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Congratulations
Associate Prof Roche



Matron retires



While sitting in a recent AOSpine masterclass academic meeting, it dawned on me that 8 of the participants were UCT Department of Orthopaedic trained Spine fellows. They ranged from course convenor, faculty to delegates. Not only did this engender a sense of pride but made me appreciate the incremental effect of training.

From a humble start in 2005, begging for external funding and the excitement of AOSpine buying in with their financial support, today we are constantly approached with offers of support from corporates eager to affiliate with our brand.

It also made me realise the importance of our role as trainers and educators in addition to our service provision skills. As surgeons we are limited by our hands and local resource support but with developing new surgeons of upmost quality we multiply our effect. With many of these fellows now training others, the effect becomes exponential – the ultimate pyramid scheme. If only I could get that 1% of future turnover they all agree to when they join! Three of these fellows are now uplifting systems in sub-saharan Africa – some of which I will deal with later under outreach – and two running and improving the Tygerberg Hospital Spine service.

With the recognition of the spine fellowship benefits, lower limb arthroplasty and upper limb fellowships were created and continue to run well. We also see an increasing number of visitors, allowing me to dust off the ancient Princess Alice visitors' book – which has not been signed in a long time.

As important as this sub-speciality training is, our emphasis remains training general Orthopaedic surgeons. With this in mind, we continue to strengthen our post-graduate program, which in turn is becoming increasingly in demand. Prospective surgeons are prepared to take the long road for a better education. Instead of jumping on a 4-5 year program elsewhere, they are prepared to wait for a medical officer post in our pre-

registrar program in the satellite hospitals, obtaining their primary and intermediate exams before the intensive 4.5 year registrar program. This is of course selecting out top end registrars that are not scared of work, although still requiring gentle ongoing prioritisation guidance (and if this fails – we unleash Prof Roche). Our ever increasing research output bears witness to this fact.

I heard an interesting comment recently where it is being said that if you want an academic career, you need to train on the UCT program. When I use the word academic, it is on top of good clinical skills, NOT instead of!

For many years South Africa has been out of step with the world. Provision of the “best” care shifted to private with state resource constraints and surgeon migration. With this went the training and the dangerous perception that one needs to learn everything from the “private surgeons” as only the “can't do's” stay in the state service. I believe that we, as a department, have made massive strides to correct this. As opposed to other centres, we have fierce competition for any available consultant post, which have become as rare as hens teeth with our excellent staff retention. Our strategy has been to facilitate private public partnership, and thanks to our loyal sessional appointees, this has worked well. The departmental philosophy of practicing Orthopaedic Surgery as opposed to trauma surgery supports this. Consultants are eager to continue to work in the GSH environment which is increasingly productive with multiple additional theatre lists and ad hoc special projects.

I believe the aforementioned strategies to be mandatory for continued “best practice”. Training can never be delivered in private practice alone – not with the way private practices are currently structured in SA. This is clearly evident in South African regions where the local medical school are weak, leading to lack

Warning: a sense of humour is required

Due to ONE complaint about my last newsletter, I include this disclaimer. I am fully committed to UCT, PGWC, and all the tasks I repeatedly discuss—else I would be tripling my income elsewhere! This however does not mean I need to be deadly serious about it all.

of peer review and rapid deterioration of quality in the private sector care, to everyone's detriment.

Private practice has a significant role to play and we continue to embrace it with the OrthoUCT group practice at the UCT Private Academic Hospital. Having opened its doors in July, there has been some settling in of consultants. Of the initial core, Graham McCollum, Sithombo Maqungo, Duncan McGuire, Stewart Mears, Cecil Reid, Clive White and myself remain. We have been joined by Marc Nortje and Rob Dachs. Patient numbers have rapidly increased over the first 5 months which is promising and the hospital is feeling the positive impact on its turnover. This will definitely assist in staff retention and improved training as well as brand building for the department at large.

This initiative is a small step in the PPP direction. There are also interesting developments at Sports Science which may well lead to greater things. With a re-shuffle on the UCT side and the realisation that Orthopaedic Surgery is an integral part of Sports Medicine, never mind a potentially big fund generator, we continue to have input on future collaboration in this regard.

