



Name: Olusile Oludolapo Oluwaseun  
Country of residence: Nigeria  
Country of visiting fellowship: Germany  
Name of the host: University Center for Orthopaedics and Traumatology,  
Carl Gustav Carus, Dresden, Germany.  
Dates of visiting fellowship: September 1, 2018 - February 28, 2019

## EFORT Visiting Fellowship Report

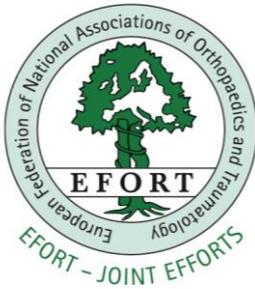
I chose the University Hospital, Carl Gustav Carus, Dresden, Saxony, Germany for a 6-month fellowship in adult hip and knee arthroplasty, as I had always considered Germany as a leader in orthopaedic hardware and techniques, and the option of being able to scrub in for cases as well as cheaper feeding and accommodation were available.

With the grateful aid of the fellowship facilitator communicating with the unit chief Prof KP Gunther, my six-month program was scheduled to run between the months of September and February. Before that time, I was in close communication with the chief's secretary regarding preparations for my arrival *vis a vis* accommodation, necessary immunisations and visa requirements. She also put me in touch with the surgeon in charge of foreign fellows, Dr Goronzy, who kindly ensured my smooth arrival and acquisition of accommodation, even though it was on a Sunday.

I attended the morning conference of the orthopaedic department the next day after meeting with Dr Goronzy who took me to the conference room. The department has a morning conference at 7:30 am from Monday to Friday each week, where each subunit discusses cases treated the previous day/weekend, with radiological images of the patients' investigations projected on a screen. The operation plan for the day is also discussed for each theatre and readjusted appropriately depending on the input of the lead surgeons. As most of the interaction is in German, it was difficult to follow the meeting in detail, although the projected images on screen were mostly self-explanatory. This however improved slightly over time as I began to understand the language more.

Dr Goronzy introduced me to the department who gave me a warm welcome, although the chief of the hip department (Prof KP Gunther) was away for a conference. After the meeting was over, I followed him to the operating theatre complex where I observed the changing room protocol before joining in the operating room. I could only observe the first hip replacement surgeries done by Dr Goronzy as I had not been able to complete my immunisation before leaving Nigeria, but with his help I was able to receive the outstanding vaccine (MMR) in the hospital medical outpatient department later that week.

In the afternoon I attended the second departmental conference of the day, which starts at 3:45 pm from Mondays to Thursdays, and 2:45 pm on Fridays. This meeting is similar to the morning meetings but takes place in a different conference room, and mostly pre-operated patients and their proposed plan of treatment are discussed. The conference usually lasts between 45 minutes and an hour. On a few occasions, a special lecture would be given after this conference regarding ongoing research or a surgical technique. One of such lectures I



attended was given by a visiting consultant Prof. Stuart Goodman from America, in conjunction with a consultant from the spine department (Dr Zwingenberger).

After my first afternoon conference, Dr Goronzy assisted me in locating the best places to purchase some things I needed in the city centre. He educated me on the use of the city's public transport system and the important stops I needed to remember. With his help I was able to navigate the city to obtain a mobile phone line, register as a resident of Germany, and complete a few necessary transactions.

After I was able to complete my immunisation, I began to scrub in for cases related to hip and knee reconstruction. I was educated on proper patient positioning, skin preparation and draping depending on the surgical approach, the scrub-up process involving the use of antibacterial solutions not routinely used in Nigeria, and the importance of having a 'team time-out'.

I rediscovered important steps with each of the various approaches to the hip, some of which differed slightly from the routine in Nigeria. I also learned about the various implant design systems and their uses depending on the patient, some of which I saw for the first time. Surgical wound closure techniques and patients' immediate post-op care and transport were also shown to me. With the hip specialists I assisted in primary hip reconstructions as well as complex revision cases, and surgeries for hip dysplasia and impingement not commonly seen in Nigeria, and with the knee specialists I also assisted in primary knee replacements and revision cases, and was able to observe a few distal femoral replacements as well as navigation-assisted knee replacements.

I also learned about the hospital's bone banking system using most of the femoral heads excised in surgery, their preparation, storage and important use in cases with severe bone defects.

With both teams I learned the importance of pre-operative surgical planning; the hospital has a good digitalised templating system that gives an estimate on what size and type of implant will be suitable, but I also learned that such systems are not completely accurate all of the time. The use of intraoperative x-rays for assessing proper bone, implant or instrument positioning was also emphasized. I also learned the German names for a number of instruments.

I also assisted in several cases complicated by deep surgical site infection, many of which required removal of the implants and placement of a spacer. Most knee spacers used were improvised with antibiotic powder mixed into bone cement. Quite a few of these cases were difficult as most of the organisms involved were very antibiotic-resistant, while the patients were often elderly with co-morbidities making them high-risk.

I was able to attend some outpatient clinic sessions where cases were often discussed and planned. Despite my limited German the doctors were patient enough to explain important details. My theoretical knowledge on principle such as the use of bone cement was vastly improved on after I discovered books in the hospital library. Some academic articles were also shared with me by Prof KP Gunther.



Other than the experience in the hospital, with the selfless help of Prof KP Gunther I was able to attend orthopaedic conferences during my fellowship, including the DKOU in Berlin and the EFORT Orthopaedics and Traumatology Eastern Convention in Poznan, Poland. Both of these conferences gave me more insight as to orthopaedic practices outside my country, and I also met prominent orthopaedic surgeons who were very encouraging and open to discussing matters on orthopaedics and life regarding their various countries.

I was also able to experience some of the rich culture and history of Germany and Dresden in particular, with Professor Gunther's guidance. I had the pleasure of cross-country skiing for the first time, and also visiting several landmarks including castles, museums, cathedrals, and taverns. I was able to join Prof Gunther for a few classical music events that reminded me of how much German composers influenced the music of our world.

Finally, I had hoped to actively participate in academic research during my fellowship but was worried my limited understanding of German might impede my participation in any ongoing studies, however I was able to initiate a case report regarding a particular combination of hip diseases seen in some patients. I had made substantial headway before my six months was over, and I hope to complete the report soon.

I remain deeply grateful to EFORT for granting me this opportunity to expand my knowledge on hip and knee reconstruction, and I make no exaggeration in saying that it was the experience of a lifetime. I have improved my surgical skill, helped patients get better, made some lifelong friendships with both the hospital staff as well as doctors visiting from other countries, and experienced the great city of Dresden and beyond. I would however recommend any fellow visiting to first have a decent grasp of the language to make settling in easier.

I will be sure to implement the new knowledge I have gained in improving the quality of care for hip and knee patients in Nigeria, as well as probably advocate for a bone banking system to be well implemented.

Thank you.

Sincerely,

Dr Oludolapo Olusile (MBChB, FWACS Ortho)