

# BSSH Travel Bursary Award Report 2018.

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It was the day of my Member of the Royal College of Surgeons (MRCS) graduation ceremony, on the 8th June 2017, that I first met Dr Raja Sabapathay. In his lecture he shared case reports of patients with devastating traumatic upper limb injuries and videos of these patients postoperatively with excellent functional outcomes, feeding and clothing themselves. These patients had received their limb salvage treatment in his unit in India on a means assessed basis, so that the poorest people received the same quality of care as the richest. His lecture exhibited meticulous surgical skill, but also great team work, inspirational leadership, a philosophical approach to patient care and determination. I was inspired. That afternoon, Dr Sabapathay was awarded an honorary fellowship from the Royal College of Physicians and Surgeons of Glasgow and I felt very excited to be sharing a graduation ceremony with him.

On 29th September 2018 I landed in Coimbatore, Tamil Nadu. I spent the first 3 days in theatre with Dr Sabapathay and his team.<sup>(Fig 1.)</sup> It was the highest volume of trauma I had ever experienced and their consultant led system, utilising supraclavicular local anaesthetic blocks as standard, allowed seamless theatre turnover and patient throughput. There were visiting trainees and consultants from all over the world who had travelled to learn there, from other centres in India (Bangalore, Udaipur, Kerala, Chennai) and from many international centres including Poland, Spain, Barbados and Ghana.<sup>(Fig 2)</sup> We made the most of the teaching rounds every morning and morale seemed higher than that in the NHS, despite the longer working hours. I wondered whether it had something to do with their excellent canteen!<sup>(Fig 3.)</sup>

I found the differences in epidemiology and cultural norms and how this affected patient presentations and expectations very interesting. Dr Praveen explained to me that it is culturally important for Indian people to have a 5 fingered hand, sometimes even at the compromise of function. One of the trainees and I discussed that in India having prominent ears is seen as a sign of good luck and therefore pinnaplasty is very rare there. Dupuytren's contracture is also rare in the Indian population, and keloid scarring is more prevalent.

From 4-8th October 2018 Ganga was host to the Indian Society for Surgery of the

hand meeting. It was the first time I had experienced a live surgical teleconference. The procedures were performed by the host consultants (Dr Praveen Bhardwaj, Dr Raja Sabapathay, Dr Hari Venkatramani) and by their international guests (Mr David Elliot, Mr Anthony Berger, Mr Francisco Del Pinal, Dr Goo Hyun Back).<sup>(Fig 4.)</sup> The surgeons had a camera on their loupes and there were two or three cases live streamed from theatre at a time, with the most important parts of each case demonstrated in detail by the operating surgeon. Cases ranged from carpal tunnel decompression to polioisation. Then there was discussion from the floor. The discussion was supportive, inquisitive and constructive and was one of the most useful learning opportunities of the conference. I presented two presentations<sup>(Fig 5.)</sup> and was awarded the Best Poster Presentation Prize for my research work on *Nanoparticle Labelling to Facilitate Stem Cell Tracking of Peripheral Nerve Regeneration*.<sup>(Fig 6.)</sup>

The following week was spent in the Microsurgery Suite under the instruction of Professor Robert Acland,<sup>(Fig 7.)</sup> through his legacy of exquisite teaching video archives and under the supervision of Mr Ravi. I am currently working as a Clinical Research Fellow in the *Canniesburn Unit of Plastic and Reconstruction Surgery* in Glasgow, where Professor Acland developed microsurgical instruments and techniques. It was exciting and humbling to be learning these skills and in a microsurgical unit so far from home. By the end of the week we had graduated from rubber gloves, to end to side anastomosis in Sprague Dawley rats<sup>(Fig 8.)</sup> and we were awarded our course certificates from the Chairman of the Hospital, Dr. J.G. Shanmuganathan.<sup>(Fig 9.)</sup> The Chairman is an anaesthetist and his office is full of books of Tamil poetry, which he informs me were used for the literature review of his PhD, which he obtained at the age of 82. He and his wife (Dr Sabapathay's parents) established the hospital in 1978. It began as a 17 bedded unit with the mission to make world class care available for all citizens and the vision to bring pride to their country.

