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FOUNDATION

Name: Alice Nlandu

Country of residence: Belgium

Country of visiting fellowship: France

Name of the host: Doctor Frederic Laude

Dates of visiting fellowship: from November the 5th until April the 30th

EFORT Travelling fellowship

In Paris with Dr F. Laude

Final Report

Doctor Alice Nlandu



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Final fellowship report

1. Clinical activities

Clinical activities were divided in two aspects: consultations and surgery.

Two days a week were dedicated to surgery (Monday and Wednesday) and two other days a week were dedicated to consultations (Tuesday and Thursday).

Friday was our day off.

A. Consultations:

The consultation time help me a lot to improve my comprehension of therapeutics choices.

Most of patients with hip problem at Clinique du Sport Paris 5 are young and sportive.

Doctor Laude is a hip specialist and does all his surgery by an anterior approach. That fellowship was an opportunity to learn from his experience. We worked on a variety of hip pathologies such as:

- femoro-acetabular conflict (generally in male)
- hip instability
- hip displasia
- femoral head cyst
- muscles problems (tendinitis, atrophy, detachment)

During the consultation I learn to be systematic for each patient by:

- recording scores like Harris Hip Score, WOMAC
- testing the joint (the examination focus on joints range of motion, pain during tests provocation; femoral anteversion - important to look for in hip instability)
- analysing x-rays first (AP view, lateral, Lequesne and Dunn views) and CT or MRI at the end.

After the clinical history, testing and clinical examination, I learned how to make therapeutics decision for each pathology depending on patient characteristics (age, laxity score, cartilage quality, activities).



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B. Surgical aspects:

In the operating room, we had various kind of intervention. Morning was usually dedicated to total hip arthroplasty, whereas afternoon to hip arthroscopy and periacetabular osteotomy or revision of THA. All these operation were done by minimal invasive anterior approach. Moreover I have had the opportunity to discover surgery that I had never seen before, such as mosaicplasty of femoral head.

The activity in the operating room helps me to improve my knowledge in THA and the use of the leg positioner. During the surgery, I have learned all the “tips and tricks” that makes the operation easier by using the leg positioner. Furthermore, the planning before the surgery and all the measures during the THA were very helpful to learn how to avoid leg length differences.

This fellowship was particularly interesting to learn hip arthroscopy without fluoroscopy. Indeed, Dr Laude is the surgeon who introduced the hip arthroscopy in France. He was the best teacher to explain and show me how to do the entry points and how to enter in this joint and fix the labral injuries. I had the possibility to practice it a little beet with him. Doctor Laude showed me the correlations between all the images (x-rays, MRI,...) and the arthroscopic view.

2. Scientific activities

Doctor Laude and I started in December 2018 a prospective randomised clinical trial to see if there is a correlation between a large posterior capsular release and an increase of blood loss in THA.

Doctor Laude also send me frequently recent articles that we discussed together.

3. Social aspects

Considering that Paris is a quiet crowded city, with the traffic jam that it implies, I decided to use mainly public means of transportation.

Finding an apartment wasn't easy because of the short duration of my stay (6 months), and the lack of offer in renting in Paris compared to a high demand. I started by renting a room with Airbnb in a house in Kremlin-Bicêtre, owned by a kind Asian family. The contact between us was very good and I was feeling good in that place. So, we decided to go further for 6 months. The localisation of this house was perfect. In fact, only 15 to 20 minutes by public transport were necessary to join Clinic du Sport Paris 5.

At the Clinic, I found a very kind and helpful Staff. The immediately adopted me in their team. It was a real pleasure to work with all of them (nurses, anaesthesiologists).



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Every day, Doctor Laude did a break to take the lunch. We used to go to a restaurant close to the clinic to eat and take a break. It was new for me to do so, but I found it very practical and healthy. During that time we were having the opportunity to talk about the operations.

4. Technical skills that you learnt during the fellowship

First of all, I learned how to do an acetabular side revision by an anterior approach. I learnt how to go back through AMIS approach using tools to find the good way between muscles without damaging them. Moreover, I saw how to decrease the bone loss during the revision with good tools.

I also had the opportunity to participate to the “Learning Center AMIS Revision” with Doctor Laude. It was a good way to practice all the things that I had learnt in the operating room.

Then, I discovered osteochondral autologous graft in femoral head. I learn that the ligation of the anterior circumflex arteries and veins didn't have a consequence in femoral head survival. Besides, I saw how to open the joint without causing any damage on the labrum; how to dislocate the hip without femoral neck cut and how to do the graft.

In addition to that, I learnt the PAO (periacetabular osteotomy) by a minimal bikini incision. Doctor Laude showed me the ways to put tools and where to do the osteotomy.

5. Theoretical knowledge that you learnt during the fellowship

I have learnt a lot about hip instability. In fact, hip dysplasia is well known and recognized when LCEA is inferior to 20°. But for patients with hip pain and LCEA between 20° to 25°, things doesn't seem to be clear. For those borderline hips, many factors can cause hip instability such as: increase of anteversion, hyperlaxity, poor anterolateral acetabular coverage.

That's why with Doctor Laude, we used to calculate LCEA, Beighton score and internal rotation (sign of increased anteversion). During the clinical examination we looked for ROM and pain. Besides we looked for labral or cartilage injuries.

After that, I learned how to treat them.

In fact, for patients with good bony coverage and hyperlaxity (>4/9), we used muscle strengthening or arthroscopic capsular plication.

Concerning patients with poor bony coverage and hyperlaxity, we used PAO.

We saw during the consultations the impact of hyperlaxity in hip instability. Indeed, with the same bony coverage, patient with a hyperlaxity comes earlier (between 15 to 32 years old) to consultation for surgery. I also learned that all these factors are usually associated.

I enhanced my knowledge in certain types of conflict.

Amongst them :

- Conflict between lesser trochanter with ischium;



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- Femoro-acetabular conflict;
- Conflict between hip and anterior inferior iliac spine

6. New knowledge and skills that you can implement in your own practice

New knowledge that I will implement in my own practice will be the conservative treatment (arthroscopy, PAO). I will be more systematic in my clinical examination. I will be more aware of hip problems in young patients and will know how to treat them in a more efficient way. For revisions that can easily be done by an anterior approach I will do it that way.

7. Overall reflective statement over how the fellowship contributed to your professional development

This fellowship was an amazing experience. Having the opportunity to work with great surgeon and learn from them was extremely helpful for my professional development. Doctor Laude is a great surgeon and a very good teacher. I have learnt a lot and seen things that I have never seen before. We read and discussed about scientific articles and we saw how to include it in our practice.