



BERITA ORTOPEDIK

THE NEWSLETTER OF MALAYSIAN ORTHOPAEDIC ASSOCIATION

LETTER FROM THE PRESIDENT



My Dear Fellow Colleagues,

I hope this edition of Berita Ortopedik reaches you in time to wish you a very happy and prosperous 2020 New Year!

It is just with a blink of the eyes that we are at the end of 2019 and the closing of a decade that is full of challenges for our beloved country and orthopaedic fraternity. Never before in history has mankind made such amazing and rapid progress in science and medicine in such a short period of time. Medical practice nowadays is constantly evolving, it is becoming a big challenge to ensure that we are up to date with the developments. In Malaysia, like elsewhere in the world, the delivery of orthopaedic care is fast moving towards subspecialty practices, which in the last decade has seen rapid expansion both

in government, university and private sectors. The momentum of growth and expansion will continue to the next decade with greater speed and greater number of young surgeons playing various important roles. Thanks to easy access to data and information in the present digital age, patients and families are ever more demanding, better researched and informed. It is more important than ever to make sure that we are not left behind in our knowledge and skills or we face the risks of becoming outdated, obsolete and irrelevant. I earnestly urge all of you to come forward to explore, share, learn, inspire, teach, lead and MOA is the best platform to do so. The focus of MOA in the next decade will be mainly on education and training. It is of utmost importance to ensure continuous improvement of the quality and standard of orthopaedic training in this country. It is only when we are united that we can be truly strong.

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The council members and the Scientific Committee for the 50th AGM-ASM of MOA and 40th ASEAN OA meeting to be held from 17th-19th June 2020 in MITEC KL are working hard to bring to you the best meeting ever. I would like to invite all of you to come and join us in the most interactive and exciting meeting you will ever experience.

Thank You and Happy 2020! BO

Dr Chye Ping Ching

President of MOA 2019/2020



Don't get so busy making a living that you forget to make a life – Dolly Parton

The Holiday Season And Orthopaedic Surgeons

By Dr Amber Haseeb

It's coming to the end of the year with school holidays, Christmas and new year on the horizon. Christmas is one of the most widely celebrated holidays in Malaysia. Every Malaysian, no matter who they are, hops on the Christmas cheer come December. Are orthopaedic surgeons celebrating the holiday season or busy working to achieve year end goals?

balanced work-social life. Most work conscientiously through the year, achieving targets, teaching, research and publications. An article on work-life balance amongst orthopaedic surgeons showed on an average they work 70.3 hours per week, with an average of 40.9 hours dedicated to clinical duties, 12.6 hours to

administrative duties, 10.5 hours to education and 8.3 hours to research¹.

Do Orthopaedic Surgeons Have a Better Work-Life Balance?

Surprisingly, despite having a busy schedule all year round, orthopaedic surgeons were found to be satisfied and happy compared to physicians. Most (94.9%) orthopedic surgeons were happy with their chosen subspecialty. If given the chance to choose another career path,

A "White" Christmas

It is not the typical white scene for Christmas here in Malaysia, but we sure know how to get into the festive spirit with exquisitely decorated malls, giant trees, snowflakes and other colourful Christmas ornaments. Malaysians celebrate Christmas in a myriad of ways; eating, shopping, gifting, partying and travelling. Orthopaedic surgeons are no exception to achieving a well-



Malaysian version of a white Christmas at shopping malls

92.4% would not change career paths¹. When asked to rate their happiness on a scale of 1 to 10, with 10 representing "extremely happy," orthopaedic surgeons were significantly more likely than other physicians to respond 7 or greater (89% v. 78%, respectively; $p = 0.003$)¹. This survey was done on highly successful orthopaedic surgeons in an attempt to highlight their characteristics and lifestyle. So why exactly are orthopaedic surgeons happy despite long working hours? It was also noted that orthopaedic surgeons were more likely than other physicians to report exercising more than once per week (85% v. 69%, respectively; $p < 0.001$). Orthopaedic surgeons were less likely than other physicians to report feeling tired and stressed (23% v. 31%, respectively; $p = 0.05$)¹. Taking effort to maintain mental and physical health brings about happiness and job satisfaction. This comes to show that orthopaedic surgeons generally achieve a better work-life balance. May it be in terms of health, fitness, social, family

commitments or taking advantage of the holiday season to celebrate Christmas.

