## REPORT FOR HAND SURGERY FELLOWSHIP FROM 10<sup>th</sup> APRIL TO 20<sup>TH</sup> MAY 2017

Hospitals:	Peterborough Hospital from 10 <sup>th</sup> to 30 <sup>th</sup> April
	Addenbrookes Hospital from 1 <sup>st</sup> to 20 <sup>th</sup> May
<b>Clinical Specialties</b> :	Plastic and Orthopaedic surgery
Report Written by:	Linda Chokotho, Orthopaedic, Hand surgeon, Blantyre, Malawi.

The fellowship was mainly on hand trauma. However I also had a chance to observe elective and congenital hand clinics and hand therapy clinics.

The fellowship was well organised. I especially liked the fact that the BSSH spring meeting happened within the fellowship period. There were a lot of lessons that I learnt at the meeting which will be valuable in my practice. For instance, the comprehensive coverage of regional pain syndrome was very helpful. In addition networking with other hand surgeons and building professional relationships will help to further my career.

The fellowship was a good learning experience as I got to learn management of hand conditions in a setting where resources are not so limited and hence management decisions are not limited. I got to observe quite a number of hand trauma surgeries such as scaphoid fracture fixation, open reduction and internal fixation of finger fractures, distal radius fixations with modern implants. I also got to see PIP joint arthroplasty, Duputyren's fasciectomy and other elective operations.

I appreciate the fact that my practice is in a resource-limited setting and that I may never get access to some of the implants or do some of the surgeries that I observed. However, I still say it was a worthwhile experience as I strongly believe that surgeons working in resource-limited setting should still have up-to-date knowledge so that they can advise their patients better. This was therefore an opportunity for me to advance my knowledge in hand surgery.

I was also exposed to some investigations that we do not have access to or have very limited access in my practice such as nerve conduction studies and CT scans. The radiology teaching that I had in Addenbrookes was particularly useful where I was taught Ultrasound scanning of the hand and also reading MRIs of the hand. Ultrasound scanning is readily available in our setting and learning this skill was quite valuable as it is something that we can use to aid in diagnosis of some conditions in our practice.

The time that was spent in the hand therapy unit was also worthwhile. We work in a practice where there is acute shortage of therapists, therefore acquiring some knowledge in hand therapy is valuable as one can instruct patients on what to do while they are waiting to be seen by a physiotherapist.

I got a lot of electronic materials as well as some books from my mentors which will be valuable references in my practice. Furthermore, I plan to use the professional links developed with my mentors during my fellowship to consult when I need more input in management of hand cases. Such consultations will be very helpful for me as there are not many surgeons who do hand surgery.

I would therefore like to thank BSSH for organising the fellowship and would recommend that this initiative should continue so that more surgeons can benefit. I would recommend that there should be links with the College of Surgeons for East Central and Southern Africa (COSECSA) so that more

surgeons from within the region can benefit. Such an initiative will also create interest in hand surgery and in the long term will improve hand surgery services in the region.

I would also recommend that even though there may be flexibility in terms of timing of the fellowship, attendance of the BSSH spring or fall meetings should still be embedded in the fellowship as it is quite educative.

Since the needs for hand surgery in Malawi are not very different from those of other countries within the COSECSA region, I would recommend that the fellowship should include theatre, clinics, hand therapy and diagnostic radiology sessions for the reasons outlined above.

Lastly, I would recommend that at the end of the fellowship, there should be some time off for 2 days or so, when the fellow can be free to sightsee or do other activities in the UK.