

International ASSH Travelling Fellowship Report 2025



Mr Matt Jones
BSc(Hons), BMBS, FRCS (Tr & Orth), DipHandSurg (Br)
Hand and Peripheral Nerve Fellow, Royal North Shore Hospital, Sydney

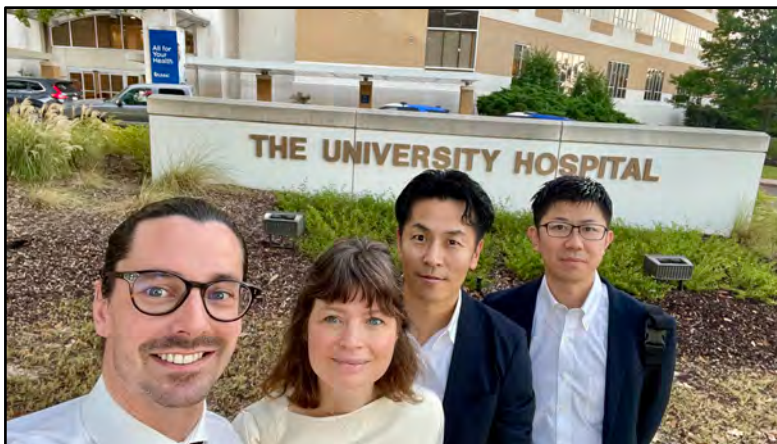
Introduction

In October 2025, I had the privilege of undertaking the American Society for Surgery of the Hand (ASSH) Travelling Fellowship, a prestigious award established in 2000 by the ASSH in collaboration with the International Federation of Societies for Surgery of the Hand (IFSSH). The fellowship provides an invaluable opportunity for selected international hand surgeons to visit leading centres of excellence in hand and peripheral nerve surgery across North America and to attend the ASSH Annual Meeting.

Each year, approximately twenty international fellows are chosen from IFSSH-recognised hand societies worldwide. I had the honour of representing the British Society for Surgery of the Hand (BSSH), having been awarded this distinction after achieving the highest overall score — including the externally assessed components — in the British Diploma in Hand Surgery (2024).

I was joined on this journey by my co-fellows:

Dr Femke Lutgendorff
(Amsterdam, The Netherlands),
Dr Yuki Fujihara
(Nagoya, Japan) and,
Dr Takeshi Endo
(Sapporo, Japan)



Together, we visited four outstanding institutions:

1. Washington University Orthopedic Surgery, St. Louis, Missouri
2. Jabaley–Songcharoen Center, University of Mississippi Medical Center, Jackson
3. Comprehensive Hand Center, University of Michigan Health, Ann Arbor, Michigan
4. Ohio State University Wexner Medical Center, Columbus, Ohio



These visits took place around the ASSH Annual Meeting, held in Vancouver, British Columbia, Canada. This report outlines my experiences, key learning points, and reflections from this unforgettable professional and cultural journey.

Washington University Orthopedic Surgery, St. Louis, Missouri

Our first visit was to the renowned Washington University Orthopedic Surgery Department at Barnes–Jewish Hospital, a 1,400-bed tertiary centre and home to a world-class hand and peripheral nerve unit. The service is led by Professors Ryan Calfee, Martin Boyer, David Brogan, Marie Morris, Jason Strelzow, and Lindley Wall, along with Professors Charles Goldfarb and Christopher Dy, co-hosts of The Upper Hand podcast, which I am a regular listener of. The week began with a 6:00 a.m. departmental conference where Dr. Goldfarb delivered an engaging lecture on distal radius fractures, followed by a dynamic multidisciplinary case discussion attended by faculty, fellows, and residents.



In clinic at the Center for Advanced Medicine – South County, I observed Dr. Dy and his team. The clinic operated with remarkable efficiency, reviewing more than 60 patients with a wide range of pathologies, including radial tunnel syndrome, saphenous nerve irritation following MPFL reconstruction, and severe ulnar nerve neuropathy. The team's structured and evidence-based

approach to cubital tunnel syndrome was particularly impressive, utilising ultrasound to assess ulnar nerve subluxation and tailoring surgical management accordingly: submuscular transposition for advanced disease, subcutaneous transposition for subluxation without advanced findings, and in-situ decompression for mild cases.

