Berita Ortopedik

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Message from the President

JAMAL AZMI MOHAMED

On behalf of the Council Members, I would like to apologise for the delay of this newsletter. It has been six months since I took over from Professor Dato' Dr Tunku Sara Ahmad. She did a great job during her year and is still actively contributing in my committee.

Over the last six months, we have been actively arranging for next year's scientific meeting. Time flies, and its our turn to host the ASEAN Orthopaedic Association Congress again. For 2008, our theme will be "TRAUMA" and we will have AAOS Instructional Course Lecture Series as well. I hope fellow members will come and support the meeting to update yourselves about recent advances in trauma since 70 to 80% of our practice is trauma.

We have also started the MOA-Zimmer Fellowship Attachment programme. This programme is for junior members to further their sub-speciality interest at training centre of their choice. So, junior members, please apply to MOA and do not miss this opportunity.

The sub-speciality interest groups are also actively arranging their own programmes and this is an encouraging effort. Regional meetings are also being arranged by various states like Sarawak and Pahang. I hope the Northern and Southern region have their plans in the pipeline.

In the field of humanitarian work, some programmes have been planned for a trip to Cambodia and Jordan/Syria in April 2008. Invitations have been circulated to members and we hope to get more members to participate.

Recently, the universities have just conducted the Masters examinations. We would like to congratulate all the candidates who have passed. It must be a great relief to you but do not forget that this is just the beginning of a long journey in your life career. Please join us as a member as there are a lot of opportunities for you to learn and contribute to the Association.

Our website has been given a facelift. Please visit us to find out the latest news and other activities that are available.

Last but not least is our Malaysian Orthopaedic Journal. The second issue is coming out soon, and the third issue is in the pipeline. Please send your articles to be considered. Our Chief Editor, Associate Professor Saw Aik is working hard to get the MOJ running as scheduled. He is in the process of applying to get MOJ indexed after the third issue.

Finally, happy holidays and Happy New Year.

Which Subspeciality Is Better ?

by **Tunku Sara Ahmad**

This lighthearted presentation was made at the MOA Annual Scientific Meeting 2007 as part of "Life in Orthopaedics". Since we are a friendly bunch, others are asked not to take it to heart. To any present or potential Hand and Microsurgeons or Upper Limb Surgeons believe every word.

Hand and Microsurgery is, without a doubt, the best subspeciality, if not why was the topic placed first? Obviously the organizers thought that no rebuttal was necessary.

Hand surgery is vital, as the hand is a very useful tool and essential for man to carry out activities of daily living, occupation and hobbies; however, it is rarely life threatening. The structures in the hand are intricate, beautifully designed and need to be treated with delicacy, care and knowledge. It is not simple and skill and patience are required. Not much company sponsorship is forthcoming and thus many hand surgeons are not in the business just to make money. There is less temptation and it is easier to remain independent and on the straight and narrow. However, even in private practice, a good living can be made.

Microsurgery is a magic tool! Even today, after countless free tissue transfers and replants, it is still thrilling to see an amputated digit or a free tissue pink up and come to life.

The atmosphere in the operation theatre is not filled with loud percussion and electrical drilling, but with music of your choice and when decisions do not have to be made, uplifting educational and amusing conversation is made. Since we are more often than not seated, we suffer from less backache, less plantar fasciitis, less varicose veins and again this leads to more pleasant conversation. Instruments used are not large and destructive but delicate and precise.

The father of hand surgery, Stirling Bunnel, said, "Hand surgery is an area specialty, not a tissue specialty" indicating that we work with all kinds of tissue in the upper limb. Thus we work on patients with small problems like fingernail deformities and big problems like those who need free tissue transfer or those who have brachial plexus injuries. We have problems that are relatively simple like phalanx shaft fractures and ganglia and also problems that are complex like wrist instability and mandible reconstruction with a free fibula graft. Hence, we meet a variety of patients from all classes and all backgrounds and ages. We become skilled at counseling and also at quick reassurances. We laugh with (not at) our patients and we use skills from talking to one group to enhance communication with the others.

While we are managing the following list of problems in hand surgery

- Carpal tunnel syndrome
- Trigger fingers, DeQuervain's tenosynovitis
- Tennis Elbow, Golfer's elbow
- Nail, nailbed reconstruction
- Infections / extravasation of chemotherapy agents
- Tumours
- Tendon surgery
- Congenital Hand problems eg. syndactyly, radial club hand
- Trauma – Fractures of the distal radius and hand
- Scaphoid fractures and carpal instability
- Joint replacement

Spine surgeons are performing endless pedicle screws with perhaps a discectomy rarely to break the monotony.

Sports surgeons are managing injuries of the anterior cruciate ligament ad nauseum with perhaps one posterior cruciate thrown in now and then. Even the shoulder scopes can now come under the realm of the Hand and Microsurgeon, who is now defining himself as an upper limb surgeon.

While we are doing in microsurgery

- Pedicled flaps
- Free flaps
- Brachial Plexus injuries
- Replants

arthroplasty surgeons are performing an endless stream of total knee replacements and perhaps one or two revisions and hip replacements which are almost more of the same thing but a little more complex.

We work hard sometimes into the night. That makes us appreciate beautiful sunrises and cities without traffic in the wee hours of the night. We also learn to appreciate our families and never suffer from insomnia!

I was told by a distinguished orthopaedic colleague that orthopaedic surgeons are like rhinos; horny, thick skinned and like to charge a lot. Hand and Microsurgeons are not like that. We are more passionate, sensitive and we do not charge too much!

