

It is an honour to write this FESSH fellowship report which may help others to pursue this prestigious award. I am thankful to Dr Jacek Kotas of the Dept. of Hand Surgery (Helios Kliniken, Schwerin, Germany) for selecting me for this fellowship and being one of the finest hosts I have ever met in my life.

Schwerin is the capital and second-largest city of the northern German state of Mecklenburg-Vorpommern. Through the direct closeness to the metropolitan area Hamburg, to the East region with the seaports Wismar and Rostock, as well as to the federal capital Berlin, Schwerin has the advantage to be positioned right in the middle.

The HELIOS Hospital Schwerin is a tertiary care institution and teaching hospital of the University of Rostock. Guided by its mission to provide state-of-the-art medicine and a safe place to recover, the 34 medical departments take care of 55.000 patients per year. The Hand Surgery Department (Klinik für Handchirurgie) has 16 beds, on average 2300 elective and trauma procedures are performed every year. In elective surgery all fields of hand surgery are covered, including children's hand surgery in co-operation with the Children's Clinics. Most of emergency work is bone surgery, esp. the treatment of distal radius fractures, but also metacarpal and phalangeal fractures. In the Clinic there are working five hand surgeons: Dr J.Kotas, Dr A.Geissler, Dr J.Kowalski, Dr A.Haug, Dr A.Blohm and one doctor in-training M.Werner.



I arrived in Schwerin by car on 09.04.2012 to find that Dr Kotas and Dr Kowalski had organized my convenient accommodation and car parking within the hospital compound and I embarked on my training immediately.

All my mornings started at 7.30 with a short 20-minute meeting where the emergency patients as well as those in need of operation were discussed. The operation plan for the day was also considered. Every day operations started at 8.00. Those not involved with operations were busy in the outpatients' clinic or dealt with patients in the department or emergency room. As my visiting doctor's plan was unfixed, I had a chance to observe different hand surgeons at work. Also, I had a chance to take part in emergency calls related to hand surgery. If there was an interesting complicated case, the doctor on-call informed me and it was possible to join the operating team, even at weekends and at night time. Another excellent aspect of this clinical fellowship was my ability to interact actively with colleagues discussing the decision making in hand surgery, choice of treatment and diagnosis through 4 weeks of my stay. The staffs of the Dept. always helped me to overcome my deficiency in German language by explaining everything in English, giving me the opportunity to see and assist in the OT and helping me to know more about hand surgery and German culture itself.



Daily work at the operation room.

I was in Schwerin in the spring season, but even in the middle of the spring we used to get almost 2 to 3 cases of distal radius fracture every day, different types of complex hand injuries. Elective cases like Dupuytren, Carpal Tunnel Syndrome were also very common. I was allowed to scrub in and assist in any of the cases. During my four weeks stay I assisted in about 120 hand surgery procedures.

Most interesting or useful operations for me were: reduction and plating of radius fractures, using new plates by volar as well as dorsal approach (with very good biomechanical explanation and comments on the fixation of distal radius fractures), osteosynthesis of metacarpal and phalangeal fractures by different plates (in that centre, a lot of different plates were used in metacarpal and phalangeal fractures), finger replantations in different techniques (two cases), carpal tunnel release in CTS patients with single mini open incision distal to wrist or endoscopic procedure, digital nerve's reconstruction by neurotube, implantations of PIP joints by Swanson implants, TMC and wrist joints alloplasty, new incisions lines and releasing technique of Dupuytren's disease and postoperative regimen, arthroscopy of the wrist, ulnar nerve endoscopic decompression and others operations.

Below are the some interesting cases:

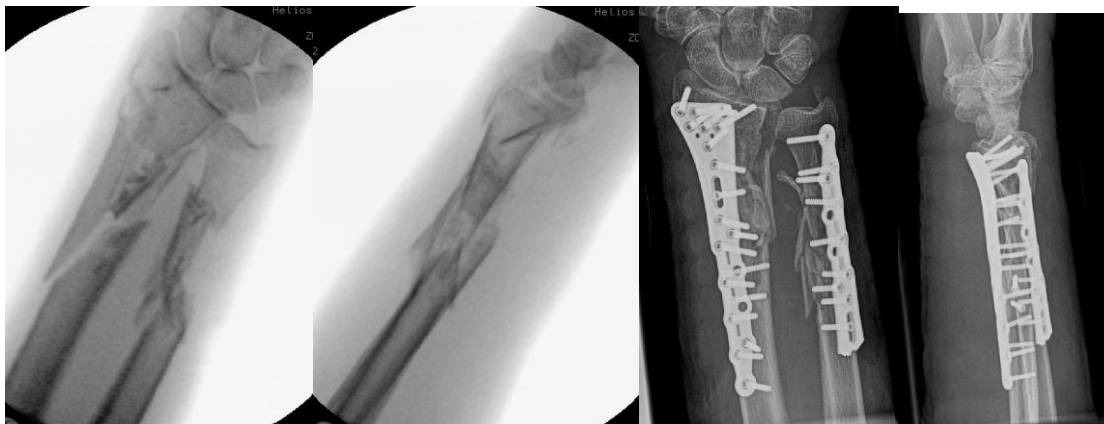


Fig.1. Dystal radius and ulna fracture. Plate fixation. Op. Dr Kowalski, Assist. Dr Strychar



Fig. 2. Wrist arthrosis. Alloplasty. Op. Dr Kotas, Assist. Dr Strychar.



Fig.3. TMC arthrosis. Alloplasty. Op. Dr Blohm, Assist. Dr Strychar



Fig.4. Scaphoid nonunion. Vascularized bone graft from dystal femur. Op. Dr Kotas, Assist. Dr Strychar

At the weekends I had a possibility to get to know Schwerin, its neighbourhood, the old town and the lakes. I spent two days visiting Hamburg, Lübeck, Bremen and Hannover, one weekend I was relaxing in Island Poel (Baltic Sea). Sometimes I was invited for dinner hosted by Dr Kotas and his wife or Dr Kowalski with his family at their residences.

I thoroughly enjoyed my four weeks fellowship at the Helios Kliniken in Schwerin. I felt that all the staff associated with the Department of Hand Surgery was very warm in their welcome and appreciative of the difficulties faced by international visitors and made every effort to make me feel comfortable and ensure maximal educational exposure. I would like to thank FESSH for giving me this excellent opportunity. I would certainly recommend this Fellowship to all trainees interested hand surgery.