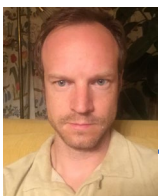


Dr. T. Borgström



Dr. H. Wohlgemut



Dr. N. Silver



Dr. F. van der Zeeuw



Dr. J.B. de Villeneuve Bargemon



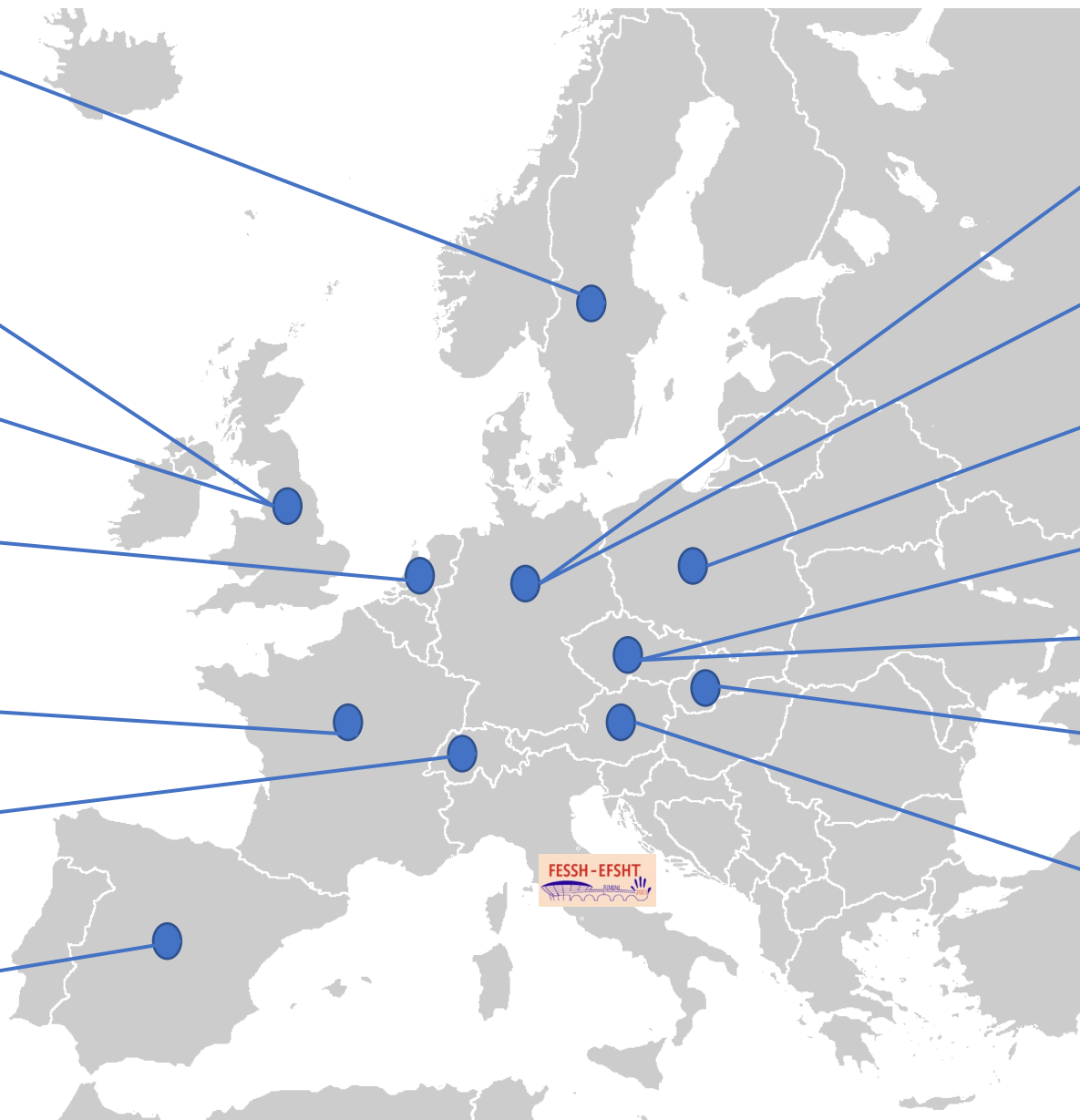
Dr. G. Bollmann



Dr. S. Alabau



# 2023 FESSH/SICM TRAVELLING FELLOWSHIP



Dr. N. Knie



Dr. M. Thielen



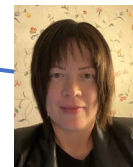
Dr. J. Kot



Dr. M. Vlach



Dr. E. Sulcova



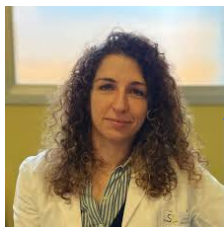
Dr. K. Muraközy



Dr. T. Mehdiyev



Dr. B. Battiston



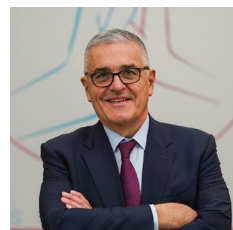
Dr. E. Mijno



Dr. P. Tos



Dr. L. Marengi



Dr. G. Pajardi



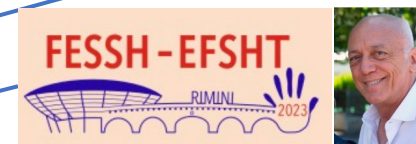
