

SICOT



e-Newsletter

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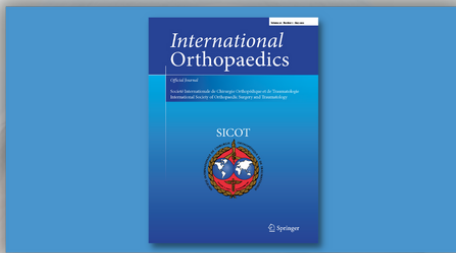


Join the World Orthopaedic Organisation!

Find out more about SICOT at www.sicot.org

SICOT, the Société Internationale de Chirurgie Orthopédique et de Traumatologie, is an international non-profit association incorporated under Belgian law. SICOT's mission is to promote the advancement of the science and art of orthopaedics and traumatology at an international level, in particular for the improvement of patient care, and to foster and develop teaching, research and education. It maintains the philosophy that orthopaedic education should be available, accessible and appropriate for surgeons no matter their background, culture or resources. In 2019, SICOT celebrated its 90th birthday!

Benefits of SICOT Membership



International Orthopaedics® Journal

Stay connected to your profession: receive free of charge the SICOT Journal, International Orthopaedics®, and the SICOT Newsletters.



SICOT-J Journal

SICOT members get a 30% discount when they publish in SICOT-J, a peer reviewed open access journal.



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Fellowships

Take advantage of the SICOT fellowships to further your education and career at international level.



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Become eligible for the SICOT awards granted to surgeons to reward them for their scientific achievement or to help them attend the Congress by supporting them financially.



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Test your core clinical knowledge and competence and apply for the Diploma Examination.



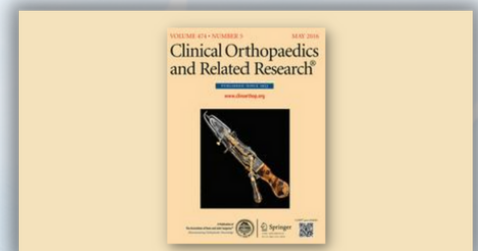
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Gain full access to the wide selection of videos available on our virtual platform, SICOT PIONEER.



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Back to the Future

Fabio Sciarretta | SICOT Editorial Secretary

SICOT is history, passion, education, research, ubiquitous diffusion and extreme attention to others, be they a surgeon or a patient. But in the last few years which, in spite of ourselves, have turned the lives of all of us upside down, SICOT, strong in its own strength and awareness, has been able to react promptly and promote a revolutionary renewal perceived in the changed living conditions and interconnectivity. To continue to keep scientific activity alive, SICOT PIONEER was created. Its vast and dense programme of appointments such as webinars, podcasts and live surgical videos has been and is several times a month followed by thousands of colleagues reached in more than seventy countries around the world. But our strength lies not only in the capacity of large numbers but in being able to offer topics that can attract the general orthopedist just as the super-specialist who dedicates his own activity to individual intra-articular pathologies of a particular joint and all of the events dedicated to less well known or less diffused orthopaedic diseases or rare deformities. We will always keep you updated on upcoming programmes in our newsletter, but, in addition to inviting you to consult our website frequently, I invite you to be ever more proactive towards our Society: participate actively, send your surgical videos, propose topics of

possible interest and help us to be increasingly innovative and suited to your needs.

Fortunately, however, this year will give us all the opportunity to experience our Orthopaedic World Congress all together in person. The African continent will welcome us in its big arms: in this and in the next issue of the newsletter we will offer you articles that from the history of Orthopaedics in Ancient Egypt will lead us to get to know more closely the current expression of orthopaedic surgery in some countries of this large and fascinating continent. This occasion will give us also the opportunity to begin the series "A Day in a Trainee's Life" where our NextGen colleagues will zoom in on their local reality, giving really the Society Board the deep, real insight needed to foster innovations and develop updated specific educational and research programmes.

Several thousand of us will take this long expected opportunity to gather under the Pyramids to socialise, interact and network like never before! It will be a great event!

See you all soon in person... come to Cairo and toast to SICOT leading future strategies!





Goodbye Surgeons – AI is here!

Anant Mahapatra | National Representative of Ireland

I led them by the very hand into the practice of medicine. (Sylvius 1478-1555)

Advances in Science have always given an edge to the medical field and especially surgery is one of those domains which has really benefited from these advances. I am sure all of us have noticed that in the last few months there has been a huge surge in the number of reports about AI which also concerns the medical field. I think it is a great human achievement that we have been able to create something which has tried to give us a huge amount of edge in diagnosing and maybe getting the treatment algorithms better from a patient care point of view.