The Real Deal

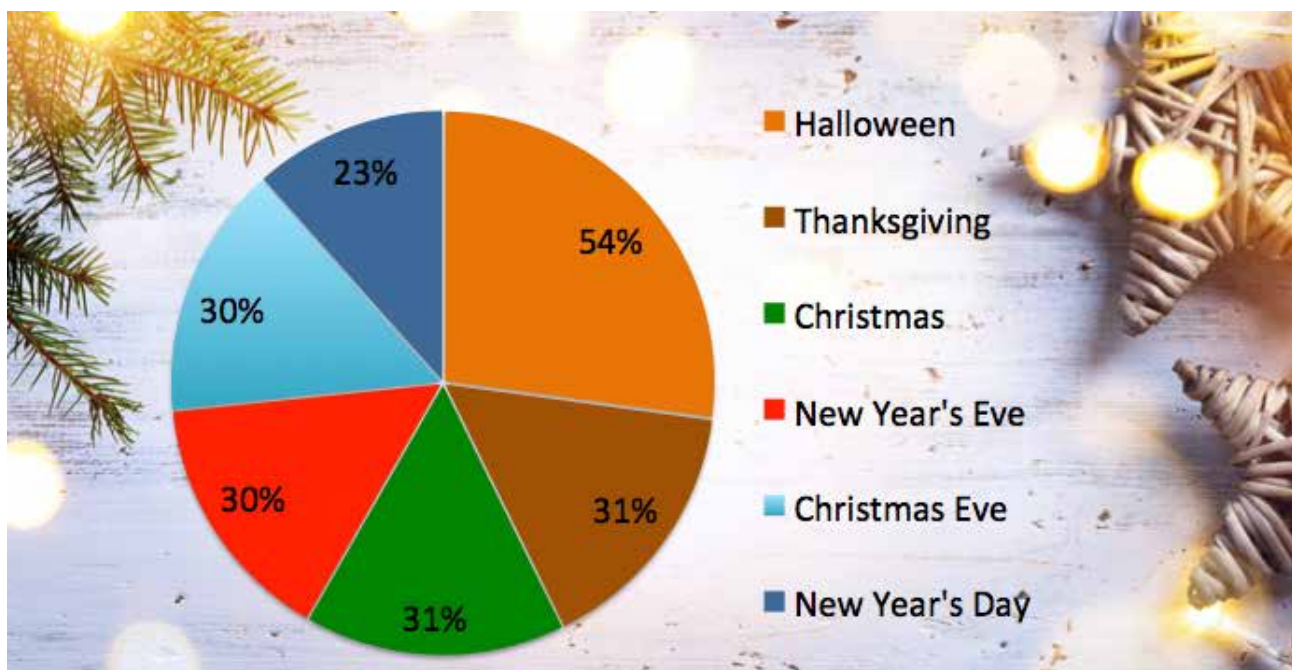
Quite a number of orthopaedic surgeons take this opportunity to have a short getaway with their family. Christmas is a public holiday in Malaysia and coinciding with school holidays makes it an ideal situation to unwind from their busy schedules. Most travel out of the country but those that don't get the privilege to take longer days off still celebrate by weekend getaways to much cooler places like Cameron Highlands or Genting. Some prefer Christmas

on an island such as Langkawi or Penang, where there is no snow but the sun and sand provide a relaxing way to spend the holidays. The holiday season comes in ideal, giving time to recuperate, recharge and set new goals for the coming year.

Not all Malaysian orthopaedic surgeons celebrate Christmas from the religious perspective but the festive buzz is contagious, and everyone embraces the spirit. Having said that, unfortunately accidents and falls don't take an off day. No one wants to be in the hospital for a holiday, but if there is a patient in need, there will be an Orthopaedic surgeon with a team ready to serve. BC



¹ Klein G, Hussain N, Sprague S, Mehlman CT, Dogbey G, Bhandari M. Characteristics of highly successful orthopedic surgeons: a survey of orthopedic chairs and editors. *Canadian Journal of Surgery*. 2013 Jun;56(3):192.



Picture adapted from: <https://www.sermo.com/doctors-work-holidays/>

■ Event

A Humanitarian Visit To Cox's Bazar

Date May 2018

Venue Bangladesh



I was invited by Colonel Dr Munir Osman of the Malaysian Field Hospital to volunteer in Cox's Bazar, Bangladesh (CXB) for a short 4-day mission in May 2018. It started out with questions on how to release a severe contracted wrist and hand. Another case cropped up, followed by yet another, and before long I had promised that I could make a trip to Cox's Bazar for a short 4-day stint to perform 5 surgeries.