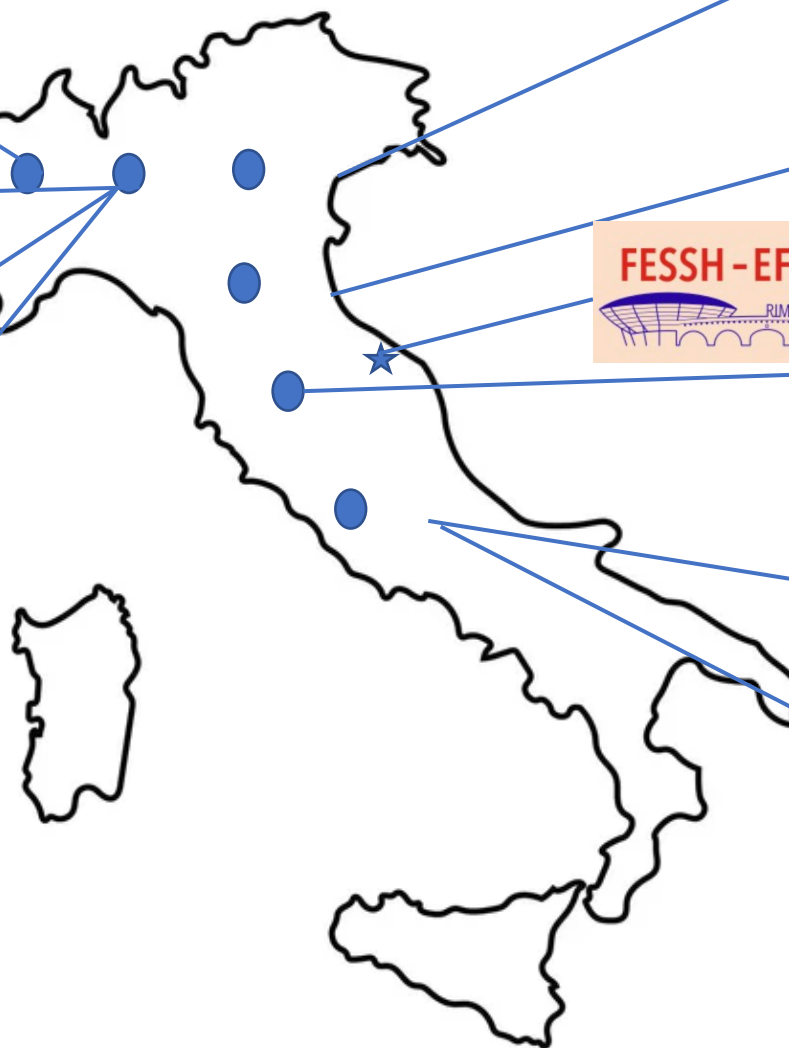
Dr. E. Rosanda



Dr. A. Lazzerini



Dr. L. Marzella



Dr. M. Corain



Dr. R. Sartore



Dr. R. Adani



Dr. A. Leti Arciario



Dr. S. Pfanner



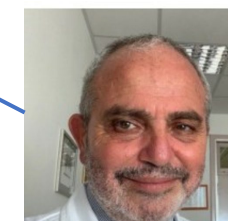
Dr. A. Poggetti



Dr. N. Felice



Dr. D. Tosi



Dr. V. Mazzone



Dr. C. Fulchignoni

## FESSH-SICM Travelling Fellowship report

When I got the email that I was accepted for the FESSH travelling fellowship in Italy, I was thrilled! I could not believe how lucky I was to have such a great opportunity to get to know other hand surgery departments in such a beautiful country like Italy!