I also observed how the department has integrated artificial intelligence into their clinical workflow through ambient listening technology. This provided valuable insights into both the advantages and challenges of adoption—most notably, significant improvements in documentation efficiency and patient flow, tempered by the need for vigilant oversight to correct occasional AI-generated errors or “hallucinations.”

The second day at WashU focused on advanced discussions in brachial plexus management with Professor David Brogan. The session provided valuable insights into the decision-making process and surgical strategies for complex plexus injuries. The team’s systematic approach to evaluation including a post injury MRI at four weeks and nerve conduction studies (NCS) at six weeks, with repeat studies at twelve weeks to guide surgical timing — typically between three to four months post-injury.

Professor Brogan outlined several reconstructive strategies for pan-plexus and upper plexus injuries, including the VUNG (Vascularised ulna nerve graft) nerve graft (C5/6 to posterior division of the upper trunk) for shoulder abduction, free functional gracilis muscle transfer powered by the spinal accessory nerve for elbow and finger flexion, intercostal to triceps nerve transfers along with a wrist fusion. Discussions also touched on emerging biomarkers such as neurofilament light chain assays for early detection of Wallerian degeneration.



The operative schedule included cases such as a four-corner wrist fusion using Acutrak screws and a subfascial ulnar nerve transposition with Z-plasty fascial sling to take tension off the nerve and stabilise it anteriorly.

Outside the hospital, we took the opportunity to experience some of St. Louis’s distinctive local flavours and landmarks. Highlights included sampling gooey butter cake and toasted ravioli, visiting the iconic Gateway Arch, and seeing the Anheuser-Busch brewery, home of Budweiser.

The day concluded with a pre-season St. Louis Blues ice hockey game — an exciting introduction to one of the city’s proudest sporting traditions.



University of Mississippi Medical Center, Jackson, Mississippi

From St. Louis, we travelled south to Jackson, Mississippi — the “State of Hospitality” — to visit the Jabaley–Songcharoen Center for Hand and Peripheral Nerve Surgery at the University of Mississippi Medical Center (UMMC). This unit holds a distinguished legacy in hand and peripheral nerve surgery and led by the internationally renowned Professor William Geissler.



Professor Geissler is recognised globally for his pioneering work in arthroscopic wrist surgery, particularly his classification of scapholunate ligament injuries, and for his significant contributions to implant design, including the Integra Reverse Total Shoulder Replacement and the Aculock Distal Radius Plating System. His leadership has fostered a culture of innovation, technical excellence, and academic collaboration that continues to elevate the reputation of the Mississippi program.

The department’s operative setup was particularly impressive, with two adjacent operating rooms running concurrently for a single surgeon — a model that maximised surgical efficiency and enhanced educational opportunities for fellows and residents. During my visit, I observed a variety of cases,

including end-to-end digital nerve coaptation for neuroma prevention following fingertip amputation, excision of a sciatic nerve schwannoma, and a reverse total shoulder arthroplasty.

Dr. Mark Dodson demonstrated a refined and innovative technique for trapeziectomy using the Arthrex FiberLock suspension system combined with flexor carpi radialis (FCR) interposition, achieving excellent stability and restoration of thumb height. Although their practice may be



influenced by the introduction of the base of thumb arthroplasty, which recently received FDA approval and will be available in the United States for implantation from January 2026.

Evenings in Jackson were a true reflection of southern hospitality. A highlight was dinner at Walker's, shared with faculty and fellows — a perfect blend of camaraderie, southern cuisine, and insightful academic discussion. We were also graciously hosted by Professor Geissler at his home for an evening of exceptional food, fine wine, and engaging conversation. His reflections on the evolution of hand and upper limb surgery and his experiences in implant innovation were particularly inspiring.

ASSH Annual Meeting, Vancouver, British Columbia

The 80th Annual Meeting of the ASSH was held in Vancouver, British Columbia, under the chairmanship of Dr. Carl Harper and Dr. Lindley Hall, and led by ASSH President Dr. Tamara D. Rozental. The meeting brought together world leaders in hand and peripheral nerve surgery for a week of outstanding scientific exchange, collaboration, and reflection on the evolving landscape of our specialty.