At GSH, we have started a Sports Medicine service under Michael Held. With no additional posts, we need to be innovative. But there are always options, and we will be able to fund him outside the PGWC system to run our Sports side along with the newly established Orthopaedic Research Unit. This was initiated by Wim de Villiers, the "new" dean who is sadly jumping ship. It appears that enough momentum has been achieved to carry things forward.

It's been a hard, busy but extremely productive year up on the hill

Happy Christmas and New Year regards

Matron Schreiber retires after 27 years



Matron Jean Schreiber retired at the end of October 2014 after 27 years service at Maitland Cottage Hospital.

Prof Teddie Hoffman writes:

Matron Schreiber played a major role in making the registrars feel welcome at MCH and creating the reputation as one of the most popular rotations on the teaching circuit.

Running a hospital is not easy. She was orthopaedically trained; both clinically and in theatre. With a blend of sound orthopaedic knowledge, diplomacy and efficiency she made it a happy place for the patients, nursing staff and doctors. Her best quality was that she was not officious. It was more important for her to make things work, than blocking progress with some rigid rule which we so often encounter in other state hospitals.

We wish matron well for the next phase of her life.

The new Departmental tie

Following the development of the logo, we have a tie designed for the Orthopaedic Department as depicted to the right.

They will be available via Bernadette in the New Year.

Apologies: erratum last issue



No, Nick Kruger has not invested in a Jacques Kallis syrup!

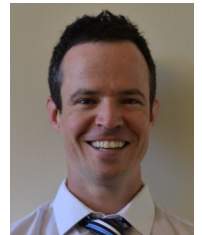
Nick Martin (left) has been part of the arthroplasty initiative at Victoria and Mitchell's Plain Hospitals.

Nick Kruger (right) remains our Head of Acute Spine Injury Unit (ASCI) and runs a trauma firm.

Rob Dachs

Well done

Rob has been awarded the AAOS scholarship for 2015.



This International Scholarship includes surgical skills training at the Orthopaedic Learning Centre in Rosemont, Illinois, and an observership with a leading US shoulder/elbow surgeon(s). Rob plans to visit Shawn O'Driscoll and Peter Millett during this trip.



Special projects

Marc Nortje has led the GSH arthroplasty initiative. This has resulted in additional elective lists with privately sponsored nursing and anaesthetic staff by Unipalm and subsequently additional PGWC funding. 18 additional joints have been done on this project above our typical 5-7 per week.

This recently resulted in a visit by Theuns Botha and Unipalm execs (extreme right) to acknowledge the efforts of all the role players. Recently operated patients

were brought in for lunch and our department's efforts recognised. I had a one on one chat with Mr Botha explaining our department's rather unique collaboration with private surgeons and ongoing efforts to use all resources available to enhance Orthopaedic service and training. Having explained some obstacles, he immediately gave me his mobile number and offered to assist.

MECs visit to acknowledge Arthroplasty initiative



2014

SURGICALRESEARCHDAY.COM
University of Cape Town



INNOVATION IS OUR TRADITION

NOVEMBER 28TH

Organized by the Orthopaedic Department

Research Day

The Orthopaedic Department organised the annual Surgical Research Day last month. Under Michael Held's direction, the team of Orthopaedic registrars did an excellent job setting a benchmark for others to try and follow.

The day attracted in excess of 80 scientific papers, 63 being selected for podium presentation. Quality was evident with presentations from all divisions. Once again we stood out with multiple excellent presentations delivered by our undergraduate students to registrars and fellows (and even the profs).

Our second year students and registrars, Pieter Jordaan and Moses Mwangi won prizes for their efforts.

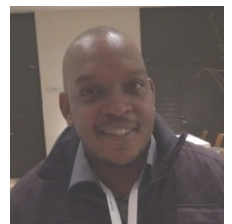
Well done to all the registrars involved— especially Mark for the best abstract book ever plus catering logistics, Tom for AV, Johan for arranging prizes, Carel and Gerhardt for AV support and excellent time control, Anria for cheese platters and of course Bernadette for scurrying around all day. (apologies if I left someone out). The only downside of success is that it looks as if Prof Kahn wants us to run it again next year!

Zimbabwe Outreach

Our foot print has extended to Zimbabwe now that Valentine Mandividza has returned to Harare. He has taken up a consultant post at Parirenyatwa Hospital, the largest teaching hospital in the country. He is running the spine service as well as overseeing the general Orthopaedic registrar training.