My first week started in Verona with Dr. Corain and his team at the University Hospital „Borgo



*Picture 1 – Joanna from Poland and me during our first week in Verona*

Trento“. It was a very warm welcome and I was introduced to the whole team of consultants and residents. Dr. Roberta Sartore, one of the consultants, organized the whole week for the fellows, gave us a plan and showed us around. I saw a lot of interesting surgeries and Dr. Corain and his team explained everything. It was also fascinating to experience a new technique for soft tissue dissection using an exoscope with 3D vision. In the outpatient clinic I saw a lot of cases of congenital hand deformities who either came for the first time or who were already treated and came back for a follow-up. It was especially interesting to see so many

children of all ages with previous therapy or surgery and how they were doing over time. There was also a lecture about the lunotriquetral ligament which I enjoyed very much being able to have another professional exchange between different hand surgeons in the following discussion. In the end, Dr. Corain invited the whole team for dinner at a very nice restaurant with a spectacular view of Verona.



*Picture 2 – Dr. Corain and his Team of hand surgeons with Joanna and me*





*Picture 3 IRCCS Ospedale Galeazzi – Sant'Ambrosio*

lost. Dr. Luciana Marzella, who organized everything for the fellows, always made sure that we found our way through the jungle and that we had everything we needed. She is an expert in vascular malformations and gave us some insight on the topic. Overall Dr. Lazzerini and the whole team was very friendly and always explained everything. There were many trauma cases but also elective surgeries. And also during the small

operations in local anaesthesia, there was something one could learn. For example, Dr. Lazzerini showed me a new technique for carpal tunnel release to avoid the pillar pain around the scar. On our last day, Jonathan Hobby came to visit and gave a small presentation on PIP Joint replacement. It was very interesting because of his great experience in the subject and all the studies he has done. Thereafter, Dr. Lazzerini and his wife Dr. Marzella invited us all for dinner at a very nice place with traditional neapolitan Pizza. It was a unique experience and a very nice evening!

The journey continued after 2 fabulous weeks of visiting Verona and Milan, and I finally came to Rimini and enjoyed meeting all the fellows from all over Europe. I already had a chance to get to know Joanna, a fellow from Poland, during the past 2 weeks since we were paired up in two and visited the same centers. I learned a lot about hand surgery in Poland and I am grateful for the time I could spend talking about differences and also similarities of our jobs in different countries back home. Before the Congress, there was a lecture for just the fellows, which I also found extremely useful. The presenters were all renowned hand surgeons in Europe and not only the presentations but also the discussion afterwards in such a small group, was a great experience. The Congress then started with the educational afternoon and a lot of interesting talks on different subjects. The following days were filled with presentations, sessions and workshops which I found very useful for

The second week I went to Milan to join Dr. Lazzerini and his team of hand surgeons. The IRCCS Ospedale Galeazzi – Sant'Ambrogio is one of the biggest and most modern hospitals I have ever seen. It has only opened last year and there is still construction going on around. It is so impressive, has over 16 stories and approximately 56 elevators, and you can easily get



*Picture 4 Dr. Lazzerini and Dr. Marzella with Dr. Jonathan Hobby and us fellows: Joanna from Poland, Katalin from Hungary and me*

my practice. But it was also about reconnecting with so many people from all over Europe. Our travelling Fellowship Session brought us all together again and we received the certificates in the end. This was a very special moment but also a sad moment since this meant it was over.

During the fellowship I did not only learn about hand surgery itself, but also about treating patients in another country and about different ways of approaching a problem or working in a team. I learned that Italians are great hosts and made many new friends who I will hopefully see again during the next FESSH Congresses to come.

**MEHDIYEV Turkhan, M.D.**

University Hospital for Plastic, Reconstructive and Aesthetic Surgery Innsbruck, Austria

### **FESSH Fellowship Report (26<sup>th</sup> April to 13<sup>th</sup> May 2023)**

This was the second year that the FESSH Fellowship took place, and I was granted the opportunity to travel to prestigious hand surgery centers in Italy. In the first week of my fellowship, I travelled to Torino and visited the Complesso di Traumatologia del C.T.O where I was hosted by Prof. Bruno Battiston. The C.T.O in Torino is a renowned medical facility known for its expertise in trauma and hand surgery. On the first day of the fellowship, I had the privilege of observing Prof. Battiston and his colleagues perform a reconstruction of a finger nerve using a muscle in vein conduit (Figure 1). This method for bridging nerve gaps was developed by him and his research group. In their experimental and clinical research, they have showed superior results of bridging nerve defects ranging from 0,5 to 6 cm in length to those reported with other kinds of conduits. In addition to the nerve reconstruction surgery, I also had the opportunity to observe a Sauve Kapandji procedure.

