

Student Report of Secondary school student summer attachment program

I am honored to have been given the opportunity to receive an one-week clinical attachment at the Division of Sports and Arthroscopic Surgery, Department of Orthopaedics and Traumatology, The University of Hong Kong from July 22nd to July 26th. I was given the opportunity to do ward rounds with the doctors, to stay in outpatient clinic for patients suffering from sports related shoulder and knee problem, to observe minimal invasive arthroscopic surgery for patients suffering from sport related problem as well as to help the Division prepare a webpage about the academic activities of the Division.

Monday

Morning

I worked on a webpage on the academic activities of the Division of Sports and Arthroscopic Surgery. The webpage was about the visiting professors who visited the division from the years 2008 to 2018. I was given a list of these professors, their CVs, as well as the information on the lectures and surgical demonstrations they gave during their stay in Hong Kong. Using this information, I was able to write short paragraphs briefly informing the reader of the professors' information, as well as what they did while they were in Hong Kong.

**HKU Med**
LKS Faculty of Medicine
Department of Orthopaedics & Traumatology
香港大學矯形及創傷外科學系







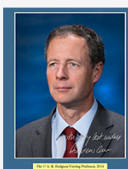



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General & Oncology Hand & Foot Paediatric Joint Spine Sports Trauma Rehabilitation

Overview of Academic activities – Visiting professorship

Throughout the years, many visiting professors have been invited to the Division of Sports and Arthroscopic Surgery, at the Department of Orthopaedics and Traumatology, The University of Hong Kong. These world experts deliver lectures, perform surgical demonstrations, provide guidance in cadaveric and sawbone workshops and conduct teachings to medical student and orthopaedic trainee. These bring us fruitful academic interchange and memorable friendships.

 John W. Thomas Byrd 2008	 Eiji Itoi 2009	 Mats Brittberg 2011	 Freddie Fu 2011	 Seung-Ho Kim 2011	 Luc Favard 2011
 Jaap (W.J.) Willems 2012	 Phillippe Neyret 2013	 Angus Wallace 2014	 Andrew Carr 2014	 Rene Verdonk 2016	 Hatem Galal El-Din Zaki Said 2018

Afternoon

I observed the shoulder clinic in the afternoon. The patients of the shoulder clinic were mostly elderly people, with only a few young patients visiting. There were mainly two different groups of patients who visited, those with shoulder pain, and those with recurrent shoulder dislocation. The patients with shoulder pain were mainly elderly, and were diagnosed with rotator cuff tear, and were given the choice to either receive non-operative treatment, such as physiotherapy, or to repair the tear via surgery. Some patients with recurrent shoulder dislocation were young people, and it was recommended that they resolved the issue with surgery.

Tuesday

Morning

I observed the knee clinic on Tuesday morning. Unlike the previous day's shoulder clinic, most of the patients were young sportsmen or athletes. Some of the patients suffered from anterior cruciate ligament tear, while others reported knee pain, which were related to meniscus tear or cartilage injury. For many of the patients with anterior cruciate ligament tear, if they wanted return to pivoting sport (e.g. basketball), surgery in the form of anterior cruciate ligament reconstruction was recommended. On the other hand, for those suffering from knee pain with confirmed meniscus tear, surgery was advised.

Afternoon

I completed the webpage on the academic activities of the Division of Sports and Arthroscopic Surgery. The link to the webpage is as followed:
(<https://www.ortho.hku.hk/sports-overview-of-academic-activities-visiting-professorship/>).

2016

Rene Verdonk



In 2016, Professor Rene Verdonk was invited to visit the Division as the speaker of Hospital Authority Commissioned Training that year.

Professor Verdonk is a Professor of Orthopaedic Surgery and previous head of the department of Orthopaedic Surgery and Traumatology, Ghent University Hospital, Belgium. He is an expert in knee surgery. Among his many publications, the most well-known research are the work on meniscus transplant and development of artificial meniscus implant.

During his visit in 2016, Professor Verdonk shared with us his wisdom in development of artificial scaffold for irreparable meniscal tear and the tips and pearls in surgical implantation of these meniscal scaffold. This marked the beginning of the service of artificial meniscal scaffold implantation in Hospital Authority.



Prepared by Miss Hazelle Nevada Yau

(participant of secondary school student attachment program July 2019)

Wednesday

Morning

In the first half of the morning, I observed the pre-operative clinic. During the pre-operative clinic, patients who were going to receive an operation in the near future would be briefed on a variety of things before they received their operations. The doctors explained the surgical procedures, the risks of the surgery, as well as the rehabilitation process to the patient during the clinic. My supervisors told me that this was called “consent taking”.

In the second half of the morning, I observed a clinical conference on mortality and morbidity. The doctors discussed the complications of several failed surgical procedures and how to improve them. While most of the speakers were some of the more experienced senior doctors, medical students and other students on clinical attachment were allowed to come listen to the conference. At the end of the conference, we took a group photo in the lecture theatre where the clinical conference was held.



Afternoon

I observed the new case clinic, in which the checkups were more thorough and lengthy than the usual ones on Monday and Tuesday. There were five patients at the clinic, and they had to answer several questions about their medical history, allergies, heredity diseases and other useful information. They were given a thorough physical examination, followed by the doctor's diagnosis, as well as proposed treatment methods, including both non-operative measures and operative measures. The diagnosis of the new cases on that

day included knee injury with anterior cruciate ligament tear, shoulder pain with rotator cuff tear and cases of first-time shoulder dislocation.

Thursday

On Thursday, I was permitted to enter the operating theatre to observe two operations on the shoulder. The first operation was an arthroscope assisted rotator cuff repair, while the second was a shoulder stabilizing surgery. After the patient was put under general anesthesia, the surgeons used an arthroscope as well as keyhole wounds to perform a minimally invasive surgery. Although both surgeries involved a lot of precise maneuvering, the surgeons were able to perform the surgery successfully with minimal mistake. After the surgery, I noticed that they were given a shoulder brace to protect the operated limb.

Friday

On Friday, I was permitted to watch two more surgeries at the Duchess of Kent Children's Hospital. Both surgeries were anterior cruciate ligament (ACL) reconstructions in the knee. As with the surgeries on Thursday, arthroscopes were used to visualize the condition inside the joints. However, the surgeons first opened a bigger wound to harvest the tendons of the thigh (medial hamstrings) which were used to form the graft of ACL reconstruction. At the beginning of the surgery, we took a group photo inside the operating theatre.



Summary

During the clinical attachment, I was able to accompany the doctors while they were doing ward rounds in the morning. Due to most of the inpatients related to the division

being post-operative patients, there was a relatively small number of patients the doctors had to review during ward rounds. I was able to witness how the doctors asked patients how they were in detail, as well as check their motor functions for any significant problems. After the inspections, they would report their findings to Doctor Yau. I found the process very interesting, as they would use the figures that they had obtained from the patient to deduce the potential causes of their particular issue.

I also had the chance to visit several of the division's clinics, namely the knee clinic and the shoulder clinic. While the doctors reviewed the patients' cases and gave them their annual checkups, I was permitted to watch the doctors work and make their diagnosis. I found it interesting how the doctors were able to use seemingly simple motor tests to determine any problems with the related bone structures before viewing the results of X-ray or MRI scans.

I am very gratified to have been allowed the opportunity to enter the operating theatre to watch surgeries take place on the last two days of my clinical attachment. In those two days, I was able to witness four operations take place, two on the shoulder and two on the knee. It was a new experience for me, but I was able to see how it was necessary for all the people in the operating theatre to work together to be able to perform a successful operation, and not just the work of the surgeons alone.

Hazelle Yau
04/08/2019