Report Visiting Fellowships

Name: EFSTATHIOS KENANIDIS
Country of residence: GREECE
Country of visiting fellowship: SWITZERLAND
Name of the host: PANAYIOTIS CHRISTOFILOPOULOS, La Tour Hospital, Geneva
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Fellowship Report

I have been privileged to be awarded the EFORT Foundation Visiting Fellowship program to Dr Panayiotis Christofilopoulos at La Tour Hospital, Geneva, Switzerland. Dr Panayiotis Christofilopoulos has an excellent international standing and reputation in the Orthopaedic community. Dr Christofilopoulos’s interests are in the minimally invasive anterior hip approach for the primary total hip arthroplasty, revision reconstructive hip surgery, hip preservation surgery including both hip arthroscopy and open surgical dislocations surgeries as well as the reconstruction of abductor deficiencies.

My fellowship was arranged such that I spent six months in La Tour hospital, Geneva, Switzerland. My main objectives of the fellowship were:

- To gain further experience in primary hip arthroplasty using the anterior minimally invasive hip approach with a traction table
- To learn the latest techniques in revision hip arthroplasty
- To increase my surgical exposure in hip preservation surgery being engaged both to hip arthroscopy and surgical hip dislocations
To understand the clinical examination, preoperative management and screening of young adult patients with hip problems to enhance my decision-making skills and avoid pitfalls in their management

To have a unique opportunity to interact, as well as exchange knowledge and experiences with Dr Christofilopoulos and other healthcare professionals of the host centre and to create long-lasting cooperation

To create avenues for networking and collaboration for future research

1. Description of clinical activities during the fellowship

The daily program usually works out to be 2-3 days of the operating theatre and 2-3 days of consultation during the week. The days of the theatre started with the meeting at 7.30am with Dr Christofilopoulos at his office. All the day’s cases were presented and discussed both clinically and radiographically.

Following the meeting, I had to go to the theatre. I was allowed to scrub and assist for all cases of the day. Dr Christofilopoulos was always happy to explain to me things during the operation around the way of operating and the treatment philosophy. Usually, there were 4 to 6 cases per day with always something new and exciting each day. I enjoyed this part of the fellowship. During my fellowship I had the great opportunity to work with Dr Christofilopoulos, a senior orthopaedic surgeon, specialised in hip reconstructive surgery and hip preservation surgery and see many complex cases. I was the first assistant surgeon of Dr Christofilopoulos based on the type of the operation. It was an enjoyable and educational time because I was fully engaged in two new for my type of surgeries; the primary total hip arthroplasty through the anterior approach and hip preservation surgery including both hip arthroscopy and surgical hip dislocation. I had the privilege of participating in numerous primary total hip arthroplasties implemented through the anterior approach. I was fully engaged in the patient positioning, use of the MEDACTA traction table, all the steps of the procedure, the radiologic estimation of implant positioning of the minimally invasive hip arthroplasty using the anterior approach. Besides, I had the opportunity to participate in complex revision surgeries of severe acetabular or femoral defects. Following each surgery, I had the chance to briefly discuss with Dr Christofilopoulos many tips and tricks of the procedure aiming to have a good exposure on both the acetabular and femoral side and to get the proper position of the implant.

I was also engaged in the other field of expertise of Dr Christofilopoulos’, the hip preservation surgery. I participated in numerous surgical hip dislocations and hip arthroscopies for femoral
neck/acetabular rim osteoplasty and labral reattachment during my stay in Geneva. I learnt the indications for surgery, positioning of the patient and all the steps as well as tips and tricks of both procedures for the management of hip pathology in young adults including the osteotomy of the greater trochanter, capsulectomy, dislocation of the hip, arthroscopic portals and safe zone of removal of bone from the anterior surface of femoral neck bone. This was a fantastic experience.

Another completely new field of surgeries that I was exposed during my fellowship were those for the management of hip abductor deficiencies. I had the opportunity to be involved in many open surgeries of abductor tendons suturing and complex cases of gluteus maximus transfer for the management of chronic abductor insufficiency.

At the end of each surgical day, we had to see and consult all Dr Christofilopoulos’ patients of this and previous days as well as to analyse all day’s surgery radiographs critically.

During the other 2-3 days, I was attending the consultation at the doctor’s office. In the beginning my level of French-speaking was poor; however, this was more and more improving, and at the end, the language barrier did not exist. Dr Christofilopoulos was always very kind to explain the patient’s problem and the rationale of his management plan to me. The consultation was a very crucial time for me, as I wanted to know the postoperative clinical outcome of the patients too. A lot of interesting cases were further discussed at the end of the day.