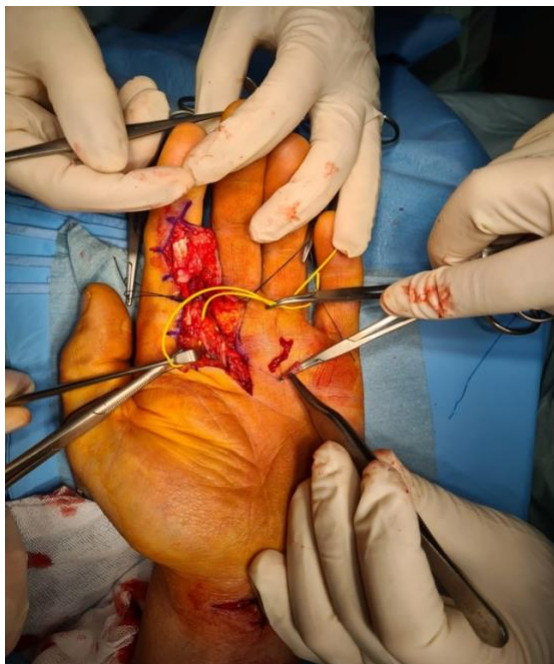


Figure 1

On the following day of the fellowship, I had the opportunity to witness a complex surgical procedure led by Prof. Bruno Battiston and his team. The surgery involved a patient who had previously undergone treatment for a distal radius fracture with a TFCC rupture that went unnoticed at another hospital. Unfortunately, the patient developed a severe contracture on his hand following the initial treatment. To address this issue, Prof. Battiston performed an extended tenolysis of the flexor and extensor tendons, lengthening of the flexor tendons, along with ulna shortening and plating. Additionally, a free ALT flap was used to close the defect on the palmar side of the forearm. After the surgery, Prof. Bruno Battiston kindly guided us through the C.T.O. hospital, providing us with a comprehensive tour of the burn unit and spinal surgery and rehabilitation center.

I really appreciated the exceptional hospitality extended to us by our hosts in Torino throughout the fellowship. Their warm and welcoming nature not only created a pleasant and inclusive atmosphere but also fostered a team spirit among the fellows and residents. On one evening, we were invited to a pleasant dinner at Dr. Maddalena Bertolini's house (Figure 2). The gathering provided an opportunity for informal discussions, networking, and building relationships with fellow colleagues.



Figure 2

Prof. Bruno Battiston also demonstrated his kindness by inviting us to his favorite restaurant in Torino. This gesture not only allowed us to savor the local cuisine but also provided an informal setting to engage in conversations and learn from his experiences outside the hospital setting. It was an insightful and enjoyable evening that further enhanced our fellowship experience.

During the second week of our fellowship, we had the privilege of visiting the hand surgery unit led by Dr. Pierluigi Tos at the C.T.O. in Milano. This part of our fellowship provided us with additional valuable experiences and insights about different aspects of hand surgery. We had the opportunity to observe the use of a Suzuki frame for complex intra-articular fractures of the proximal interphalangeal joint of the small finger (Figure 3 and 4).

In conclusion, the second week of our fellowship at the C.T.O. in Milano, under the guidance of Dr. Pierluigi Tos, proved to be an equally enriching and interesting experience.

During the third week of our fellowship, I traveled to Rimini, where I had the opportunity to connect with fellows from other countries. On Monday evening, a dinner was organized for all the fellows, providing us with a platform to get to know each other, share our experiences, and exchange valuable insights from the past two weeks.

The presence of esteemed individuals such as Dr. Jonathan Hobby from BSSH and Dr. Brigitte van der Heijden, the Chair of FESSH, further enhanced the significance of this gathering. Their presence offered us the opportunity to engage in meaningful conversations, gain insights into the broader field of hand surgery, and establish valuable connections within the professional community.



