

Cai Leyi

Dr Cheng Yu Tung Fellowship – Clinical Research Fellow

Division of Orthopaedic Trauma

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Working Hospital : Department of Orthopedics, the second affiliated hospital of Wenzhou medical college, Wenzhou, China

Fellowship Summary in QMH

As a fellow of the Cheng Yu Tong scholarship, I am honored to have the privilege of having a four-month study in the traumatic orthopedics at Queen Mary Hospital. Professor Frankie Leung, Dr. Lau, Dr. Fang, Dr. Yee are very enthusiastic about sharing their skills and clinical research ideas with us, let me gain a lot. The most profound impression I get from the trauma team here is that it is standard, whether it be clinical diagnosis and treatment or clinical research. I have not seen before is also lacking in our mainland hospitals.

Clinical diagnosis and treatment, are accordance with the classic principles of fracture treatment, also closely followed the latest literature for treatment. While they are critical thinking to the recent treatment. For the preoperative and postoperative, the entire orthopedic ward, do not see the patient hanging bit of the scene, most of the residents in the communication with the patient, including the history of acquisition, the general situation and so on. Of course, orthopedic ward strictly abide by the patient's family visits time, on the one hand is to facilitate the management of medical staff, more importantly, in order to prevent cross-infection, the patient and their families are a good thing. In addition, the nurses in the orthopedic ward will undertake most of the work, including dressing change, removal of the drainage tube, and other routine items, while some nurse assistants share the same responsibilities.

On the study of surgery, where the cases are very concentrated, most of them are elderly hip fractures and distal radius fractures, because with the development of society, high-violence damage will be less and less, and consequent, most of them are mainly osteoporotic fractures in an aging society. In addition, there are more and more cases of periprosthetic fractures after artificial joint replacement. Of course, for the treatment of elderly hip fracture principle, basically similar with the country, and occasionally some discrepancies. But for distal radius fractures, here will be more positive, biased surgery will be more. May depend on the free public medical reasons here, and surgery to bring the effect better than the complications of surgery, so active surgery will become a necessity.

Here are a few of the operations that have not been performed in our hospital. What impresses me most is the masquelet technique for large segmental defects, along with the Reamer Irrigator Aspirator (RIA) for the femoral canal a lot of self-cancellous bone, so that the large scaffold before the fear of a good solution. Masquelet technology for the treatment of bone defects after open fracture, bone debridement after osteomyelitis, and some bone tumors postoperative bone defects. Divided into two stages, the first stage after complete debridement, into the bone with antibiotic water, fill the defect site; about 8 weeks, remove the bone cement, bone graft from the body, pay attention to the protection of bone and water outside the periphery. The formation of the biofilm, suture carefully, to complete the operation. After giving some protection, regular review, most of the bone defects can be effectively treated. However, it should be noted that during the process of flushing, a large amount of blood loss will be caused due to the massive destruction of marrow sinusoids, including dominant blood loss and invisible blood loss. Blood samples should be regularly reviewed and blood transfusion should be promptly performed after the operation. This technique is the last guarantee for traumatic orthopedic surgeons in handling some open fractures, osteomyelitis and other diseases. If experienced, they will no longer be afraid of bone defects caused by open fractures, osteomyelitis, etc. After returning to Wenzhou Second Hospital, we must vigorously carry out this new technology. In addition, some of the upper limb trauma surgery, including the humerus nail, reverser shoulder replacement technique, etc. These traumatic orthopedics in our hospital are less surgery, are worth us to more in-depth study and thinking.

Throughout the clinical research process, I am most shocked is that doctors here for the attitude of scientific research, must be completely true, every data is as complete as possible to collect. Moreover, the physician's follow-up here is very good, coupled with the patient's compliance, the patient can basically return visit, nearly 80% of the follow-up rate is already the best follow-up rate here. Cherish every case, know how to carry out a complete set of clinical data collection, I am a great achievement, this may be a conceptual change.

Time flies, 4 months flies, I not only to learn advanced medical concepts, medical technology and more scientific clinical research ideas, more importantly, to meet a group of good friends in QMH. I believe in the coming days, this experience will have a profound impact on me. Finally, I'd like to thank everything I've experienced in Hong Kong.



Figure 1. Trauma team and fellow. I sincerely thank all of them.



Figure 2. Dr Cheng Yu Tung Fellow of the same time. All kind gays from different hospitals.



Figure 3. Beautiful night view of Victoria Harbor. We enjoy it every time.



Figure 4. Piano on the corridor of Mary's Hospital. Regulate the atmosphere of the ward, showing a full humanity



Figure 5. This is a united and high-quality surgical team



Figure 6. Complete equipment and support tools are the key to successful operation.

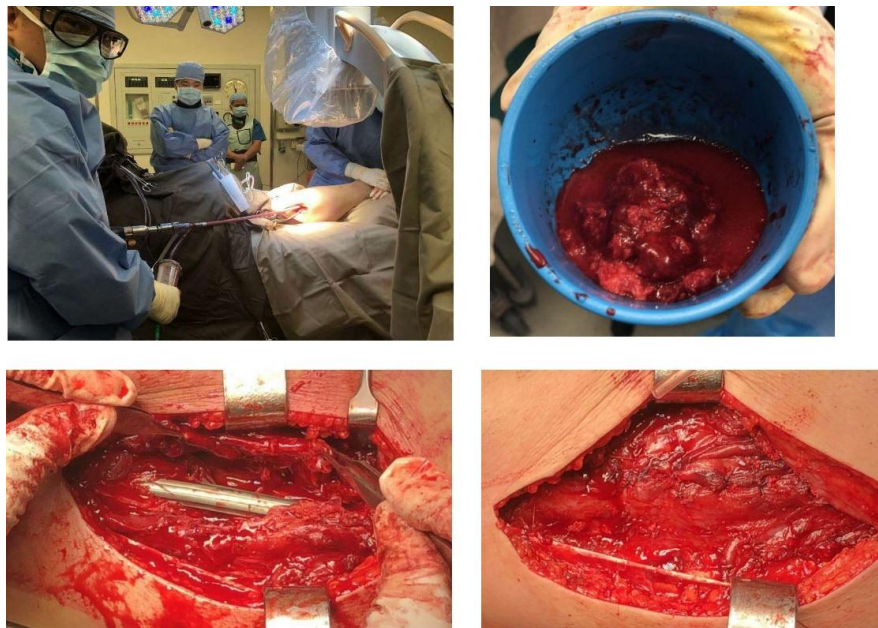


Figure 7. Masquelet technology for the treatment of bone infections and RIA for the treatment of bone defects



Figure 8. We are very much admirable for the completion of follow-up of patients attending clinical studies.



Figure 9. Photos with Prof. Leung and trauma team.



Figure 10. Hong Kong's weekend life.