

Report of Fellowship work in O&T department of QMH

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I come from Hand Surgery Dept. of China-Japan Union Hospital of Jilin University. I have been a hand surgeon for more than 10 years. It's my pleasure to study with Dr. Ip in Queen Mary Hospital by supporting of Dr Cheng Yu Tung Fellowship. I am very thankful to my Supervisor, O&T department and HKU for providing me this opportunity to visit and study in here.

During this three months, my clinical experience was made a great progress and my vision and knowledge was widened. Now, I will tell the feeling and achievement of my whole training as follows.

1. Great team work of clinical service.

Totally, there are four times for the clinical service every week: Clinic at Physio Dept. of QMH on Wednesday afternoon, Hand Clinic at DTCG on Thursday morning, Outpatient Clinic of QMH on Thursday afternoon, and Congenital Hand Clinic at DK on Friday morning.

During these three months, I followed Dr. Ip to see all kinds of patients and learn how to exam and treat them. Some time she will interpret those disease clearly for me. At the same time, Physiotherapist and Occupational therapist will work together with us. That method is a kind of very well team work because the treatment plan after operation including patient management, counselling and rehabilitation plan can be made smoothly in one time. Actually, see the postoperative patients in time and give them effective follow-up, communicate between doctor and therapist are very beneficial and necessary to the patient.

Most hand surgeons highlight the surgical intervention, but ignore the rehabilitation. That sometimes lead to the surgery failure and patient's hands become stiffness, numbness, swelling, even continue postoperative pain. Fortunately, Physiotherapy and Occupational therapy system have been established successfully in Hong Kong. Due to the perfect medical and social security system of HK, this therapy system have been the best one and making a great contribution on the improvement of hand diseases and the development of hand surgery. In QMH/DTCG, the occupation department have developed a formal rehabilitation programme for variety patients

after flexor tendon repair, extensor tendon repairs, bone fracture fixation and nerve repair. These clear and smooth program could be followed by patients and their family easily.

Nowadays, more and more doctor have been aware of the close relationship between rehabilitation and orthopaedic surgery. That is why I want to tell in the first part of my report. I visited occupational therapy workshop and studied how to use those exquisite machines. Dr. Ip and her strong team's work is impressive to me deeply. I will suggest my department learn this effective and scientific way or let some colleague come to here to study these perfect item.

According clinical service, I learned the patients group and disease features in HK. I met some rare disease such as neuromatosis, cerebral palsy, serious RA and special infection. Of course, I also saw some common disease such as CTS which I was very interested. But the different treatment is really worth to learn from Dr. IP, especially, using tendon transfer to reconstruct thumb function for serious CTS patients. How to reconstruct the biceps brachii function by latissimus dorsi muscle transfer is high level operation and how to arrange the postoperative treatment are very complex. Every fixation and exercise delivered to the patient should be step by step. The range of motion of all the joints will be recorded carefully by physiotherapist and occupational therapist. Moreover, they will document everything including plan, complications and rehab protocol and explain all of them to patient before getting consent signed.

In DK congenital hand clinic, I saw some patients with cerebral palsy deformity. They were sober, but disabled, and need to rely on a lot of assistive devices and equipment to complete some simple behavior, who eager for rehabilitation. Dr. IP have gave them the appropriate surgery to improve their function so that they could live better. The good outcome of operation can be felt from their smiling face.

2. Closely integrated ward rounds and operation.

In hand team, all hospitalized patients will be looked and discussed systematically in the Wednesday morning including preoperative cases and postoperative patients by the weekly schedule. Making plans of preoperative preparation and postoperative discharge rehabilitation is really good clinical practice and good knowledge based building block for interns and fellows. In

those interactive session, everyone is supposed to participate and work as a team with all consultants of hand team, fellow, resident, intern, physiotherapist and occupational therapist.

Firstly, there is a review and discussion about the last week operation and treatment of old patients. Dr. Ip will give a detail interpretation for every case and tell the main theory before discussion. After that, there is a grand round of every admitted patient to discuss history, mode and date of injury, clinical finding on admission, clear diagnosis, treatment given, treatment plan and to make further management including rehabilitation as well as patient counselling and wound review. Then, at least two days' operation will be done in QMH and DK hospital respectively according the round plan and clinical arrangement in the coming week. This arrangement demonstrates the responsibility to the safety of patients, and make the working more efficient. It's my pleasure to participate those operations and sign in the document as a formal doctor of QMH. The different methods, habit, theory, principle and protocols for surgery can be felt obviously in the operation. That's really a good learning experience for me. I saw and attended some kinds of cases including fracture fixation, tendon repair, CTS release, ganglion excision, RA reconstruction , anterior transposition of cubital tunnel syndrome, trigger finger release, tumor excision , some flaps and muscle/tendon transfer such as camitz transfer for advance CTS's thumb.