2) Description of scientific activities during the fellowship

This was another enjoy full part of the fellowship. During my stay in Geneva, I had the opportunity to spent time once a week with Dr Christofilopoulos designing and implementing research plans based on clinically relevant themes. My research interests joined together with Dr Christofilopoulos’ expertise and experience resulted in several completed tasks and papers during my visit in Genève. The papers or book chapters completed/submitted during my stay are the following:

1. “Genetic predisposition to developmental dysplasia of the hip”. Submitted to J. Arthroplasty (Status: accepted)
2. “Gluteus Maximus Tendon transfer for chronic abductor insufficiency: the Geneva technique”. Submitted to Hip International (Status: under review)

3. “Total Hip Arthroplasty in Sickle cell disease: a systematic review”. Submitted to EFORT Open Reviews (Status: under review)

4. “Gluteus medius and minimus tears open repair/reconstruction” (ICL book available at ESSKA 2020 congress)

5. “Managing the capsule – Basic Hip Arthroscopy” (ICL book available at ESSKA 2020 congress)

6. “Anterior hip approach and the quality of cement mantle” (To be submitted)

7. “Lesions of the abductors in the hip” (To be submitted)

I also had the opportunity to have a tour of the hospital and see the physiotherapy center and the new head of the Department Francois Fourchet, a very passionate person with his work that showed me the facilities of the department. The result of our meetings was the implementation of a research plan around the hip biomechanics and muscle activation of cam symptomatic FAI patients before and after arthroscopic corrective surgery that will run from the beginning of September 2019.

3) Description of social aspects of the fellowship.

During my stay in Geneva, I had the opportunity to improve my spoken and listened level of the French language. Another advantage of the fellowship was the interaction and cultural exchange with other doctors’ visiting fellows (China, Spain) as well as the learning of health care program and practice in their countries. Besides, during my free weekends, I had the time to spent visiting numerous sightseeing of Geneva and surrounding areas of interest (Lausanne, Zurich, Lyon, Bern). Dr Christofilopoulos was also very kind to me, arranging several times for the evening dinner with other doctors in fabulous restaurants in the center of the city.

4) Technical skills that I learnt during the fellowship.
Minimally invasive anterior approach for hip arthroplasty with traction table (MEDACTA International)
Complex primary and revision hip arthroplasty surgeries
Treatment of young adult hip pathology (labral tears, chondral lesions, deformities)
  - Hip arthroscopy
  - Open surgical hip dislocation with trochanteric osteotomy
  - Bernese Periacetabular osteotomy
Techniques for open suturing of acute abductor tendon tears
Techniques for dealing with the complex chronic abductor tear pathology (gluteus maximus transfer)
Use of templating software for arthroplasty surgery

5) Theoretical knowledge that I learnt during the fellowship.

- Anatomy of the anterior hip approach
- Diagnostic portals for hip arthroscopy
- Surgical approaches for the management of young adult hip pathology with open surgical dislocation
- Surgical approaches for the management of adults suffering from abductor insufficiency
- Diagnosis and management of young adult hip pathology
- Management of patients undergoing THA through the anterior approach
- Handling of the traction table of MEDACTA for THA with the anterior approach
- Management (pre-op evaluation and postop follow-up) of surgically treated femoral deformities in young adult patients
- Management (pre-op evaluation and postop follow-up) of surgically treated hip labral tears and chondral defects in young adult patients
- Management (pre-op evaluation and postop follow-up) of surgically treated patients suffering from hip abductor insufficiency

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

- Minimally invasive anterior approach for hip arthroplasty
- Anterior hip approach for hip arthroplasty surgery with MEDACTA traction table
- Hip arthroscopy for the management of young adult hip pathology (labral tears and chondral defects)
• Open surgical hip dislocations with trochanteric osteotomy for the management of hip deformities, labral tears, chondral defects and CAM lesions
• Surgical management of abductor tear deficiency, open suturing and muscle transfer techniques
• Use of templating software for hip arthroplasty surgery

7/8) Overall reflective statement over how the fellowship contributed to my professional development/ future plans.

It was a great honour for me to be selected for this prestigious fellowship. This fellowship enriched me with clinical, theoretical and practical knowledge around hip pathology in young adults and older patients. Besides, I have fully immersed myself in the system and have a good grasp of how the healthcare model works in Switzerland. I will try to keep all the new and useful things and try to implement it in my future practice. I am sure that I have made new friends and collaborators for future research and clinical practice. All in all, this was an excellent privileged opportunity for me to be based in La Tour Hospital, Geneva.

First of all, I like to cordially thank Dr Panayiotis Christofilopoulos that gave me the opportunity to go on this “inspiring trip” across hip pathology and treatment in La Tour Hospital in Geneva. Dr Christofilopoulos helped me from the first till the last day of my stay in Geneva, which I will always remember. I want to thank him for having me at his unit, his passion for education, generous hospitality, for making my stay so welcoming and for helping me out in every possible way. I want to thank him once again for all these wonderful opportunities he has given me in my early budding career.

From the bottom of my heart, I would also to thank the EFORT foundation and MEDACTA International for the implementation and sponsoring of the fellowship and their support to young and ambitious orthopaedic surgeons. I hope to contribute to the workings of this excellent organisation of EFORT in the near future, and I am delighted to be part of this unique family.

Many thanks to Mrs Hiltunen, the project manager of EFORT educational programs for her support during and after the application process.

Finally, an exceptional thanks to Mrs. Catherine Dene and Celine Savoy, Dr Christofilopoulos’ secretaries for all the pre-arrival work and their precious help during this fellowship.