

### 3B3. Scholarship Logbook

Logbook of the weekly duties performed at the Hand and Plastic Surgery Department of the Orthopedic Clinic in Markgröningen. Because the Department mainly specialized in elective hand surgery, the weekly work schedule was fixed. The acute cases were handled by the on-call team, at an appointed time in the theater. These were mainly open hand injuries, as closed fractures were treated following cast fixation in a couple of days.

Monday

7.15

Ward rounds

On morning ward rounds dressing changes were performed, wounds were checked, pain and other medications were reviewed. The medical documentation of the patients was also reviewed, including documents for personalized orthoses, physical therapy, ergotherapy, check-up appointments etc.

Patients who were treated conservatively were also reviewed, their progress monitored, pain therapy reviewed, consultation with the physical therapists/ergotherapists about pain management and progress of the patient.

8.00 -17.00/18.00

Theater list in the dedicated hand surgical operating theater

One of the three operating theaters dedicated mainly to joint surgery was equipped to serve hand surgical operations requiring X-ray, arthroscopy, substantial exposure, metal implants. The two other theatres mainly served arthroscopic procedures of the shoulder, elbow, and knee. On Mondays I assisted in the preparation of the patients in the OR, and observing or assisting in the operations performed that day. I had many opportunities to gain for hands-on experience on these days, as I had many opportunities to assist in procedures that I have not seen performed before. This allowed me a very technical and intense learning opportunity about new techniques. Many reparative, reconstructive, and some salvage procedures of the wrist were performed on a regular basis, which is rare in other hand surgical departments. Especially due to the fact, that many of these procedures are performed using arthroscopic techniques, that are not yet available in my hospital.

Theater list in the dedicated minor hand surgical operating theater

This operating theater of the Clinic is equipped to perform a high number minor hand and plastic surgical procedures. Most procedures performed in this theater were done under local anesthesia or some form of a regional nerve block, a finger block, or a median nerve block. Should the need arise for a more sophisticated form of anesthesia, i.e. plexus blockade, anesthesiology team was available for the procedure. When I was not assisting in the other dedicated hand surgical theater, I was observing procedures or assisting in this one.

The time I spent in this theater allowed me to witness new solutions, tricks and techniques to routine hand surgical procedures. I also had a chance to observe basic plastic surgical procedures, which I do not have the opportunity to do at my hospital, as we have no plastic surgeons on our team.

Completion of the full theater list was the common goal of all members of the workforce, so the workday flowed with good teamwork, quick changeovers, and high efficiency. Should the theater list run long despite all efforts, an on-call team was available to finish the program, serving both organizational goals, and patient satisfaction. The theater was equipped with the instruments necessary for a modern hand surgical theater. A light-weight, adjustable, X-ray translucent arm-rest, adjustable tourniquets in variable sizes, a viewer for traditional X-rays and CT scans, monitors to view patient information and previous scans. The arthroscopic equipment had three monitors, so the operating surgeon, the assistant and the patient all had an optimal view of the procedure. The arthroscopic equipment, and instruments were of high-quality and well-selected variety. They were also handled with care and well-maintained. The theater nurses also had a good working knowledge of the instruments, along with experience in handling them. Because the Department keeps a wide selection of well-maintained instruments, modern hand surgical procedures, requiring precision and fine operative technique may be performed. One of my personal favorites was the mini C-arm, the small size, easy-to handle image intensifier, which is equipped with laser targeting, and emits only low doses of radiation. An instrument like this affords completely different opportunities on high-precision repositions, reinsertions and osteosynthes.

Tuesday

7.15

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8.00-18.00

Clinics\*

Tuesday was the main clinics day in the department. On these days, out-patient dressing changes, and stitch removals were performed along with monitoring of wounds, casts, splints and other orthoses. Patients were also sent for check-up X-rays, or CT-s on these days, and casts and orthoses were changes if necessary. Considering the high number of procedures performed by members of the Department this alone generated a large patient load. New patients with complaints

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of the hand or wrist were also seen. Some of these patients registered on their own, but many were referred here from other clinics, for a hand surgical opinion, conservative or operative treatment. Discussing operative solutions, benefits and possible complications of surgery, and signing informed consent forms were also preformed on this day. Appointments for further pre-operative testing or consultation i.e. with an anesthesiologist were also organized. Beside handling a large number of patients with classic hand diseases, many patients with chronic wrist pain were seen, as this is one of the special profiles of the Department. It was an honor to take part in the clinics, as I gained much from their vast knowledge in this field not only in terms of encyclopedic knowledge, but also diagnostic procedures, decision making-processes and approaches. I also had the opportunity to take part in the clinics with the more junior members of the team, which afforded me with the opportunity to learn about the responsibilities, quality and quantity of their work. I also had the opportunity to gain experience in the evaluation of CT and MRI scans of the carpal region from experts. I also gained much knowledge on post-operative fixation and mobilization techniques, indications for surgery, and approaches to both routine and rare hand surgical challenges.

Wednesday

7.15

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8.00-14.00/18.00

Clinics

Wednesday was the other, less loaded clinic day. On these days members of the team performed dressing-changes, wound/cast/splint monitoring, check-up scans. Patients also arrived for hand surgical opinions.

Once a month the Department had a special Clinic for patients who had work-related injuries, of hand surgical diseases. This usually meant 3-4 patients in the afternoon, which came for a longer consultation with an experienced hand surgeon, and a member of the Organization of Public Health Insurance responsible for work-related injuries and diseases. The goal of these meetings was to find and agree upon a rehabilitation plan, affording the patients with high-quality of care, and the best possible opportunity to return to work. Either to the task performed previously, a different position, or learning a new craft.

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Thursday

7.15

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8.00-17.00/18.00

Theater list in the dedicated hand surgical operating theater

Thursday was similar to Monday in terms of logistics. Many times procedures requiring more than one experienced hand surgeon were performed on this day. On Thursdays I assisted the theater program. It was rare that I did not have an opportunity to assist in these procedures.

Friday

8.00.-14.00

Theater list in the dedicated minor hand surgical operating theater

On Fridays a high number of minor hand surgical procedures (i.e. Carpal Tunnel Syndrome, trigger finger, DeQuervain disease) were performed in the dedicated theater. On these days, I assisted in these procedures, which provided me an opportunity to learn new trick and techniques about these routine hand surgical procedures.