If you meet and join a group of hand and microsurgeons, you will find them to be interesting characters. We are generally a happy bunch, very loyal to each other and others. Since we magnify tiny things in the theatre we no longer need to be petty and there is very little back stabbing. Hand surgery is a relatively new subspeciality and so we have the tradition of helping each other. And we make great teachers and mentors just like the great Prof Emeritus Robert W H Pho of the National University of Singapore who went out of his way to introduce his chargelings to all the great pioneers and made sure we all published and presented work well and often.

Here, we have our own society, the Malaysian Society for Surgery of the Hand, that conducts friendly circle meetings every four months to improve the standard of hand and microsurgery in Malaysia. Do join us and see if you agree.

15th MOA Annual Lecture

"INTEGRITY:The Way Forward For Malaysian Society"

by **YM Tunku Abdul Aziz**
at the MOA Annual Scientific Meeting in May 2007

My first duty, naturally, is to thank you for inviting me to address this important international conference on a subject that is attracting a great deal of attention world wide. I am referring to integrity in national life, the antithesis of corruption. I believe that in societies where integrity is firmly entrenched, they have less of a problem with corruption.

When I was asked to speak by your President, Professor Tunku Sara, I said I would, and then realized the importance of the commitment I had just made. I began to have doubts about speaking at a gathering of Orthopaedic surgeons, asking myself, "Tunku Aziz, what do you know about bones?" Nothing at all, but I do know quite a bit, as an anti-corruption activist, about skeletons in other people's cupboards. That, I thought should qualify me for the task you have set for me this morning.

From my standpoint, a conference such as this should help us to refocus our vision and reshape our views and ideas on what can be achieved in the fight against unethical public and professional behaviour not only on our own turf, but more important, on the international front because cross-border corruption represents a major source of social, economic and political instability and distortion if not dealt with decisively.

However described, corruption exacts a heavy toll on a nation's social, political, and economic development. Anyone trying to persuade you that corruption is a victimless crime is most likely to be a politician, doing what a politician does best, and that is lying through his teeth. Naturally, I do not include politicians in this audience. They cannot be all that bad if they are attending this conference of respected surgeons.

There are victims out there all right, if only we care to open our eyes. As always, they represent the underclass, and are among the poorest, and the least informed and educated members of our society. They are men and women who because of their economic status do not even know their rights as citizens.

I very much hope that we are not fighting corruption for its own sake, or just to feel good for that would be tantamount to abandoning a large part of mankind to perpetual misery and degradation in the face of the relentless onslaught of human greed.

We should never lose sight of the fact that we fight corruption or unethical public behaviour for no other reason than to help improve the social, economic and political condition of man. Just in case you think I am gender insensitive, man in this context embraces woman.

The long term, sustainable prosperity of any country depends entirely on good governance, a comprehensive, overarching system for managing the often complex social, economic and political needs of a modern state, underpinned by strong ethical principles. What this means in effect is that we have to look for leadership both in government and business that is visionary and that understands the principles of trusteeship and stewardship. In essence, leadership is about public duty in the public interest.

We meet here this morning in a region of the world that has seen in a dramatic way, what unaccountable and irresponsible business behaviour could do even to the supposedly unassailable dragon and tiger economies of unhappy memory.

Remember 1997 / 98? I want to remind you, in the context of the topic under discussion, about the financial crisis that devastated us together with Thailand, Indonesia and South Korea way, way beyond anything we had experienced within living memory.

If we are to profit from the lessons of that punishing episode that effectively wiped us off the global economic radar screen, we must take on board the fact that the unbridled excesses of Malaysia Incorporated in the heyday of the Look East Policy, and the unquestioning embrace of the Asian values, are really no substitute for international standards of business conduct; standards that are firmly grounded in transparency, accountability and integrity.

One of the most pressing contemporary management issues is business ethics. It is a subject that is receiving a great deal of international attention because of heightened public awareness that bad governance, whether in the private sector or government, contributes directly to inefficiency and corruption.

Make no mistake. An absence of integrity, or, not to put too fine a point on it, corruption, is not good for business, especially international business. Corruption in Malaysia is alive and well, and to the corrupt among us, this is good news. It is in indecently robust good health as revealed in survey after survey, the latest to confirm this is a report released by the Hong Kong based Political & Economic Risk Consultancy a few weeks ago.

We operate in a corruption-friendly environment where corruption is regarded as a "low risk, and high return business." Our public officials are perceived to be on the take, and our national institutions, largely compromised. What enforcement we have in place is derisory. It is not laws that we are short of. Malaysia is replete with them. What we lack is effective enforcement, right across the board.

Opacity, by all accounts, is an enduring feature of the Malaysian government as well as corporate culture. Generally, banking disclosure, investment and financial and other laws needed to respond to the many challenges of the global economy, are not always adequately framed, or worse still, feebly enforced. It is said that as a country, Malaysia runs the danger of being over regulated and under enforced.

If we are unwilling to operate transparently, then we cannot call anyone's integrity into question, or to demand accountability of our civil servants or corporate leaders. There is no accountability without transparency.

I am a strong believer in the sanctity of public institutions, as I am in strong and unambiguous political will without which the battle against corruption is lost before the first salvo is fired. We have seen in countries as diverse as Hong Kong, and Finland where institutions of government are strong and incorporate systems of checks and balances, corruption has been kept under effective control. Closer to home is Singapore that President Habibi of Indonesia once referred to as a little red dot on the map. This is a case of small can be beautiful.

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Unethical public behaviour is often traceable to institutional failures. Individuals whether in government or business are not inherently crooked but they turn out to be rotten because the institutions where they find themselves working in have neglected to address internal weaknesses. These institutions are invariably led by unprincipled men or women lacking integrity, and who care nothing about such basic principles as stewardship and trusteeship. Leadership by example is obviously not their forte.

