



**Inside this issue:**

<i>HOD's update</i>	1
<i>Registrar training</i>	2
<i>Undergraduate training</i>	2
<i>Sports</i>	3
<i>Whats that?</i>	4
<i>German fellowship Congrats</i>	5

Business is booming at the Orthopaedic mother ship! Penning this newsletter forces one to ponder what has transpired over the preceding 6 months since the last one. It allows one to step out of the heady race of day to day tasks and enjoy the luxury of an overview of what our collective is achieving.

**Service load**

Our service component remains massive. In the last year we managed 27158 outpatient episodes at GSH alone. About half are these we seen in our Hand Unit staffed by 2 full time staff equivalents!

We performed 4532 theatre procedures with a reasonable elective component despite the challenge of trauma overload that we face.

An additional 10 884 outpatients were seen at RXH, 30% more than Paediatric Surgery. 1836 surgical procedures were performed between RXH and Maitland Cottage.

A further 2032 operations and 18500 OPD visits were provided at GF Jooste and Victoria Hospitals.

To service this load with our current theatre resources requires commitment by all staff members, both nursing and surgeons. D10 continues to be well run by Cheryl Lawrence with no time going to waste. The threat of an elec-

tive list finishing early is met with a case called from the emergency board. We also have one of the better 8am surgical access statistics in the hospital.

We also have to recognise our tireless trauma registrars who flog it out during the graveyard hours to keep the trauma cases rolling and prevent them from crashing the elective day lists. This is commendable (and expected by those that have been there before!).

We continue to chant for access to a day time, dedicated Orthopaedic trauma list in C6. I still cannot fathom how we were ousted from the C floor trauma theatre during the Maraspini era, having spent most of my own registrar calls slapping in nails down there.

Despite support from all parties, including senior management, efforts have been thwarted thus far - largely by the cost of infrastructural change. We have however received 2 additional trauma

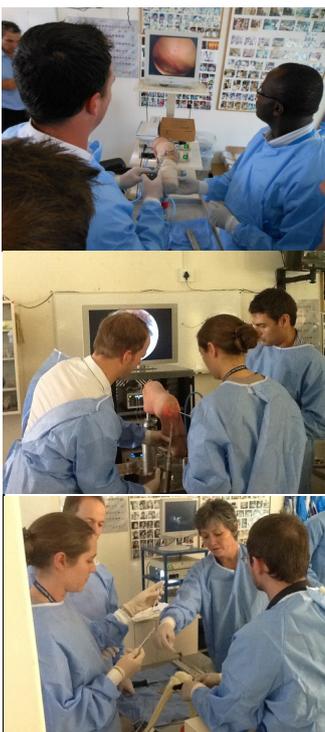
lists and the “whispered promise” of another.

Orthopaedic trauma remains high on all PGWC agendas and I am confident that this issue will resolve soon. The sooner we unload the general emergency board the better for all disciplines and patient care.

**Training**

We have intensified our training of registrar skills which we regard as deficient due to the service pressures. Arthroscopy and arthroplasty have been highlight.

With the support of Smith and Nephew we have run monthly departmental skills workshops. These have largely been cadaver based. S&N have brought in camera stacks and funded fresh frozen cadavers from the anatomy department. Basic arthroscopy to ACL reconstruction has been taught with a hands on approach. Hip and knee re-



<b>Annual GSH service load: 2012</b>	
Operations per annum at Groote Schuur	<b>4532</b>
Adult trauma	1676
Adult elective	1100
Hands (trauma / elective)	1756
OPD visits	<b>27158</b>
Hands	14171
Adult recon	7680

<b>Annual Paediatric service load: 2012</b>	
Operations per annum at RXH / Maitland Cottage	<b>2032</b>
OPD visits	<b>10884</b>



placements have followed with input from departmental consultants and private consultants. We appreciate the input from Deon Engela, Stadler Kirsten, Thys Booyens as well as our sessionals, Richard von Bormann, Hayden Hobbs and Marc the Norch.