Cox's Bazar is situated in the eastern part of Bangladesh, close to the border of Myanmar. It was named after a certain Captain Hiram Cox of the British East India company who attempted to rehabilitate the area. A market area was named after him hence the bazaar part. Unknown to the rest of the world except Bangladeshis, Cox's Bazar has the longest natural sea beach in the world. With the atrocities committed in Myanmar, over 1 million refugees

continuously cross over to Bangladesh daily resulting in one of the biggest refugee tented cities to be created in what was once a paradise.

I had spent 10 days in Bangladesh a month earlier under Mercy Malaysia on a volunteer mission, therefore I felt somewhat comfortable being familiar with this area; or so I thought. The journey was uneventful and Munir picked me up with a driver at the small CXB "airport" which was literally a small building no larger than a large classroom.

The site where we needed to provide service was 1 hour away from Cox's Bazar and since there are no proper accommodations available on site, we stayed in a nearby 3-star hotel in CXB and travelled daily to the refugee camp. One must pass through 2 small towns and a daily morning

market; which was haphazardly organized mixture of animals, products and stalls. It is interesting that amid all this chaos, life is not only sustaining, but flourishing as people go about trying to make a living for themselves. Nevertheless, what I had observed saddened me immensely. The sight of people sitting on their haunches selling vegetables and their children on thin mats, next to roads thronged with human, carriage, and livestock was simply heartbreaking. I could not help but to feel grateful for the things I am blessed with, as I watched witnessed this site from the safe confines of a 4WD.

Munir brought me to visit the Malaysian Field Hospital situated in Cox's Bazar funded by the Malaysian and Emirate governments. This facility is just a tented field hospital but is deemed as the best facility for the Rohingya refugees. In fact, I was informed that this facility is better than the best hospital in CXB town itself. It has an X-ray machine and a container operating theatre, which is considered as the most sterile set-up for miles around.

During my visit there, we operated on 4 patients over the span of 2 days. The children involved were aged 1 year 3 months, 2.5 years, 3 years and 6 years old. Of the cases I had observed, the most heartbreaking was of the 6-year-old child who was thrown into a fire by





the military from the neighboring country. She suffered injuries to the right ring and little fingers, with severe dorsal contracture and ulnar deviation. The other three cases were domestic injuries as the result of burning charcoal, a burning house and electrical burns. Two cases were categorized as severe. This also included a severe case of right wrist contracture and right 2nd -4th MCPJ hyperextension.


We did two cases on the first day and three cases on the second day. In this environment, performing hand surgery is most gratifying. I am expecting good outcomes from these procedures despite the limited equipment. More importantly, these surgeries were not dependent on expensive devices nor equipments to achieve successful outcomes. All I had with me was my own pair of loupes, sharp Steven's tenotomy scissors, Adson's toothed forceps together with various sizes of K-wires from 1.0-1.4 cm. Thankfully they had a wonderful K-wire driver donated by the Emiratis. Otherwise it would be difficult to insert these small wires.



There were no immediate complications. However, Munir did warn me that these children have little understanding of the importance of cleanliness and they would play in the sand right after surgery was done. That was our only worry with the K-wires inserted into bones. However, since these were temporary, I told Munir to remove them as soon as possible once the skin graft has taken up on the recipient sites.

As a reward for being able to provide surgical services successfully, we treated ourselves to two nights out enjoying the wonderful seafood and beach scenery in CXB. The general surgeon, Dr Tarmizi and anaesthetist, Dr Azlan were both wonderful company and shared many experiences operating in such austere conditions without the basic facilities we usually take for granted. For example – their blood bank consists of donated blood from the Malaysian army staff. All of them have their blood type listed in case of any emergencies. In theory, relatives of the patients are supposed to donate blood however these relatives themselves are anemic and malnourished so in reality the Malaysian army staff themselves are the only viable donors.

All in all, I had a fulfilling experience contributing to humanity. Whilst I am not able to change the human horror of persecution and poverty, I hope that my contribution here in CXB helped to alleviate human suffering; even if it was only a small speck of what appears to be an enormous and unrelenting

problem. I was happy to see that I am not alone in wanting to make a change and to make this world a better place. Salute and kudos to our Malaysian army personnel stationed there. I am sure many appreciate their contribution to humanity, an even if the world is not aware of their sacrifices; they have my utmost respect and appreciation. Thank you. 

We wish to acknowledge the Malaysian Field Hospital / Malaysian Government and, Malaysian Orthopaedic Association, Mercy Malaysia for their contribution towards this mission.