I went up to visit recently - both the state and private facilities. He is surrounded by appreciative and enthusiastic registrars despite all their challenges. They inform me that Valentine is having a massive impact on their training. We operated together, both in the private and state hospitals, and this made me even more aware of how important the support team was. The nursing staff weren't too dissimilar to here but the anaesthetic practice is clearly stuck in the past. We did two lumbar fusions on one day in the private sector (compared to the 5 we manage in Namibia) which caused great consternation to the "experienced" anaesthetist. To be fair, her experience is the local neurosurgeon who apparently takes most of the day with a decompressive case! In the state, I found myself prompting the anaesthetist most of the case. Poor Val has a lot to contend with, but there is hope. Having shown them what is possible, things should improve. The state hospital theatres are being refurbished and Medtronic is assisting him with a grant to buy instruments and a C arm.

We plan a two day AOSpine course there in June 2015 to assist with their registrar training.



Special projects

Our Namibian outreach continues.

Both Nick Kruger, Sithombo Maqungo, and myself have been up to Windhoek on separate occasions.

Alex van der Horst continues to improve the local environment and now has great systems in place. The burden of disease is immense and already there are 3 scoliosis cases booked for my next visit.

Their RAF is far more involved than ours as they support their state facilities to improve the patient's care. To this end they have purchased Alex a theatre table with all the bells and whistles as well as other theatre instruments. The private sector is arguably better than many of ours—we manage 5 spine cases in a day with staff that speak your language.



Left: Nick Kruger preparing for his next Namibian case. (No rush on his visit).

Right: Angolan child at first presentation at the state clinic. The Angolans are streaming down to Windhoek for care confirming the massive need for our services.

Below: The local Orthopaedic Surgeons meet regularly for breakfast and a case conference as below. There not many more than 8 in the town but they get together to discuss difficult cases and administrative practice frustrations.



Smith and Nephew Donation Brings Pain Relief to Patients in the Western Cape



Dr Paul Rowe with a patient

Eighteen (18) patients in the Western Cape received hip or knee replacement surgeries over the course of three days at Mitchells Plain Hospital and Victoria Hospital recently with the compliments of Smith and Nephew (S&N) who donated the prostheses to be implanted, consumables and specialist services to assist with the surgery.

A big thank you also goes to Dr Paul Rowe, Head of General Orthopaedic Services in the Metro West, the Business Development Directorate and the Health Foundation who facilitated the processes so that the first ever "Hip-A-Thon" could take place in the Western Cape. The Hip-A-Thon is a very welcome event to address the provincial knee and hip replacement surgery waiting list of over 1200 which increases

weekly.

Though capacity is available in some of the Department's facilities to perform the service, the main challenge still remains the budget to procure implants and service implementation assistance. It is therefore through efforts such as these and mutually beneficial partnerships with the private sector that the current backlog can be alleviated.

Paul Rowe and the Joint Care Trust (with Deon Engela and Nick Martin) get acknowledged by PGWC in their Jonga newsletter.

Teaching

Our teaching efforts continue with great enthusiasm. We continue to receive positive feedback in our strides to improve the undergraduate education. From 2015, we will no longer share our block with Anaesthetics. Of course it's a case of careful what you wish for, as now we need to put in even more effort. We plan to embrace technology with webinars to reduce strain on our few full timers.

There is an increasing interest in orthopaedics as a career amongst our undergrads, so our efforts are paying off.

The post-graduate program is running well with regular cadaver courses and saw bone workshops in house to reduce the need for disruptive regional courses.



The first Foot and Ankle cadaver arthroscopy workshop was held in July.

Graham McCollum demonstrated techniques of anterior and posterior arthroscopy and endoscopy to manage bony and soft tissue impingement, osteochondral lesions, arthroscopic ankle fusions and removal of painful os trigonum.

The workshop was well received and we plan to expand it to a regional arthroscopy course in the future.

Thanks to Smith and Nephew for their sponsorship and continued support of education.



Stewart Dix-Peek and Stewart Mears took Orthopaedic Surgery to the Red Cross Hospital surgical teaching facility. It has 9 stations where each can accommodate 2-3 registrars. Video conferencing and recording facilities are available.

