



Name: DR SANJIV RAMPAL
Country of residence: Malaysia
Country of visiting fellowship: Italy
Name of the host: Alessandro Masse
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Report to EFORT:

EFORT fellowship with Prof Alessandro Masse in CTO hospital Turin, Italy
EFORT fellowship started off well with a formal introduction to Prof Alessandro Masse with exchanges of souvenirs and gifts. I was honoured to be hosted by a reknown and well established surgeon in one of the biggest trauma and hip centers in Europe.

Prof Alessandro Masse had introduced me the whole team including the head of units plus lecturers of each subunit in the team. CTO Hospital in Turin has an enormous amount of doctors which delivers high-class services in the public sector.

Clinical Activities highlights would include Prof Masse diligent and organized method of running huge volume surgeon team. All clinical activities were organized and well described at the end of the previous working week. Clinical data and morning Passover of new cases mainly trauma-related arthroplasty was discussed every morning at 7:30 am. Unique cases and complex cases were discussed with use of latest imaging radiographs and computer tomograph with 3dimensional overhead projectors. Senior surgeons and Prof Masse would give opinions and discussed evidence-based surgical approach including important surgical approach. One case, for example, was a discussion of containment fracture ilium and acetabular pelvis in 65 years old



who had osteoarthritis of the acetabulum. The discussion resolved around whether to fix the fracture and then wait to replace the joint at a later stage or do it together. It was decided that one single fixation and a total hip replacement was a viable and preferred option. This was an interesting perspective and probing more showed published articles from CTO hospital which shows good evidence behind the decision.

Besides morning Passover, clinical ward rounds were done in organized and planned manner. Prof Masse would take time and care to explain the interesting cases which then clinical approach was discussed. Italian patients were very cooperative and surprisingly were very educated and bilingual which made the exchange of clinical questioning much easier.

Much of the clinical activities resolve around the daily operation. Prof Masse was great at explaining the stepwise approach to addressing primary and revision total hip. Prof Masse explains that for primary hip his surgical approach of choice is anterior approach and bikini approach for females. In his hands, it is less invasive, quicker and shorter recovery period. The emphasize of making each clinical judgment based on each case was the core of all decisions. He went on to describe that he would do a bikini approach if female request specific surgical approach especially younger females worried about the scar.

CTO hospital experience was enriched with meeting younger lecturers who were well up to date and well published. I had the unique experience of meeting experienced surgeons who were interested to exchange knowledge on current research and future projects together. Dr. Aaprato who is a hip consultant with the team had introduced to a few leading researchers of the



team during the social event in the first week of fellowship. I had a golden opportunity to co-write a scientific paper regarding the update of surgical hip arthroscopy techniques and its use in alleviating labrum injuries especially in the young. I was introduced to the radiologist who is involved with the scientific paper and newer imaging treatment modalities were discussed. We plan to submit this paper for EFORT Annual General Meeting scientific programme next year. Besides this, there was journal club where there were presentations of latest journal articles and discussion of updates of current treatment of hip pathologies on every forenoon with presentations and participations of other fellows and postgraduates. This sessions was attended by many medical students and surgeons from other hospitals. Exchanges of ideas and evidence-based information was up to date.

This fellowship had numerous social activities that were attended by the complete team. On such events was pre-knee conference dinner which was hosted by Prof Masse's team. The event was in a restaurant in the city which had been attended by local and outstation surgeons of varying seniority. It was to have met surgeons and surgical heads from all parts of the country. I had also the opportunity to meet a good experience surgeon in private practice in Turin who was agreeable to host me for a few days at his unit. Besides this, it was great to meet surgeons and it was refreshing to see that Prof masse actually was a focal figure among surgeons in the northern region of Italy. His philosophy of accommodating the private and public sector surgeons with having a common social event was a great to step in setting comfortable working environment. Prof Masse during the course of the event had introduced me and encouraged to seek and approach a few well established surgeons in the region. Discussion regarding different types of industry-driven initiatives and other topics was discussed. I had the unique experience of



being invited to dinner at Prof Masse's home and had a good exchange of views of Prof Masse unique philosophy of being a scientific based surgeon in ever-changing clinical practice.

The main technical skills that I had the privilege of picking up was the use micro port total hip replacement using the anterior hip approach. It has changed my practice as I was an anterior lateral hip surgeon who does all primary total hip via this approach. Prof Masse surgical approach was very vivid, stepwise and anatomical-based. The anterior approach delivered enough exposure of the primary hip etiology and was preferred among younger and female patient. Prof Masse pointed out the method of modified flexion abduction of affected limb in rimming and hip reduction on the normal table which is critical on patient positioning. This improves imaging and time for repositioning of the patient. Besides this fact, Prof Masse vision of using the tantalum and metal constrained when dealing with complex acetabular defects was insightful. He had advised the use of complete hip and acetabular set from implant company which had only a few unique and special modified Torino instrument. One of such instruments was the routine use of broad hip posterior stabiliser pre operatively. This instrument was modified and is broadened which is padded and stabilises the hip well when conducting surgery via a posterior approach. Matter of fact Prof Masse team also uses ceramic head pusher that assist femoral head reduction in anterior approach total hip replacement. The positioning and safety precautions when doing the anterior approach including the routine position femoral circumflex artery and proper safe positioning of soft tissue retractors was a good lesson to take home. The use of larger heads and minimum use of short stem total hip systems were rented. Prof Masse insightful technique of approaching dysplastic hip especially in the young was the highlight of my fellowship. Step



by step instructions with the preferred posterior hip approach with limb length discrepancy (LLD) being highlighted. The importance of managing LLD and patient expectation plus the timing of surgery was important.

The main theoretical highlight of the fellowship was the advantages of anterior hip surgery, advances in hip arthroscopy, the use of metalware in acetabular defects and approach to younger post-traumatic hips. The anterior hip approach was preferred in younger and female patients who were more conscious of scar regenerated. The minimal soft tissue involvement and ease of the approach was a highlight. I had the opportunity to have an update on hip arthroscopy with Dr. Aprato who explained his approach in smaller and important labrum defects in younger patients. Dr. Aprato preferred to hip injection in a very small selected group of patients which who benefit from temporary relief of pain. His approach of repairing smaller and less severe labral defects was beneficial in my view. Prof Masse philosophy of minimizing the use of metalware in acetabular defects and use of tantalum for greater coverage of dysplastic hips was insightful. Prof Masse emphasize of using as little metal as possible was noted. Prof Masse also noted that allergy is upcoming and the future problem that needs serious attention by the surgeons in the region. The approach in difficult and complex acetabular defects especially in the young was the highlight of my fellowship. The delaying of surgery until full maturity and the use of femoral osteotomy to delay surgical intervention on acetabulum was observed.

The main techniques and advantages from the fellowship which will change my practice would be the use of the anterior approach to the hip because of the ease and minimal soft tissue disruption plus the advancements in implant instrumentation. Besides this, the use of hip arthroscopy in diagnosing anterior hip impingement post total hip arthroplasty and other



defects especially in the young would be an advantage. The stepwise and systematic approach to dysplastic hip and emphasizing the importance timing of surgery in dysplasia of the hip in the young would benefit my practice. The use of bone graft and minimal metalware especially dealing anterior superior lateral defect of the acetabulum would be emphasized.

All in all, the EFORT fellowship is time efficient, highly skill based and important training period that has changed the way I practice hip surgery. Its also outlined evidence-based surgical practices which will benefit my future patients in more than one way. Overall I also benefited from learning the leadership values and almost perfect organizational system that overall makes hip surgery more beneficial for my future patients in public sector.