

## **BASK – ISKSAA Travelling Fellowship Report - 2015**

### **Mr Kiran Singiseti, FRCS (Tr&Orth)**

I would like to thank British Association of Surgery for the Knee (BASK) for selecting me for the BASK-ISKSAA travelling fellowship. I was delighted to read the email from Mr Colin Esler (BASK Secretary) confirming my selection for fellowship. Mr Sanjeev Anand (BASK Executive Member) later gave a comprehensive overview of the fellowship and the details of local contacts of ISKSAA (International Society for knowledge for surgeons on Arthroscopy and Arthroplasty) in India.

I travelled to India for the fellowship from 18<sup>th</sup> October to 1<sup>st</sup> November 2015. The programme was conveniently planned for first week in Coimbatore ending with taking part in ISKSAA meeting. The second week was in New Delhi ending with attendance at Annual conference of Delhi Orthopaedic Association.

### **Coimbatore – 18<sup>th</sup> to 24<sup>th</sup> October**

I reached Coimbatore on 18<sup>th</sup> October (Sunday); local host Dr Sundarajan had already arranged a hotel booking for me. I met him at Ganga Hospital on 19<sup>th</sup> October. Dr Sundarajan introduced me to the other orthopaedic consultants in the hospital including the head of department, Prof Rajasekaran. He also gave me an overview of Ganga Hospital and introduced me to staff in operating theatres.

The Ganga Hospital is a well-recognised tertiary referral hospital with about 450 beds and state of art facilities. The Department of Orthopaedic Surgery provides treatment in most subspecialties including Trauma and Accident Surgery, Spine Surgery, Joint Replacements, Paediatric Orthopaedics, Shoulder Surgery, Sports Medicine and Arthroscopy. The department performs more than 20000 major surgeries per year and has out-patient strength in excess of 50000 new patients every year.

I spent most of the time in operating theatre but also shadowed some of the consultants on ward rounds and clinics. There are 10 orthopaedic operating theatres (5 trauma and 5 elective) run very efficiently. The volume of work was phenomenal and I was impressed to see the strict theatre discipline particularly with arthroplasty operating; to the extent that personnel change footwear three times before getting into theatre.

I was registered to attend the ISKSAA Ganga Hospital meeting, 23rd-24th October. I helped with the basic knee and hip arthroplasty workshops. I was also welcomed to participate in case based discussions and was on the panel judging the presentations from residents. I interacted with several surgeons at the meeting and during the course dinner. I had a delightful discussion with Prof Jegan Krishnan (Flinders University, Adelaide, Australia) on a range of topics including international perspective of training for orthopaedic residents.



A. At Ganga Hospital orthopaedic operation theatre complex



B. At Ganga Hospital – with Prof Rajasekaran (Left) and Dr Sundarajan (Right)



A & B. ISKSAA meeting – Teaching at hip and knee arthroplasty workshops

### **New Delhi – 25<sup>th</sup> October to 1<sup>st</sup> November**

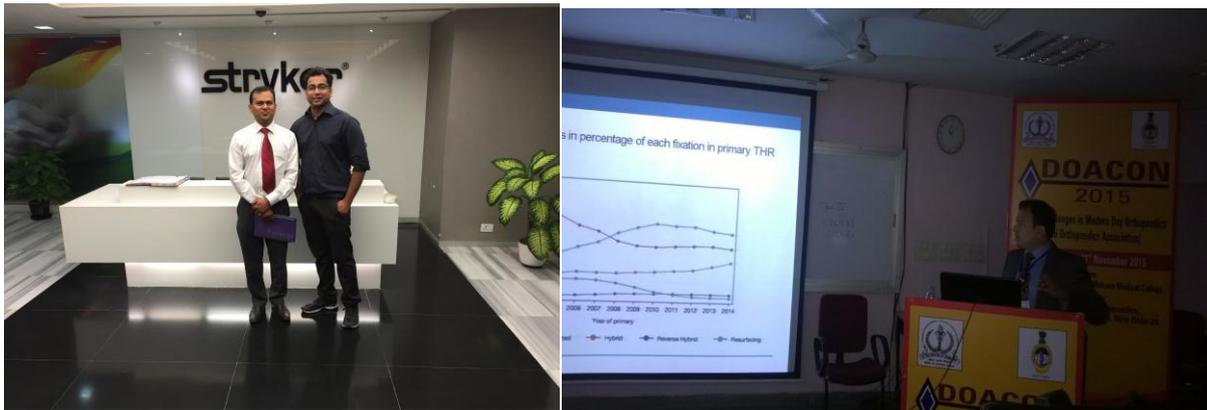
My local host at New Delhi was Prof Lalit Maini (ISKSAA Chairman). He had carefully planned a programme packed with visits to public hospitals, private clinics, state of art research facility and a regional orthopaedic meeting. I was accompanied by Dr Abhisek Sambharia (local ISKSAA fellow) who was very helpful for getting me around to various places in Delhi.