It was a trial, but took available registrars through a few Paediatric foot procedures with a view to future courses.



We recently supported the SA Paediatric Association meeting at CTICC. Stewart Dix-Peek and myself participated in a session on surgical specialties educating the paediatricians on orthopaedic emergencies and spinal column injuries respectively.



Davos AOTrauma and AO Spine courses.

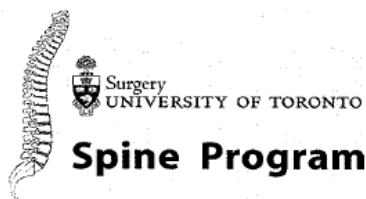
With our UCT brand growing, there is increasing recognition of our value as educators globally.

Both Sithombo and I were invited as faculty to the recent AO courses in Davos.

Sadly the compliance issues restrict the skiing but there was fantastic academic interaction with participants and faculty, as well as social catch up with old friends and colleagues.

It gives us a chance to show case our work to the world.

Teaching



Quarterly Hospital Based Professorship

Nov 20-21, 2014

Visiting Professor:
Prof. Robert Dunn
University of Cape Town, South Africa

Hosted by
Sunnybrook Health Sciences Centre



I was honoured by the University of Toronto last month when I was invited as a visiting professor. This is a great initiative and I would like to establish it in our department.



The spine department is co-chaired by Albert Yee (above right) and Michael Fehlings (second from right). Albert visited us last year as a travelling fellow and was extremely impressed with our service being extremely flattering when introducing me to everyone. Michael is world renowned for his stem cell and spinal cord injury research. Joel Finkelstein, on the extreme left, is an experienced spine surgeon enjoying trips to Tel Aviv where he seems to manage as much trauma as us.

I was asked to speak to the greater spine community at a dinner where I chose to address them on "Practicing first world spine care in a third world environment", stressing not only our challenges but our homegrown solutions. The next morning I addressed the Sunny Brook Hospital faculty on Spine Tuberculosis. Canadians are very polite generally but really seemed to enjoy our work.

I then toured their facilities including the Krembil Spine institute with all the basic science research. I met the heads of research and discussed various projects with their Honours and PhD students. This have given me great insight and drive to get our department onto this track.

I was treated like royalty spending the best part of a day at the Niagara falls and squeezing in a boozy lunch and wine tasting (in the snow) before delivering my one talk.

This relationship is already paying dividends with research interaction between us and likely collaboration on spinal cord injury projects in the future.



Monthly Postgraduate workshops

The monthly registrar workshops continue with cadaver TKR, arthroscopy and cementation modules done in last semester.

Ortho takes the debate

Well done to Anria, Tom and Mark for 'teaching' the Anaesthetic department a thing or two about the Banting diet at the Students Surgical Society debate.



The Scoreboard

Waterpolo

Consultants destroy registrars

Despite the registrars having double the numbers, the consultants valiantly defended their waterpolo title. Although the victory was clear, the score was not. The referee showed sympathy towards the registrars at the end to avoid embarrassment—14-8 being the official, but unrepresentative final score.



Medical 10

Cobus Moolman ran a brilliant 38 minute race taking the honours. Yes, that is Russell Govender! Having joined the spine fellowship he has picked up running. He is now hammering away a few times a week and the baby fat is falling off. Anria broke her hour but where were the consultants?

Professor Roche claims he incorrectly set his alarm—not sure if it is old eyes or blurred by a Castle bottle. I suspect it had more to do with my challenge. Being stuck in the Toronto Hilton, I diligently ran a 10km treadmill race the day before due to the time zone difference and whatsapp'ed a screenshot of 47 minutes before hand-icap. Despite Nick Krugers Spandex comments it killed the competition.



Cricket 2014 goes to the trainees

The registrars took this a lot more seriously this year and it paid off. Despite Mike Solomons' exponentially improved bowling, the registrars managed over 200 runs thanks to their strong batting line up. I distinctly recall Neil Kruger (who played for Netherlands!) promising he would never play if I gave him the job. The consultants batting was left to the tail enders, but it was never going to be enough.

Tom Hilton received 'man of the match' for both his batting and bowling display. Steve Roche received 'Play of the day' with a brilliant catch having to trundle in from the boundary. Ian Koller, the losing captain, got a head ache for his trouble.