Written By:

Dr. Shalimar Abdullah &
Dr. Mohammed Munir Osman



■ Event

ASEAN Orthopaedic Association Junior Travelling Fellowship 2018 Report



Travelling Fellows:

Malaysia : Dr Nik Aizah Nabilla Bt Faheem
 Philippines : Dr Marcelino T. Cadag
 Myanmar : Dr Thurein Win Naing
 Indonesia : Dr Rhyan Darma Saputra
 Singapore : Dr Ken Lee Puah
 Thailand : Lt Col Dr Puripun Jirangkul
No representatives from Vietnam and Brunei

Date and Location of Travelling Fellowship:

25 October – 29 Oct 2018: Ha Tinh, Vietnam
 29 October – 3 November 2018: Singapore
 3 November – 6 November 2018: Surakarta (Solo), Indonesia
 6 November – 11 November 2018: Yangon, Myanmar

Introduction

The ASEAN Orthopaedic Association Junior Travelling Fellowship is an annual travelling fellowship where one participant from each member nation travel together and spend a few days in selected member countries. It aims to widen understanding of orthopaedic services and practices in ASEAN countries as well as foster closer camaraderie amongst the travelling fellows. I was very lucky to have been offered this opportunity of a lifetime last year.

Ha Tinh, Vietnam

My first scheduled visit was to Ha Tinh, a province located in central Vietnam. This was my first time to Vietnam, and to arrive at Ha Tinh, I had to take a transit flight through Ho Chi Minh. Upon arrival in Ha Tinh, I met my fellow traveller from Philippines Dr Marcelino T. Cadag, and Dr Thurein Win Naing from Myanmar. We unfortunately had no representative from Vietnam herself. Nonetheless, the staff from Ha Tinh General Hospital welcomed us with utmost hospitality. Later in the night we were joined by Dr Rhyan Darma Saputra from Indonesia, Dr Ken Lee Puah from Singapore, and Lt Col Dr Puripun Jirangkul from Thailand. Unfortunately, Brunei too was not able to send a representative.

We attended the 17th Vietnam Orthopaedic Association ASM the next day. This involved a visit to Ha Tinh General Hospital to watch live surgical demonstrations including spine surgery, total knee replacement, and arthroscopic shoulder labral repair. I was impressed with the medical progress that Vietnam has achieved considering its war-torn history not too long ago, and I am awed by the dedication of the Vietnamese to rebuild their country.

that orthopaedics has to offer. Most of the presentations were delivered in Vietnamese, but we still obtained good exposure to their current trends with the guide of their abstract booklet which was written in English. We also had the opportunity to meet and greet the president of the Vietnam Orthopaedic Association. During our fourth day in Vietnam, the hospital staff brought us on an eye-opening tour to see specific sites and landmarks around the city.

Singapore

The following day was congress day held at the hotel. A variety of lectures and papers were presented in fulfilment of all the subspecialties

Our stay in Singapore was very fruitful, being able to attend the 41st Singapore Orthopaedic Association ASM. We had the



With Professor Naresh Kumar, President of SOA 2017-2018.

chance to join the pre-congress robotic workshop, as well as attend many dinners and we were warmly welcomed by the President and other members of the SOA.

We also had the chance to meet and greet many of their local and international delegates. Dr Ken Lee Puah also found the time to take us on a tour of his workplace, Singapore General Hospital. Some of us were also given the opportunity to present our topics during their morning department conference. We also managed to visit the Gardens by the Bay, courtesy of SOA.

Surakarta (Solo), Indonesia

Our trip to Indonesia did not coincide with the Indonesian Orthopaedic Association scientific meeting, but we still had the opportunity to visit and tour two of their hospitals – Moewardi General Hospital and Profesor Soeharso Orthopaedic Hospital. Some of us also had the chance to present our topics to their specialists and residents. Dr Rhyan hosted us very well and arranged for a tour to the nearby temple and waterfall for us. We also were welcomed by dinner with the IOA Central Java President, Dr Bintang Soetjahjo.


Yangon, Myanmar

The epitome and final closure to our trip was the chance to attend the 50th Myanmar Orthopaedic Society ASM in conjunction with the 38th ASEAN Orthopaedic Association congress. We presented our travelogue during the AOA council meeting and received our certificates of participation then. Dr Thurein also found the time to bring us for some sightseeing around the city, not to mention the many lunch and dinners with good food that we shared. He also arranged a

smooth transfer back to the airport for each of us who flew home at differing times.

Conclusion

The Travelling Fellowship has been largely a huge success in achieving its goals. It was an eye-opening experience for me as I had the chance to understand in-depth the challenges in management of Orthopaedic conditions in other countries from the ASEAN region, through the experiences of my travelling colleagues. Most

remarkably, I was moved by how my colleagues from all walks of life, with diverse culture and language, all share a common passion in life with me – the love for Orthopaedic Surgery. Lastly, the most priceless thing that I acquired is the friendship that was forged between the six of us. 

