

ISKSAA BOA UK Travelling Fellowship 2025

Fellowship Report

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Duration: September - October 2025

Host Institution: Leeds Teaching Hospitals, Leeds, United Kingdom

1. Introduction

The Arthroplasty and Arthroscopy ISKSAA-BOA UK Travelling Fellowship 2025 provided me a unique opportunity to observe and learn advanced concepts, surgical techniques, and postoperative care models across leading NHS teaching hospitals for orthopaedic in Leeds United Kingdom . This exposure enhanced my understanding of modern joint preservation, joint replacement, and minimally invasive surgical strategies, while fostering academic collaboration and long-term professional relationships with international faculty.

2. Objectives of the Fellowship

1. To understand current philosophies and innovations in primary and revision arthroplasty.
2. To observe advanced arthroscopic procedures of the shoulder, hip, and knee.
3. To study perioperative clinical pathways and enhanced recovery protocols.
4. To engage in academic discussions, case conferences, and research activities.
5. To gain insights into implant selection, instrumentation, biomechanics, and outcomes.

3. Institutions Visited NHS Leeds teaching hospital United Kingdom

A. Arthroplasty Centers

- High-volume joint replacement units specializing in hip knee and shoulder arthroplasty.
- Exposure to robotic-assisted arthroplasty and navigation systems.
- Revision arthroplasty cases involving complex deformities and bone loss.

B. Arthroscopy Units

- Dedicated shoulder, knee, and sports injury centers.
- Multidisciplinary teams integrating physiotherapy and sports medicine.

4. Key Clinical Observations

Arthroplasty

a. Primary Total Knee Arthroplasty (TKA)

- Philosophy of gap balancing vs. measured resection techniques.
- Implant selection based on patient activity, alignment philosophy, and soft tissue balance.
- Emphasis on kinematic alignment and individualized alignment strategies.
- Robotic-arm assisted TKA with improved accuracy in bone resection.

b. Total Hip Arthroplasty (THA)

- Use of direct anterior approach for faster recovery.
- Modern bearing surfaces: ceramic-on-ceramic and highly cross-linked polyethylene.
- Navigation systems for optimal cup positioning and leg length restoration.

c. Revision Arthroplasty

- Management of periprosthetic joint infection—DAIR protocols and long-stem revisions.
- Techniques for addressing bone defects using augments, cones, and sleeves.
- Decision-making in constrained vs. semi-constrained implants.

Arthroscopy

a. Shoulder Arthroscopy

- Rotator cuff repair: double-row and suture-bridge techniques.
- Bankart and remplissage procedures for instability with glenoid bone loss.
- Superior capsular reconstruction in irreparable cuff tears.

b. Knee Arthroscopy

- Meniscal preservation emphasized over meniscectomy.
- All-inside ACL reconstruction with anatomic tunnel placement.
- Use of lateral extra-articular tenodesis in high-risk ACL patients.

c. Hip Arthroscopy

- Labral preservation and repair using modern suture anchor systems.
- Management of femoroacetabular impingement (FAI) and capsular closure.

5. Perioperative & Rehabilitation Insights

- Enhanced Recovery After Surgery (ERAS) pathways leading to shorter hospital stays.
- Standardized pain management protocols using multimodal analgesia.
- Physiotherapy-driven early mobilization strategies post-arthroplasty.
- Structured rehabilitation algorithms for ACL, rotator cuff, and meniscal injuries.

6. Key Takeaways from the Fellowship

1. Importance of individualized patient-specific surgical planning.
2. Advances in robotic and navigation technology significantly improve precision.
3. Preservation-based arthroscopy leads to better long-term joint outcomes.
4. Multidisciplinary teamwork is critical for successful postoperative recovery.
5. Research-oriented clinical practice enhances the quality of care and innovation.

7. Reflections and Acknowledgments

I express my sincere gratitude to Mr. Sanjeev Anand, my mentor, for his exemplary surgical skills, technical knowledge, hospitality and ever-helpful demeanor. His insights into knee arthroscopy are

something that would help me a lot in my own practice. Learning from such experienced and accomplished surgeons would help me approach my practice better and with greater confidence.

I would like to thank the entire staff at Chapel Allerton Hospital for welcoming me into the mix and

making my stay pleasant and wonderful. Last but not the least, I would like to thank

- Mr. Jeya Palan, whose expertise in hip and revision arthroplasty is second to none.

- Mr. George Whitwell who helped us gain valuable knowledge in handling complex knee

surgeries.

- Mr. Ram Venkatesh for his helpful tips and tricks in complex knee cases and discussions.
- Mr. Dan Henderson for his innovative approach to shoulder procedures.
- Mr. Paul Cowling who helped me refine my technique and learn a lot about shoulder replacements.

Deep gratitude to ISKSAA and BOA and to the faculty and staff at Leeds Teaching Hospitals for their mentorship and support.

8. Conclusion

The **ISKSAA BOA UK Travelling Fellowship 2025** in Arthroplasty and Arthroscopy was an exceptional educational experience. It broadened my perspective on global standards of orthopedic care and equipped me with advanced skills and knowledge in both joint replacement and minimally invasive surgery. I am committed to applying these insights to improve patient outcomes, contribute to academic growth, and further develop orthopedic excellence in my home institution.

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