Abroad Ethiopian Airway enroute Entebbe to Mumbai

THE 9TH ANNUAL CONFERENCE OF INDIAN SOCIETY OF PERIPHERAL NERVE SURGERY

CONFERENCE SUMMARY REPORT

BY DR JOSEPH MBUGA

DATES: 27th -29th FEBUARY 2020

VENUE: GANGA HOSPITAL AUDITORIUM

ACKNOWLEDGEMENTS:

I would like to extend unending gratitude to the God of heaven and earth for his protection during this journey.

Special thanks are extended to Interface Uganda for fully funding my attendance at this conference without which support it would not have been possible.

To the Indian society of peripheral nerve surgery for organizing this well-structured and organized conference as well as for their invitation to attend.

To Dr George Galiwango [Head of plastic surgery department and training director at CoRSU hospital] for your continuous support and encouragement.

To the management of CoRSU hospital for granting me permission to attend this conference.

INTRODUCTION:

I was privileged to attend the 9th ISPNSCON 2020. It was a 3 days event that took place in Ganga Hospital Coimbatore India. The ISPNSCON 2020 was a successfully well-organized, informative and focused conference that brought together 16 countries from the globe with several local and international faculties specialized in peripheral and brachial plexus surgery. It was attended by delegates from different specialities predominantly plastic surgery, othopeadic surgery,neurosurgery and physiotherapy. It was designed with highly interactive and inclusive range of activities from a live surgery workshop, tutorial presentations based on different expert experiences, case presentations and research dissemination among others. There was surely something for everyone. Given the vast experience and differences in management protocols from center to center, there was alot to learn from each other during the lively debates and the audience was left to choose what is easily applicable, reproducible, affordable, cost effective while being helpful to the patient in their setting given the available resources, patient choices and ability of managing team.

Only two delegates from Africa

DAY1 [SUMMARY OF ACTIVITIES]

OPENING CEREMONY

Colorful occasion blessed by prayer song and lamp lighting session according to Indian culture.

Lamp lighting and opening ceremony

OPENING REMARKS BY DR.RAJA SABAPATHY;

He highlighted the importance of the conference which included advancing knowledge of periphera nerve surgeons and therapists so as to improve outcomes of patients that we manage and secondly for the local organizers to learn from the visiting faculty and delegates.

He highlighted the role of the peripheral nerve association which is to bring together the different specialist surgeons and healthworkers involved in management of patients with peripheral nerve injuries.

He also highlighted the challenges involved in peripheral nerve surgery which included the high demand for outcomes from patients, difficulty building a team, requirement of a wide knowledge base and great skill of tendon transfers, bone and joint procedures.

He emphasized the need a skilled work force for a successful peripheral nerve unit

Concluded by introducing the visiting faculty.

Some of the international faculty with the chairman organizing committee, Dr Raja Sabapathy

LIVE SURGERY WORKSHOP

The audience was ushered into the workshop by a lively educative debate about **"Global plexus palsy- what best I get from my protocol"**; Three different experienced surgeons each presented an expert opinion about the topic using the results from their preferred protocol. It was nice to learn a variety of options however take home was that **"the best protocol is one that gives a consistent acceptable reproducible outcome with the least amount of morbidity at an affordable cost".**