Prepared By:

Dr Nik Aizah Nabilla Bt Faheem
University Malaya Medical Centre



7th Congress of the Asia Pacific Trauma Society and 1st Scientific Meeting of the APOA Foot & Ankle

Date 20th – 22nd September 2019

Venue Bangkok, Thailand




I was very fortunate to be shortlisted as one of the six finalists for Dr Robert Bauze Trauma Gold Medal Award at the 7th Congress of the Asia Pacific Trauma Society on 20-22nd September 2019 at Bangkok, Thailand together with my research partner Dr Amber Haseeb under supervision of Prof Vivek Ajit Singh of University of Malaya, Malaysia.

The meeting was held together with the 1st Scientific Meeting of APOA foot and ankle session. I had mixed feelings; both happy and nervous to be presenting my work on an International platform. I was fortunate to be given this

opportunity with some stipend from MOA. It was an honour to be able to share my research with orthopaedic surgeons from all over the world. Furthermore, the whole meeting was broadcasted live. It was an eye opening experience for me. The meeting provided a platform for us to exchange ideas with orthopaedic surgeons from other countries and subspecialties.

It was heart-warming to meet our teachers, seniors and friends. Also managed to make some new friends from other countries. It was a great pleasure to meet the Past President of AO Foundation

Dr. Suthorn Bavonratanaevch and listen to his plenary talk and his road to the 1st Asian President of AO Foundation International, indeed a very inspiring talk. I was also very impressed with the talk given by Dr. Jamal Ashraf APOA Secretary General, a comprehensive and crystal clear lecture. The other talks, including foot & ankle section were all very interesting and educational. Overall, it was a great experience and a good learning opportunity. 

Written by:

Dr. Lim Han Sim



IOA – MOA Exchange Fellowship 2019

Date 27th April – 4th May 2019

Venue Kuala Lumpur, Malaysia



I would like to start by thanking the Indian Orthopaedic Association for accepting my application for the fellowship program and granting me the inaugural IOA – MOA Exchange Fellowship 2019. This fellowship, even though short, was a once in a lifetime experience for me. It was a complete blend of academics and professional camaraderie with the added benefit of enjoying the beautiful metropolis of Kuala Lumpur. The fellowship was of 6 days.

Mr Ramesh Pandey was kind to arrange my e-ticket, well in advance. The local arrangements were meticulously taken care of by Ms Nicole and Ms Calysta on behalf of the Malaysian Orthopaedic Association. Prior to my departure from Lucknow, I received a Pre-departure letter enumerating details of my stay and itinerary in KL. Everything was conscientiously organised, for the entire duration of my stay in KL.

On my arrival at KLIA on April 28, I was met by a representative of the VIP Service of KLIA Express who accompanied me right to the lobby of the Hilton Hotel, where my stay had been arranged, and which was also the venue of the 49th Annual Congress of the Malaysian

Orthopaedic Association. I spent the next two days at the Department of Orthopaedics Surgery (NOCERAL), University Malaya. My pick up and drop, on both the days, was arranged by the University. The two days spent at NOCERAL were a wonderful learning experience.

I was fortunate to have an opportunity to spend these two days with the spine unit headed by Prof. Kwan Mun Keong. Unlike us Indian, their working day starts at 6:30 am with case discussions by the residents till 7:30 am followed by ward rounds. The entire unit headed by Prof Kwan and comprising Prof. Chris, Dr. Chiu, Dr. Chung and the two fellows, Dr.

Rommel from Phillipines and Dr. Yuki from Japan were wonderful. They introduced and shared with me, all the major publications they had done in recent few years.

Prof. Kwan and his team have one of the largest series of AIS. And have published extensively on the subject. They shared with me their basic concepts and very patiently listened to all my queries and answered them all enthusiastically. I was really impressed by them through planning for balancing the spine. They were very friendly and open to discussions and were welcoming to new ideas.

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■ Event



I was fortunate to tour the Department and University. To top it all, they took me for lunch to an Indian restaurant. Prof Kwan is an extraordinary teacher and one day I hope to go back and learn from him.

1st May, was Labour day; a public holiday in Malaysia. It was a golden opportunity to get a feel of the vibrant culture and the beauty of KL. I was determined not to miss the iconic Petronas twin towers. The view was mesmerising. I finished my day visiting some other historical places and the local market. Malaysians are very friendly and welcoming.


