

# REPORT

## Visiting Fellowship

Geneva, Feb/Sept 2024

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## Report Visiting Fellowships

Name: **Ioannis Kougioumtzis**

Country of residence: Greece

Country of visiting fellowship: Switzerland

Name of the host: **Panayiotis Christofilopoulos, Hôpital de La Tour, Geneva**

Dates of visiting fellowship: 04/ 03/ 2024 – 04/ 09/ 2024

1. Description of clinical activities during the fellowship
2. Description of scientific activities during the fellowship
3. Description of social aspects of the fellowship
4. Technical skills that I learnt during the fellowship
5. Theoretical knowledge that I learnt during the fellowship
6. New knowledge and skills that I can implement in my own practice
7. Overall reflective statement over how the fellowship contributed to my professional development
8. What are your future plans?

## Fellowship Report

I have been privileged and deeply grateful to be awarded the EFORT Foundation Visiting Fellowship program to Dr Panayiotis Christofilopoulos at Hôpital de La Tour, Geneva, Switzerland. It was both astonishing and a great privilege to be accepted to the fellowship.

Dr. Panayiotis Christofilopoulos presents long-standing Orthopedic and Trauma experience at the University Hospital of Geneva and Hôpital de La Tour. The Hip & Acetabulum center at Hôpital de La Tour under the direction of Dr. Christofilopoulos has an exceptional



Swiss and international recognition and reputation in the Hip - Acetabulum and Orthopaedic society. His principal surgical area of interest is primarily hip arthroplasty with the minimally invasive anterior hip approach, revision reconstructive hip operations, hip preservation surgery including hip arthroscopy, open surgical dislocations and periacetabular osteotomy, repair of hamstrings muscle as well as the reconstruction of abductor deficiencies.

With regards to the clinical activities during the fellowship, they were a demanding and creative challenge. The weekly schedule included elective surgeries (2 - 3 days), outpatient clinics (2 days), ward visits and emergency operations. Before the start of the surgical procedures, cases were studied and discussed and preoperative planning was conducted (clinically and radiographically). Usually, the week started with primary hip arthroplasty which consisted of approximately 10 cases. The remaining days revision surgery, hip preservation operations, repair of hamstrings muscle and reconstruction of abductor deficiencies were performed. I scrubbed in and assisted with all surgical procedures. The surgical coexistence with the Dr Christofilopoulos was a remarkable experience, not only due to his timely explanation of the technical details regarding the procedures but also because I admired his surgical skills in primary and complex cases.

In primary total hip arthroplasties, I had the opportunity to participate and understand the minimally invasive anterior hip approach on the MEDACTA traction table. At the same time, excellent knowledge was provided in electronic preoperative planning, three-dimensional preoperation hip assessment based on computed tomography (CT) and intraoperative control of the placement of materials with special software. My supervisor explained the philosophy and technical details of the materials used and surgical tips and tricks. Concerning the complex and revisions of hip arthroplasties, I had the opportunity to study and assist in many demanding cases and Dr. Christofilopoulos tirelessly explained the difficulties and the various surgical techniques. New experiences and procedures that I was grateful to participate in were hip



preservation surgery, periacetabular osteotomy, repair of hamstrings muscle as well as the reconstruction of abductor deficiencies.

On the days without surgery, I co-consulted on cases with Dr Christofilopoulos in the outpatient clinic, where we examined patients clinically and with imaging, which frequently lasted until late in the afternoon. In addition, I was present at the examination of patients hospitalized in the wards and postoperative patients.

A key area of my fellowship was dealing with scientific protocols. With Dr. Christofilopoulos I had the opportunity to discuss research studies and he designed a study protocol with the title "Percutaneous iliotibial band (ITB) lengthening / elongation (tenotomy / fasciotomy) through four incisions at the supracondylar level of the iliotibial band". The study is under review for publication.

The Hip & Acetabulum center in Geneva is an international destination. I had the opportunity to collaborate, chat and dine with fellows from the United Kingdom and Romania. Friendship and international communication not only offers multiple scientific views, but also broadens our education. At the same time, I also collaborated with the residents trained by the Dr. Christofilopoulos. The Hip & Acetabulum center is a vital part of the basic training of residents in Switzerland.

Moreover, Switzerland is a beautiful city, especially in the summer months during which I was fortunate enough to be there. Through the friendly means of public transport, I have the opportunity to travel quickly from one end to the other. In addition, I had the opportunity to hike, cycle, run and swim in lakes (Geneva, Zurich) and rivers.

Through the EFORT – MEDACTA fellowship I had the opportunity to acquire technical skills and expand my theoretical knowledge regarding the hip and acetabulum. The main technical skills acquired were



- (a) Digital templating with software, three-dimensional preoperation hip assessment based on computed tomography (CT) and intraoperative control of the placement of materials with special software
- (b) personalised or custom hip prosthesis
- (c) direct minimally invasive anterior approach for hip arthroplasty with the MEDACTA traction table
- (d) complex primary and revision hip arthroplasty operations
- (e) femoroacetabular pathology in young adult (labral tears, chondral lesions, deformities)
- (f) hip arthroscopy
- (g) open surgical hip dislocation with trochanteric osteotomy
- (h) Bernese periacetabular osteotomy
- (i) gluteus transfer (Christofilopoulos - Geneva technique), abductor tendon tear repair
- (j) hamstring repair
- (k) percutaneous ITB lengthening / tenotomy.

Furthermore, my theoretical knowledge was expanded thought

- (a) learning the anatomy of the anterior hip approach
- (b) management of total hip arthroplasty and handling of MEDACTA traction table
- (c) assessment of young and young adult hip and acetabulum abnormalities
- (d) radiology and CT measurement at arthroscopic femoroacetabular pathology hip anatomy
- (e) 3D preoperative planning and intraoperative hip and acetabulum measure with software
- (f) management of femoroacetabular pathology with open surgical dislocation
- (g) arthroscopic anatomy and hip arthroscopy

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- (h) acetabular dysplasia and Bernese periacetabular osteotomy
- (i) gluteus repair and transfer
- (j) hamstring repair and
- (k) ITB lengthening / tenotomy

A new world was revealed to me with the new knowledge I gained regarding surgery of the hip and the acetabulum. In my daily practise, I will implement (a) a direct anterior approach with MEDACTA traction table; (b) new technologies and custom-made hip prostheses; (c) templating with software; (d) assessment and management of femoroacetabular pathology; (e) hip arthroscopy and (f) open hip surgical dislocation.

Overall, I feel privileged and deeply grateful to have participated in the EFORT - MEDACTA fellowship under the supervision of Dr. Christofilopoulos, as it was a fantastic experience regarding the hip and acetabulum. A fellow can gain knowledge on many levels. Also, the Swiss environment is able to offer many things to someone's personality and culture. I would sincerely like to thank you for the important opportunity and experience it provided me with for my career. Finally, I would like to thank Mrs. Catherine Dene and Celine Savoy, Dr Christofilopoulos' secretaries for their continuous and tireless contribution.