One word on political will. It is not about the will of one person such as the prime minister's, but the collective will of all in a leadership position whether in government or business. It has come to be accepted universally that political will is crucial to the whole process of developing globally accepted standards of governance, whether in the corporate sector or public. The demands for high standards of management behaviour fall squarely and equally on both the businessman and the public servant. We will use the term good governance in our discussion this morning on that basis.

Good governance, let us agree at the outset, is not a product that you can buy in Tesco or Giant supermarket. It is a process of great antiquity. Globalization and the Harvard Business School have merely reinvented it.

Anyone even vaguely familiar with the history of civilizations, including Islamic civilization, will know that throughout the centuries, good rulers have made it their mission to establish systems of government that were fair and just. The responsibility of those holding either elected office or high public office has always been viewed as public duty in the public interest.

So, whether you are in government or business, you are continually under public scrutiny and being judged on your performance on the basis, first and last, of your personal integrity. Those in authority cannot escape from being judged against certain important social, economic and, in some situations, political indicators, indicators, that when taken together, determine the level and quality of human development of our society.

I make no distinction between public sector governance and corporate sector governance. The essence of good governance cuts right across artificial boundaries. Bad governance in one impacts negatively on the country as a whole.

If you perform your public duty well, you are making an important contribution to the well being of the country. If you don't, we cannot even begin to talk about prospering the nation. A country that is long on rhetoric and short on integrity is unlikely to be able to foster sustainable human development, and enrich its human capital that will in turn create wealth and prosperity. There is no substitute for good governance in wealth creation, and anyone who tells you otherwise is being economical with the truth.

If we persist in putting good governance and integrity on the back burner instead of in the driving seat, we are in danger of tolerating and accepting corruption as a business or, as the West would have us believe, cultural norm.

The first point we have to recognize is that unethical personal behaviour breeds corruption which as we all know is the antithesis of good governance, and they are mutually exclusive. They make strange bedfellows, and I would go so far as to suggest that coexistence between them is against the order of nature.

Therefore, if we want integrity to be the nation's cornerstone, the standard bearer of our values and value systems, and the centerpiece of our economic achievements, in the context of globalization with its demands for much higher standards of behaviour, integrity, transparency and accountability, then we must reject corrupt practices completely.

The primary, overriding principle of good governance must be predicated on public trust in basic values and value systems based on integrity and ethical behaviour. This then raises the question, "What is the public entitled to expect from the leadership?" If the leadership is ethically and morally deficient, then any initiative to create good governance will be derailed.

That precisely is the reason why strong political will is so critically important in confronting corruption decisively.

The corporate sector is unquestionably responsible for the supply side of the economics of corruption. It is part of the problem of corruption when it should be part of the solution. The least it can do by way of redeeming itself is to help set the tone and create an environment in which business may be conducted without recourse to corrupt practices.

It must put its house in order by developing and adopting integrity in all business transactions. It must, at the same time, put in place enforceable rules of business conduct. This is particularly crucial as we become an important global player, already the 17th or 18th largest trading economy in the world and among America's top ten trading partners. We must gear ourselves for serious reform because the globalized market of which we are an important part is much less forgiving, and the penalty imposed on the ethically wayward will be severe in economic terms.

An important challenge facing the corporate community is for it to understand that business is not just about managing risks, making sound investment decisions, and coping with economic uncertainties. It must bring about the sort of change that will create a new ethical and level playing field in which business can be conducted fairly, and transparently. And where integrity is expected and given as a matter of course.

The business community is after all the engine that provides the primary thrust for economic growth and development. No effective good governance regime can be introduced, let alone sustained, against private sector intransigence. It is obviously no longer good enough for the business community merely to react to events; it must take the lead in promoting best practices and encouraging its members to conduct their transactions with probity and integrity.

The consequences of corruption, including corporate sector corruption, are extremely damaging to the country's reputation, making Malaysia look worse than it actually is. Unethical or sharp business practices undermine investor confidence in our country, and in spite of official denials, foreign direct investment is not season-parking themselves here. It has been estimated that projects in Malaysia cost between 20-30 percent more that in cleaner societies. When investors factor in corruption, doing business in Malaysia can be costly. It is one of the factors that affect our international competitiveness in comparison with Hong Kong or Singapore.

The destructive nature of unethical public behaviour, or putting it somewhat bluntly, corruption, is surely not in dispute. Sadly, the victims are the innocent poor, the marginalized under-privileged, and the least educated members of our society. Corruption tends invariably to widen the already yawning gap between the rich and the poor.

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It destabilizes society economically, socially and politically. The negative effects are clearly reflected in the fact that:

1. Decisions are not taken for public benefit, but for private interests. In other words, the interests of the few over those of the many become paramount.
2. High cost over cost efficient projects are favoured for the simple reason that the higher the costs, the bigger the kickbacks.
3. And most vicious and devastating of all is the social and economic benefits that should accrue to the people are denied them.

You obviously cannot prosper the nation and empower the people under these situations.

It should be clear to us that excesses have no place in good governance. The staring point of good governance reform is to put in place an institutional frame work incorporating systems of checks and balances. What this means in practice is to:

- Increase transparency and accountability by putting official policies and decisions in the public domain and under public scrutiny.

In the final analysis, good governance is a shared commitment. The Government has a responsibility to lead by example, by putting the interests of the nation above everything else, and the business community, members of the professions, civil servants, the police and the armed services must adopt ethical behaviour as a business and professional necessity.

We are part of the larger international community, and depend for our growth and prosperity on trade and foreign direct investment. The level of foreign investment in our country depends on the perception of our country as the place in which to do business without getting entangled in miles of red tape leading to delays, and delays as experience tells us invariably lead to a demand for a bribe.