The day doubles as a family day with the usual Lappies spit braai and access to Mike's pool. The weather played its part to make it a great day.



Thomas Hilton show the consultant bowling no respect and receiving 'Man of the match' below



The Scoreboard



Wines2whales

In a repeating theme, Graham McCollum and his riding partner trounced the fierce Orthopaedic competition in the recent Wines2whales 3 day mountain bike stage race.

Fighting off charges from Brendan Dower, Hayden Hobbs and Marc Nortje he crossed the finishing line in 82nd position (out of 700), not far behind the professional riders.

The rivalry is set to continue through 2015 with other Orthopods ditching the golf clubs for 11 speed 29 ers!!

(written by GM!)

Cape Town Marathon

| | |
|--------------------|------|
| Carel Bezuidenhout | 4.04 |
| Robert Dunn | 4.11 |
| Steve Roche | 4.29 |
| Sithombo Maqungo | 5.27 |

Grape Run 21km

| | |
|--------------|------|
| Steve Carter | 1.54 |
| Robert Dunn | 1.54 |

Cape Point 24km

| | |
|--------------|------|
| Steve Carter | 2.12 |
| Robert Dunn | 2.12 |

Winelands 21km

| | |
|-------------|------|
| Robert Dunn | 1.45 |
|-------------|------|

Both Steve's failed to get up. Clearly they slow one down.

Registrars have clearly given up!

SAOA prizes

Not only did we have plenty of quality papers at this years SAOA meeting, we took the prizes!

Well done to Dave North for winning the GT du Toit's Registrar Prize for "First Clinical Use of a Novel Plasma-Based Biomaterial to Augment the Healing of Open Tibia Fractures".

Anria Horn and Michael Held were awarded research grants for their Paediatric supracondylar pinning and TB GeneXpert studies, respectively.

Koshy Daniel and Robert Dunn took the literary prize "Comparison of platelet count in tuberculosis spine to other spine pathology" published in the European Spine Journal.

MO'vember

Once again the Orthopaedic "Showers and Growers" team joined together to raise R14 300 for men's health.

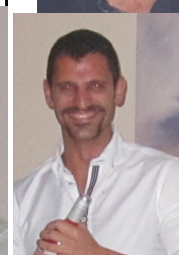
Tom had to be a best man while MO'ed up, and I had to lecture in Toronto—hopefully they understand.

Tom, Gerhardt, Nick and Mark received honours at the annual MO Braai—we will leave the categories unpublished.

Well done to reliable Jim Crosier who grows his, rather refined, MO each year and contributes to the fund.

Cricket practice

Luckily there was a little MO draft beer left over for cricket practice the next day.



Who's in and who's out



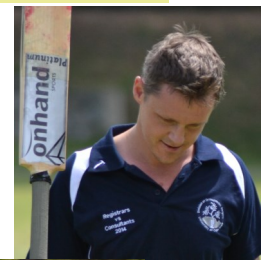
Well done to Du Preez Naude and Yusuf Hassan on obtaining their FCS in the last exam.



Du Preez (above) is due to start a shoulder fellowship with Steve Roche but may well end up as a consultant in Paarl. He has suddenly realised that the security of registrar training has gone, and squirming in the real world of decision making—thus the picture!

Moses Mwanmgi, middle right and extreme right, spent two years on our rotation as a supernumerary from Kenya. He passed the FCS Diploma extremely well and it is a pity circumstances did not allow him to complete the rotation and full FCS. He however won the GOLD MEDAL in the COSECSA exams and should register as a Orthopaedic Specialist in Kenya imminently. Congratulations Moses.

I attach his recent email as a window of our Department.



Welcome to Neil Kruger and Zahir Moonda.

Both joined us in August and are the newbee registrars in the department.

Well done Associate Professor Steve Roche!

UCT have finally recognised Steve's huge contribution by conferring him with Associate Professor status.



