BSSH EDUCATION AND TRAVEL BURSARY 2025: HAND SURGERY UNIT, AZ MONICA ANTWERPEN, BELGIUM

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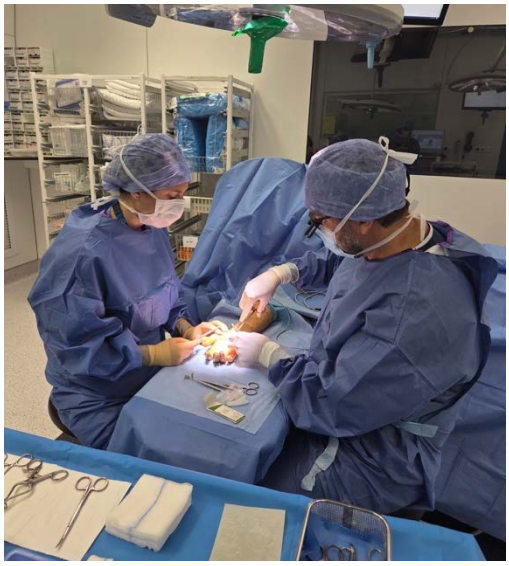
I visited the Hand Surgery Unit at AZ Monica Hospital in Antwerp, Belgium between the 7th and 12th September 2025. I had an excellent experience packed with learning and interesting discussions. For this I need to thank my hosts, Dr Frederik Verstreken and his welcoming team, as well as the other hand surgeons in the unit including Prof Matthias Van Hees and Dr Petrus van Hoonacker and all fellows, residents and nurses.

The first and most striking observation I came away with was how efficient and well-structured the unit is. A standard operating day for a hand surgeon includes 2 operating rooms running from 8am to 6pm, allowing excellent productivity of 14 to 20 cases a day, depending on the case mix. Each operating room is staffed with 2 nurses and a resident or fellow. Beyond the theatre itself, this efficiency is permitted by the physical set up of the unit allowing patients to seamlessly flow through their day from admission until discharge. All procedures I observed were performed under block or local infiltration performed before the patient entered theatre, with the exception of 1 case in which iliac crest bone graft was required.

It is worth pointing out that this was a day-case unit performing elective cases, plus some “cold trauma” such as ligament reconstructions, and some acute trauma in “walking wounded” patients, for example, distal radius fracture fixations. Regardless, the efficiency is of a standard that I have never seen in the NHS in the UK throughout my training.

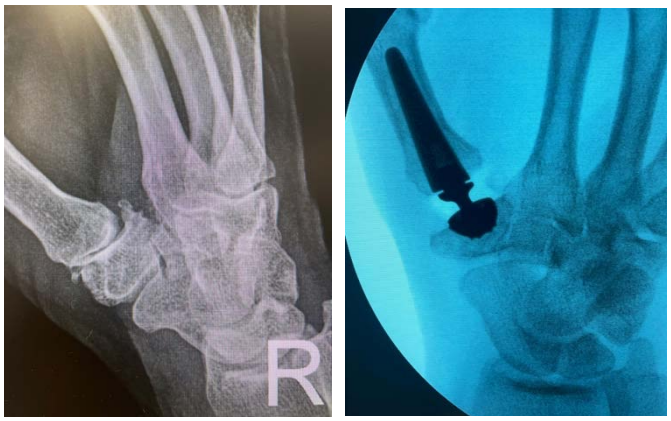
This efficiency and high quality of care extends beyond the Hand unit theatres to the entire healthcare system, with there being no waiting times for clinic appointments or operations, and all patients having access to the same high-quality, timely healthcare in Belgium thanks to their blended system of private and public insurance based system.



1 MY HOST, DR VERSTREKEN

From a clinical perspective I observed and assisted a wide range of procedures. Dr Verstreken and his colleagues were very generous with their expertise and despite the busy schedule were always willing to discuss cases with me. No case was too small or too big, and I was able to learn something about everything, from the humble carpal tunnel release to the shiny and rare lunate replacement, and everything in between.

One of the highlights of my week was watching several thumb base CMCJ arthroplasty cases, as this is a very high-volume unit that has been performing these procedures as a first choice (rather than trapeziectomy) for thumb base OA for a good 15 years now. It was a privilege to be able to learn basic principles, and also pick up pearls of wisdom, from such vastly experienced surgeons. I saw several primary cases, but also a revision case of CMCJ replacement to trapeziectomy + LRTI for failure secondary to a traumatically fractured trapezium with cup displacement. I made copious notes about these cases as I had until then not seen or performed any in my own home training region, but I know this will soon become a standard procedure in the decades to come of my imminent consultant career.

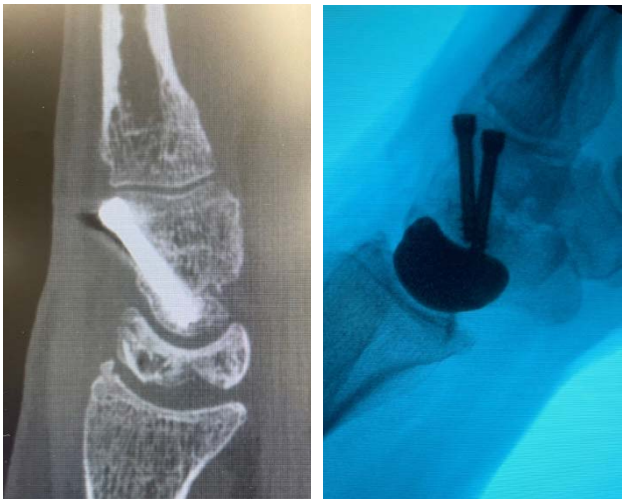


2 CASE OF CMCJ OA AND SUBSEQUENT REPLACEMENT

These are some of my other clinical learning highlights:

- discussions about the indications for proximal median nerve release such as lacertus release and proximal decompression
- the emerging role of minimally-invasive ultrasound techniques in hand surgery, the merits and risks
- the management of scaphoid fractures and the evidence base for their management. Dr Verstreken taught me about the rare treatment modality of scaphoid replacement, which he performs when the indications are right.
- discussion on complex forearm osteotomy for malunion correction, based on one of Dr Verstreken's upcoming cases using patient specific cutting jigs and implants. This included a discussion on the difficulty of approaches vs rather inaccessible osteotomy sites
- ulnar shortening osteotomy – discussion regarding systems currently available on the market and their shortcomings. I assisted a case performed trialling a new implant system which was developed by Dr Verstreken

- a case of advanced Kienboch's disease in which the patient received a lunate replacement



3 PRE-OP AND POST-OP LATERAL VIEW SHOWING ADVANCED KIENBOCK'S AND SUBSEQUENT LUNATE REPLACEMENT. SCREWS FROM PREVIOUS CAPITATE SHORTENING IN SITU.

It was great to visit the city of Antwerp. I managed to walk to the hospital and back every day without injury, which required the navigation of cycle lanes, tram crossings, roads and fellow pedestrians (day dreaming not recommended).

Lastly, it was a pleasure meeting the residents and fellows in the unit, comparing notes about residency and the pathway for becoming a hand surgeon between the UK, Belgium and Italy, where two other visiting orthopaedic residents were from. They taught me that the word Antwerp translates to "hand throwing", alluding to a local legend involving a giant and severed hands. So, it felt like a fitting way to end my visit by buying a packet of the finest, hand-made Antwerpse Handjes to take back to Glasgow with me.

Heartfelt thanks to the BSSH education fund which allowed me to have this excellent experience.

Photos taken with permission