Do foreign investors think we are clean, and therefore it is safe to set up business here? Obviously not, looking at our position in the Transparency International Corruption Perceptions Index. I had occasion to write in my column in the New Straits Times a few Sundays ago, as follows:

"In the late autumn of 1999, I was a guest at a private dinner in Washington D.C. An American private investment banker who had just returned from Malaysia from a 'shopping' trip was asked, "Of all the countries in Asia, where would you invest your clients' money?"

His reply shook me to the marrow. "Anywhere except Malaysia."

He then mentioned how a senior government official had told him that a foreigner could not buy a Malaysian company unless he had a Malay partner, and he would be happy to recommend one in the spirit of US/Malaysia relations.

Upon further enquiry, it turned out that the proposed partner was the civil servant's brother-in-law."

It is this sort of unethical public behaviour that gives Malaysia such a terrible reputation as a costly and an inefficient place in which to do business. Talk to both local and foreign business communities, and what they have to say based on their experiences would make your hair curl.

No effective governance reform can take root, and let alone sustained without the commitment and support of the private sector. The rehabilitation of the Malaysian corporate community cannot really begin until it males a conscious decision to develop a sustainable climate where it is possible to conduct business ethically without recourse to corrupt practices.

It must put its house in order. It must develop and adopt enforceable rules of business engagement and conduct. Above all, it must accept the urgent need for serious, meaningful reform as a way of bringing about greater transparency and accountability in both domestic and international business transactions.

An important challenge facing the corporate community is for it to understand that business is not just about managing risks, making sound investment decisions, and coping with economic uncertainties. It is very much about what it can do to bring about the sort of change that will create a new, ethical and level playing field on which business can take place fairly and transparently.

In other words, it must close those windows of opportunity for corruption. It must institutionalise the system of checks and balances and encourage the government to review, and where necessary, strengthen the legal framework and enforcement and support corporate sector reform initiatives. The government, after all, has a formal responsibility to develop a credible national integrity system, one that applies equally to the corporate community as it does the rest of the nation.

Corporate governance practice in our country remains at best patchy and at worst, downright unwholesome in ethical terms. We cannot afford the luxury of doing nothing. We have to work hard to reposition ourselves in light of sustained competition from all corners of the globe. The economic strength and prosperity of our nation must begin with confronting and resolving our internal structural weaknesses.

We have to keep ourselves abreast of best international practices if there is to be a return of public confidence in the way we conduct our business affairs. We have to raise the ethical bar by putting ethics in the driving seat.

For far too long, the government has paid too little attention to the requirements of globalization. Globalization, whatever our views, is here to stay, and it is pointless to fight a rearguard action against it, particularly for an important trading economy such as Malaysia. There will be no halfway house. We are either in it or out of it. The consequences of marginalization are too terrible to contemplate.

To be in the mainstream of the globalized economy, we have to abide by the new, much more demanding rules based on best practices. Unlike the good old days when business cronyism was in vogue, and rules broken and manipulated with impunity, today's business standards are extremely demanding, and the punishment for breaches of business ethics can be swift and damaging.

Ethical behaviour is no longer the luxury of the virtuous; it has become a business necessity. Malaysia's capacity to prosper must be predicated on the highest international ethical standards. The way forward for Malaysia is to embrace integrity and put it to good use in our fight for a place at the global top table of clean nations.

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Issues Related to Biomedical Publication : AUTHORSHIP

Saw Aik
Chief Editor, Malaysian Orthopaedic Journal

General

With the advancement of telecommunication, information can be disseminated more rapidly and effectively. Many new journals especially those that allow on-line access are providing additional channels for articles or reports to be published rapidly. Many scientists and researchers are very keen to get their names listed as authors for various reasons. However, credit of authorship has to come with responsibility of the content, especially in biomedical publication. It is therefore important for those who intend to publish their work to understand their role as authors.

Who qualifies to be an author?

In 1985, the International Committee of Medical Journal Editors (ICMJE) published criteria that define authorship. According to the report, an author should have contributed substantially to conception and design, acquisition of data, analysis and interpretation of data. Although it may not be possible for an author to be involved in all aspects of a study (biostatistical analysis, technical calibration of monitoring devices, etc.) he or she should have participated sufficiently in the work to take public responsibility for appropriate portions of the content. Acquisition of funding, collection of data or general supervision of the research alone, does not justify authorship. All authors must approve the final version before publication.

More recently, another aspect of authorship has been recommended. This is based on level and area of contribution towards the study and preparation of the article. Some major biomedical journals have adopted this model and required all the authors to describe exactly their functional role in the project. This "contributorship" model can be used to complement the original ICMJE criteria.

Number and order of authors

Multiple authors may be necessary, especially in studies involving large samples or multiple centres. However, if the number of authors is unusually large in relation to the scope and complexity of the study, an editor reserves the right to request for detailed description of the contributions of individual authors. A corresponding author should be responsible for the integrity of the article, submitting of article, receiving reviews and communication with the other authors. There is no exact guideline on the order of authorship, and the decision should be made by all the authors. The readers cannot know and should not assume the meaning of order unless it is described.

Undesirable types of authorship

All those who fulfil the ICJME criteria should be recognised authors. For those who are not qualified as authors but have contributed to the study or preparation of the manuscript, they should also be acknowledged in the article. Occasionally, we come across some undesirable practices in the listing of authors, and generally they can be classified into three types. **Guest authors** are expected to improve the chances of an article to be published without significant contribution to the article content. **Honorary authors** refer to those who are included as author based solely on their position in the institution or organization. **Ghost authorship** refers to publication of articles where those who are actually involved on the work are not listed as authors. These contributors may be paid for their services or employed by organizations or commercial firms to conduct the study.

