



With the kind support of Prof. Lars Dahlin as host and local support from Prof. Andrew Hart and Mr. Dominic Power, I applied for and was awarded a FESSH Travelling Fellowship to visit the hand unit in Malmö, Sweden. This took place between the 9-14th of May 2022.

I will summarise my experience on a day to day basis during this travelling fellowship, by way of showing the utility of the visit for developing my practice and collaborative opportunities.

Day 1:

After some initial trouble with flights (I was meant to arrive on Sunday night, however my connecting flight was cancelled by the airline) I arrived in the unit at around 10:30. After being orientated by Prof. Dahlin's secretary, I made it into theatre and met the team. A near complete ulnar nerve transection with delayed presentation was being dissected and a sural nerve cable graft was used to reconstruct the defect.

1-3rd dorsal extensor compartment extensor tendon injury (saw the use of FiberLoop in practice).

Following this I was given a tour round the department and introduced to the surgeons in theatre and on other clinical commitments, as well as the therapists and OPD staff.

Day 2:

XR meeting and presentation of my PhD research work. Some insightful and challenging questions from the consultant body.

Motec wrist replacement, assisted with case. This was very useful, having previously spoken with the rep with regards to this product whilst at the FESSH academy and the product is used in my home unit.

PIPJ arthroplasty (index and middle). Very useful as we have had problems with these in my unit, picked up some useful tips.

Dinner with Prof. Dahlin, very similar challenges faced between units (lost nurses due to Covid pressures, hand ward now has plastics patients). Prof. Dahlin was running an anatomy prosection course for therapists- this was very well received and I aim to start a similar course in my home unit.

Day 3:

One of the senior trainees presented an update on his PhD work (he is presenting this at IFSSH, using the Swedish hand registry. This registry attains 95% data capture and appears to be the gold standard in post-operative outcome measures).

2nd stage flexor tendon reconstruction using plantaris (previous infection, PL not in the best condition). Discussion about US pre-op and options for grafting.

P1 osteomyelitis infection (delayed presentation dog bite). Discussion about Stimulan beads, Collatamp was used in this defect, antibiotic protocols reviewed and discussed with senior resident. This turned out to be a Pasteurella osteomyelitis on further discussion.

Day 4:

Sural nerve biopsy with Prof. Dahlin for patient with progressive neurological symptoms (motor and sensory). Differences in processing and nerve morphology (glutaraldehyde, difficulty with on-site TEM specimens).

Dupuytren's disease, good pre-tendinous cord, spiral developing. Discussed unit practices, how often dermofasciectomy etc.

WLE terminalisation of thumb for melanoma, another patient (diabetes, vasculopathy ++ undergoing terminalisation for fingertip trauma- didn't live locally, previously had terminalization, keen for fastest solution, informed patient consent)

? Dermoid cyst excised from thumb

Trauma patient- dominant middle finger with saw injury, devascularised, fixation of fracture and re-vascularisation.

We then went for Beer and brisket (some surprisingly strong beers on offer, strongly recommended!)

Day 5:

Trapeziectomy and ECRL suspension, discussion with consultant about her normal practice and experience. This will be presented at their August meeting (Scandinavian Society of Surgery of the Hand, which I will be attending).

Large schwannoma over median nerve in 21 y.o. patient- reviewed scan, seen in OPD and examined with Prof. Dahlin. Discussion about management and referral patterns.

Replanted hand in for dressings change (two weeks from injury), saw in theatre with one of the consultants.

Day 6:

Social visits- was shown round Lund by two of the senior trainees that I had got to know during the week.

General impressions: Fantastic department with beautiful facilities. Very good standard of care with enviable working conditions for surgeons (patients had all been prepped and draped by the nursing staff, there were windows in theatre (!), Fika, lunch hour, all of the departmental PhDs were displayed on the wall). I was struck by how friendly everyone was and how they switched to English for my benefit even when having coffee.

I had a great time and can't thank the team enough. I will be back for their August meeting and look forward to catching up with everyone I have met on this trip. I will certainly be recommending Malmö as a hand unit to visit as I can't recall having met a more friendly consultant body. They provided a wealth of experience and valuable perspectives on a range of clinical and research topics. As mentioned, I will be attending the Scandinavian Society of Surgery of the Hand meeting 24-26/8/22 to strengthen links and aim for collaborations between our units in the future.

Thomas Reekie MBChB PhD FRCSPlast

Expenses:

£540.72 hotel (file on mac)

Flights £171 £151 (these include flights to Graz to attend the Austrian meeting)

Conference fees 24-26/8/22 £511.83

Chokladfabriken I: £167.05 (socializing/ beers) file on phone

Department of Translational Medicine – Hand Surgery
Lars B. Dahlin, Professor

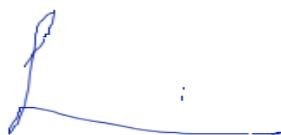
**To whom it concerns
FESSH Travelling Award Committee**

Concerning the FESSH travelling fellowship visit by Thomas Reekie; ATP Hand Fellow, Queen Elisabeth University Hospital, Birmingham, U.K to Department of Hand Surgery, Skåne University Hospital and Department of Translational Medicine, Lund University, Malmö, Sweden.

It has been a pleasure to have had Dr Thomas Reekie as a FESSH travelling fellow at Department of Hand Surgery, Skåne University Hospital, Malmö and Department of Translational Medicine – Hand Surgery, Lund University, Malmö, Sweden for a week May 9th – 14th, 2022.

Our university hospital carries out acute and elective clinical activities in all types of Hand Surgery, except surgery of brachial plexus lesions in children and adults, where around 40% of the cases are acute cases. We have tried to provide Dr Reekie with information about the management of acute and elective cases in Hand Surgery in Sweden, including rehabilitation resources, as well as an update about the research and teaching possibilities. Dr Reekie has participated actively in the activities at the outpatient clinic as well as assisting at surgery in a variety of acute and elective cases. Dr Reekie also provided us with a presentation about his clinical activities and research project. We were very pleased that Dr Reekie decided to visit us.

Sincerely Yours



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