BOA travelling Fellowship Report

It was a great honour to have been awarded the BOA’s Zimmer Upper Limb Fellowship to pursue my interest in Upper Limb Surgery in the USA. I completed 3-week visit to the Mayo clinic.

The first week was spent with Dr Bassem Elhassan in Mayo Clinic, Rochester, Minnesota. I met Dr Elhassan in BESS 2019 in Harrogate. In his keynote speech, I was fascinated by his utilisation of tendons transfer as a treatment to irreparable rotator cuff tears or in brachial plexus injuries.

Rochester is a small city built around Mayo Clinic. The campus is huge and a variety of specialties provide state of the art medical services to patients from all over the USA and the world. Dr Elhassan provides a tertiary complex upper limb and hand referral service. Most, if not all, of his patients have already had failed surgical attempts and have been referred to him as a last resort. During four out of the five days I was with him there were 2-parallel theatre lists. His patient cohort extends all over the USA with a few international patients. He has a unique approach to soft tissue management and biomechanics of the scapula that I have not come across. A particular procedure I was fascinated by was lower trapezius transfer to supraspinatous footprint, a technique he pioneered. I saw a few patients in his clinic who had this procedure to treat pseudoparalysis with remarkable outcomes. Moreover, I saw few patients with scapula-thoracic fusions in his clinics. These patients had dropped shoulders, diminished power and limited scapula compensations. When comparing their functional range of movement on videos pre- and post-surgery, the results were absolutely astonishing. A couple of patients were in tears of joy 2 months after surgery claiming it was nothing short of a miracle.

Dr Elhassan has a vibrant team who maintain a close eye on each patient with direct phone and email contact at all times. Physiotherapy, diagnostic test and orthotics are available immediately and MDT approach is mandatory in each case. Patients who come from far could have their postoperative rehab closer to home with direct communication with the team and regular videos of progress, all available on patients’ electronic notes. Patient educations is a fundamental part of all Mayo clinicians with a dedicated quarter in the outpatient waiting area full of iPads/computers with educational programmes which are available for download.

In the second part of travelling fellowship, I flew down to Phoenix, Arizona to spend 10 days with Dr John Tokish, a professor of Sports Medicine at Mayo Clinic. I met Dr Tokish in a live-operating meeting in Birmingham, UK and planned to visit him as I was very impressed with his passion to innovation, academia and enthusiasm to training. My first two days were spent in the Mayo Comprehensive Shoulder and Elbow Annual Conference. This meeting delivered a variety of legendary speakers such as Dr Bernie Morey and his son Michael, Dr Shaun O’Driscoll amongst others. This was followed by a very busy nine days of operating and clinic days. I saw a variety of surgical procedures including, cuff repair, shoulder arthroplasty, novel techniques in biceps tenodesis and the first US-based arthroscopic glenoid bone block procedure using distal tibia allograft. The latter was months in the making by Dr Tokish who had practiced it on cadaveric specimens. I have also visited Dr Tokish science laboratory where he, and his fellow, are working on rats trying to establish weather biological-based agents could help in cuff tendon healing.

I have also attended two academic meetings with juniors presenting and critiquing latest literature on shoulder and elbow surgery. One of these were part of a social outing in a local steakhouse. This was great opportunity to meet the residents and fellows on the rotation where we discussed similarities and differencesj between our training systems as well as observe the huge support and direction they get from their seniors. Dr Tokish was again instrumental in leading this meeting but also kept it very informal encouraging everyone to participate and plan research projects. I also accompanied Dr Tokish to two lively Arizona Coyotes Hockey games. This was an absolute thrill to me watching the action but it was also great to meet a few of the doctors that look after the team.

On my final day with Dr Tokish, he took me to the Arthrex Cadaveric Laboratory were he set up an arthroscopic shoulder station for me to practice all the techniques I had observed on my visit. This was the triumph for me and it was the best way possible to cement the learning points gained from this visit.

I had a day and a half left and I took this opportunity to visit the spectacular Sedona and ride on the Verede Canyon historic train. I leave Rochester and Phoenix only with hope that I could come visit these great cities again.

The experience I gained during these 3 weeks were invaluable and I am confident that I shall incorporate it in into a formative Shoulder and Elbow Surgery Career. Furthermore, I strongly believe that that the links I have made will result in lasting mentorships, friendships and future collaborations in research.