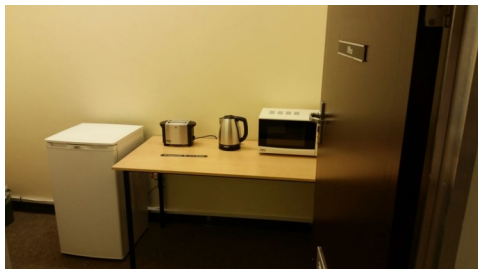
Subject: Thank you

Dear Prof Dunn,

I thank you for having given me the opportunity of spending two years at the Department of Orthopedics-UCT. It has been a wonderful time for me.

I have definitely learnt a lot and gained very good surgical exposure and experience in orthopedics. The Orthopedic Team made me feel at home. The teaching staff is excellent. Their interactive teaching and work ethics has made me a better student, researcher, teacher and Surgeon. Obviously you have the best Registrars as friends, mentors and colleagues. I was proud to be a registrar in Orthopedics-UCT. I sincerely thank all of them.

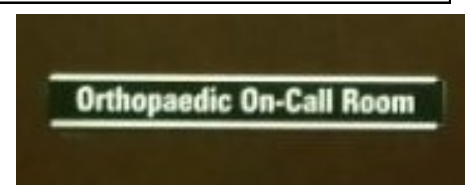
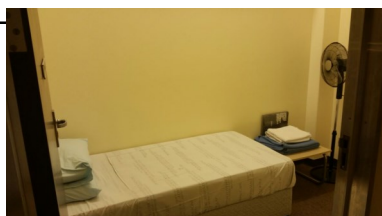
I am glad to inform you that I passed my COSECSA exams. I was the best in the Fellowship exams and got the gold medal. All the clinical exam stations were just like a repeat of what we always do each and every day of the week at GSH, Red Cross and Maitland Hospitals. The onus is on me to put to practice what I have learnt.



The 'Hilton' is open

Well done to Thomas Hilton for refurbishing the D floor on call room. When old buggers like Roche and I were PAOU registrars, we had to sleep in to cover the HCU. Somewhere along the way, when I was in the UK, this room was hijacked by Ophthalmology - well no more.

Now at least the trauma reg has a place to sleep and work while on call and the rest of us don't have to find him draped over the couch in theatre in the morning,



Would you believe this is GSH ...



Well done Sithombo!

The F floor trauma area has been extensively refurbished by SMQ, (his call sign) with the support of Acumed.

I have not been invited due to my outdated trauma knowledge, but I believe it is better than the pictures suggest.

The stigma of Orthopaedic trauma is finally being metamorphasised into a proud sub-speciality.



You would swear we have transgender registrars.

Johan Charilaou informs me of the following (right)

Prof

Gerhard, Jimmy and myself had babies. Obviously fertile dept.

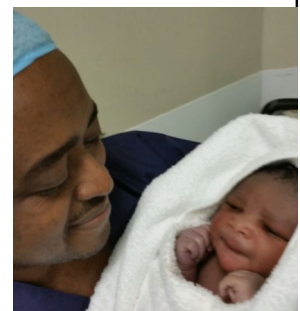
Who had the babies?!

I struggle even more with the paternity leave, Jimmy will you stop now? 5 days is not worth what it will cost you in the end.

Regards/Groete

Johan Charilaou

Anyway congratulations to the Thiart, Charilaou and Kauta families.



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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

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 7 - 8 am: | Trauma meeting F23 |
| 2 - 4.30 | Dept academic meeting H49 |

A monthly program is available.



One of my Adolescent Idiopathic patients performing in New York while on bracing regime. I just love her positive attitude—her brace below



Mugabe-ville may have many challenges, but there are many solutions.

Check out the wheelchair I spotted while on outreach there.



Orthopaedic registrar talents never cease to amaze me. Spear fishing amongst the sharks. It just concerns me that they manage to get out to Millers point during the week. Adrian promises me he was post call but had the decency to offer a bribe.



Some advise to Prof Roche as to why his patients may complain so much ...

A young woman goes to her doctor complaining of pain. "Where are you hurting?" asks the doctor.

"You have to help me, I hurt all over," says the woman.

"What do you mean, all over?" asks the doctor, "Be a little more specific."

The woman touches her right knee with her index finger and yells, "Ow, that hurts." Then she touches her left cheek and again yells, "Ouch! That hurts, too." Then she touches her right earlobe, "Ow, even that hurts," she cries.

The doctor looks at her thoughtfully for a moment, then says, "You have a broken finger."