

## **BSSH Travelling Fellowship Report**

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### **October 2024 – April 2025**

Between October 2024 and April 2025, I had the privilege of visiting three renowned European hand surgery centres for 1–2 weeks each, supported by the BSSH Travelling Fellowship. This experience took place during the final year (ST8) of my orthopaedic training in the West of Scotland. I am grateful to my Training Programme Director and supervisors for supporting my time away, and to BSSH for providing such a valuable opportunity.

My aim was to experience different aspects of hand surgery across diverse healthcare systems while gaining insight into how hand surgery is practised and taught in other countries. I selected three centres based on their subspecialty strengths and the potential to learn new techniques. In Lisbon, I spent two weeks with Dr Carla Nunes to focus on wrist arthroscopy and ultrasound-guided procedures. In Milan, I spent a week with Dr Alberto Lazzerini observing hand trauma and general orthopaedics. Finally, I visited Dr Frederik Verstreken in Antwerp to explore 3D printing, osteotomies, and thumb CMC joint arthroplasty. I had also arranged to visit Dr Caroline Leclercq in Paris to observe upper limb spasticity work, but unfortunately had to postpone this due to an unforeseen commitment.

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### **Lisbon – Dr Carla Nunes (CUF Tejo)**

My first visit was in Lisbon at CUF Tejo, a private hospital where I spent two weeks with Dr Carla Nunes. The focus here was sonosurgery and wrist arthroscopy, and it proved to be an inspiring experience. Dr Nunes incorporates point-of-care ultrasound (POCUS) into almost every patient consultation, making it a central part of her clinical decision-making. As someone who owns a portable ultrasound device and has been using it in a limited capacity, it was invaluable to observe an expert fully integrating ultrasound into routine hand surgery practice.

I observed several ultrasound-guided procedures including carpal tunnel and trigger finger releases, joint injections, and diagnostic scans. The use of arthroscopy was also evident in selected wrist and scaphoid procedures. Outside the clinical setting, I had the opportunity to attend their monthly departmental meeting where Dr Nunes gave a teaching presentation on ultrasound-guided injections and arthroscopic management of scaphoid fractures for my benefit, which I thoroughly enjoyed. I delivered a short presentation on my systematic reviews concerning base of thumb arthritis, which sparked some excellent discussion.

Socially, Dr Nunes and her team were warm and welcoming. We enjoyed meals together, exchanging views on hand surgery training, clinical workflow, and healthcare systems in Portugal and the UK.



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### **Milan – Dr Alberto Lazzerini (IRCCS Galeazzi-Sant’Ambrogio)**

My second visit was to Milan for one week, where I joined Dr Alberto Lazzerini at IRCCS Ospedale Galeazzi-Sant’Ambrogio, the largest orthopaedic hospital in Milan. Despite visiting just before the Christmas break with reduced theatre activity, I gained useful clinical exposure and observed the impressive facilities available.

In their public fracture clinic, one striking difference with the NHS was the absence of a virtual fracture clinic system. Every patient attending the Emergency Department with an orthopaedic injury is seen in person at the next available fracture clinic, resulting in a high-volume workload. Clinics are doctor-led, with junior trainees responsible for tasks like dressing changes, cast applications, and documentation while in the same room as the consultant. I observed both public and private clinics, which run in dedicated areas of the hospital. Procedures that I observed included multiple carpal tunnel releases (performed with the impressive Dr Lazzerini’s own minimally-invasive technique), dorsal

wrist ganglion excision, plate fixation of distal radius fractures and proximal phalanx fracture, proximal row carpectomy, mallet tenodesis and trapeziectomy with APL suspensoplasty.

Dr Lazzerini and his team shared many valuable surgical tips during the procedures I observed. Before leaving, I joined the department's Christmas night out, which was a great opportunity to network with local trainees, consultants, and fellows in a more informal setting.