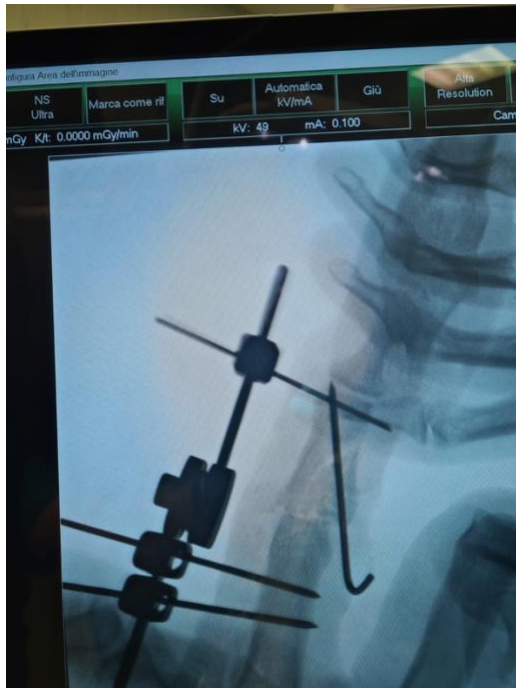


Figure 3



Figure 4

On Tuesday, during our stay in Rimini, we had the privilege of attending a comprehensive teaching session led by experts in the field of hand surgery. The session covered a range of topics, providing us with valuable insights and knowledge to enhance our understanding and skills.

Dr. Jonathan Hobby delivered presentations on "Statistics in Hand Surgery" and "Dealing with a complication". Dr. Riccardo Lucchetti shared his expertise in "Wrist Arthroscopy" shedding light on the indications, techniques, and potential benefits of this minimally invasive procedure. Additionally, Dr. Daniel Herren provided insights into "Joint Replacement in the Hand," highlighting the indications, surgical techniques, and outcomes associated with joint replacement procedures. Furthermore, Dr. Pierluigi Tos shared clinical cases of microsurgical reconstruction of hand injuries.

On Wednesday, we had the opportunity to attend both the educational afternoon and the opening ceremony of the congress.

On Thursday, as part of the fellowship program, all the fellows had the opportunity to present their best or worst cases during a special session. This session provided a unique platform for fellows to share their clinical experiences, challenges, and outcomes with their peers. By presenting our cases, we not only had the chance to reflect on our own experiences and learn from them but also had the opportunity to receive feedback, suggestions, and insights from our peers.

In conclusion, participating in this fellowship program has been an immensely valuable and enriching experience. I am grateful for the opportunity provided by the organizers to enhance my knowledge, skills, and professional network in the field of hand surgery. I express my sincere gratitude to the organizers for selecting me for this fellowship and for their meticulous planning and execution. I am thankful for the hospitality and support extended to me by my hosts, Prof. Bruno Battiston and Dr. Pierluigi Tos and their teams.



I am excited to apply the learnings from this fellowship to my future practice, and I am confident that the connections established during this experience will contribute to my professional growth and development.

WEEK ONE - Rome

I spent the first week of the FESSH fellowship at St Camillo Hospital in Rome. The first day was spent in the theatre. I was able to observe the transfer of the medial branch of the radial nerve to the axillary nerve for the restoration of deltoid function. Dr Felici explained his expert tips for performing the procedure. In the afternoon, the surgical team performed an ALT flap. The second day was spent in the outpatient department. I was able to see several interesting cases including a SCIP flap for reconstruction of the dorsum of a hand following a burn and a Brunelli flap with vascularised bone graft.

On the same day, the department runs a minor surgery theatre for small procedures such as trigger digit and carpal tunnel syndrome. I found the setup of this list interesting, as it was highly efficient (performing up to 18 procedures in one day), and I think it would be useful to take this back to my own unit. They have a protocol including one IV access, anticoagulation continuation, all procedures performed on the same side to avoid wrong site surgery, there is no scrub nurse, but surgical sets made up in advance and office-based sterility.



On my last day at St. Camillo, I was able to see an opponensplasty using the EDM for restoration of opposition and adduction following injury to the motor branch of the median nerve following a spaghetti wrist repair. The Fridén weave was used. The second procedure was the Paneva-Holevich technique for FDP reconstruction following the failure of primary repair in trauma elsewhere. On the Friday afternoon we were invited to the Italian Orthopaedic Nerve Meeting hosted by Dr Felici and Dr Spoliti.