Dr Geoffrey Hinton's (Godfather of AI) sudden exit from Google on ethical grounds, a couple of weeks ago and then a few days back Sam Altman with ChatGPT asking the US government that there should be regulations in AI does bring in some scepticism into the academic minds.

During my formative years of training I had the opportunity of working on my thesis in Master of Surgery in Orthopaedics on patients with leprosy having hand problems in India, as leprosy is prevalent in some parts of the state and we used to get a lot of patients with hand lesions and hand problems. I realised that the hand is a very unique instrument of expression and sensation, it is the symbol of Love, Determination and Faith. Hands of a surgeon not only has healing powers but also the gentle touch which helps heal many a patient, even if there are robotics, cutting blocks, 3D printing and now AI. Among many other things that orthopaedic surgery has seen in the last few decades and improved on I think there is nothing better than the empathy and the expression that a surgeon's hand can give and assure a patient before and after surgery.

I am not sure although reading through some of the articles I do find that empathy is something

that AI will be missing but as we progress with further developments and more analytical data is fed into it, it will go on to be able to empathise and there will be an Artificial Empathy that can also be generated.

As I look back into my training and the years that I have put into as a surgeon, I would say that as a senior surgeon probably I don't feel AI is going to be a hindrance or rather helpful tool in my work. Maybe for the younger generation of surgeons and trainees it can bring a bit of a chill down their spine that this is going to be a "Goodbye for Surgeons".

History repeats itself! The human race has to learn from its mistake before it is too late. This could turn out to be equal to a nuclear armament in the digital world. Indeed it needs to be strictly regulated otherwise Tom Hanks will still be acting in movies a hundred years from now (What will happen to the intellectual property rights!) and that's my gut feeling because anything that gets into rogue hands can create havoc for surgeons, for the medical fraternity and maybe humanity as a whole. It is indeed the leaps and bounds in which AI is going to be changing the digital world that would be something to be looked at with a lot of awe as newer things come up.

I am told that AI can diagnose some of the rarest diseases in less than the time it takes to get out of your chair and open the door in the outpatient department. While robotics and AI have made significant advances in the field of medicine and surgery, human surgeons are still essential for many reasons. Firstly surgery is not a one size fits all approach and each patient's case is unique. Surgeons are trained to make crucial decisions during surgery, such as adjusting the procedure based on the patient's condition and responding to unexpected complications. Secondly, surgery often involves more than just physically cutting into the body. Surgeons must also communicate with patients and their families, manage post-operative

