

BSSH Education and Travel Bursary Report: Wrist Arthroscopy Fellowship, RZ Heilig Hart Tienen, Belgium

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Introduction

RZ Heilig Hart Tienen is a Belgian regional orthopaedic unit and holds the status of International Wrist Centre of Belgium. Its Hand and Wrist service is led by Dr Chul Ki Goorens, whose specialist interests include wrist arthroscopy, minimally invasive techniques, distal radius fractures and arthroplasty. The unit serves a mixed practice of government-funded and self-paying patients. Dr Goorens is also an active and well-published researcher with a genuine commitment to sharing surgical techniques and improving patient outcomes. In recent years, the unit has become a sought-after destination for international fellows and hand surgeons, particularly for training in wrist arthroscopy. The hospital will move to a larger, modern facility in 2030.

I am sincerely grateful to the BSSH Education and Travel Bursary for supporting this six-week fellowship. Having completed the Lister Hand Fellowship, other hand fellowships and the BSSH Hand Diploma, I saw this as an opportunity to broaden my higher surgical training and refine my understanding of wrist arthroscopy, with a view to incorporating it into my practice as an NHS consultant.

Overview of the Visit

The weekly schedule comprises two clinic days, two full operating days and a research day, alongside a consultant on-call rota. From my first day, I was warmly welcomed: my hospital access card and fellowship paperwork were arranged on arrival, and I was touched to find that the hospital had organised medical insurance for my stay.

Dr Goorens hosts one fellow at a time, and I was fortunate to have this one-to-one experience. It allowed for high-quality teaching, detailed case discussion and unhurried questions. In theatre, I scrubbed in to assist at every opportunity.

The work ethic of Dr Goorens and his team is admirable. The service runs efficiently, patients are thoroughly assessed, and management plans are put into action immediately. Decision-making is considered and grounded in evidence-based medicine. Despite their international reputation in wrist arthroscopy, the team remain humble and approachable.

Clinics

Clinics begin promptly at 0800, and Dr Goorens alone sees 25 to 30 patients a day. The case mix is broad, ranging from complex distal radius fractures, carpal instabilities, DRUJ

pathology and primary and revision arthroplasty to carpal tunnel syndrome and Dupuytren's disease.

Examinations are comprehensive and efficient, with meticulous documentation of pain scores, angles, range of motion and grip and pinch strength where relevant. This thorough record-keeping underpins the unit's research and creates a cycle of evidence-based practice in which approaches can be refined if found to be ineffective.

I was particularly impressed that a definitive plan, with dates for investigations or surgery, is issued at the initial consultation. Patients are not left waiting months between steps of their care. Dr Goorens also books his own operating lists, which gives him control over theatre efficiency.

Theatres

The theatre team were helpful, conscientious and cheerful, and everyone worked with a shared rhythm that kept turnover swift. Anaesthetic colleagues were flexible and highly skilled in regional blocks, so the first patient was blocked and ready to enter theatre at 0800. A standard list comprises around eight cases, finishing between 1600 and 1700. A typical list was as follows:

- Distal radius plate removal
- Open carpal tunnel decompression
- Ultrasound-guided percutaneous trigger finger release
- Ultrasound-guided percutaneous carpal tunnel decompression
- Wrist arthroscopy with volar ganglion excision, correction of carpal instability by volar plication, and dorsal round block capsulodesis
- Diagnostic wrist arthroscopy, distal radius plate removal and carpal tunnel decompression, with or without osteotomy or replating
- Complex distal radius fracture with arthroscopically assisted volar plating
- Distal radius fracture volar plating (two cases)

The breadth of surgery was impressive, spanning trauma (distal radius and hand fractures, soft tissue injuries) and elective hand and wrist work (ulnar shortening, DRUJ instability, arthroscopic intervention, arthroplasty and difficult revisions of older implants). I felt fortunate to see a wide range of scapholunate and lunotriquetral instabilities and TFCC lesions, managed with varied arthroscopic techniques. I also observed the arthroscopic management of a scaphoid non-union with cannulated screw fixation and bone graft. The experience helped me understand how wrist arthroscopy can be introduced efficiently into practice.



Top; RZ Hart Tienen. Bottom right; arthroscopic STT fusion with bone graft. L-R; Me, N.Noel, Dr. CK Goorens



A Valuable Experience

This fellowship was invaluable to me for several reasons. The clinical and surgical exposure to wrist pathology requiring arthroscopic intervention was enriching, and it deepened the understanding I had gained from reading, courses and limited case experience. I also gained an appreciation of the challenges of establishing a high-standard wrist arthroscopy service alongside an existing hand and wrist practice. It was humbling to witness such efficient, high-quality care delivered by a cohesive team in a happy working environment. Most importantly, I came away reassured that a good work-life balance is achievable alongside a thriving career.

Practical Information

- **Accommodation:** Airbnb options in Tienen are limited, so book early. Leuven, a short train ride away, offers more choices. Alpha Hotel that is adjacent to the hospital is an option.
- **Tienen:** A small, quiet, safe and walkable town. Those seeking livelier nightlife and shopping will find it in adjacent city Leuven. I enjoyed Tienen's calm and used it as a time for learning and reflection.
- **Travel:** Take the Eurostar from London St Pancras to Brussels Midi, then a short regional train ride to Tienen.
- **Contact:** cgoorens@msn.com