I would like to extend sincere thanks to BSSH, Dr Raja Sababpathay and his team, Mr Andrew Hart and Ms Margaret Strick for supporting me in pursuing this exceptional and inspirational educational experience.

## Appendix A.



**Figure 1.** I joined Mr Sabapathay and his trauma team in theatre. There were multiple digit reimplanations, complex brachial plexus and limb salvage procedures, many of which I had never had the opportunity to see before. Observing this high volume of cases, and the procedures multiple times in a short space of time, greatly enhanced my learning.



**Figure 2.** Members of the team; local, visiting Indian national and international trainees and consultants. It was really useful to learn from this bringing together of different cultures and surgical practices.



**Figure 3.** Food is an important part of Indian culture. The locals would greet you in the morning by asking you what you had eaten for breakfast. I wonder whether the fantastic quality and regular frequency of hospital food contributed to high morale in the unit!



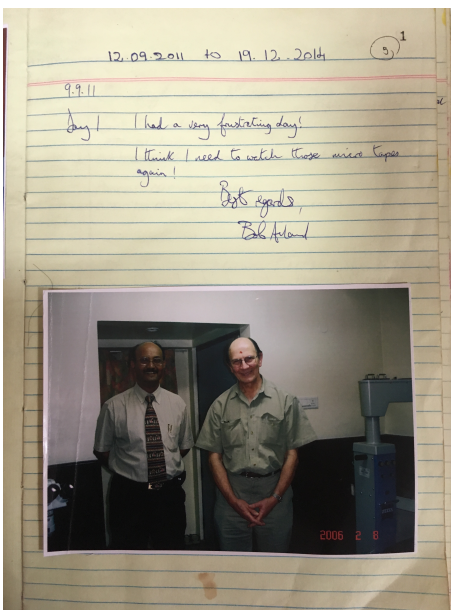
**Figure 4.** illustrates the cases performed and the Surgeon for each of the 16 cases in the Ganga Operative Workshop. This was very high quality, innovative teaching that was incredibly beneficial for my understanding of the named pathologies and procedures.



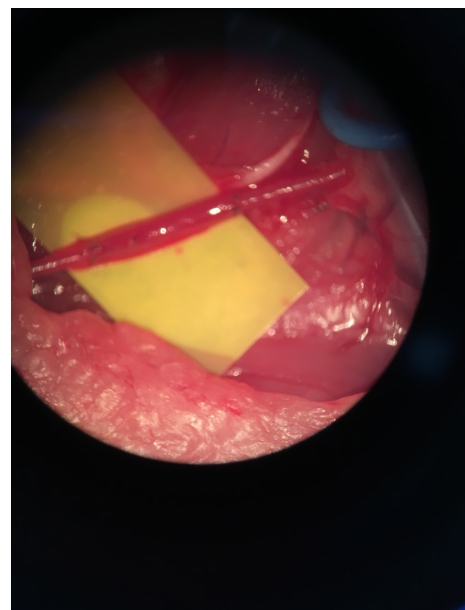
**Figure 5.** I appreciated this opportunity to share my work on the Utilisation of Onabotulinum Toxin A (Botox®) in patients with Neuropathic Pain.



**Figure 6.** I was awarded the Best Poster Presentation award for my work in *Nanoparticle Labelling to Facilitate Stem Cell Tracking of Peripheral Nerve Regeneration.*



**Figure 7.** A reflective entry in the microsurgery laboratory logbook from Professor Robert Acland.



**Figure 8.** Arterial graft in a Sprague Dawley rat. Observing microsurgical cases in theatre every evening after the microsurgery course, helped cement my learning of these techniques.

**Figure 9.** We were awarded our Microsurgery Course Completion Certificate from Dr. J.G. Shanmuganathan, Founder and Chairman of Ganga Hospital.