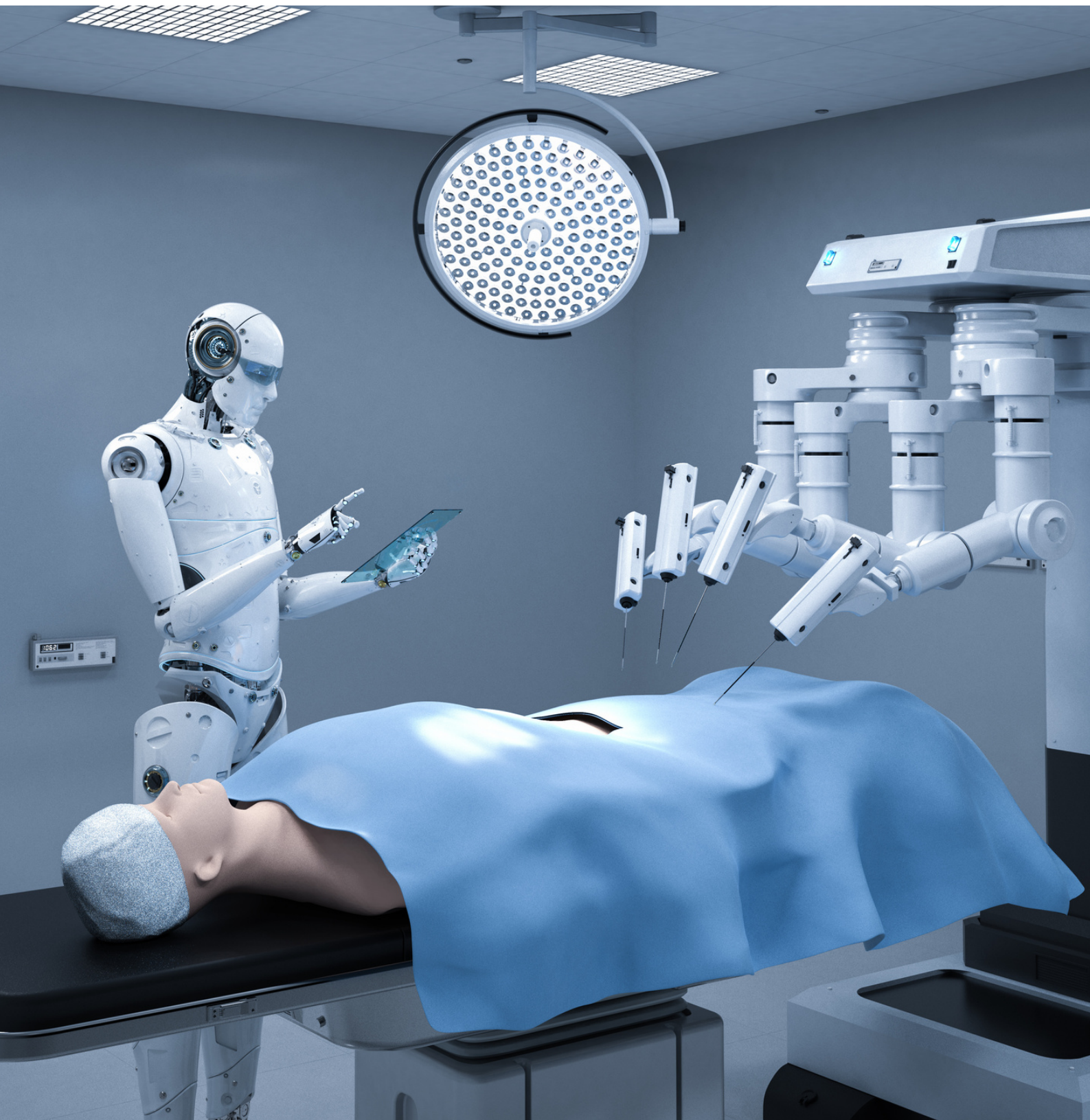
care and make difficult ethical decisions. Thirdly robotics and AI cannot replace empathy and human touch provided by a skilled surgeon. Patients often feel comforted and reassured by the presence of a human surgeon who can explain the procedure and answer any questions they may have.

In short, while robotics and AI can certainly enhance the capabilities of surgeons they cannot

replace them entirely. The human element of surgery is still crucial and surgeons bring a unique set of skills and expertise to the operating room that cannot be replaced by machines.

Acknowledgements:

1. Prof. Manoj Ramachandran (Royal London Hospital) – An insightful chat.
2. AI.





Cairo, Egypt

SICOT



43rd Orthopaedic World Congress
21-23 November 2023

combined meeting with the Egyptian Orthopaedic Association

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US!**

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www.sicot.org/cairo



Congress News

Scientific Programme

Margaret Fok | Programme Committee Chair

On behalf of myself, the Scientific Programme Chair, and my co-chair, Dr Khaled Sarraf, we are delighted to welcome you to the 43rd SICOT Orthopaedic World Congress in Cairo, Egypt on 21-23 November 2023.

After a successful meeting in Kuala Lumpur, Malaysia, last year, we are moving to the Middle Eastern part of the world to hold the World Congress. This meeting will be special as this is the first time that we are co-organising it with the Egyptian Orthopaedic Association.

With Egypt being in a region spanning across Africa and Middle East, we hope our congress will attract many surgeons from around the area, to participate, to stimulate and to exchange ideas.

We have organised a 2 ½ day main programme - a compact, yet comprehensive and inspirational programme for everyone. Apart from our local Egyptian orthopaedic faculties, we have invited many esteemed faculties from all around the world to share their valuable experiences in eight academic rooms and one industry room over the 2 ½ day period. We aim to provide an interactive platform in each session, enabling our participants to ask questions, get involved in case discussions, and take part in live polling. As SICOT strives to be diverse, equal, and inclusive, we are committed to ensuring that our faculty representation is truly diverse, taking into account ethnicity and gender.

Apart from our international faculties, we have invited 3 world esteemed plenary speakers and 20 keynote speakers to our Congress. Our plenary speakers are Professor Francesco Falez from Italy discussing about the hip-spine relationship on hip arthroplasty, Professor Frederic Schuind from Belgium on the integration of AI for hand amputees and Dr Vaibhav Bagaria from India on the impact of robotics on performing knee arthroplasty.



