

Name: Sukhrob Saliev

Country of residence: Uzbekistan

Country of visiting fellowship: Germany

Name of the host: Dr. M. Ezechieli, St. Jozef's hospital in Salzkotten, Germany

Dates of visiting fellowship: 26 April 2018- 23 July 2018

## Report Visiting Fellowships

Dear Sir/Madam,

This is to outline my learned experience and knowledge in EFORT fellowship program at the center of St. Jozef's hospital in Salzkotten in Germany under Dr. M. Ezechieli during April - July 2018 period.

Endoprothetic center and sport medicine department in Salzkotten accomplishes outstanding surgical procedures in joints. Especially hip and knee arthroplasties, arthroscopic surgery in hip and shoulder. Staff members were very open-minded and sociable. Dr. Ezechieli was very friendly, always taking care of me concerning education, supporting living and social life.

I am thankful to Dr. Ezechieli for organizing my participation at the workshop in short stem arthroplasty course in Berlin, which was very efficient. I have to say, this workshop divided my fellowship program into two: before learning- "establishment of basics of joint surgery" and after "practical aspects of the operations". Additionally we are working on small research paper together with Dr. Ezechieli, which is very important scientific journey for a doctor from our developing hospital in Uzbekistan. Dr. Ezechieli is outstanding worldwide specialist, very sincere friend and teacher with a wisdom. I am fortunate to be his pupil and friend indeed!

I am grateful EFORT for efforts creating me this opportunity to learn and enhance knowledge in orthopaedic surgery in Germany. I fully recommend any participant of this kind of fellowship program by EFORT to apply and benefit from the international experience journey.

I am disposable for further cooperation with EFORT, I can be Alumni active member, I may recommend future participants any practical suggestions concerning the programs and always be happy to participate in any event of EFORT in the future.



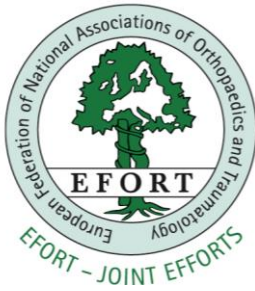
Concluding the cover letter, I have to extend my thanks to Sanni Hiltunen for supporting me for the whole period of application-fellowship period, especially when I had visa documentation procedures.

Kind regards,

Sukhrob Saliev

MPH MSc

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- Description of clinical activities during the fellowship.

Daily plan of the clinical activities of the department is following:

- Morning conference and night shift reports;
- Head and surgeons' round visit of patients in ward;
- Planned and acute admitted operations;
- Outpatient consults and clinical procedures;
- Radiology department daily conference and reports;
- Discussions of clinical cases.

As a fellow, I did participated at these activities. Additionally, I assisted in orthopaedic surgeries. Participated at the clinical discussions. Observed and guided clinical milestones during operations with Dr.Ezechieli. It was very interesting to learn approaches to orthopaedic and trauma diseases from German perspective using international/national guidelines. There is an access to the Paderborn clinic database of scientific resources in the CPU of the OPD. This is very efficient, in case of any doubt by physician or group or if there is a need to learn updated international approaches to the clinical cases, physicians immediately look for, analyse and cooperate with patient. Patients are happy to be investigated further based of evidence.

Another very efficient activity at the department, which is very actual currently in our country, official agreements with patients, stating every action, its possible outcome prognoses. Agreement for any intervention by patient, expecting possible negative outcomes is important in terms of legislation. These documents legislatively protect both physicians and patients.

- Description of scientific activities during the fellowship.

As I told upward, there is an open access to the clinic's scientific database. I found and read articles of the last 5 years, published various international journals.

Also, I observed last research materials worldwide in joint surgery, particularly arthroscopy and arthroplasty of the hip and knee joints.

There were always discussions on current scientific perspectives and directions with surgeons. This is an appropriate quality of staff, that they always work on their knowledges together with clinical practice.



- Description of social aspects of the fellowship.

Of course, it is not easy for foreign person to integrate to the other country's society and culture. I am happy to say, that well established atmosphere of the staff at the department created international environment for me and there were often social activities by doctors, which prevented me from homesick as well as cultural shock. It is vital to have such social activities by chief, doctors and nurses together at least monthly, which creates "family feeling", avoid from interpersonal conflicts, and motivates to attend workplace with a pleasure. Eventually this tendency brings to better quality of service and satisfaction of the personal.

Meanwhile, my basic German language knowledge opened society more and my recommendation for the future fellows, there is a very nice English language environment, however German language will be an asset. Particularly in communication with patients.

- Technical skills that I learnt during the fellowship.

First of all, cadaver workshop led by Dr.Ezechielli in Berlin was very informative and practically effective for me. Because, he explained us the most mistakes to be avoided on the process, when you can listen, see and feel. This is very important feeling knowledge for any young surgeon. During operations, I had a chance to participate as an assistant and feel the live operation.

I learned anterolateral approach in hip arthroplasties, pros and cons, how technically eases surgeon to understand logical navigation with visualisation in knee flexion + hip external rotation pose. This is what I am going to share at our hospital in Tashkent with my colleagues in coming future.

At the same time, I am grateful to Dr.Weinhold, colleague at the department, who has fully explained technical skills in knee arthroscopy of partial meniscectomy procedures. Especially, when I was implementing arthroscopy of knee, navigated me in best projection of camera to reach posterior horn in menisc tears.

Our administration was pushing our surgeons to make more arthroscopy of hip. However, I understood, that it is very important to make a strict selection of cases according to the pros/con indications. It could be better option to implement mini open arthroscopy of hip in impingement syndromes, especially hardly reachable osteophytes via conventional hip arthroscopy. Also, mini open is efficient with labrum preservation. Although, learning curve of this procedure is long.



Early rehabilitation of patients after hip arthroplasty cooperating with rehab physiotherapists to strengthen quadriceps, loading regimes were knowledge to be intervened at home clinic.

Taping and kinesiotaping distortion, oedema, impingements of the joints and muscles was a new knowledge for me. We do not have this practice. I saw cases and read guidelines. This is the next practical skill to be intervened at home.

- Overall reflective statement over how the fellowship contributed to my professional development.

In research center of traumatology and orthopaedics in Uzbekistan, currently there is ongoing a huge developments in all aspects of orthopaedics – traumatology following current international trends and perspectives. This is due to our administration and director of the hospital Prof.Azizov. One of the main objective of the principles of our hospital is encouraging young specialists to learn knowledge abroad, return to intervene new views and approaches.

After returning back, I am fully encouraged now to bring following views:

1. Obtaining software for preop planning of hip and knee arthroplasties;
2. Avoid from overusing steady and long period antibiotics;
3. CRP is the most important criteria in evaluation of postop state of patient;
4. Tromboembolism prevention using anticoagulants scheme;
5. Very early activation of patients postoperatively;
6. Postoperative gymnastic activities for patients;
7. Anterolateral approach in hip arthroplasty;
8. Critical milestones in knee arthroplasty;
9. Shoulder arthroscopy general practical moments;
10. Importance of local anesthetics after knee arthroscopy in postop pain control;
11. Importance of intervention of medical reports digital software;
12. Importance of equipments controlling aseptics during operations;
13. Number of innovative instruments for surgeons, which assists in loading less physical efforts and decreases time consumption;

One more time, my endless thanks to Dr.Ezechieli and his team, EFORT foundation team and administration of our hospital to have very efficient program. I am ready to be part of EFORT, support and encourage colleagues to benefit from fellowship opportunities.