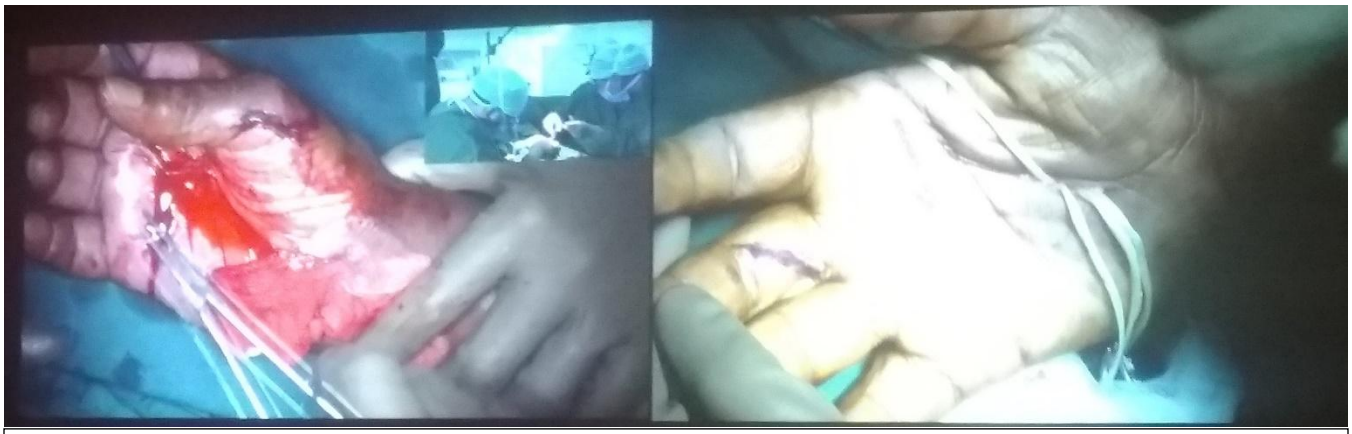
The surgical workshop occupied the rest of the day with three reknown peripheral nerve surgeons demonstrating various principles of peripheral nerve and brachial plexus surgery live from operating theatre to the auditorium as well as aplication and use of technology to facilitate live interraction between the audience and the surgeons on table. Each surgeon had a minimum of 2 cases in each theatre and discussed the case preoperatively, intraoperative and postoperative management protocols.

There were lots of discussion and contraversies as well as varried opinions from different experts at every stage which really broadened the discussions and enriched learning as well as offered various options in terms of patient management.

Among the cases done and discussed included;

Case 1;

12 year old male, 3months post trauma with C6-T1 avulsion injury and shoulder sublaxation, had severe tinnels sign in supraclavicular area. He was managed by neck exploration, C5 to median,radial and suprascapular nerve as well as to posterior division using bilateral sural nerve graft cables and spinal accessory nerve to musculocutaneous nerve using medial cutaneous nerve of the forearm graft coapted using sutures and glue.



Live surgery session; on the left carpal tunnel release and opponensplasty using palmaris longus with extended palmar fascia strip

On the right claw hand correction using middle finger FDS tendon strips

Case2

18 year old male with birth brachial plexus palsy who had recovered most of the hand function however with gross limitation of shoulder abduction secondary to co-contraction of the adductors. He was managed by modified Quad release, Lattismus dorsi tendon transfer to Teres minor and axilliary nerve neurolysis.

Case 3

51year old female, RHD with acute median nerve compression at the carpal tunnel managed by open carpal tunnel release.

Case 4

34 year old male RHD, presented 10 months post glass piece injury to right forearm sustained during a road traffic accident. STS, glass piece removal and ulnar artery repair had been done however he later lost sensation in his hand and failure to flex his ulnar three digits with associated pain in forearm. Clinically he had fixed contractures of the interphalangeal joints of the ulnar 3 digits, pain more marked in the forearm on passive extension and flexion and no tinnel's sign. He was managed by exploration of area of injury which revealed a neuroma with lots of adhesions to the tendons. Neuroma excision, adhesionlysis and nerve repair using sural nerve grafts were done. Then manipulation and pinning of the ring and little finger PIP joints was also done.

Case 5

60 year old diabetic on insulin therapy. Presented with numbness and pain in the right thumb and index fingers for one year associated with thenar eminence wasting and inability to lift his thumb. Physical exam and electrodiagnostic studies were consistent with Chronic median nerve compression at carpal tunnel associated with atrophy and dysfunction of the thenar muscles. He was managed by carpal tunnel release, synovectomy and opponensplasty using palmaris longus with extended palmar fascia slip,

Case 6

24 year old male, RHD presented 2 year post surgery for global plexus injury with good recovery of shoulder abduction, elbow flexion, elbow, wrist and finger extension but deficient of wrist and finger flexion as well as intrinsic hand function. He was managed by transfer of biceps tendon to finger flexors using tensor fascia lata strip woven on its self.