Cairo, Egypt
SICOT



43rd Orthopaedic World Congress
21-23 November 2023

combined meeting with the Egyptian Orthopaedic Association

For the peri-Congress activities, we plan to continue our ever-popular Educational Day for the orthopaedic trainees and young fellows. Based on the feedback from the previous year, we shall organise a half day of Subspecialty Day during which we will concentrate on 3 subspecialties, namely Hip, Knee and Trauma.

No successful congress can be made possible without our industry partners. Our exhibition hall will be filled with many different medical technology experts, showcasing their latest products. These include well-known international companies as well as local businesses, displaying their specialised equipment. In addition, we have a separate industry room this year over the 2 ½ days,

with workshops organised by our partners. This enables registrants to have a better hands-on experience on selected specialised products. Please do register in advance, as places are limited. Otherwise, registrants are welcome to go to our courtesy room and exhibition hall to mingle with our industry representatives.

With such an exciting programme, we cannot wait to see you all in person in Egypt. Egypt is the land of the Pharaohs. There are ample exciting opportunities for attendees to visit. The string of social and networking events alongside the academic platter will ensure everyone will have something memorable to look forward to.





Congress News

10 Reasons Why You Should Attend the Next SICOT Congress in Egypt

Mahmoud Hafez | National Representative of Egypt

There are 10 reasons why you should attend the next SICOT congress in Egypt:

1. SICOT is the World Orthopaedic Organisation, representing all continents and all countries, like the United Nations for Orthopaedics.
2. SICOT 2023 will be combined with the Egyptian Orthopaedic Association (EOA) congress. EOA is a relatively old society founded in 1948. The attendees of the EOA Congress could be over 2000. So, we expect the combined Congress to have a minimum of 2,500 attendees with a large exhibition (www.eoa.org.eg).
3. Cairo and ancient Egypt is a known tourist place and a dream holiday for all ages. Plan a family holiday and take the 3-night Nile cruise that includes visits to Luxor and Aswan (ancient Egypt). It has been said that "Luxor alone has one third of the world's ancient monuments". The city of Luxor is an open museum.
4. The Grand Egyptian Museum, is an archaeological museum, located next to the Pyramids in Cairo. It is expected to open towards the end of 2023 with a ceremony attended by many world leaders. It will host over 100,000 artifacts that belong to the ancient Egyptian civilization and many pieces will be displayed for the first time. It is set to be the largest archaeological museum in the world, sited on about 5,300,000 sq ft, which makes it the world's biggest museum.
5. Entry visa is relatively easy and the medical language is English.
6. The strategic location of Egypt between Africa, Asia and Europe with the ability to get affordable tickets and enjoy a modest living expense.
7. Egypt hosted the United Nations Climate Change Conference (COP27) in November 2022, an indication that Egypt is prepared to host international events.
8. The fantastic weather (20°C in November) with the long Mediterranean and Red Sea Coasts. In Cairo, you can also join us for a dinner on a spectacular Nile cruise.
9. Many trainees would like to apply for the SICOT Diploma when the location is central and the venue is affordable.
10. Egypt has about 7,000 orthopaedic surgeons and trainees (in a population of over 100 million). We have two previous SICOT plenary speakers and very active SICOT members who serve this society in different positions such as the SICOT Treasurer and others. Also, we have many orthopaedic surgeons working abroad in all continents with a broad network that will enrich the scientific programme.

The orthopaedic community in Egypt is excited to have the SICOT 2023 Congress live in Cairo. Please give us the chance to welcome you to Egypt and show our hospitality.





History of Orthopaedics

Uncovering the Marvels of Ancient Egyptian Orthopaedics

Mohamed Kamal Abdelhaleem | Active Member

The ancient Egyptians have made remarkable achievements in medicine and surgery, particularly in the field of orthopaedics. Information about ancient Egyptian medicine is mainly derived from preserved medical papyri and osteological materials, providing valuable insights into the treatment of fractures, dislocations, and other orthopaedic conditions. It should be noted that orthopaedic surgery was not considered a separate specialty, but rather a part of general medicine, with different specialties existing within the field of medicine in ancient Egypt, such as ophthalmology and dentistry.

Fracture treatment was practiced in ancient Egypt, where physicians utilised various materials to stabilise broken bones, including linen bandages and wooden splints. Natural adhesive, such as animal glue, was also used to mend fractures. Preserved medical papyri serve as the primary source of knowledge regarding surgery in Egypt, with the Edwin Smith Papyrus being particularly noteworthy in the realm of orthopaedic surgery. The ancient Egyptians were also skilled in joint reconstruction and spinal surgery, employing procedures such as traction and laminectomy.