The next three days were spent attending the 49th Annual Congress of the Malaysian



Orthopaedic Association. It was an opportunity to hear and interact with internationally renowned faculty like Dr. David Choon, Dr. Tunku Sara, Dr. Saw Aik, Dr. James Hui, Dr. Frankie Leung, Dr. Lawrence Dorr, and Dr. Aree Tanavalee. I was also honoured to receive an invitation for the Presidential dinner where I had the opportunity to socialise and make new friends. During the conference I had the good fortune to listen to two wonderful Plenary lectures: one by Dr. Selvadurai Nayagam and another by Dr. Frankie Leung. I also got an opportunity to make a podium presentation followed by some good discussions.

The next two days of the conference were full of impactful lectures. There was a full wagon of experienced Orthopaedic surgeons from all over the globe discussing current and certain untouched areas of our specialty. Luckily, I got to meet some Indian colleagues, Dr. Sameer Aggarwal and Dr. Asish Gulia. We all had a great time together.

This fellowship program has been an unforgettable experience for me; making new friends, meeting new people from all over the world and learning new things. I was bowled over by the friendly disposition, humbleness and generosity of Dr. Azlina Abbas, Dr. David Choon and Dr. Kwan. They are truly the best of what our profession is all about. On the last day of the conference, I was again accompanied by the KLIA VIP Service to KLIA from where I boarded my flight back home.

I would again take this opportunity to thank the IOA President, Prof. Rajesh Malhotra, Secretary Dr. Atul Srivastava and Chairman International Fellowship Committee Dr. Jamal Ashraf, for the wonderful experience. 

Written By:

Dr. Vineet Kumar
RML Institute of Medical Sciences,
India



Exchange Fellowship Programme of MOA/IOA to IOACON Annual Congress 2018

Date 21st Nov -1st Dec 2018

Venue India

It was my great honour to represent Malaysian Orthopaedic Association (MOA) in this Exchange-Fellowship Programme with the Indian Orthopaedic Association (IOA) in conjunction with the 63rd Annual Congress of IOA in Coimbatore, India. This is the first joint fellowship in the history of MOA/IOA friendship. The Australian Orthopaedic Association (AOA) also joined this event by establishing their on-going support of AOA/IOA exchange-fellowship. I was glad to have the AOA fellows Dr. Matthew J. Hope and Dr. Arvind Jain in this programme. The first half of the programme was at Ganga Hospital, Coimbatore and the latter half was the Annual Congress of IOA itself at Codissia Trade Fair Complex, Coimbatore.

Ganga Hospital

Our visit to Ganga Hospital started a day after our arrival. We received a warm welcome by the Orthopaedic Department, led by Dr. S Rajasekaran and Dr.Dheenadhayalan.

Ganga Hospital stands at 7 floors with 450 beds, another 8-floored



Ganga Hospital, Coimbatore

new building is estimated to be fully functioning next year. This is a unique private hospital that caters for Orthopaedics, Neurosurgery and Plastic Surgery patients. It sets a high standard for Orthopaedics and Plastic Surgery training, being ranked the second best private hospital in India and the only hospital in India where the plastic surgery training is recognised by the Royal College of Surgeons in UK.

We were impressed by the coordination of the whole hospital, from the administrative clerks and assistants, nurses, trainees, registrars, surgeons, anaesthetists to the physiotherapists, working in their dedicated scopes and managing huge volume of patients. Ward rounds typically started at 7-7.30 AM, led by a senior surgeon with consistent teaching for trainees. Post-operative radiological discussion took place twice a week and morning teaching sessions on Saturdays.

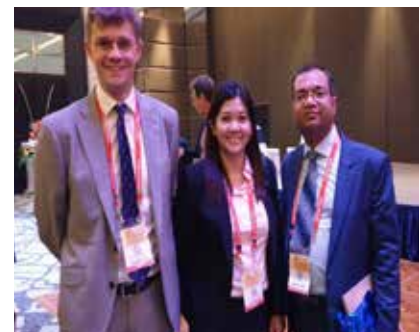
Clinics were well divided into subspecialties with 4-5 individual rooms. It was amazing to see how the consultants moved from room to room giving advice and plans on an average of 10 minutes per patient but maintained the doctor-patient rapport and satisfaction on patient's face. The clinics were no doubt hectic, but the flow of management was excellent, and patients were seen on time. There were assigned research assistants ushering patients to take clinical photos, copy images of X-rays/MRIs, and collect clinical data for documentation and study purposes.