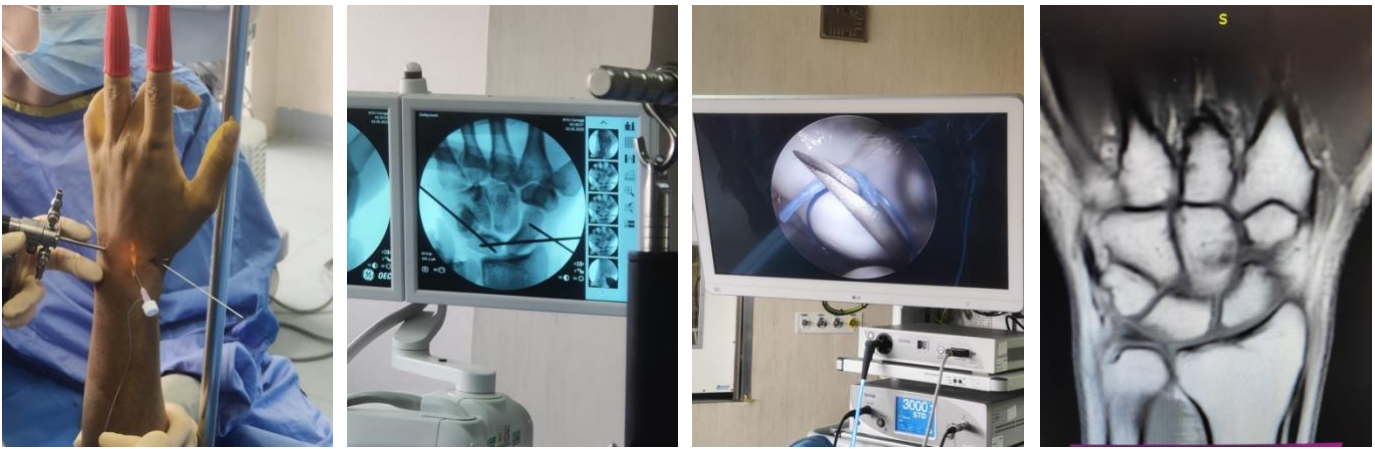
During the first fellowship weekend, spent in Rome, I was able to visit the Vatican and the Colosseum. Seeing the ceiling of the Sistine Chapel was an incredible experience. On the Monday I travelled to Florence with my co-fellow Sergi Alabau.



## WEEK TWO - Florence

The second week of the fellowship was spent in the city of Florence at the Hand Surgery department at the Careggi University Hospital. The first day was in the operating theatre. The first patient was a young man with mid carpal instability. In my clinical practice in Scotland, I do not routinely manage patients with wrist pathology. Therefore, in preparation for the European hand examination, this case was very interesting learning point. The patient had dorsal capsule instability. Examining his wrist, he had a mild clunk, and the plain x-rays had a mild DISI deformity. Arthroscopy was performed to remove the synovitis and cauterise the dorsal capsule with the intention of causing scarring and stiffness. He also had k-wiring of the proximal carpal row and plication of the dorsal capsule.





The second case was a revision volar plate to a non-union of a distal radial fracture, following an adequate reduction at another hospital. The third case was a scaphoid non-union. They used a non-vascularised bone graft from the iliac crest using a cylindrical bone graft harvester. I have not previously performed a bone graft harvest in this manner. I thought it was a good method because, it provides a block of trabecular bone that could be shaped to fit the defect, after removal of the cortical layer. Following this a compression screw was placed.



The last case of the day was a volar plate to a complex distal radial fracture in a young patient. The list was extremely efficient. It was set in a day case theatre, with a block room. This allowed the block of the upcoming patient to be performed while the previous patient had their procedure. This system permitted the team to perform six longer cases in a day. In my current place of work we routinely perform upper limb cases under brachial plexus block. However, we do not use a block room for efficiency, therefore increasing the down time in theatres. I would like to take this method of structuring the list back to my own unit.

I was able to attend the outpatient department on the Wednesday and Friday of the second week of fellowship. There was a theatre list on Thursday. Cases included several patients with Dupuytren's disease having fasciectomy. And a patient requiring repair of both their Superficial radial nerve and median nerve following an injury.

At the end of the second week of fellowship, the surgical team took us out for some local food. We went to a Trippa to eat Lampredotto, which is a local food made from cow's stomach. This isn't a world away from eating Haggis in Scotland, so I felt right at home! Although the chief recommended it, his residents weren't so sure.