Responsibility of an author

The author should ensure that the article is submitted in accordance in the format or style recommended by a journal. Failure to do so may interfere with the editorial process and result in unnecessary delay. For clinical studies involving human subjects, the author will be responsible to declare that the study was approved by the institutional review board or complied with declaration of Helsinki. Studies involving animals must also be approved by relevant committees and followed approved protocol. The author should also disclose sources of funding and any potential conflict of interest during the conduct of the study.

Most journals would require the corresponding author to provide a cover letter to state the originality of the content and transfer of copyright to the publisher. Some journals (including Malaysian Orthopaedic Journal) further require that this document be signed by all who are listed as authors. All these measures serve to uphold the high standard of material published and safeguard the interest of readers. For medical and health science journals, the readers may adopt the recommendations or accept the conclusions and apply them to their clinical practise.

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4th BOA ASEAN Travelling Fellowship

8th – 28th September 2007

Report by Kamil b Mohd Kasim

ROYAL NATIONAL ORTHOPAEDIC HOSPITAL, STANMORE
10th – 12th September 2007

It was time again for the annual BOA-ASEAN travelling fellowship and this time round we had a new member joining the fellowship namely the representative from Vietnam. Thus the fellows this time round were:

Dr Fong Shee Yan *(Coordinator)*	Singapore
Dr Ludwig Andribert P Pontoh	Indonesia
Dr Kamil bin Mohd Kasim	Malaysia
Dr Kachain Namsirikul	Thailand
Dr Nguyen Veit Tien	Vietnam
Dr David L Alagar	Philippines

All of the representatives had to make their own way to Premier Travel Inn Hotel in Burnt Oak Street; Edgeware in the city of London after each of them had landed in Heathrow Airport. We all checked in the hotel at different times on 9th September 2007 except for the Indonesian representative who checked in the hotel on 10th September 2007. All of us met up for the first time on the next day prior to the journey to the Royal National Orthopaedic Hospital at Stanmore. We were lucky that there was a shuttle van service from the Edgeware Railway Station to the RNOH on a regular basis throughout the whole day. We took the shuttle service and reached the hospital at about 0800 hrs and were met by Mr S Cannon at the front of the Seddon Building.

Staff of Bioengineering Department explaining the services present in the unit.

All of us were then given a short tour of the RNOH by Mr Cannon and we had the opportunity to see the various wards in the hospital. The RNOH is an elective hospital and has been in service for about 100 years and most of the original buildings are still standing. It is a center of training for the Spine, Musculoskeletal oncology, Peripheral Nerve injuries, Arthroplasty and Pediatrics. It also has a research wing and an established biomedical engineering department which develops custom-made implants for the various cases treated by this hospital.

We were then each introduced to Prof David Marsh, Mr John Skinner, Mr Peter Calder and Mr Marconi who each gave us a short talk of their interest and specialities. We then each had to also to do a short presentation of our work and interest to the group. This extended til the afternoon of which there was a lunch break in between. The presentations were then started again at 1330 hrs and finished by late afternoon. We then made our own way back to the hotel by cab and were treated to an English style dinner by Mr Cannon in a quaint restaurant called St James in Bushley town in the evening.

The next day, we went to the RNOH again and were met by the senior registrar who took us around the hospital grounds in detail. We visited the physiotherapy department, private wing wards and bioengineering department. After an early dinner, we all went back to the hotel for a good rest. On the following day, we made our way to the railway station and took the train to the town of Norwich and checked into a hotel there.

NORWICH & NORFOLK HOSPITAL, NORWICH
13th – 15th September 2007

Arriving at the Norwich Train Station.

There was a small miscommunication of our arrival details but this was resolved after we met the staff in the Norwich & Norfolk hospital. We were then quickly sent to the X-ray department and each of us had a chest X-ray taken. While this was being done, we were sent to the orthopedic department meeting room where we were split into various teams under the respective consultants of Spine, Artroplasty and Hand & Upper limb. Some of us were brought either to the clinics or the operating theatres and this extended till the late afternoon. After these sessions, we then all met up at the McKee meeting room where we sat in on case presentations by the senior registrars within the department. It was here that we were introduced to Mr Keith Tucker who welcomed us to the hospital and we each introduced ourselves to the whole unit. The presentations finished pretty late, at about 1800 hrs, and we all were then brought straight to dinner by the faculty to enjoy Indian cuisine at the Spice Lounge within Norwich town.

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The next day, we were still broken up into three groups and joined the consultants assigned to us in the theaters and clinic sessions. We all met up at the McKee room in the afternoon to again present our work to the consultants, registrars and doctors in the unit. Only four of us presented our work since time was limited and Mr Keith Tucker and his group were quite impressed with the work done by our group.

We said our farewell to the consultants of the hospital and Mr Tucker and thanked them for the wonderful time that we had there. We spent the whole of next day exploring the town of Norwich and the Hay market in the center of the town. After an exhausting day, we retired to the hotel for an early dinner and prepared for the journey on the next day.

SHEFFIELD
16th – 18th September 2007

We traveled to Sheffield by coach and reached the town at about 1800 hrs in the evening. We had a light dinner at the Sheffield train station before departing to the Premier Travel Inn Hotel in town where we finally managed to get a good rest for the night.

We made our own way to the Northern General Hospital to meet up with Prof J C Getty in his office within the orthopaedic department early in the morning. We then joined up with the rest of the doctors of the unit in a Monday morning meeting discussing the cases that were seen over the weekend and also those put up for elective surgery. It was here that we were introduced to the doctors within the unit and later split into three teams with respective consultants taking care of us. We then followed the consultants assigned to us to the respective clinics that is Hand, Spine and Arthroplasty. This clinic sessions continued till the late afternoon with a short break in between at midday for lunch. Most of the cases seen in the clinic on that day were new and follow up elective cases seen by the respective consultants. We met up again with Prof Getty after the clinic sessions and had a group picture with him at the hospital compound.