The trade have noticed and I have been approached by many others to commence similar workshops for 2014.

I have taken the approach to use our in house skills supported by well chosen private practitioners and strengthen our own teaching program. I am less enthusiastic about the endless commercially orientated courses offered outside which generally disrupt our workflow.

In addition to this initiative, Steve Roche continues to offer ad hoc cadaver based upper limb work shops and the spine team, the annual

cadaver spine course and live porcine based spine complications course, run again this March.

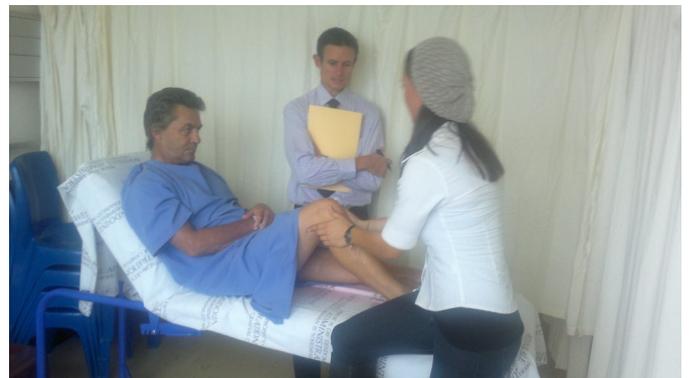
#### **Undergraduate teaching**

We have re-designed our 5th year MBChB program from the start of this year. A more primary care (GP based) focus has been created with increased consultant contact time.

Practical skills transfer is prioritised such as skull traction application, POP and splint management taught hands on once again.

The students have responded well with positive end of block feedback.

The examination process has been transformed with a OSCE based system reminiscent of the old Richard Marks show on J floor OPD. Nick and I have created a double track (duplicated) set of sta-



tions to improve examiner consistency (and fairness) but still get the job done quickly! This allows every student to experience the same exam and be assessed on practical skills in a comprehensive fashion.

This is improving our standing within the faculty. Rob Dachs presented our research on intern musculoskeletal knowledge at a recent UCT Educational conference where we were in fact lauded and asked for advice by other departments. What a turn for

the books!

We continue to evolve with Nick Kruger overseeing the introduction of single best answer questions to improve our computer based examination.

#### **ABC fellows visit**

We hosted an impressive group of ABC travelling fellows from North America. They were well entertained and given a departmental tour by our senior registrars. A



combined research meeting was held at Med School attended by the Stellenbosch faculty and some private consultants. The visitors presented excellent papers from basic science to clinical studies with a upper limb predominance. I was a little tentative when booking the Francis Ames room at Med School fearing a rather sparse crowd in the large room but was made proud by the excellent attendance of academics and interested SAOA branch members. We need to continue this type of collaborative engagement with local private practitioners for the benefit of both groups. There was excellent interactive discussion

which can only enhance our registrar development.

**Competition**

There of course has still been time for fun. Unfortunately the consultants went down to the registrars at the annual cricket match in December. The calls for net practice will have to be taken seriously by the seniors this year.

Mark Fleming introduced clay pigeon shooting with Christoff Marais walking away as Dirty Harry of the moment.

With Alex (I can't keep still) vd Horst around, running raised it's profile as a departmental contest. This even led

me to run my first two halves creating disharmony by pipping old man Roche (to his disbelief) in the Two Oceans - something about waiting for his wife ... He however re-established order in the Safari.

Results of the departmental efforts are listed - Marc had a long story about his time, too sad to publish - better luck next year Marc!

To defend his honour after being beaten by the departments oldest, he completed the Sani to Sea 3 day MTB with Richard von Bornman.

I believe Hayden finished the comrades.

