ASSH International Travelling Fellowship 2018

I was honoured to be the UK fellow on the ASSH International Travelling Fellows programme in 2018. The aim of the programme is to enable hand surgeons, from around the world, to experience surgery in the USA.

Having managed to negotiate the best part of three weeks away from childcare and work commitments, my first stop was Rochester, Minnesota. On route, I reflected on what I wanted to gain from the trip: insight into the US healthcare system; observe different techniques; and build collaborations.

Rochester sits in the driftless area of south-eastern Minnesota. It escaped glaciation during the last ice age and is characterised by forested terrain with deep river valleys. The city is dominated by the Mayo Clinic, founded in 1864 by William Mayo and his sons. I stayed with Anita Mohan, a former UK trainee and now resident in plastic surgery. Over an Old Fashioned, she gave me a run down of Mayo Clinic facts: ranked #1 overall hospital in USA, annual revenue of US$10.99 billion, annual research spend of US$660 million, the list went on.

On the first day, I met Asgeir Amundsen, my travel companion for the fellowship and consultant hand surgeon from Østfold Hospital, Norway. Dr Sanj “you'll never walk alone” Kakar, accompanied us down to St Mary’s Hospital. By half seven in the morning the seventy five operating rooms were a hive of activity. It was a sight to behold. The first case was a carpal tunnel decompression. Asgeir and I were surprised when it was performed under brachial plexus block, sedation, and tourniquet with opioids for postoperative analgesia. This seemed a long way from our preferred 10 mL of xylocaine. We flited between the theatres of Dr Steven L. Moran, Dr Alan T. Bishop and Dr Bassem T. Elhassan. Cases included a vascularized fibula-based physis transfer for pediatric proximal humerus reconstruction, brachial plexus reconstruction and pyrocarbon joint replacements (“high-risk but high returns”). During a brachial plexus case, I watched the resident closing the sural nerve donor-site. Following placement of individual deep dermal stitches, the needle was “popped off” and suture hand tied. The scrub nurse had a job keeping tabs on over 30 needles. That evening Dr Moran and the team kindly hosted a dinner for us.

The following morning Asgeir and I presented at their weekly hand meeting. At six in the morning, it was the earliest presentation I had ever given. It goes without saying that the juniors had already rounded. Asgeir gave a tour deforce on arthroscopic management of scaphoid fractures and I introduced the UK experience of collaborative research. As usual, management of nail bed injuries and the NINJA trial, provoked a disproportionate amount of discussion.

My next stop was Boston, Massachusetts for the ASSH Annual Meeting. I presented in the Bunnell Fellow and Traveling Fellow Meet and Greet session. It was fascinating to hear about hand surgery and research from around the world. The ASSH Meeting was on an impressive scale with plenty of sessions stretching throughout the day. My research interest is thumb base OA, and so I attended the myriad of sessions on this topic. They were an eye opening experience. Research from Europe was denounced as being, “from socialised

healthcare systems that is set up to show the cheapest option works best". Simple trapeziectomy was dismissed as not 'prestigious enough' for the American market. In recent surveys, only 5% of hand surgeons use this technique and a similar percent said their practice based on the evidence. A recurring theme was the continued search for better implants and new techniques to manage the condition. My suggestion of a placebo trial went down like a lead balloon.
The conference trip was to see the Boston Red Sox play at Fenway Park. Opened in 1912, it is famed for the Green Monster, a nickname for the 37.2 feet high left field wall. After a quick Google of the rules, we enjoyed the spectacle along with some chicken tenders and a giant pretzel.

We kept an eye on the progress of Hurricane Florence as it made touchdown in the Carolina's. The worse was over by the time we landed on what looked like a giant paddling pool in Raleigh, North Carolina. Early the next morning, we met in the Duke University Hospital. We got off to a slow start owing to campus lockdowns for a tornado , followed by an armed robbery. Dr Fraser J. Leversedge and Dr David S. Ruch were our hosts. We saw a range of common hand surgery procedures. Both open and endoscopic carpal tunnel decompressions were done with the now customary involvement of an anaesthesiologist. We sat down and discussed cases, highlighting the differences in USA / UK practice. It was a great pleasure to have dinner with Jim Urbaniak and hear his many entertaining stories from a life in hand surgery. To this day, he is still on call for digital replants.

We left the rain behind as we flew south to Gainesville, Florida. The Sunshine State did not disappoint. Our host at the University of Florida Health was Dr Harvey W.M. Chim. We were straight into theatres, with a busy day of hand cases and a flap. Lunch was a trip to Chick-fil-A, 'home of the original chicken sandwich'. In the evening one of the attendings was hosting journal club and the following morning we gave our presentations again. As with previous experiences, they were impressed with the degree of collaboration achieved in the UK but were unsure whether the training system, healthcare set up and surgeons would be so receptive in the USA.