The wards were categorised into economy rooms, comfort rooms, executive rooms and general rooms. Inter-specialty relationships were strong where Orthopaedic and plastic surgery teams co-manage open fracture to ensure optimal outcome post-trauma.

There are 17 operating theatres spread on two floors, each floor for plastic surgery team and Orthopaedic/neurosurgery respectively. Elective cases run every day except Sunday, starting as early as 5.30AM and usually ends at 8-9PM. The number of elective cases per day varies according to the subspecialties, e.g. 14-15 cases for sports team, 6-7 for hand and microsurgery team. Emergency trauma theatres run 24 hours every day.

We had the opportunity to observe several trauma and elective cases at Ganga Hospital. As a young surgeon pursuing Hand & Microsurgery, it was a great honour to meet Dr. S Raja Sabapathy, Dr. Praveen Bhardwaj

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With AOA fellows Dr. Matthew and Dr. Arvind.

■ Event



IOACON Conference entrance

and Dr Hari Ventrakamani. I gained new perspectives and knowledge in their clinics and theatres. I also presented on Saturday morning teaching session, titled "A rare post-traumatic radio-ulna synostosis and its management", and exchanged some opinions with local surgeons.

63rd Annual Congress of IOA

The 63rd Annual Congress of IOA started with showcase of live surgeries across 9 conference halls. The main entrance of the event was impressive with 4 real-sized animated elephants, adorned with rich Indian cultural decorations. This event set a record of broadcasting a total of 29 live surgeries across 9 conference halls on the same day. These live surgeries were performed in the hospitals by 9 different teams, namely Hip Arthroplasty, Sports, Spine, Trauma, Knee Arthroplasty, Paediatric Deformity Correction, Pelvic-acetabular

Trauma, Knee Arthroscopy and Shoulder Arthroscopy. We were overwhelmed with the diversity of cases and it was amazing to learn new tips and pearls in surgeries from experienced surgeons worldwide.

The second day of the conference was a full-day CME themed "Bone & Joint Infections – Rationale for Diagnosis & Management". The topics were informative and practical. We were honoured to listen to few distinguished surgeons, e.g. Dr. Javad Parvizi and Dr. Joseph Dias.

The subsequent three days of the conference were filled with high quality scientific symposiums, free oral presentations and forums. We were privileged to present our free oral papers in our interest groups. I was delighted to participate in IOA Women's forum, themed Raising the Glass Ceiling: Women Orthopods of IOA Collective

Empowerment (WOICE). It was a forum that showcased talents of female orthopaedic surgeons and the support that has been given from each member to young female surgeons/medical officer to excel in their career despite social and cultural difficulties.

The congress dinner and presidential dinner were spectacular. We met distinguished international faculty and association leaders, including Professor Edward Ted Mah (past APOA president), Professor Onder Aydingoz (past EFORT president), Professor Jae-Yoon Chung (past APSS president), Dr. David Martin (President of Australian Orthopaedic Association).

This exchange-fellowship programme was indeed an eye-opener. The experience, knowledge-sharing and new friendships are invaluable to a young Orthopaedic surgeon. My gratitude to Ganga Hospital and IOA organising committee for the arrangement of accommodation and transport, especially Dr. Jamal Asyraf (secretary general of APOA), Dr. Raja Bashkar and Dr. Ramakanth, who were our local guides and friends. Hopefully the friendship of IOA/MOA will grow and keep nurturing Orthopaedic surgeons from both countries. ⁸⁰

Written By:

Dr Liew Siew Khei



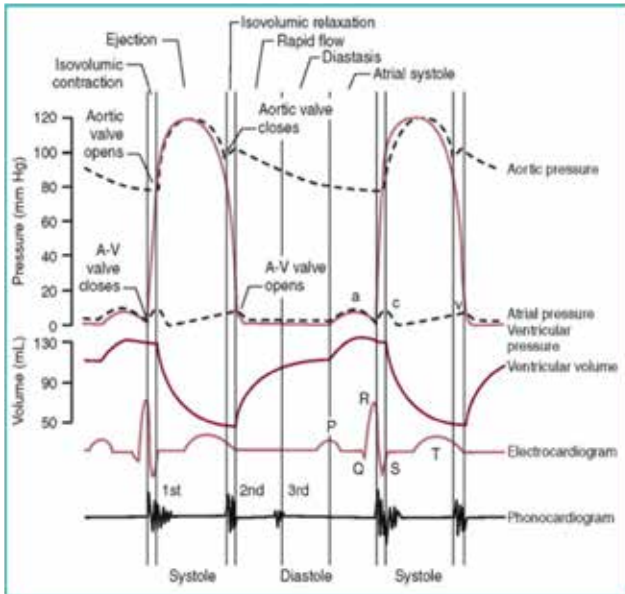
Live surgery in one of the conference hall



With Dr. Jamal Asyraf and Prof. Onder Aydingoz

Question 1

1. Draw a diagram to show how cardiac contractions are linked to the ECG trace.
2. Describe the salient points of the ECG waveform.
3. What produces the heart sounds?
4. What other ways can you investigate cardiac functions?