The hand patients of HK are different from mainland of China because hand-operated industry has been transformed to mechanical automation and serious trauma is seldom due to people's safety consciousness is better in HK. Therefore, most patient groups is coming from disease. But the hand team doctor has a complete theoretical understanding on Orthopaedic, excellent skill training and careful guidance offered. The strict rotation system in QMH let every doctor can diagnose and treat all kinds of comprehensive disease.

However, their closely integrated between ward rounds and operation become more important than their technique in clinical work. Again, I'm prefer to evaluate the team work of the hand group even of the QMH. There is a clear division and effective cooperation in each department of the whole hospital not only for routine working arrangements, but also for making progress in academic learning. Everything is well organized and properly managed here let me be surprised.

3. Actively involved in research work.

During this three months, I have ever visited our lab several times. Dr. Ip showed me Orthopaedic lab and introduced research group and advance experiment instruments to me. There is a sophisticated, scientific and mature training system in this lab, so the intern can do their research work and microsurgical technique training. That is really beneficial to development of specialized skill in such an excellent environment.

I haven't enough time to engaged in some research work in such a short period, but I have attended some discussing and meeting about the artificial joint design and CTS epidemiological study. I sincerely provided some helpful clinical guidance for Danny's paper writing and how to make peripheral nerve constrict model on rat. Danny also taught me how to do the clinical analysis of CTS based on the EMG datas and show me his new research instrument. He is a modest and scholarly rehabilitation medicine doctor. It's a new experience to discuss with him about the surgery and follow-up for patient from other sides. I helped Ben analysis and improve the DIP artificial joint implantation and give him some advice about the design program.

Hopefully, my suggestion can be useful for their research.

4. Knowledgeable meeting and hand class.

During my three months training, I have ever take part in several academic conferences and various kinds of meeting. Orthopaedic of HK is significant in the world, while there are various kinds of connections with other countries, including international top-level academic conference, training lessons and the scholars exchange. On the 30th HKSSH annual congress, a lot of specialist coming from all over the world gave plenty of advance information and newest technique within one week. It's a good chance to widen my field of view. The 14th Hong Kong International Orthopaedic Forum also is a great meeting. Plenty of young doctor of QMH and other hospital gave excellent speech from basic research to advance technique.

Moreover, there is an inter-hospital meeting in the morning was held in different hospital on every Saturday. It's a very good learning and literature based platform for everyone. Some special cases will be provided and different ideas coming from different department will be

concentrated together. Hospital encourage every people to attend this meeting because anyone can get the information they want. The Wednesday Teaching conference for 90 minutes is for whole the Orthopaedics faculty of QMH, every team presents once after few months. In this meeting, all the knowledge can be absorbed around one disease subject with case discussion, case summary and academic articles learning. It's not particular for hand group but also spine, tumor, joint, sport, trauma etc. It's a good professional training for intern and a good review for senior doctor.

Now, my visiting will be end. I'm very enjoyable working in our hand team, because of the professional guidance of Dr. Ip and the support and care provided by every friendly colleagues. Dr. Ip's extensive knowledge, elegance and noble character enhanced my surgical skill and clinical knowledge. She always answer my all kinds of questions and provided me greatest convenience in study and living. I am also very grateful to Dr. Yuan, Dr. Chan, Dr. Leung, etc. I really appreciate their tolerance for my language and instruction of each colleagues. Beside, my best regards to whole Operation Theatre team of QMH and DKCH because of their perfect work. Much thanks to Physiotherapy department and Occupational department, they let me know the super care in hand surgery field. I want to say thanks to Dr Li and Phoebe from Tung Wah Hospital. They helped me a lot for my research work and give me perfect guidance on EMG. I really want to say thanks to Doris because her great helping and guiding to me. She always know what I need and give me proper help in time, even resolve every details trouble for me.

I'm enjoyed Hong Kong a lot and it was a wonderful experience to be here. Three months is very short, but I think both departments will have more times for mutual exchanges and cooperation in the future. I would rather to make this bridge.

Kind Regards

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