Group photo with consultants at Sheffield Children's Hospital after free paper presentation.

On the next day, we made our way to the Royal Children's Hospital near the University of Sheffield compound where we met Mr Stanley Jones and his team. After a short introduction, we then were given a short tour around the hospital. This hospital was built after the second world war and new buildings were just added around the compound as the years went by. This hospital mainly treats children below the age of 16 years old with orthopaedic problems and acts as a main referral center for the surrounding area.

This hospital has an environment which is friendly to children and this can be seen by the various paintings and graphics all around the walls of this hospital. We joined Mr Stanley's team while they were doing the ward round and some interesting cases related to the spine were shown to us and discussions about these cases were the main topic in the morning. The wards appeared full with nurses busy doing their daily chores. This hospital is known for its reconstruction of limbs and spinal deformities in children. For the reconstruction of limb deformities, this hospital has the highest number of cases in the country and is the main referral center for such problems. It also has two fellowships available for surgeons interested in the field of orthopaedics and one international fellowship open for any surgeons practicing outside United Kingdom. We were quite impressed at the registry that was kept for cases related to limb deformities and quite surprised at the number of cases treated over the past few years in this hospital.

After lunch, we then went to the conference room where two of us gave short presentations of our work which were well received by the audience mainly consisting of consultants and senior doctors in the orthopaedic department. We had an early afternoon off for ourselves and visited the museum near to the Royal Children's Hospital. It was quite a refreshing break to be in the museum to see the brief history of the town of Sheffield and other interesting exhibits. We later went back to the hotel and had an early night off and a good rest.

EDINBURGH
19th – 22th September 2007

We then traveled by rail to our next destination which was up north at the city of Edinburgh. The whole journey took us about four hours to reach the historical town. At the railway station, we were met by Mr Porter, Mr Burke and Mr Watts who brought us straight to the hotel which was booked for us – Premier Travel Inn.

On the next morning, we again split into various small groups and visited the following hospitals for the whole day:

i . Princess Margaret Rose Hospital
Hand Surgery (Fife)
ii. Royal Infirmary Hospital
Arthroplasty (Edinburgh)
iii. Royal Hospital for the Sick Children
Paediatrics (Edinburgh)

At the Princess Margaret Rose Hospital, the group was involved in the morning rounds with the consultants discussing the cases admitted to this hospital the previous night. After a good discussion, they were then allowed into the operating theatre to observe the elective hand cases being done with Ms McKechan. The group in the Royal Hospital for the Sick Children observed some elective paediatric cases being put up for operation with Mr Adams for the whole day. The group that was with Mr Porter had the opportunity to join the clinic sessions at the Royal Infirmary.

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Observing Ms McKechan doing elective hand cases at Princess Margaret Rose Hospital.

On the next day, the schedule was similar as the previous day but the program was only at the latter two hospitals. We were again in similar small groups and joined the respective consultants for their clinic and operative sessions in the morning. In the afternoon, we met Prof Hamish Simpson at the meeting room in the medical school just beside the Royal Infirmary Hospital. We then each presented our papers to the staff of the hospital and the audience was quite impressed with the work that was done by all of us. The session ended at about 1700 hrs and we had the whole evening to ourselves to roam the streets of Edinburgh.

Overall we were quite impressed with the setup and running of the services at the main hospitals at Edinburgh. Paediatric orthopaedic problems are treated at the Royal Hospital for the Sick Children only and the environment at the whole hospital is made specially for children with large pictures and cartoon pictures drawn specially for the kids similar to the environment at Sheffield Children's Hospital. Within the hospital, they have special anaesthetists and caretakers trained to take care of children while in the ward or in the operating theatres. For hand related problems, the cases are sent to the Princess Margaret Rose Hospital where there is a full time hand surgeon present there with a few fellows training under the surgeon. There are a few consultants at this hospital running the General orthopaedic services also to ensure that trauma work is being taken care of.

WRIGHTINGTON HOSPITAL
23th – 25th September 2007

We traveled by rail to our last destination that was Wrightington and the whole journey took about three hours. The journey was uneventful and we were put up at the Wrightington Country Club which was near to the hospital. We were met by the consultant, Mr Anil Gambhir, and his colleague and after formal introductions, we were sent straight to the hotel for a good rest after a good dinner. On the next day, we were sent to the Wrightington hospital by the delegated registrars and met Mr Gambhir at his office in the hospital. We were then joined by three Indian orthopaedic consultants who also were doing a travelling fellowship at hospitals specialising in arthroplasty.

Patient information centre at Wrightington Hospital.

Our first agenda was a short tour of the hospital and we were shown the Patient Information Center which seemed interesting because it explains to the patient in detail the problems and steps taken in dealing with an osteoarthritic hip/knee from admission to operation and ending up with steps taken on discharge from the ward. The concept of this center with pictures, show of implants and short video clips seems to be a very good way to explain procedures to prospective patients in a simple manner. We then had a short tour of the Charnley Musuem and it was quite impressive to see the evolution of the implants used for the total hips and knees here. Also within this museum, we saw some research projects done by Prof Charnley in improving the implants that he produced. The Musuem seems to be in disarray, however it contains much valuable information on the evolution of the Charnley prosthesis that is being used today by most surgeons. We had the opportunity to hear a lecture on some research projects done by the Wrightington hospital senior professor and later adjourned for lunch.