### FESSH CONFERENCE RIMINI

The last week of the fellowship I attended the FESSH Annual meeting in Rimini. Over the three-day conference I was able to attend some fantastic sessions. On the Thursday I attended the session on social media in hand surgery, followed by Green Sustainability in Hand Surgery. I got some tips on how to improve my use of social media in my practice, how to use advancing artificial intelligence to support my practice and how to improve sustainability in my department. I am on the committee to deliver the European Journal of Hand Surgery Online Journal Club and we delivered a live journal club at the conference. Following this I presented my case on macro

plantation “tips and tricks” at the fellow session followed by receiving my fellowship certificate that afternoon. I attended the Young Hand Surgeons volleyball event, and was able to meet other young hand surgeons, which was useful event for networking. I was able to attend an entire day on peripheral nerve surgery on the Friday, from nerve compression to brachial plexus which I thoroughly enjoyed.

## SUMMARY

I am very grateful to FESSH for funding me on this unique opportunity to participate in this fellowship program, that I otherwise would not have been able to afford. I am very grateful to both centres for hosting me so wonderfully, and for all that I have learned. I am so pleased to have met my co-fellow Sergi Alabau, I hope we will stay in touch. He was able to connect me with Dr Soldado, so I can hopefully continue to learn more about congenital hand and obstetric brachial plexus injury. I am grateful to have attended the FESSH Rimini Conference, and to learn from my hand surgery colleagues from around the world! A big thank you to all the people who worked hard to put the fellowship program together, their work was very evident, and all the fellows had a fantastic time as a result.



# FESSH-SICM Travelling Fellowship report

My name is Joanna Kot, from Poland, and thanks to FESSH Travelling Fellowship project I was able to spend a couple of weeks in Italy.

First week I spent in Verona in Azienda Ospedaliera Universitaria Integrata with Dr Massimo Corain, Dr Roberta Sartore and their team. During this period I was able to observe, for the first time, 3D microsurgery camera in use (to excise huge aneurysma in hypothenar), watch wrist's arthroscopies and S-L ligament reconstructions. We have spent a lot of the time in OR seeing also distal radius fracture repositions and carpal tunnel syndrome release – what was very educating, due to some differences in surgical technique. When work in OR was done, we could accompany Dr Corain's team in out-patient clinic – thanks to that we could discuss treatment of syndactyly or children's hand injuries. We had also possibility to participate in journal club at the time – lecture and team's debate about LT ligament instability I found highly valuable.



I have spent the second week of fellowship in Istituto Ortopedico Galeazzi – GSD in Mediolan with Dr Alberto Lazzerini and Dr Luciana Marzella and their team. I had the chance to observe APSI arthroplasty, arthrodesis of the wrist using plate and follow trapeziectomies. Our journal club about wrist anatomy and biomechanics brought me to understand some aspects of it, which were difficult for me at that time.



Throughout this two weeks I also had occasion to watch excisions of ganglia, small tumors and trigger finger release performed by different surgeons – which was interesting, because I could compare my own technique with them and spy, how they perform those procedures quickly, efficiently and with good esthetical effect. I also noticed clear distinctions in care of patients after surgery – there was a lot of time and effort put in their education and rehabilitation.

Both teams – specialists and residents – treated us with great hospitality. Watching Verona city at night from the hill, eating pizza together, spending time on meaningful conversations were wonderful moments.



Last week was the FESSH Congress in Rimini. The amount of useful knowledge was tremendous. Possibility to exchange thoughts with people from all over the world was unique. This week was also some kind of test for me – as a fellow I had to give short speech during Congress by myself. I felt insecure and tensed because it was my first presentation in English, but thanks to that I have learnt much about myself.



Due to this fellowship I have definitely broadened my professional horizons and found inspiration. I collected tips and tricks to perform procedures more efficiently and improved recommendations for patient after trauma and surgery. I was able to learn – last, but not the least - the true taste of pasta and how to drink espresso like a pro. I will be fond of all memories gathered in Italy!

**Grazie!**





# FESSH travelling fellowship, Italy 2023.

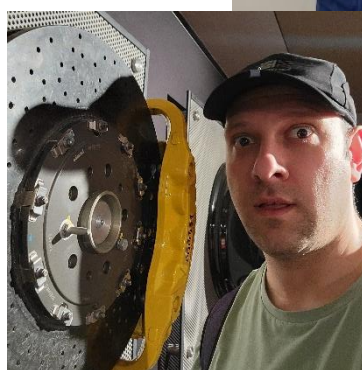
Fellow's report- Natan Silver, Liverpool, UK.

## Week One – Modena

My travelling fellowship kicked off in the lovely town of Modena in Dr Roberto Adani's hand unit. The hospital has one of the largest hand surgery units in Italy with 13 consultants and they are renowned for their skills in microsurgical reconstruction and congenital deformity practice. They also have a large arthroscopic practice and receive referrals from many other hospitals. Many Italian hand surgeons cut their microsurgical teeth on one of Dr Adani's courses, which have been running for many years.

