richarda Böttcher

Karower Straße 13
D-16341 Panketal
richarda.boettcher@wmanage.de
Phone: +49 (0)30 9413806
Mobile: +49 (0)172 5649158

Art Exhibit #7



Artist: R Nama, Madagascar
Pen and Paper holder, Wood, 300cm high



2019 COMPREHENSIVE REVIEW IN HAND AND UPPER EXTREMITY SURGERY JULY 12-14, 2019 RENAISSANCE CHICAGO DOWNTOWN HOTEL



Three Days of Top-Notch Review July 12-14, 2019 in Chicago, IL



The Comprehensive Review in Hand and Upper Extremity Surgery Course delivers advanced review and updates on the latest research. Perfect for recertification, the course covers:

- Anatomy
- Biomechanics
- Pathology
- Diagnostic methods
- Treatment methods and more

Join us in the exciting city of Chicago. Between the jam-packed program and the sights and sounds around town, not a minute of your time will be wasted.

Registration includes:

- Three-day program in Chicago
- Downloadable syllabus
- Downloadable full-screen PDF of the presentation slides (sent after the course)

5th Congress of Asia Pacific Wrist Association (APWA)

November 7~9, 2019
Seoul St. Mary's Hospital,
Seoul, South Korea

Abstract Submission Deadline: July 31, 2019
Abstract Acceptance Announcement: August 31, 2019
Early Bird Registration Deadline: September 30, 2019
Website: <http://www.APWA2019.com>

Secretariat of APWA 2019
124, Bukbyeonjung-ro, Gimpo-si, Gyeonggi-do, Republic of Korea 10098
Phone : +82-31-987-5963 Fax : +82-31-987-5967
E-mail : gaonpco@gaonpco.com



Jixia Forum 2019 IFSSH Pre-congress In China

【June 14-15, 2019, Tianjin】

Jixia Hand Surgery Forum (Hosted by Dr Ke-Tong Gong)
International Forum of Wide-Awake Hand Surgery (Chairs: Jin Bo Tang, Don Lalonde)
Pre-Congress of the IFSSH Meeting (Chairs: Ke-Tong Gong, Jin Bo Tang)
Organizer: Tianjin Hospital
Congress website: <http://jixia5.handsurgery.cn/>

JUNE 14
Jixia Forum: Covering topics of Tianjin Hospital (nerve compression and fracture fixation, etc), Nantong University (what is new in world hand surgery), Jishuitan Hospital (wrist disorders), and Shandong Provincial Hospital (flaps and microsurgery) and evening debates.

JUNE 15
Jixia Forum: Wide-awake Hand Surgery International Forum-China part, moderator Ke-Tong Gong, 8:00-10:00 am, and Wide-awake Hand Surgery International Forum-international part, moderator Don Lalonde, 1:00-2:30 pm. Free paper sessions in the morning and afternoon for attendees of IFSSH pre-congress.

Other activities:
June 15 (Saturday from 3:00 pm-9:00 pm): Tianjin sightseeing (half a day tour with dinner)
June 16 (Sunday): Beijing, Tiananmen square, Temple of Heaven, and Great Wall sightseeing, Departure from Tianjin at 8:00 am, end at 7:00 pm in Beijing International Airport
June 17 to 21: IFSSH meeting

Congress venue: Pan Pacific Hotel Tianjin
Address: 1 Zhang Zi Zhong Road, Hongqiao District, Tianjin 300131, China
Website: <https://www.panpacific.com/en/hotels-and-resorts/pp-tianjin.html>
Tel: +86 22 5863 8888
Fax: +86 22 5863 8889

Organized by Association of Chinese-Speaking Hand Surgeons United (ACU)

Congress secretary: Mr Haihua Zhan phone: 13920996116 Email: 578421773@qq.com
Mr Ning Ma phone: 18602238811 Email: 52636528@qq.com



Annual Meeting
Canadian Society for Surgery of the Hand
 June 25, 2019
 Delta Hotel
 St. John's, Newfoundland and Labrador

Website: www.cssh-sccm.com

For information: cssh.sccm@gmail.com

For registration: <http://plasticsurgery.ca/medical-professionals/annual-meeting/registration>



TSSH 2019

2019 Annual meeting of the TSSH

Innovate and Inspire -
 Take a chance to make a change

MAY 11~12 2019

Place: E-DA Cancer Hospital
 6F Grand Hall
 Kaohsiung, Taiwan

For more information, visit: <http://www.tssh2019.com.tw>

12APFSSH/8APFSHT



11-14 March 2020 | Melbourne Australia
Hand Surgery and the Digital Revolution



www.apfssh2020.org



74TH ANNUAL MEETING OF THE ASSH

DEFINING • UNITING • LEADING

THE LEGACY OF THE ASSH
 SEPTEMBER 5-7, 2019 | LAS VEGAS, NV

Join us for the 2019 Annual Meeting

Registration is open! Join friends and colleagues for the 2019 ASSH Annual Meeting in Las Vegas, Nevada. This year's meeting will take place from September 5-7 with early programming beginning on Tuesday, September 3. You may register online or by downloading the printable form.

Register before June 1 for the early bird rate. Contact the Meetings Department at ASSH with questions about the upcoming meeting at meetings@assh.org.

You can view the full program, learn more about housing, and see all the ways to register on this link: Annual Meeting website.

We encourage you to browse the Annual Meeting website before beginning your registration