**Two Oceans**

**Full**

- Cobus Moolman 4:38
- Alex vd Horst 5:51

**Half**

- Michelle Maree 2:08
- Rob Dunn 2:13
- Steve Roche 2:18

**Safari 21km**

- Alex vd Horst 2:02
- Steve Roche 2:05
- Rob Dunn 2:19

**Argus**

- Garth Grobler 3:08
- Hayden Hobbs 3:18
- Marc Nortje 3:29

*Spine team makes the papers ...*

**SPINAL OPERATIONS**

**CHILDREN WALKING TALL AFTER SURGERY**

Parents believe small miracles take place in Cape Town's hospitals

**Natasha Bourdendout**  
STAFF REPORTER

BORN in East London with under-developed vertebrae in her neck, 18-month-old Layla di Raffaele could not sit or crawl.

Several doctors told her father Davide di Raffaele that there was no hope for the little girl whose spinal deformity could lead to paralysis if left unattended.

"One of the doctors said I would just have to accept that Layla would be a hunchback," Di Raffaele said.

The spinal compression made it impossible for Layla to crawl or sit.

"Layla moved around by sliding on her back," her father said.

But Di Raffaele never gave up hope that he would find a surgeon who said would operate and "give her a neck".

An internet search led him to Professor Robert Dunn, the head of Orthopaedic Spinal Services at Grootte Schuur Hospital.

After a series of communications



**LITTLE FIGHTER**  
Eighteen-month-old Layla di Raffaele underwent spinal surgery at the Red Cross War Memorial Children's Hospital

**HERO... HE GAVE MY BABY A NECK**



Our spine team received some positive feedback in the papers recently with a good news story. Young Layla was myelopathic due to a severe congenital kyphosis from absent cervical vertebral bodies. They eventually found us after no assistance in the Eastern Cape. Trials and tribula-

tions ensued with decompressive and fusion surgery followed by near death from respiratory compromise due to a CSF leak, subsequent graft dislodgement and finally third time lucky! The net result is an almost two year old with recovering neurology and starting to walk.



## What's that round his neck?



**Mark Rossout** had just joined us as a trauma registrar when he was caught in costume at the ICC 2 Oceans registration masquerading as a "jock doc". VdH captured the evidence to report this deviation from true Orthopaedic practice.

Just before we could give him his marching orders, he redeemed himself by bathing our Paediatric unit in glory.

How you may ask? Shiniest POP, quickest Hoffman spec Spica.

No - along with Tim Sluis they delivered the first baby ever in the RXH front room!

There is no end to our Dix Peek team's skills - I hear they were recently called to ICU to resuscitate a neonate.

What next - maybe an Ortho RXH main theatre list?

## Taking call a little far?

He does seem to feature a lot this issue but his energy is boundless. I was charged with taming "the horse" for the past year, and the verdict is still out.

While on call for the ASCI unit, Alex vd Horst, accepted a critically injured spinal cord patient. The patient was in George and required urgent transfer by air ambulance. This stirred his memories of when he flew with the Red Cross. He somehow organized to join the flight and personally fetched the patient, making sure he was

back in time for the ward round, before he could be missed.

I caught him because he used this picture as his Whatsapp profile.

In Alex's terms - "no good deed goes unpunished"

Now transformed into a competent spine surgeon, Alex is off to Windhoek where he is joining the University. He has already designed the Orthopaedic undergraduate program which he is initiating. Previously only pre-clinical years were available. In addition, he will be developing a

spine service in the state hospital.

Good luck Alex.



### Registrars club Consultants.

The consultants should have seen trouble coming when the registrar team turned up in shirts embroidered with the departmental logo, still sporting their Movember look despite the expiry date.

Even Sollo's unorthodox bowling could not save us. At least the Spitbraai was good!

Future consultant job descriptions include batting / bowling as a prerequisite.

## *UCT represents SAOA on German travelling fellowship*

When SAOA contacted me regarding a representative from UCT to go on the German fellowship, my immediate thought was Alex as he is German speaking. I clearly did not think it through, as being my spine fellow - this left me doing all his work!