This right femoral bone shows evidence of malunion and misalignment of a healed fractured. From Abydos, Egypt. Late Period, after 664 BCE. (The British Museum, London) [link](#)



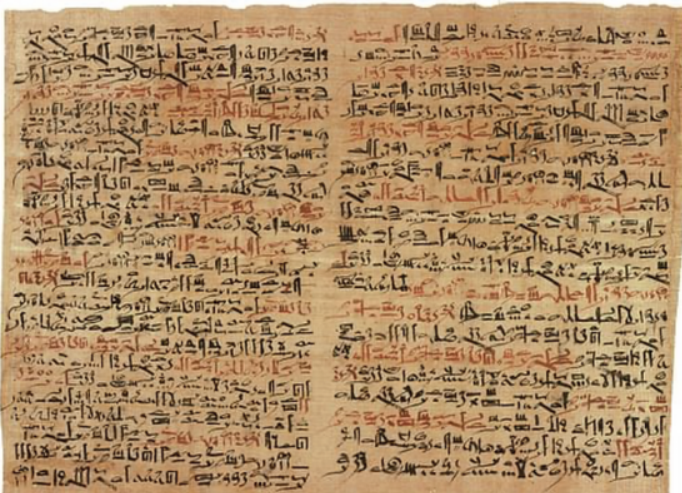
Compound fracture of the forearm with unwrapped bark splints



Compound fracture of the femur with wooden splints in situ

Dated to the New Kingdom period circa 1300 BC, the Edwin Smith Papyrus is a valuable resource in ancient Egyptian orthopaedic surgery, providing insight into their methods of treating injuries. The papyrus contains 48 case presentations, systematically arranged from the skull down. Cases 29-33 and 48 deal with injuries to the spinal column, while cases 34-38 are of greater interest, particularly for contemporary orthopaedic surgery. Case 34 presents a dislocation of the clavicles, while case 35 tackles a clavicular fracture. The splint referred to in case 35 is somewhat ambiguous, and the same treatment is suggested in almost identical terms in case 36. Case 37 discusses a humeral fracture accompanied by a rupture of the overlying tissue, with splints also referenced. The final case, number 38, details a split in the humerus. The discovery of well-healed fractures has been interpreted as evidence of skilled bone setters. Moreover, two graves from the fifth dynasty have been discovered with wooden splints preserved in situ.

The Edwin Smith Papyrus is merely one of several surviving medical documents from ancient Egypt. This particular papyrus includes practical procedures for treating injuries, providing valuable insight into the methods employed by ancient Egyptian physicians.



Edwin Smith Papyrus

Prosthetics date back to ancient times, and prosthetic toes made from wood or layers of fiber known as "cartonnage" have been found in burial sites. They show signs of wear and tear, indicating that they were functional rather than purely cosmetic.



There is evidence suggesting that the first depiction of shoulder reduction comes from the tomb of Ipwy in ancient Egypt. A scene in the tomb, which depicts a "construction site," is believed to represent the reduction of a dislocated shoulder. This scene bears some similarities to Kocher's reduction method.



Detail from the Catafalque scene from the tomb of Ipwy
- Modified from Davies (1927)

The Pharaohs of ancient Egypt had ingenious methods for joint reconstruction, such as the use of traction. This technique employed weights and pulleys to stretch the affected joint, resulting in reduced joint dislocations and improved mobility. Recently, researchers discovered a 23cm iron orthopaedic screw within the knee of an Egyptian mummy who lived between the 11th and 16th century BC. The screw was held in place by organic resin and had flanges that stabilised the leg's rotation. This discovery indicates that over 3,000 years ago, a highly advanced orthopaedic surgical procedure was performed, which is truly remarkable in the realm of medical history.



It is fascinating to see how the ancient Egyptians developed these advanced surgical procedures without modern technology. Their skills and knowledge have left a lasting impact on the field of orthopaedics. Today, we build upon their legacy

and strive to improve the lives of people suffering from orthopaedic conditions. The ancient Egyptians undoubtedly made significant contributions to the field of orthopaedic surgery that have influenced modern medicine.