The pre-course, *"A Little is a Lot: Brachial Plexus from the Ground Up"*, provided a comprehensive and thought-provoking update on modern approaches to nerve reconstruction, targeted muscle reinnervation (TMR), and nerve transfer strategies. The diversity of surgical philosophies presented by experts from around the world highlighted the complexity of



managing these devastating injuries. It was particularly enlightening to see varying techniques, such as free functional muscle transfer and vascularised ulnar nerve grafting—procedures to which I have not yet been directly exposed. The discussions reinforced the importance of understanding multiple reconstructive options, appreciating the nuances of each approach, and tailoring management to individual patient needs.

The main scientific sessions were both inspiring and forward-looking. One notable highlight was *“The Future is Now: Technology and Data Systems,”* which explored the transformative potential of large-scale data analytics and artificial intelligence in clinical practice. Talks focused on how AI can enhance workflow efficiency, assist in research, and support diagnostic and decision-making processes—providing a glimpse into how these technologies may reshape our day-to-day practice and allow clinicians to dedicate more time to direct patient care.

The Bunnell Luncheon was a particular highlight, bringing together current international travelling fellows along with past and future Bunnell Fellows. The ASSH Sterling Bunnell International Fellowship is awarded annually to a distinguished international hand surgeon to foster global collaboration and professional development. This year, Dr. Harvey Chim presented an engaging account of his fellowship experience, during which he visited both hand and vascular surgery units to further his research on thoracic outlet syndrome—particularly his comparative work on outcomes between rib-sparing and rib-sacrificing scalenectomy.



Among the many excellent sessions, those dedicated to tetraplegia surgery were especially valuable. These explored the integration of neurophysiology in surgical planning and the complementary roles of nerve and tendon transfers in restoring function.

The Presidential Address, delivered by Dr. Tamara D. Rozental, was a deeply personal and inspiring reflection on her career and the importance of community, mentorship, and belonging within the ASSH. Her message resonated widely with the audience, encapsulating the sense of connection that defines this society.

It was also a privilege to meet and learn from many internationally renowned surgeons in attendance, including Dr. Sanjeev Kakar, Dr. Alex Shin, Dr. Scott Wolfe, Dr. Steve Lee, Dr. Harvey Chim, Dr. Jason Ko, Dr. Kyle Eberlin, Dr. Jeff Ecker and Dr Amy Moore. As travelling fellows, we were made to feel exceptionally welcome. The opportunity to engage with colleagues from across the globe—including friends from the UK and beyond.



University of Michigan Health – Ann Arbor, Michigan

Our next visit was to the University of Michigan Health System in Ann Arbor to spend time with Professor Kevin C. Chung, one of the most influential figures in modern hand surgery. Professor Chung serves as Chief of Hand Surgery and Professor of Plastic Surgery at the University of Michigan Medical School. He has published over 850 peer-reviewed papers, authored multiple textbooks, and is currently working on the fifth edition of his textbook *Operative Technique: Hand and Wrist Surgery*. His research has shaped global practice, particularly through the development of the Michigan Hand Outcomes Questionnaire (MHQ) and his leadership as Editor-in-Chief of *Plastic and Reconstructive Surgery Journal*.

The University of Michigan embodies a culture of academic excellence, and this ethos was reflected throughout Professor Chung's department — underlined by the core value displayed in his office "To do research that will make people's health better". Each operation I observed was executed with calm efficiency and remarkable attention to detail. What stood out most was Professor Chung's commitment to education and documentation. Every procedure was

meticulously photographed and recorded, with a dedicated student capturing each critical step. His continuous commentary revealed a mind always considering how a moment might best illustrate a teaching point, improve a future textbook chapter, or serve as a visual guide for surgical learners worldwide.



In clinic, this same attention to process was evident. A well-organised team of physician associates and allied health professionals supported the service, allowing Professor Chung to balance clinical care, research, and teaching with seamless efficiency. The breadth of cases seen was remarkable — ranging from complex upper limb trauma and congenital hand differences to intricate brachial plexus injuries. Each consultation demanded a high level of analytical reasoning and surgical judgment, often involving nuanced discussions about reconstructive options and long-term functional outcomes. Despite his extraordinary academic output, Professor Chung remains approachable and deeply committed to mentoring the next generation of surgeons.