In the afternoon, we were broken up into three groups and had the opportunity to observe some elective operations in the areas of arthroplasty and hand surgery. At about 1700 hrs, we all met up at the Wrightington Hall where three of us had to present our work to the hospital consultants and registrars. After the presentations, we were then entertained to a sumptuous English style dinner at a restaurant nearby and a good night rest after that. On the next morning, we were again split into small groups and observed elective surgery, and for the group at the Hand Surgery section, had the opportunity to meet up with Prof John Stanley and see him operate on some interesting cases. We only had time till 1200 hrs and although most of us still wanted to stay on for the interesting cases, we had to move on to Manchester which is a two hour drive from Wrightington to attend the Pre-Congress Workshop of the Annual British Orthopaedic Association Annual Congress 2007.

Overall this trip was a good experience for most of us since this was a first hand overview of the orthopaedic services rendered in established and well known centers. Despite the fact that there are some similarities in the management of the cases, how each patient is approached especially the Patient Information Center at Wrightington Hospital, is unique, and very practical for the patients going for hip or knee replacements. Also we noted that the consultants have good records and a decent registry of their patients could be seen at the Sheffield

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Congratulations

to the following who passed the ***Masters in Orthopaedic Surgery*** *in May and November 2007.*

1.	Dr Chee Eng Keong	UM
2.	Dr Peter Paul Wong Yat Cheong	UM
3.	Dr Rengsen Parthiban @ Yong Yew	UM
4.	Dr Lynn Azura bt Md Sham	UM
5.	Dr Rajesh Singh	UM
6.	Dr Lee Tze Gin	UM
7.	Dr Vijayachandran a/l Viswalingam	UM
8.	Dr Mohammad Nawar B Ariffin	UM
9.	Dr Sallehuddin B Abdullah	UM
10.	Dr Yoosuf Shan	UM
11.	Dr Liau Kai Ming	USM
12.	Dr Nawaz Hussain	USM
13.	Dr Aminuddin B Mohamed Shamsudin	USM
14.	Dr Dzulkarnain B Amir	UKM
15.	Dr Premathevan a/l Palaniappan	UKM
16.	Dr Mohd Johar B Jaafar	UKM
17.	Dr Mohd Hisham B Muhammad Ariffin	UKM
18.	Dr Suryasmi Duski	UKM
19.	Dr Zulkifli B Hassan	UKM
20.	Dr Bernard Cheu Teck Luk	UKM
21.	Dr Nadesan a/l N Balakrishan	UKM
22.	Dr Isnoni Bt Ismail	UKM
23.	Dr Harjeet S a/l Puran S	UKM

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Children's Hospital for the reconstructive cases and in Wrightington Hospital for the arthroplasty cases. The information from these records could easily be recovered by the attending surgeons for research purposes.

Also in almost all these hospitals, research has an important place in all the units and emphasis and funding is provided to ensure that this is an ongoing thing. At centers like Royal National Orthopaedic Hospital at Stanmore, they have a bioengineering department which makes custom-made prostheses available at short notice.

We feel that this fellowship is a good way of learning the good practices available at United Kingdom while also exposing the medical practitioners there to the work that is being done in the ASEAN countries.

From left: Dr Ludwig Andre Pontoh (Indonesia), Dr Fong Shee Yan (Singapore), Dr David L Alagar (Philippines), Dr Nguyen Viet Tien (Vietnam), Dr Kachain Namsirikul (Thailand), Dr Kamil Mohd Kasim (Malaysia)

Japanese Paediatric Orthopaedic Association (JPOA)
Asian Travelling Fellowship Award 2007

by Su-Mei Yong

I was awarded the JPOA Travelling Fellowship for 2007. The Fellowship extended from 28th October till 4th November 2007. This fellowship program is intended for education for both the candidate and the host institutions, to promote interchange of ideas in paediatric orthopaedics and to have communications between the Asian countries.

Chiba

28th October 2007 – 31st October 2007

I arrived on a bright Sunday morning at Narita International Airport and was greeted at the airport by Dr Takashi Saisu and his wife, Yoko. The weather was so perfect that I was told Mt Fuji could be viewed from Chiba. We had breakfast before proceeding to the National History Museum. It was a good place to learn Japanese history. I spent the remaining part of Sunday resting in the hotel.

Chiba Prefecture is surrounded on all sides by rivers and sea and blessed with a rich natural setting of water and greenery. It has a land area of 5,156 square kilometers and a population of 5.9 million. The Children's Hospital was opened in 1988 as a comprehensive medical facility for children, offering diagnosis, treatment, counseling, and guidance on infant diseases when they require advanced or specialist care that is difficult to provide in general medical institutions. The hospital has about 200 beds. The Chief of Orthopedic Department in Chiba Children's Hospital is Dr Makoto Kamegaya. Dr Saisu is the other staff orthopaedic surgeon. Dr Kawamura is a surgeon undergoing further training in Children's Orthopaedics under Dr Kamegaya. The orthopaedic resident on rotation to this hospital is Dr Takazawa.

Morning ward round at the Chiba Children's Hospital. From left to right: Dr Takazawa, Dr Kamegaya, the author, Dr Saisu, Dr Kawamura.

On Monday morning, I went to the hospital with Dr Kamegaya. We started with the ward round. There were about eight orthopaedic patients in the ward. The limb lengthening patients usually stay for a few months. They are able to attend school in the hospital. Ten teachers conducted classes in this hospital just like a normal school. This is a unique feature of a children's hospital in Japan.

Playroom and pantry for the children in the ward.

The new case clinic started right after lunch at 1 pm. Most were referrals from nearby hospitals. We saw children with trigger thumb, Perthes, CTEV, Spina Bifida, PFFD, pseudoarthrosis and fractures. The clinic ended at 5 pm. I was treated to a sumptuous welcome dinner at a traditional Japanese restaurant.

