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## Report Visiting Fellowships

Name: TATIANA YOKO UMATA JACOMEL

Country of visiting fellowship: Belgium

Name of the host: Dr. Frédéric Schuind

Dates of visiting fellowship: May 20<sup>th</sup>- June 14<sup>th</sup>, 2019

Topic	Please tick one of the boxes <input checked="" type="checkbox"/> 1 (poor) to 5 (very good)					Your comments, thoughts, recommendations
	1	2	3	4	5	
<b>Education</b>						
Could you improve your knowledge and gain new experiences?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>For sure. Dr Schuind's service is very well structured and focused on education and research. I was introduced to treatment techniques that I have never had the opportunity see before, as the ultrasound guided surgery, wrist and finger arthroplasty.</p> <p>I also had the pleasure to follow the daily routine of the staff including day care clinic, surgical theatres, outpatient clinic and wards. We discussed lots of cases and they also gave me the chance to show them how I treat my patients in my hometown. I also had the opportunity to talk to a</p>



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						<p>physiotherapist and plaster technician, with whom I was able to discuss about patient's immobilization and rehabilitation. I certainly will return to my country with new ideas, which can help me to provide a better treatment and support to my patients.</p>
<p><b>Host Department</b></p>						
<p>How was your communication with your host centre (regarding accommodation, programme, etc.)?</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p>✓</p>	<p>Since my first contact with Hospital Erasmus team, communication was really good. They answered promptly to my emails and enquires. Despite my poor French, every person I have talked to really made a great effort to talk to me in English. All the staff, from the reception to the consultants, were very kind and accessible. I received all the orientation and support that I needed. The doctors were always very happy in translate the consultations and explain the surgeries for me in English. They also taught me some French. At the end of the scholarship I was able to understand an entire consultation in French.</p>



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Did they offer you a social programme?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Yes. On Mondays, Wednesdays and Fridays we had a meeting With the residents and consultants.
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### **1. Description of my clinical activities during the fellowship**

#### **Mondays:**

7:30h – Residents and staff meeting with discussion of the pre and post-operative cases + case discussion

8:30h-17:00h – Surgeries

**Tuesdays** – all day outpatients' clinic.

#### **Wednesdays:**

7:30h - Residents and staff meeting with discussion of the pre and post-operative cases + case discussion

8:30h-11:00h – outpatient clinic or study

11:00-17:00h - Surgeries

#### **Thursdays**

08:00h-17:00h – surgeries

#### **Fridays**

07:30h – Multidisciplinary discussion.

08:30h-12:00h – outpatients' clinic or theatre activities

12:00h-17:00h – theatre activities



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## **Description of the activities day-by-day**

20<sup>th</sup> May: Surgical day: scaphoid pseudarthrosis, shoulder arthroscopy, finger P1 fracture treated with anchor

21<sup>th</sup> May: outpatients' clinics: different diseases, congenital and post-operative cases

22<sup>th</sup> May: morning case discussion, presentation: acromio-clavicular luxation

23<sup>th</sup> May: Surgical day: epicondylitis treatment guided with ultrasound, interosseous posterior flap, Masquelet's technique to tibial infected pseudarthrosis

24<sup>th</sup> May: morning outpatients' clinic. Afternoon: trigger thumb and fingers treatment guided with ultrasound

27<sup>th</sup> May: arthrodesis carpo-metacarpal, removal of distal radius plate, open treatment for lateral epicondylitis

28<sup>th</sup> May: outpatients' clinic in the morning. Afternoon outpatients clinic in another hospital, located in Nivelles.

29<sup>th</sup> May: Holiday. Went to Haia, Netherlands.

31<sup>th</sup> May: outpatients' clinic with Dr Bahm, pediatric cases and nerve lesions cases.

3<sup>rd</sup> June: all day outpatient's clinic. Was really good because I could see all the post-operative cases of the week before.

4<sup>th</sup> June: all day outpatients' clinic

5<sup>th</sup> June: surgical day: plate and screw removal, 5<sup>th</sup> metacarpal fracture treated with external fixator

6<sup>th</sup> June: outpatients' clinic in the morning + surgical day

7<sup>th</sup> June: Multidisciplinary meeting. discussion about orthosis and insoles. Surgical day: posterior approach to neurotization nerve accessory x supra scapular nerve, tenolysis of flexor pollicis longus, arthrolysis of shoulder joint.

10<sup>th</sup> June: Holiday. Went to Paris to meet Dr Thais Vieira, a scientific coordinator, who gave me important advices about journal publication and articles development.

11<sup>th</sup> June: all day outpatients' clinic. Post-operative consultations and case discussion: wrist arthroplasty



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12<sup>th</sup> June: outpatients' clinic in the morning. In the afternoon, two surgical cases: scaphoid fracture and complex distal radius fracture. In the evening Dr Antonia and Dr Ana Miranda, an anesthesiologist, took me to an open fair, where I could taste some traditional Belgium foods and good wine.

13<sup>th</sup> June: day off.

14<sup>th</sup> June: Morning meeting: presentation about knee arthroplasty, since the beginning, the development until nowadays, the modern prosthesis. We had also a presentation about a rare disease, the echinococcosis of the bone, and the presentation of pre and post-surgical cases. Then we had an outpatient 's clinic with lots of congenital brachial plexus cases. In the afternoon we had two surgical cases, a carpal tunnel surgical release and a chronic fracture luxation of the 4<sup>th</sup> carpal metacarpal joint.

## 2. Description of scientific activities during the fellowship

I had the opportunity to participate of the residents meeting every Monday, Wednesday and Friday mornings, where we had cases and articles discussions. In those meetings, the residents presented the pre and post-operative images of elective and emergency cases and the consultants made comments on it. They also discussed the articles they received from the coordinators, for example the last one about shoulder arthroplasty.