One of the highlights of my visit was the opportunity to present my experience with the CMC1 arthroplasty, a prosthesis newly approved for use in the United States. Presenting to someone of Professor Chung's stature was both humbling and motivating. His thoughtful feedback and genuine enthusiasm for shared learning reflected the collaborative spirit.

A memorable aspect of my visit was Professor Chung's interaction with his patients. He frequently reassured them with the words, "We will help you," a phrase he repeated often and sincerely. Many of the patients referred to him had complex, longstanding problems and had already been assessed by several clinicians before reaching his care. Professor Chung's willingness to assume responsibility, to listen, and to offer realistic but hopeful solutions reflected both his compassion and his sense of professional duty.

The Ohio State University Wexner Medical Center, Columbus, Ohio

Our last stop on the travelling fellowship was at the Hand and Upper Extremity Division at Ohio State University Hospital. This is a large academic tertiary centre with a robust hand, microsurgery and peripheral nerve practice, led by 10 attendings.



We had the opportunity to meet Dr. Ryan Schmucker, Clinical Assistant Professor in Plastic and Reconstructive Surgery, and Dr. Amy Moore, Professor of Plastic Surgery and Chair of the Department of Plastic & Reconstructive Surgery at Ohio State University. Dr. Moore's practice focuses on peripheral nerve surgery, research in nerve regeneration, and neuroma prevention.

Our discussions with them were invaluable — an open and encouraging environment where we could ask detailed questions without hesitation. It was a rare opportunity to explore many of the nuanced aspects of managing compressive neuropathies and complex peripheral nerve injuries that had arisen during the conference but were perhaps too detailed to raise in a larger forum. Their generosity in sharing their experience and practical insights was inspiring. I had to consciously temper my enthusiasm to avoid overwhelming them with questions, yet

they remained genuinely interested offering thoughtful, well-considered answers.

During our visit, we observed a broad spectrum of cases — from trauma and reconstructive surgery to nerve compression within the upper and lower limb. The clinic demonstrated high throughput and multidisciplinary coordination, with allied professionals triaging, assessing, and supporting patient flow. In the operating theatre, the team's efficiency and technical fluency were evident, with each case handled with crisp planning and execution. The environment felt both rigorous and collaborative.

The friendly rivalry between Michigan and Ohio State added a light-hearted dimension to our visit, with good-natured conversations about football loyalties between Wolverines and Buckeyes punctuating the academic discussions.



Conclusion and Acknowledgements

The 2025 International ASSH Travelling Fellowship has been an extraordinary experience — both professionally and personally. Visiting some of the most distinguished hand and peripheral nerve surgery centres in North America offered a rare opportunity to observe world-class practice, exchange ideas with leaders in the field, and reflect on how shared knowledge can elevate standards within my own practice and beyond.

Across every institution — from Washington University in St. Louis and the Jabaley–Songcharoen Center in Jackson, to the University of Michigan in Ann Arbor and Ohio State University in Columbus — We were met with a of openness, collegiality, and generosity. Each centre demonstrated its own strengths, but all shared a common pursuit of excellence, education, and innovation. The warmth and hospitality extended by the attendings, fellows, residents, and allied health professionals made the experience deeply honoring.

I am immensely grateful to the BSSH and the ASSH for making this fellowship possible. Their continued support of international education and collaboration exemplifies the best of our profession. I would also like to thank my co-fellows — Dr Takeshi Endo, Dr Yuki Fujihara, and Dr Femke Lutgendorff — for their camaraderie, sense of adventure, and friendship throughout this journey and beyond.

This fellowship provided invaluable insight into the evolving landscape of hand and peripheral nerve surgery. The innovative use of artificial intelligence to enhance workflow efficiency, the

employment of multiple operating theatres to optimise productivity, and the diverse surgical philosophies encountered when managing complex cases all underscored the ongoing drive for improvement within our specialty. While not all these approaches are directly translatable to the NHS, they were profoundly inspiring — encouraging me to broaden my skill set, adapt elements of these systems into my own practice, and identified specific areas for future development and future travels to other centers of excellence.