Welcome dinner at a traditional Japanese restaurant.

Tuesday, 30th October was a very busy clinic day. Clinic started at 9 am for the morning session and 1 pm for the afternoon session. There were patients with spina bifida, sports or overuse injuries, Perthes disease, DDH and fractures. There were many patients with deformities and limb length discrepancy for correction or lengthening. After the clinic, Dr Takazawa presented his research on Juvenile Idiopathic Arthritis.

On Wednesday, the clinic again started at 9 am and ended by noon. There were many cases seen during this morning session. In the afternoon, while some of the doctors were finalizing their presentations for the upcoming JPOA meeting in Kobe, Dr Kawamura and his wife, Chieko, offered to bring me to Tokyo Disney Sea. The weather was very pleasant. And best of all, we did not have to queue for any of the rides and therefore managed to cover quite a number of attractions. The night ended with a spectacular firework show. We returned to Chiba by 10 pm. It was a wonderful fun filled day!

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With Dr Kawamura at Tokyo Disney Sea.

Kobe

1st November – 4th November 2007

I checked out of the Port Chiba Plaza Hotel on Thursday morning and left for Kobe where the 18th Annual Meeting of the JPOA was held. We traveled on the Shinkansen to Kobe. The train is efficient, fast, with speed of up to 285 km/h and has a tilting ability to maintain the speed on curves. We reached Kobe in just under three hours, checked into our respective hotels and then attended a dinner cruise aboard the Luminous Kobe-2. I was introduced to Dr Hamanishi from Kinki University School of Medicine. He is the President of the JPOA, 2007. After a speech by Dr Hamanishi, Dr Herring and a few other prominent surgeons like Dr Kokubun, we started our dinner. It was a glittering affair. Kobe was absolutely breathtaking at night.

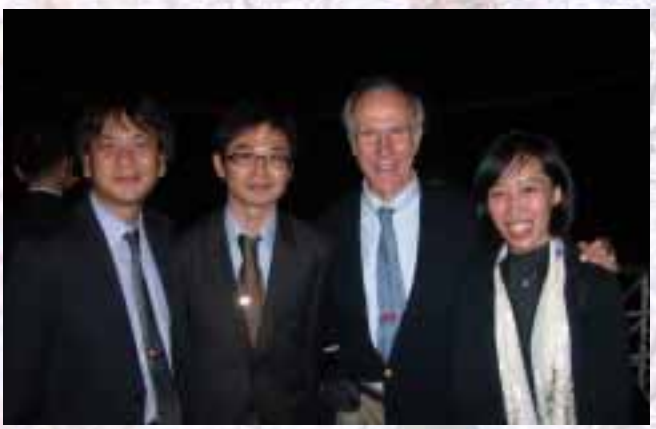


Photo taken aboard the Luminous Kobe from left to right: Dr Saisu, Dr Kawamura, Dr J A Herring and the author.

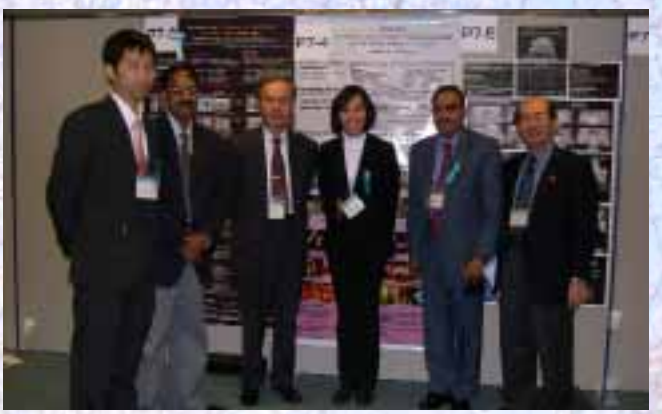
The 18th Annual Meeting officially started on 2nd November 2007. The topics covered during the meeting were very interesting although mostly in Japanese. Dr Saisu was kind enough to help translate some of the presentations for me. I managed to meet up with three other traveling fellows – Dr Panya from Thailand, Dr Anil and Dr Pandey from India. We all traveled to Japan to present our papers under different fellowships.

Dr Herring, from Texas Scottish Rite Hospital in Dallas, was one of the three invited speakers to give special lectures. Dr Gang Li and Dr Song from Korea also delivered their special lectures.

The first day of the meeting ended with a lavish banquet at Kobe Kacho-en. It was a very beautiful place, with great ambience. Dinner was very good. All the foreign fellows were presented with their certificate of attendance during the dinner.

Presented with certificate of attendance by Dr Kokubun

3rd November was the second day of the meeting. My poster presentation was in the evening, together with the other posters in English. It was chaired by Dr Kamegaya and the session ended at 5 pm. We caught the Shinkansen back to Tokyo and the subway back to Chiba. It was about 10 pm when we reached the hospital. I spent the last night in the hospital quarters and the following morning, I was sent to the airport to catch the plane home, marking the end of this fruitful fellowship.



Group photo of foreign fellows taken with Dr Kamegaya who chaired the English poster session.

Conclusion

I was very fortunate to be given this opportunity to travel to Japan as a fellow. I was informed by previous fellows that it would be a great experience and I strongly agree. I was able to see many cases and learn from my hosts even though the visit was short. I was touched by the warm and generous hospitality. Many thanks to Dr Kamegaya, Dr Saisu, Dr Kawamura and Dr Takazawa from the Orthopedics Department at Chiba Children's Hospital for their warm hospitality (and for teaching me some Japanese words!) despite their busy schedule.

I would like to thank the MOA for giving me this opportunity to represent the country and the JPOA for being a great host. Domo arigato-gozaimas!