SICOT Events

28th SICOT Young Surgeons Meeting

Aju Bosco | Young Surgeons Committee Chair

YOUNG SURGEONS MEETING - 2023

Organized by **YOUNG SURGEONS COMMITTEE OF SICOT**

AUGUST 19 and 20, 2023

Venue: SRI RAMACHANDRA INSTITUTE OF HIGHER EDUCATION AND RESEARCH, CHENNAI, INDIA



In scientific collaboration with
The Tamil Nadu Orthopaedic Association (TNOA)



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President, SICOT



Dr. AJU BOSCO
Chair, Young Surgeons Committee, SICOT



Dr. GOWREESON THEVENDRAN
Chair, Education Academy, SICOT



Dr. VAIBHAV BAGARIA
National Delegate, SICOT India Chapter



Dr. ASHOK JOHARI
Chair person, SICOT India Foundation



Prof. V. SINGARAVADIVELU
President, TNOA

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Co-organizing Secretaries

Dr. ASHOK S GAVASKAR
Scientific Committee Chair

Dr. M R THIRUNTHAIYAN
Food and Trade

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HIGHLIGHTS

Ample opportunities to present your clinical and research work in an international forum as Medal Papers / Posters, Free papers, Short free papers, Just A Minute (JAM), E posters

Young Investigator Award
for the Best Thesis
Cash prize and Gold Medal
(One each for International and Indian Trainees)

Overseas Careers Session
by
Young Surgeons Committee of SICOT

Medals & Observerships
for
Best Paper & Poster

Banquet Dinner
and
Networking Event

WORKSHOPS ON
TRAUMA | SPINE | PAEDIATRIC ORTHOPEDICS
ARTHROPLASTY | 3D PRINTING

PLENARY TALKS BY EMINENT SPEAKERS



Dr. S. RAJASEKARAN
Past President, SICOT



Dr. ASHOK JOHARI
Past President, SICOT



Dr. VIKAS KHANDUJA
Past President British Hip Society
President-Elect SICOT

REGISTRATION FEES

Delegates	Trainees in Orthopedic Residency program	Senior Residents and Fellows
Indian	5500 INR	6000 INR
International	75 USD	90 USD

Orthopedic trainees, senior residents, and fellows who register for the meeting can avail SICOT membership at a 50 percent discounted rate and benefit from its numerous fellowships/awards. They can avail this offer by sending an email to sicotitm2023@gmail.com with their registration details.

For Registration & Abstract submission :

Click on the link or copy and paste the URL in a browser to register

<https://forms.gle/jb24CaqRFUkm1Lfng>

Dates and Deadlines:

Abstract submission deadline : **July 20, 2023**

Registration is mandatory for abstract submission

PAYMENT DETAILS

NEFT transfer to current account with following details

Account Name : SICOT India Foundation
Account No. : 50200028488402
Account Type : Current
Bank Name : HDFC Bank Ltd., Matunga West Branch
IFSC Code : HDFC0001114

Scan QR to pay



For enquiries please contact:

Email : sicotitm2023@gmail.com

Tel : + 91 98404 28802 / + 919894148140 / 9972017290

International delegates to transfer registration fee to a separate bank account, the details of which will be sent on request to the email sicotitm2023@gmail.com



SICOT Events

1st SICOT-IFAS Foot & Ankle Meet

Rahul Upadhyay | Course Chair & Organising Secretary

Dear Colleagues,

It gives me immense pleasure to invite you to the First SICOT-IFAS FOOT AND ANKLE MEET (SIFAM 2023) to be held on 13-15 October 2023 in Jaipur, India.

Foot and Ankle is one of the fastest growing subspecialties of Orthopaedics in India. The Indian Foot & Ankle Society and SICOT, in association with the Rajasthan Orthopaedic Surgeon Association (ROSA), bring you this global academic event with the biggest, most learned and experienced global and Indian Foot and Ankle faculties.

The event will have an exciting combination of "hands-on cadaveric course", "live surgeries", "current concepts and latest advancements" and "Hot debates" in the field of Foot and Ankle Surgery. This will allow members to reflect upon their practices, renew friendships and extend networks, and jointly explore current and future directions. I am sure this event is going to be productive & stimulating and at the same time shall add value to your practice.

So I welcome you all to attend this mega event and make it a memorable one.

