

Report

Name: Dr. Yaacob Ahmad Sallehuddin

Training Period: August 31st. to Sept.24th

Please list out 3 advantage & disadvantage of this fellowship program:

Advantage 1: Opportunity to learn new tips in fracture management especially trochanteric and neck of femora fracture in elderly

Advantage 2: Conceptual learning of evolution of Gamma Nail from the inception to current status

Advantage 3: Knowledge acquisition in navigation and robotic assisted surgery from the pioneer As well as practical exercise in laboratory and real patient application

Disadvantage 1: The widely use of Cantonese language that may hinder active participation in Clinical discussion

Disadvantage 2: Unfortunately there was no pelvic and acetabulum trauma cases during this period

Disadvantage 3:

Please feel free to write down your comments for this program:

This fellowship programme is in no doubt was a very good and beneficial as my primary intention of coming to this place to learn in depth about navigation assisted surgery both in principal and Practical aspect of it. I felt very lucky as there was also a fluoro-navigation workshop during my stay here where I had the opportunity to gain first hand knowledge from the designer itself. It teach me the advantages and limitation of this new system, and the value added knowledge that I got from this stay is the introduction of robotic assisted device in orthopedic surgery and also the correct technique

Of image acquisition in pelvic and acetabulum surgery. The only setback that I felt during this Programme is the wide usage of Cantonese that may hinder my active and direct communication Fellow colleagues and most of the patient in this hospital. However I found that all the department And OLC staffs are very helpful and friendly.

Please give us a brief report for this trauma fellowship program:

Firstly I would like to thank the orthopaedic dept., CUHK and OLC for giving me the opportunity to join this fellowship programme. Upon my arrival, I was very impressed with the achievement of the Department and OLC. I felt very welcomed to this community. The trauma team mainly Managing elderly patients with hip and femora neck fracture. The management of this particular Fracture is standardized and practiced by everybody. The outcome of this fracture is acceptable And patients were able to return to their premorbid condition. The usage of gamma nail in Trochanteric fracture with computer navigation has markedly reduced the operation time. I Believed the utilization of current gamma nail is good option in treating this fracture apart from The usage of dynamic hipscrew. Apart from that I also noticed the application of percutaneous Cannulated screw in femoral neck fracture in elderly have shown the good result here despite It is not the normal practice elsewhere. The unique thing about the OLC is the cooperation Between the orthopaedic surgeon and other discipline namely engineering and information Technology which can contribute to further understanding and new development of orthopaedic advancement. This co-operation is further strengthened by the contribution from the industry. However the usage of drugs like olendronate and glucosamine are scarce here. As conclusions, I learnt a few new good things here, namely navigation trauma assisted surgery, traocanteric And femora neck fracture, robotic assisted surgery, pelvic and acetabulum image acquisition etc. I also have a good discussion from other subspecialty such as pediatric, oncology and arthroplasty Hopefully this new knowledge that I gained here will benefit me in my future practice. Lastly, My deep and sincere thanks to Prof KS Leung, Dr. Tang and team, Margaret and Candy and also Mr.Eric and Shing, I really hope we can maintain the continous relationship for benefit of both

Thank you