Answers:


2. The P wave represents the electrical activity as the atria depolarize. As conduction must spread through the whole chamber before muscle contraction can occur, this must represent the activity immediately before contraction of the atria. Similarly, the QRS complex is the depolarization wave for the ventricles and occurs immediately prior to contraction of the ventricles. The T wave represents the repolarization of the ventricles, which remain contracted until this has happened, so ventricular relaxation happens immediately after the T wave. A small atrial repolarization wave gets hidden in the much larger QRS complex.
3. Simplistically, the closing of the coronary valves produces the heart sounds. To be more precise, after the valves have snapped shut, a backflow of blood against them causes them to bulge taut into adjacent chambers and then rebound, forcing

blood back into the chamber in turbulent flow. It is the rebound of the taut valve cusps and turbulent flow that causes the heart sounds.

The first sound is caused by the closure of the atrioventricular valves, namely the tricuspid and mitral valves, and the second heart sound by the closure of the semilunar (aortic and pulmonary) valves. Rarely, third and even fourth heart sounds may be detected, caused by the inrush of blood into ventricles in the mid-third of diastole and during atrial contraction, respectively. They are normally too low-pitched to be detected by auscultation.

4. Investigation of suspected paroxysmal arrhythmias was greatly aided by the invention in 1961 of the continuous ambulatory ECG monitors, now colloquially known after its inventor – the Holter monitor. In many patients who complain of symptoms of angina, it is very difficult to quantify just how bad their symptoms may be – one solution is exercise testing. Under medical supervision, the patient exercises to a set protocol on a treadmill whilst wired to an ECG machine. Direct correlation can then be made between myocardial ischaemia as witnessed by ST depression on the ECG trace and the patient's symptoms.

Echocardiography utilizes ultrasound to give dynamic information about ventricular wall thickness and movements, flow across valves and akinetic segments. Thallium scanning uses a radioisotope, which is taken up by myocardial muscle in proportion to its blood supply; thus, well-perfused areas show up brightly on the gamma camera, whilst infarcted areas show up as holes.

Coronary artery angiography has revolutionized pre-operative assessment of ischaemic heart disease. Access is either by placement of a transvenous catheter to give information about the right heart or arterial catheter placement, allowing angiography of the coronary arteries and exact visualization of occlusive disease, which is studied closely by the cardiac surgeon prior to coronary artery bypass grafting. 

Credits:

- Questions and answers were reproduced from "Questions for the MRCS vivas by Jeff Garner and Peter Goodfellow.
- Diagram was taken from <https://www.sciencedirect.com/topics/neuroscience/cardiac-cycle>

■ Trainee Quick Quiz

**Question 2**

A 55 years old lady with underlying right sided CVA and diabetes mellitus presented to you in ED with complaint of gradual onset blackish discoloration of the right foot over 7 days duration?

1. What further history that you want to take?
2. What are the findings that you would look for?
3. What investigations?
4. What classification would you use and what is the grading?
5. How would you manage this patient?

Answer:

1. History:
 - i. History of presenting illness: Fever, pain, swelling, pus discharge, foul smelling
 - ii. Functional status: premorbid function to decide suitable management.
2. Physical examination:
 - i. General: Septic look, febrile, hydration status, drowsiness, tachycardic, pallor.
 - ii. Local: level of gangrene, sign of infections (wet, pus, inflamed surrounding, tender, crepitus, foul smelling), ROM of the knee
3. Investigations:
 - i. Blood: FBC, RP, Coagulation profile, ECG, blood C&S
 - ii. X-rays: right foot, right tibia
4. Wagner classification Grade 5
5. Management:
 - i. Emergent: adequate hydration, oxygen, preoperative investigation, blood c&s, start broad spectrum antibiotic, input output charting, optimize all the parameters for surgery
 - ii. Definitive: nil by mouth, consent, blood GXM, below knee amputation, amputee rehab referral. BO

Disclaimer: The case described is fictitious and the images we randomly taken from the Internet for illustration purposes only. Any resemblances to any individual or cases that has occurred to person presently living or dead incompletely unintentional.