Case 7

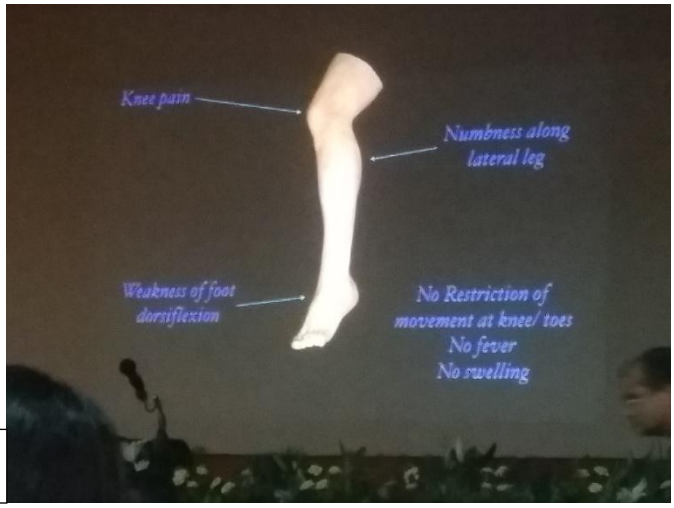
47 year old male presented 2 years post cut injury to his proximal forearm. Surgery had been done and recovered finger flexion and sensation however no intrinsic hand function and thumb abduction. He was managed by claw hand correction using FDS to middle finger tendon strip, EIP tendon opponensplasty

TUTORIALS

A variety of selected topics were given to different faculties to discuss them based on their experience and literature review. Critical appraisal or any questions would be sought from the audience and the faculty. On many occasions where the protocols were varied, different faculties or delegates would give their opinions which would elicit a debate that normally resulted in a thorough review of the different principles of nerve surgery and healing which enhanced learning and revision of key principles. It was

hard to move a step during any of the sessions given the nature of the debates that were involving real surgical life scenarios however it seemed as though it had been predicted by the organizers so screens had been positioned at different strategic points outside the auditorium to enable follow up of activities in case someone found themselves out of the auditorium at any moment.

Inside the auditorium during sessions



OUTSIDE THE AUDITORIUM

At any opportunity, I shared with various surgeons and faculties about peripheral nerve and brachial plexus surgery in Uganda at large and CoRSU hospital in particular. Their stories about how they begun and where they have reached were encouraging. Majority were happy that there was already work in progress and were willing to support the local team to improve through on-site mentorship and training, offering opportunities for training at their centers as well as offering second opinions about patient management whenever contacted.

It was an honor to meet some of the famous brachial plexus surgeons

Tea or lunch breaks were time to interact

CHALLENGES

Corona virus outbreak in different countries was a big threat and risk during the journey and affected attendance of delegates and faculties from Italy and other affected countries however thanks to technology we did not miss any of their presentations although we missed the physical interaction had it not been for the corona virus.

There was lot of traffic through different terminals and one had to take precautionary measures, while praying for God's mercy.

WAY FORWARD/RECOMMENDATIONS

PLASTIC AND RECONSTRUCTIVE SURGERY DEPARTMENT

Preparations are underway for departmental CMEs to share the information and knowledge obtained.

There is need for inter- departmental collaboration including among others the orthopeadics department, physiotherapy, psychologist and orthopeadic workshop so as to form an integral peripheral nerve team and protocols for holistic patient care.

A study to determine the outcomes of our previous patient will be very informative about the success of our current protocol and as well act as a guide for any changes in protocol if necessary.

CORSU HOSPITAL

There is need to mobilize and get more patients who can benefit from this kind of surgery because currently the number of patients being managed for peripheral nerve and brachial plexus injury are still few.

There is need to look into the possibility of having working memorandum of understanding with international institutions like Ganga Hospital, International school of brachial plexus surgery for continued support, skills and knowledge sharing which will enhance improvement of patient outcomes while broadening our knowledge base and skills.

For future conferences/ workshops of this kind, kindly consider sending a team comprising of members from each of the core departments.

UPCOMING EVENTS

Attending these events is worth considering for the respective team members to share experiences and learn from colleagues from other centers so as to improve patient outcomes as well as refresh knowledge and skills.

CONCLUSION:

Once again thank you for this opportunity, it was truly worth attending this conference because there was a lot I learnt which is applicable in our setting using the available resources.