



Groote Schuur Hand Fellowship, Cape Town

BSSH

Tony Barabás, Plastics Registrar, London

The Hand Unit is a busy, predominantly outpatient based unit, dedicated to hand, wrist and upper limb, peripheral nerve and brachial plexus pathologies. Around 20 new and 50 follow-up patients are seen in clinic per day. In addition there is a weekly congenital hand clinic at the Red Cross Children's Hospital.



Long table in hand clinic: Dr's one side, patients the other. Hands numbered in order of arrival. 1st come 1st served!

	AM	PM
Mon	Adult clinic Paeds clinic	Trauma list Private list
Tues	Adult clinic Elective list	Trauma list Private list
Wed	Adult/Plexus clinic Elective list	Trauma list Congenital list
Thur	Tutorial + clinic Congenital clinic	Private list All day list
Fri	Adult clinic Elective list	Trauma list



The fortnightly congenital hand clinic has an enormous catchment area with the Red Cross hospital being the only dedicated children's hospital in sub-Saharan Africa.

Left: Child with rickets, Apert hands post op, pre-op cleft foot.

Dr Michael Solomon's (head of unit) provides a hand tutorial every Thursday morning, and occasional dissection classes (see photo) in the UCT medical school. Monday and Wednesday clinics are also consultant lead teaching clinics.



Panga machetes, with dull, dirty blades from chopping vegetation, are the favoured weapon of retribution & inflict a contaminated crush-type laceration, and frequent sepsis if closed acutely.



The debrided wounds are closed, with repair of deeper structures only after 2 weeks. This reduces sepsis as no foreign material is initially introduced into the wound. The extent of crush injury becomes apparent, and further debridement, prior to reconstruction, can then be accurately determined

Ulnar nerve graft required 2 weeks after panga injury.



Witchdoctors still yield much influence and are the preferred 1st point of call for many people, often delaying surgical repair and worsening outcomes.



Witchdoctor scarification of elbow (*), above old laceration to posterior interosseous nerve

Poor education, language barriers, transport costs/distances, hospital resources and the lure of a hand disability grant results in poor compliance with hand therapy. Therefore Kleinert bands for 2/52, then place and hold for 2/52 is used rather than an EAM regime.



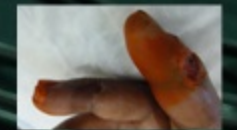
Novel hiding place!

LOGBOOK	R	TS	P
Congenital surgery	7	2	1
Ulnar/radial dysplasia	3	1	0
Tendon transfers	13	2	2
Tendon graft	6	0	0
Lat sarge harvest	2	0	0
Repair multiple tendons	4	0	4
Plexus nerve transfer	0	1	0
Plexus surgery, other	4	0	0
Mixed nerve repair	0	0	6
Dupuytren's surgery	2	1	1
Trapeziectomy + LRTI	7	0	0
Fracture fixation	5	1	5
PIPJ arthroplasty	4	0	0
Wrist arthroplasty	1	0	0
Wrist fusion	4	0	0
Carpal surgery	4	0	0
Loc flaps (x-finger/brasov)	0	0	3
Regional flaps (few/radial)	0	0	2
Free flaps	2	0	0
Revascularise hand	0	0	1
Hand replant	1	0	0
TOTAL = 205	119	21	65



Where possible, the Bier's block is the preferred means of anaesthesia. A 3rd tourniquet can stretch surgical time to 2hours!

Mercurochrome: banned by the FDA for containing mercury. Still popular in SA.



A max of 2 supernumerary unpaid fellows are attached to the unit at any time, usually for 3-4 months. The first 1-2 months are spent observing and assisting, after which the fellow takes one weekday oncall a week (training reg's do 1in3), is the 1st assistant in consultant lists, and has their own elective list. Weekends are free to enjoy the multitude of wonders that Cape Town and South Africa have to offer!

Contact: tonybarabas@gmail.com