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### **Antwerp – Dr Frederik Verstreken (AZ Monica)**

My final visit was to Antwerp for one week with Dr Frederik Verstreken at AZ Monica, a public hospital. Dr Verstreken is known for his expertise in PSI osteotomies and thumb CMCJ arthroplasty. He runs two parallel theatres with a trainee and fellow, creating an incredibly efficient operating environment. The hospital's daily trauma meeting is at 07:30, with the first knife to skin at 08:15.

The pace and organisation were impressive and nothing like I had ever seen before. Procedures that I observed included: removal of thumb CMC prosthesis and trapeziectomy with suspensiotomy, carpal tunnel and trigger finger releases, removal of small tumours, Dupuytren's fasciectomy, UCL repair, scapholunate ligament (and DIC ligament) repair, MUA of a child's distal radius fracture, ulnar and radial osteotomies, removal of metalwork, primary thumb CMC arthroplasty and revision of failed arthroplasty to trapeziectomy with suspensiotomy, and revision of a MOTEC wrist arthroplasty. The highlight of the visit was a double radial osteotomy with the use of a 3D jig printed in-house, performed with a tourniquet time of 36 minutes! Dr Verstrecken was away during the second week and I spent time with Prof Roger van Riet observing elbow surgery.

During my week with Dr Verstrecken, I met visiting surgeons from Denmark also interested in CMC arthroplasty, and we had several informal teaching sessions with Dr Verstrecken, covering surgical techniques and treatment strategies for scaphoid and scapholunate injuries. One evening, we enjoyed dinner with the team—a chance to unwind and socialise more informally.



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## Reflections on Training and Practice Abroad

The fellowship gave me insight into the similarities and differences in hand surgery training and service delivery across Portugal, Italy, and Belgium.

In Portugal and Italy, hand surgery is practised within dedicated units where cases are pooled on shared lists. A surgeon books a case, but the entire hand unit is involved in theatre, often with the booking surgeon operating and colleagues assisting. Emergency medicine is not a fully developed specialty in either country, so musculoskeletal injuries are often referred directly to orthopaedics without initial filtering.

In Belgium, I found the system to be more closely aligned with practice in the NHS. Consultants tend to work independently in theatre and clinic. Emergency medicine is more developed, and the clinical workload appears to be more streamlined. None of the countries had virtual fracture clinics, which is a notable contrast to current NHS models in many regions. Clinics across all three centres were primarily doctor-led, with minimal

nurse involvement in wound care or splinting, which made me appreciate the value of our highly-trained clinic nurses and plaster technicians in the NHS.

At CUF Tejo in Portugal, there was a notable emphasis on WALANT (Wide Awake Local Anaesthesia No Tourniquet) surgery, even for procedures such as therapeutic wrist arthroscopy. In contrast, most surgeries in Belgium and Italy were performed under regional blocks with a tourniquet. However, these differences largely reflect individual surgeons' preferences and experience rather than national standards—similar to the variation seen between NHS hospitals or even among hand surgeons within the same unit.

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## **Conclusion**

This fellowship has been an incredibly enriching experience, both professionally and personally. Each centre offered unique learning opportunities—from Dr Nunes' POCUS and minimally invasive techniques in Lisbon, to Dr Lazzerini's vast experience and general tips and tricks in Milan, and Dr Verstreken's cutting-edge surgical innovation and efficiency in Antwerp.

I am deeply grateful to all three of them for welcoming me into their departments and sharing their expertise so openly. I also thank BSSH for making this journey possible through their financial support. The hospitality and generosity I encountered were truly humbling, and I left each centre with new knowledge, fresh perspectives, and meaningful international connections.

I would wholeheartedly encourage other trainees and early-career consultants to apply for the BSSH Travelling Fellowship. Beyond the technical learning, the opportunity to experience different systems, build relationships, and reflect on your own practice is invaluable. These visits have not only shaped my clinical thinking but also strengthened my passion for hand surgery and global collaboration within the specialty.