

2008

AO Fellowship Report

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United Kingdom

Area of observation: Trauma Surgery

Supervising Consultant: Prof Alonso

Period of fellowship: March – April 2008

Six Weeks

Introduction:

I started my specialist registrar training in the Wessex region in 2004. After completing my rotation through the major sub specialities in orthopaedics I wanted to see more of pelvic trauma. I wished to explore this practice in USA. I was selected by AO foundation to visit University hospital of Alabama at Birmingham under Prof. J Alonso for a period of six weeks.

General information:

Birmingham, once a major industrial city has undergone a change of image. Today it is a metropolis of contemporary buildings, rambling residential sections, a network of shopping centres, and modern expressway linking the surrounding suburbs with the centre. Nestled in the foothills of the Appalachians it caters to all tastes with sport, cultural activities and entertainment in abundance.

Hospital

The University Hospital is the third biggest in the United States. Prof. Alonso who is in charge of the fellows, is the chief of the Orthopaedic Trauma Dept. Training in Orthopaedic Surgery for residents is provided at the University Hospitals, Veterans Affairs Hospital, Children's Hospital, Lloyd Noland Hospital and Cooper Green Hospital. The orthopaedic surgery programme includes the entire spectrum of orthopaedic problems, including major trauma since the University Hospital is the major Level I Trauma Center for the State. The children's hospital provides a variety of experience in paediatric orthopaedics including congenital and acquired bone disorders. There is also a busy Sports Medicine Clinic.

Faculty

Fellowship Report: Dr Prasad Antapur

Four full time orthopaedic trauma surgeons add invaluable experience to the orthopaedic trauma service, all of whom are AO faculty members, Prof. J Alonso, M.D., Prof. James Stannard M.D. , Dr. David Volgas M.D., Dr. R. Stewart FRCS (C).

The trauma division has 80 beds. The outpatient facilities serve as the referral centre for post traumatic reconstruction problems following multiple trauma. On average 1800 orthopaedic trauma procedures are performed every year with outpatient attendance over 60'000 patients and 100'000 emergency room visits.

Workload

The department was a major referral center for acute trauma and post traumatic deformities. The volume of pelvic and acetabular trauma was around 200-250 cases per year which by UK standards was extremely high volume. In addition Dr Volgas who has a special interest in lower limb trauma operates on around 40 pilon fractures every year.

Typical Work Day at UAB

The work day for the departmental interns would start at 3.30 am. The residents and chief residents would meet at 5.30 am and the morning trauma meeting was held at 6.30am. The admissions would be discussed and some on the floor teaching took place. The chief residents and the trauma fellow would be in the operating rooms between 6.45 to 7 am and the first case would start at 7am.

A typical list for Prof. Alonso would consist of 3 or 4 theatres running at the same time with staggered start times. Around 3-4 pelvic / acetabular reconstructions are listed. In addition 3-4 long bone nailings and wound debridements would also take place. The residents are supported by physician assistants who help with the surgical approaches and closure so the residents could move around various theatres.

Fellowship Report: Dr Prasad Antapur

At the end of the operating day at 4-5pm the residents would have to go to the wards and finish the day by 7-8pm.

On Monday evening, residents gather for an hour of formal teaching which I was free to attend. Tuesday mornings at 6.30 am was a departmental grand rounds with presentation by various in house and invited faculty. In addition to the formal teaching a lot of on the floor informal teaching was practiced which I was involved in. My grounding in basic sciences was very helpful in the teaching sessions.

I was allowed to scrub in and assist in any of the cases. During my six week stay I assisted in about 20 -25 pelvic /acetabular reconstructions. I enjoyed the varied case mixture of the trauma lists and also interacting with the residents and staff. I was encouraged to participate in management of the patients.

Conclusion

I thoroughly enjoyed my six week fellowship at the university hospital of Alabama at Birmingham. I felt the faculty was very warm in their welcome and appreciative of the difficulties faced by international visitors and made every effort to make us feel comfortable and ensure maximal educational exposure.

Before I went on the fellowship I was undecided about pelvic trauma as a lifelong career choice. The six weeks have cemented the decision and I am looking forward to involve myself as a part of the trauma team in our region.

Acknowledgement

In the end I would like to thank a number of people who in this educational journey:

Fellowship Report: Dr Prasad Antapur

- Prof Jorge Alonso, Dr Stanard, Dr Volgas and Dr R Stewart for all their help and encouragement
- All staff associated with University of Alabama, Birmingham
- All members of the AO committee who agreed to give this fellowship to me
- My Consultants here in the UK who have constantly supported me and guided me in my learning needs
- Last but not the least my family for their unwavering support

Appendix:

Picture 1: University of Alabama, Birmingham,
Outpatient Clinic



Picture 2: Dr David Volgas with
Dr Prasad Antapur