SIFAM  **2023**
IN COLLABORATION WITH IFAS & ROSA





1ST SICOT IFAS FOOT & ANKLE MEET

13TH - 15TH OCTOBER, 2023

SIFAM 2023

IN COLLABORATION WITH IFAS & ROSA

VENUE : HOTEL MARRIOTT, JAIPUR



FOR ONLINE REGISTRATION

[CLICK HERE](#)

INTERNATIONAL FACULTY

DR. CHRISTIAN ORTIZ

Cheif of foot and ankle Centre clinica
U de los Andes, Santiago De Chile



DR. ALASTAIR YOUNGER

Professor and Head, division of Distal Extremity,
University of British Columbia, Vancouver, Canada



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Ankle Surgeon
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DR. LUCKY JEYASEELAN

Consultant Trauma & Orthopaedic Foot & Ankle
Surgeon The Royal London Hospital, Barts
Bone & Joint Health, Barts Health NHS Trust.
Clinical Lead of Elective Orthopaedic
Care at the Barts Health Orthopaedic Centre



DR. MASATO TAKAO

Consultant and Chief of Foot and Ankle
surgery President of Clinical and Research
Institute for Foot & Ankle Surgery,
Jujo Hospital, Japan



CONFERENCE SECRETARIAT

DR. RAHUL UPADHYAY

Course Chair & Organizing Secretary
SIFAM 2023

Email Id: sifam2023jaipur@gmail.com

Website: www.sifam2023jaipur.com

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Mr. Aashish Bansal

Mobile: 8058131319, 9782532320

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SIFAM 2023

IN COLLABORATION WITH IFAS & ROSA

VENUE : HOTEL MARRIOTT, JAIPUR

CADAVERIC WORKSHOP

ON 13TH OCTOBER 2023

24 SEATS ONLY



Fee
₹ 25,000
or
€300

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Website: www.sifam2023jaipur.com



SICOT News

Thami Benzakour Named as Distinguished Member

Mohamed Kamal Abdelhaleem | Active Member

We are proud to announce that Dr Thami Benzakour has been named a Distinguished Member at the recent SICOT Orthopaedic World Congress in Kuala Lumpur. This prestigious honour is awarded to those who have made significant contributions to the field of orthopaedics.

Dr Thami Benzakour, from Morocco, has made significant contributions to the field of orthopaedics through his pioneering work. He has authored numerous papers and spoken at several international conferences.

We congratulate Dr Benzakour on this well-deserved recognition and look forward to his continued contributions to the field of orthopaedics.





Women in Orthopaedics

Experiences as a Woman in Surgery

Hannah Louise Morley

I would like to thank SICOT and Mr Sherif Elnikety for giving me the opportunity to write this.

I began my medical career at Leeds Medical School where I intercalated in Anatomy. I always had an interest in surgery. Healthcare staff working in non-surgical roles, voiced on numerous occasions that surgery was not a career for women. The reasons cited ranged from tribulations with family life, differences in practical prowess, to surgery being too competitive. I remember being informed by a well-meaning friend and now GP, that I would be unsuccessful romantically if I became a surgeon. I am happily married.

After finishing my medical degree with honours, I was ready for something different, so I moved to London where I went on to do my training as a junior doctor in North and East London. During this period, I was lucky enough to work in liver transplant, vascular in a tertiary referral centre, and trauma, with additional training in major incidents and disaster response. I was always torn between vascular and orthopaedics as I appreciate both, but I eventually settled on orthopaedics as I found it more rewarding.

Whilst I benefited from being close to teaching hospitals with research opportunities, my interest in orthopaedics was cemented in West Hertfordshire NHS Hospitals. This was where I was given the best opportunity to learn how to operate. Research, audit, scientific knowledge, teaching, leadership are all essential, however, what all surgeons need to excel at, is operating. It is within the definition of SICOT that Orthopaedics is both a science and an art. It takes time and practice to learn the art of orthopaedics.

I found the period at West Hertfordshire particularly useful for my own development, one of the key factors in this was the working relationships I had developed. I also benefited from working with good

surgeons from around the world. We are extremely fortunate in the UK to attract surgeons of all nationalities, who bring a breadth of life experience and different perspectives. I have had the fortune of collaborating with surgeons from many nationalities and training backgrounds; USA, Egypt, India, Hungary, Germany, to name a few. The COVID pandemic demonstrated how important collaboration between countries can be.

After an all too brief period in Australia, I moved back to Yorkshire to complete my higher surgical training during the pandemic in trauma and orthopaedics in the UK national training scheme. Arriving in April 2020, I returned to a health service paralysed by the coronavirus pandemic. Elective surgery was compromised and there was a huge demand for all doctors to be generalists. Whilst my time covering as an emergency doctor, I am sure was valued, this was an unwelcome distraction from surgical training. I am now a ST5 in trauma and orthopaedics in the UK. I have published research in health technology, coronavirus and lead the site recruitment for several major trials.