Having bid farewell to Asgeir, I headed home with mission accomplished. I had witnessed incredibly hard working and skilled surgical teams delivering patient care. I observed the US healthcare system delivering superlative care to patients with insurance or money. However, healthcare inequality is huge. Over 28 million people have no insurance and for many healthcare is an unaffordable luxury. It is estimated the US spends twice as much as the UK on healthcare. There are many factors at play, but delivering effective care on a budget is not a priority. How could one justify routine use of sedation, regional block and a main OR for carpal tunnel decompression? The universal response was, 'it is the best care that can be provided' and that, 'US patients would not accept anything less'. All too often spending more money was equated with better care.
The hand surgeons I met were very receptive to collaborating and interested in the trainee collaborative model. Their system remains more hierarchical and surgical dogma is strong. Whilst pitching a trial to not repair an injured digital nerve in the UK is controversial, it was a non-starter in the US.
I am very grateful to the ASSH and host hand surgeons for giving me this opportunity and making the trip so valuable. Thank you to the BSSH for providing a bursary, that made it

possible and for colleagues in Oxford for being understanding of my absence. It was an inspirational trip, which will impact on my clinical practice and thinking for years to come.

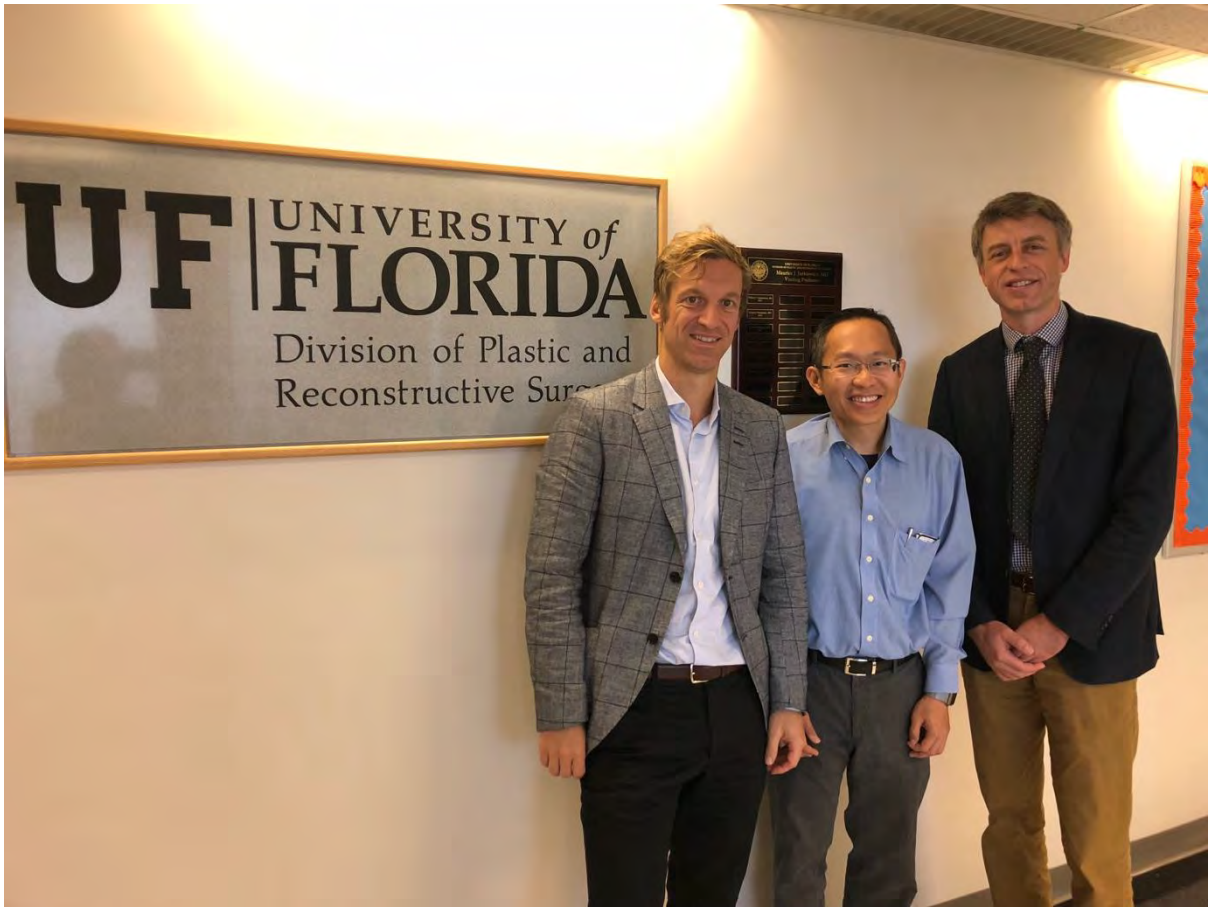
Matthew D. Gardiner

Outside the Gonda Building with the William and Charles Mayo. The vast marbled atrium, replete with grand piano, is usually a patient's first experience of the Mayo Clinic.

Me and My Spoon. With Asgeir Amundsen (right) in the Walker Art Center's Sculpture Garden. The iconic "Spoonbridge and Cherry" is in the background along with the Minneapolis skyline.

Dang good dogs for lunch at Duke Ambulatory Surgery Center.

With Dr David S. Ruch, Chief of Hand Surgery at Duke.



With Dr Harvey W. M. Chim at the University of Florida.