I visited several hospitals in New Delhi - Fortis Hospital, Vasant Kunj (Dr G Bedi), Indian Spinal Injuries Centre (Dr Bhushan), Artemis Hospital (Dr I P S Oberoi), AllMS Trauma Centre (Dr K Farooque and Dr V Sharma) and Safdurjung Sports Injury Centre (Dr D Chaudhary and Dr D Joshi). All surgeons were welcoming and we shadowed them in theatres and clinics. I visited the Stryker Research facility (Global Technology Center) in Gurgaon; was updated about some of their product development and emerging technology in Orthopaedics.

I was invited and prior registered to attend the annual conference of Delhi Orthopaedic Association (DOACON) 31<sup>st</sup> Oct-1<sup>st</sup> Nov. This meeting had some excellent presentations and topical discussions. I presented a brief overview of arthroplasty practice in UK with trends from National Joint Registry.



A. At Safdurjung Sports Injury Centre with Dr D Chaudhary (centre)  
 B. At AIIMS Trauma Centre Simulation Training facility

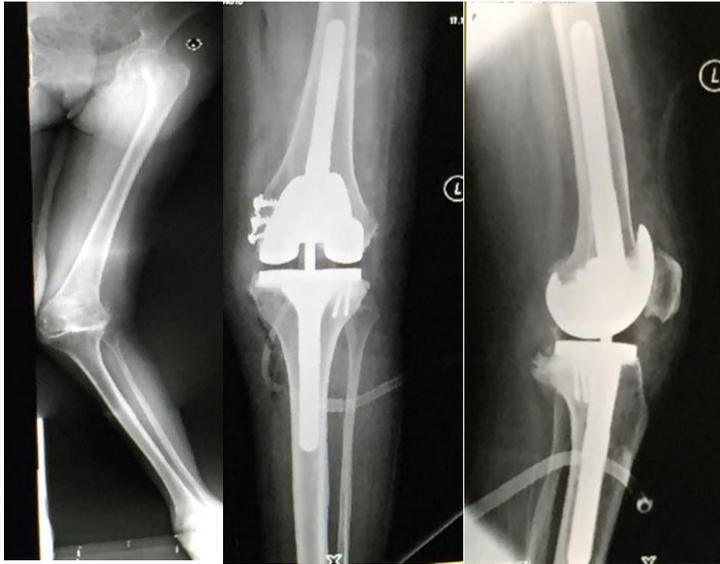


A. At Stryker India Research and Development Facility  
 B. Presenting at Delhi Orthopaedic Association Annual Conference

### **Some insight I got into the current orthopaedic practice in India -**

The volume and variety of surgeries performed in orthopaedic units in India appear to be phenomenal. It was not unusual for some surgeons to perform about 10 to 15 major orthopaedic procedures (such as joint replacement or ligament reconstruction) in a day. Some would review well over 100 patients in an all-day outpatient clinic. There was plenty to learn about theatre efficiency, teamwork, novel cost effective ideas to address complex orthopaedic problems, cultural differences and expectations of patients.

Arthroplasty – Patients frequently presented with very complex joint deformities. Severe bowing of tibia and femur were commonly seen. I saw lot more posterior stabilised compared to cruciate retaining total knee replacement prosthesis. Bilateral TKRs were commonly performed. Small size knees (e.g. PFC size less than 2) were used very frequently and surgeons had novel ideas about augmentation for large bone defects and deformity corrections. I was impressed to see the preoperative planning and strict theatre discipline for these procedures, particularly at Ganga Hospital. It was imperative to get long leg alignment views for preoperative planning considering the high incidence of femur and tibia bowing.



A. TKR for severe complex deformity of knee with arthritis

Sports injuries – Arthroscopic knee and shoulder surgeries appear to be on the rise in many orthopaedic centres in India. Many ligament injuries appear to be related to road traffic accidents though sporting injuries are also seen. It was particularly impressive to see the state of art facilities at Safdarjung Sports Trauma Centre. I saw surgeons very sleek and proficient at performing complex knee ligament reconstructions.

Trauma – The number and complexity of trauma cases presenting to orthopaedic units in India appear to be phenomenal. Large number of complex limb trauma including open fractures presented to the units like Ganga Hospital and AIIMS trauma centres. I saw a large number of patients presenting with non-unions, mal-unions, infections and failed internal fixations for fractures.

The weather at both places of my visit was great; I made use of some free time to visit local tourist spots, shopping and taste the gastronomic delights. I learnt a lot of tips and tricks from very experienced orthopaedic surgeons during this fellowship. It also gave me a perspective of modern orthopaedic practice and challenges in India. I made a lot of friends during this visit and will cherish the memories for a long time. The experience gained from the visit will go a long way to shape my future career.

I sincerely thank Mr Richard Parkinson (BASK President) and his team for setting up this valuable exchange programme, which helps surgeons gain a global perspective of orthopaedic practice and in developing links between orthopaedic surgeons in UK and India. I would also like to thank Dr Pushpinder Bajaj, Prof Lalit Maini and the whole ISKSAA team for facilitating my fellowship experience in India. I would strongly recommend this fellowship for other surgeons and would be happy to be contacted to discuss any details of my visit.

Kiran Singiseti