The team were very welcoming and took good care of me during my stay. They gave me a little tour of the department and let me know in advance what operations I would be observing. They introduced me to their excellent Italian coffee and saved me from an angry barista when I made the mistake of ordering a cappuccino in the afternoon. Dr Adani and his team were gracious enough to arrange some interesting operations for me to observe, such as a pollicisation, an opponensplasty/IPJ stabilisation with FDS4, and a toe-to-thumb transfer (photo - clinical). I also saw Dr Della-Rosa expertly perform several arthroscopic/mini-open scapholunate repairs using a technique that he has helped develop and has published (photo - fluoroscopy). I have to say he is the fastest surgeon I have ever seen! Aside from the various operations I saw I also took note of many small differences from the centres I have trained in, such as methods used for scrubbing, gowning, burying k-wires, closing wounds and so on. On the final day I was touched to receive a beautiful present from Dr Adani – his very own home-made balsamic vinegar!

On Saturday I joined the local Jewish community for prayers at the beautiful and historic synagogue that dates back to the eighteen hundreds, then spent the afternoon walking through the quaint Italian streets of Modena. I spent my last day visiting the two Ferrari factories (one in Modena and one in Maranello) and met some of my teenage bedroom wall posters (F40!) before travelling to Rome for my second week in Italy.





## Week Two – Gemelli hospital, Rome

We were welcomed to Rome by the president of YEHS and one of the fellowship organisers, Camillo Fulchignoni (sorry Camillo, I still don't pronounce it properly), who hosted us in the Pope's hospital, Gemelli. The hand department there is led by the energetic Dr Vincent Mazzone who is known for many achievements and has published and presented his utilisation of a lateral approach for PIPJ arthroplasty, which he demonstrated for us during our visit.

Whilst in Gemelli we observed many other procedures which included corrective phalanx osteotomies, tumour resection, arthrodesis, trapeziectomy, Darrach's procedure, several minor operations and many trauma cases. Two things that stood out for me were Dr DeVitis' insertion of phalangeal k-wires by hand and Dr Rocchi's modified Weilby sling that he uses for trapeziectomy and that he has published together with Francesco Brunelli. My only complaint was that we didn't always know what operations we would be observing and some of the procedures were repetitive or mundane. Apart from these minor issues the team were wonderfully accommodating and readily answered my many questions about the way they do things. Also, the coffee in Gemelli was even better than in Modena!

On Camillo's recommendation I headed over to the Bhaghetto restaurant on Saturday night and sampled their iconic Roman artichoke. After the meal I scooted around the centre of Rome and visited some of the famous sites like the Colosseum. I left Rome on Sunday morning and took a high speed train that reached 299kph (I was pretty disappointed not to hit 300) en route to Rimini.





### Week Three – Rimini

The third week saw the fellows come together as a group and gave us an opportunity to share our collective experiences and socialise. After a day off on Monday we met all the other fellows for the first time in the evening and had a lovely time socialising. We took advantage of the opportunity to share stories about where we had been placed and then took even more advantage of the free bar. We were provided with two educational days, the first being exclusively for the FESSH fellows and the second being open to all conference attendees. The education days were both interesting, but I personally enjoyed the first one more – the sessions were nicely tailored to our level and experience, and we were honoured to receive lectures from the FESSH educational chair and the secretary general himself!

The main conference began on the Thursday and there was a compulsory session for us to present an interesting case from our own practice. We were invited later in the day to join the FESSH delegates meeting and we were presented with our fellowship certificates and had a group photograph.

I think the thing that struck me the most during this last week was the sense of belonging to an international network of like-minded individuals and the many opportunities and benefits that brings. This was especially poignant during the conference and particularly at the FESSH delegates meeting to which we would not normally have been privy to. I witnessed hand surgeons from different countries and cultures coming together and sharing their thoughts on many topics. I saw people from different backgrounds spending time together with close friends and voting on issues integral to the society that brings them all together. I realised that the main thing I took away from the fellowship was not clinical knowledge or a new technique (not that these aren't important), rather the opportunity to begin building the kind of network and relationships that have been built through previous generations of hand surgeons' involvement with FESSH. I sincerely hope I will be able to cultivate these new friendships and in years to come contribute in my own way to FESSH. Thanks for having us!

