



FESSH Travelling Award 2015 Fellowship Report

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Casa Di Cura San Pio X, Milano, Italy

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Objectives:

My main objective during this trip was to broaden my take on hand surgery and learn new and different operatory techniques for pathologies not currently performed in my city, especially from an orthopedic point of view, like wrist instability, ligaments lesions, thumb arthritis.

Personal experience:

1. Carpal Tunnel Syndrome – Endoscopic approach

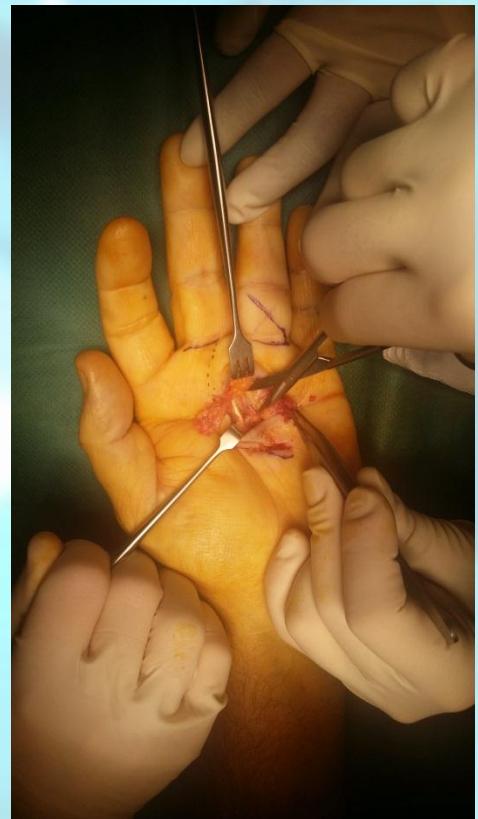
Advantages: The carpal tunnel is released without a large skin incision, the intervention itself is around 3" long, local anesthesia, patient can resume work the next day, within 14 days the bandage is removed, and the skin scaring is minimal to none.

Contraindications: underlying systemic or local nerve pathology, previous wrist trauma.



2. Dupuytren Disease – Mac Cash incisions

Advantages: The scarring will be minimal, compared to a "Z" plasty, and the patient can use the hand starting the next day.



3. Trigger Finger – Endoscopic approach

Advantages: It moves the skin incisions away from the released pulley, providing less scarring around the tendon, and making the skin scarring almost unnoticeable.

Contraindications: Previous local trauma or surgery.



4. Ulnar nerve entrapment – Cubital tunnel decompression with no transposition

Advantages: minimal incision and nerve dissection.



5. Ganglion Cysts – Resection

Advantages: Reduces the risk of developing stiffness in the joint, by not suturing the hernial orifice.



6. Thumb Carpo-Metacarpal Joint Arthrosis - Trapezectomy with APL Tendon Plasty

Advantages: Reduced costs compared to a prosthesis, good mobility of the CMC joint.



7. Mallet Finger – Tendon Suture with skin excision

Advantages: It offers an added support of the dorsal aspect of the finger, resulting in a better extension of the DIPJ.



Conclusions:

The fellowship was a great opportunity to observe and compare different approaches for some specific hand pathologies, some of them all new to me.

It enabled me to see the pathology and treatment options of the hand from a mixed and inseparable Orthopedic-Plastic Surgery point of view.

Minimal invasive surgery, with little scarring is a main goal for me from now on.

I recommend this type of medical journey to everyone interested in the Hand Surgery.

Acknowledgements:

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