## 3. Description of social aspects of the fellowship

I had the great opportunity to meet new people and share experiences. I met a doctor from Congo, and he shared his experience as an orthopedic doctor in his hometown. I have met people from Portugal, Spain, Greece, Turkey and I wondered how the health care is different from a country to another but at the same time, how we can have lots of similarities between us.

Furthermore, one day I traveled with Dr Antonia Gotski, one of the upper limb doctors, to a city nearby Brussels called Nivelles. We had a very pleasant time, had lunch together



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and saw a few patients. At the end of the day we grabbed a delicious coffee and gossip a lot.

We also had a great time in one of the evenings, when I could taste delicious Belgium food and try some Belgium wines, in an open fair.

I received a lot of good indications of places to visit and good restaurants. They also suggested me the best trains and routes to each place. So, I could visit the touristic attractions of Brussels, Haia, Gent and Bruges.

I had the opportunity to meet Dr Thais Vieira, a scientific coordinator from Lyon, and discuss about scientific publications. We had a really nice meeting in Paris.

## 4. Technical skills that I learnt during the fellowship

During the fellowship I had the opportunity to develop many skills. For me, the most relevant was learn how to use the ultrasound to perform some surgeries and how to apply the external fixator to treat hand fractures.

Firstly, the use of the ultrasound to perform minor surgeries as carpal tunnel release, trigger finger release and to treat lateral epicondylitis proved to be an efficient and safe way to treat those pathologies and with minimal post-operative complications. Patients were very satisfied with the procedure, and they could return to their daily activities early then if they were submitted to open surgery. After observing the technique those days, I feel very confident in return to my hospital study more and start to perform ultrasound guided surgeries in my patients.

Furthermore, as in my hometown we only use external fixators to fractures of long bones and to big articulations, the use of those dispositives to treat closed hand fractures was completely new for me. The results of the use of this technique at Erasmus' Hospital are very good, with a low incidence of infections and better range of articular motion compared with the conservative treatment with plasters.



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I also had the opportunity to be with Dr Jörg Bahm for 2 days. Dr Bahm developed a technique to neurotization for brachial plexus palsy using a posterior approach, and I had the chance to observe him doing that surgery.

## **5. Theoretical knowledge that I learnt during the fellowship**

I had the opportunity to discuss with the team many cases and different ways to treat the fractures. I also had access to the library of the orthopedic group, where I could read interesting books and articles.

One of the most interesting discussion we had was about a lady, who has been operated several times in other countries due to a Carpal Tunnel Syndrome, without success. She came to Brussels with a hyper sensibility on the volar aspect of her wrist and after some research the team decided to perform a flap to protect the median nerve, creating a type of a cushion, avoiding mechanical distress. With this case I was able to improve my knowledge in the treatment of surgical complications of the Carpal Tunnel Release, learning that sometimes we underestimate this surgery and its complications.

I had the opportunity to study and watch the posterior approach technique to neurotization for brachial plexus palsy.

I had access to Prof Schuind personal library, where I had access to many books and journals.

## **6. New knowledge and skills that I can implement in my own practice**

- Ultrasound guided surgery
- Ultrasound during the orthopedic consultation
- Use of external fixator to treatment of closed hand fractures
- Use of elastic bands to treat epicondylitis
- Use an illustrated folder to show the patients the exercises they should do after the surgeries
- Different ways to do an orthosis to relief of rizarthrosis pain



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- Use of anesthetic local patches before the physiotherapy to reduce the pain and improve the surgical treatment results
- Use of the Masquelet's technique to infected pseudoarthrosis of long bones
- Use of flaps to create a cushion system to protect hyper sensible areas
- Use of posterior approach to neurotization of supraspinal nerve to accessory nerve, to improve abduction and external rotation in patients with brachial plexus palsy.

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

First of all, the fellowship gave me the opportunity to be introduced to surgical techniques I would not have the opportunity in my country. Hand and wrist prothesis are very expensive in my country and rarely indicated to the cases. We usually perform arthrodesis but never an arthroplasty, what is a shame in my opinion. I became interested on them and I will study how to indicate, how to do it, to try to apply them on my private patients.

Secondly, I became quite interested in the ultrasound guided surgeries. As a third world country, we don't have arthroscopy material disponible to all the patients, and the government is always putting pressure on the doctors to spend less money and to perform only procedures that don't keep the people incapable to work for a long time. Arthroscopic techniques are too expensive, demand a long training period despite the good results and fast post-operative recovering. Ultrasound machines, on the other hand, are available in most of the Brazilian hospitals. I am really keen on that technique and for sure I will try to improve my knowledge in the area, maybe apply it in the hospitals I work. That idea may become a huge social program.

Finally, stimulated by the opportunity of going to a francophone country, I started study French since March this year. I know I have a long way until speak and understand properly the language, but as we have a huge community of Haitian refugees in my city, I am convinced that I will be able to understand and help them in a better way.





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## **8. What are your future plans?**

I intend to go back to my hometown and start using the knowledges I got in my daily practice. I am really sure I will start to use the ultrasound during my consultations, improving the early diagnosis, without have to wait months for a exam. I hopefully will be able to introduce ultrasound guided surgeries in my department too. I would like to perform more arthroscopies.

I would like to share the ideas and the techniques I learnt here with the Erasmus Hospital team with my colleagues and residents. Maybe some of them will be interested in this type of surgery too.

Me and some doctors of the host staff are planning to do cooperative multicentric studies, applying same surgical techniques in different populations and compare the results. Some of them also demonstrated interested in going to my hospital in Brazil to see what we do there and to understand my reality.