Tygerberg were due to supply the second fellow, but there was no enthusiasm across the Liesbeeck. Alex then promptly convinced me to nominate Bryan, an Eastern Cape registrar who had trained with us and was just home from a Bristol fellowship - right place, right time led to a lot of German beer it seems.

The following is a report from Bryan:



Alex van der Horst and Bryan Riemer were invited to visit Germany for 4 weeks by the DGOOC (Deutsche Gesellschaft für Orthopädie und Orthopädische Chirurgie) on behalf of the South African Orthopaedic Association.

We departed from Cape Town on the 16<sup>th</sup> May 2013 and flew to Frankfurt, returning on the 16<sup>th</sup> June. We were met by the DGOOC representative and the organizer of the German program Dr Martin Engelhardt. It was to be an intense 4-week trip, visiting 10 cities and various orthopaedic units in each centre. This involved travelling by train, new hotels and new departments every 3 to 4 days. The Germans hospitality was excel-

lent; we were entertained from early morning to late into the evening by the heads of the various departments and their staff. Communication was aided by Alex's command of German.

After Frankfurt our trip involved visits to Osnabrück, Berlin, Rostock, Hamburg, Kassel, Düsseldorf, Regensburg, Stuttgart, Heidelberg and ending with the annual GOTS (German Society of Sportsorthopaedics and Sporttraumatology) Congress in Mannheim. At each city we were warmly welcomed into the departments and shown around the hospitals. The units would always try to accommodate our special interests. We could join in in theatre, scrubbing for many cases, in addition to observation of outpatient clinics and ward rounds. At each stage we gave presentations on South Africa and orthopaedics in Cape

Town; these were well received and always resulted in questions and discussions.

During the 4 weeks we observed many different practices and surgical techniques. We both learned a great deal and met many interesting and well-known German orthopaedic surgeons. 'Extracurricular activities' including brewery tours, games of golf, running and fine dining were also highlights. It was an invaluable experience and we feel privileged to have had the opportunity of this prestigious travelling fellowship.



## *FCS success - well done boys*

Hard work by the trainers and trainees continues to pay off with the recent success of Mark Fleming, Assad Mughal and Maritz Laubscher in the final College exams.

Mark is off to Sydney to join Mike Dixon (likable Ozzie who trained at UCT) in a Sports Medicine fellowship.

Assad will work as a JC before returning to consultant practice in Nairobi.

Maritz will stay on as a JC before leaving for a lower limb

reconstruction fellowship at RNOH, London. This collaboration is a benefit of our recent ISOC membership and

striking up links with the London Stanmore group where I did my fellowship 13 years ago.



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### Check out our web site

<http://orthopaedics.uct.ac.za>



**Ian Koller** joins our consultant staff as a level 2 medical specialist. Fierce motivation for the 5/8 post resulted in a FULL TIME one. Ian is active at GSH, GFJ and Victoria hospitals. He has already had a positive impact on the GFJ service and training the peripherally based MO's. He has even brought stats from there to the departmental M&M meeting. He is actively involved with our undergraduate program and initiating his research. Welcome Ian.

**Christoff Marais** lining up to shatter yet another clay at the departmental shoot while Nick and Tim wonder what they are doing wrong.

### *Divisional meetings CPD accredited.*

All our academic meetings are now CPD accredited. Private consultants are welcome to attend and contribute. Our Spine meeting has grown and is attracting many private surgeons, with our Trauma meeting following suit. I would like to see our Friday academic sessions attracting similar interest. Remember to sign the attendance register for points allocation.

Our fixed weekly academic meetings are as follows:

Monday 7 - 8 am:	Trauma meeting D15
Tuesday 7.45 - 9 am:	Spine meeting D15
Tuesday 1-2pm:	Clinical examination meeting D6
Tuesday 8 - 10pm	Registrar teaching
Friday 2 - 4.30	Dept academic meeting H49

A monthly program is available.

### *News snippets*

If anyone would like to contribute something of interest regarding our department for the next Newsletter, please send to me on:

robert.dunn@uct.ac.za