Orthopaedics is a broad and innovative speciality which suits a range of personalities. Personally, I enjoy the mechanics involved in Orthopaedics and the link with industry which sets orthopaedics apart from other surgical specialities. There is a problem-solving nature about it which is not akin to any other surgical speciality. Intensely practical, it has a lot to offer trainees from all backgrounds. It, however, remains one of the least diverse in terms of gender (1-3).

Training to be an orthopaedic surgeon as a left-handed cis woman undoubtedly has its challenges. Despite this, it is intellectually challenging, fun, and 99% of the time the best decision I ever made. There are, however, aspects which could be improved, some of which I will discuss here.

When I think about my experience as a woman in orthopaedics, one must think back to medical school. My interest in orthopaedics began when an unlikely combination of two lively orthopaedic surgeons ran the medical school teaching, and both allowed me to scrub in regularly. Both stereotypical orthopaedic surgeons took an interest in my exposure to theatre. Both did not treat me differently because of my gender. I felt like I belonged somewhere, rather than the lost feeling medical students often get. Most importantly, both appeared happy with life's challenges, and this stuck with me for years to come when I was making my speciality decisions. I subsequently returned to work with them as a registrar. Early exposure to orthopaedics is crucial in medical school; firstly, to attract people to the speciality and secondly, to challenge stereotypes often peddled within medical schools. In experiencing the speciality first hand, I was able to ignore uninvited comments because I had my own experiences to base my opinions on instead.

Sadly, the recurring challenge of microaggressions in the workplace has remained unchanged since I began training. Lack of acceptance by others within the hospital is still commonplace. We continue to turn off good candidates because of casual sexism in the workplace. It remains a customary occurrence that women are often not deemed able to be an orthopaedic surgeon by others in the hospital. A classic example of which would be the emergency department speaking to the male senior house officer as the registrar whilst the female registrar is spoken to as the more junior position. The COVID-19 pandemic has compounded the problem as many more staff began wearing the same scrubs. Systems wide work is needed to change cultures in organisations, allyship is a place to start.

Throughout my training, I benefited from

exceptional surgical mentors of various genders and backgrounds, and they have all contributed to where I am today. Mentoring does not necessarily need to be by the same gender to be effective (1). Indeed, my most memorable mentors have been male.

Regarding industry, more should be done in design and branding to enable women. Whether it is protective lead gowns designed for a male figure, or, hand tools manufactured for large hands, women are often an afterthought. I am pleased to see the British Orthopaedic Association trying to tackle this through their Inclusive Orthopaedics Initiative (3).

Trauma and orthopaedics has been the right career choice for me and I enjoy my work and my life outside of orthopaedics. I hope that other female trainees will continue to join this speciality and experience it for themselves.

References:

- 1.Green JA, Chye VP, Hiemstra LA, Felländer-Tsai L, Incoll I, Weber K, Pohl M, Kollias C, Maasalu K, Iñiguez M, Bytyqui D. Diversity: women in orthopaedic surgery – a perspective from the International Orthopaedic Diversity Alliance. *J Orthop Trauma*. 2020;8(1):44–51.
- 2.Rohde RS, Wolf JM, Adams JE. Where are the women in orthopaedic surgery?. *Clinical Orthopaedics and Related Research*®. 2016 Sep;474:1950–6.
- 3.Ahmed M, Hamilton LC. Current challenges for women in orthopaedics. *Bone & Joint Open*. 2021 Oct 27;2(10):893–9.
- 4.Improving radiation safety in orthopaedics (boa.ac.uk) . Accessed on 01/06/2023.
- 5.Inclusive-Orthopaedics-2022(1).pdf. Accessed on 01/06/2023.





Women in Orthopaedics

Orthopaedics and the (Female) Surgeon

Lily Li

Orthopaedics has traditionally been perceived as a heavily male-dominated specialty. It is a field that has historically attracted one of the lowest numbers of women. In recent years the number of female medical graduates has sharply increased, however the number entering orthopaedic surgery still lags behind other surgical specialties.

There are numerous benefits to increasing the presence of women in orthopaedics. Firstly it broadens perspectives within the field and there is evidence that female surgeons have better postoperative outcomes than their male counterparts. Further more visible female surgeons serve as a source of inspiration and motivation for younger women entering the profession who may have been put off by the traditional stereotype of the macho male orthopaedic surgeon.

Despite in-roads in equality, diversity and inclusion, women still face many barriers in orthopaedics. These include the difficulties of balancing work with family life, particularly as women in general perform the greater part of housework and care-giving in most families. Fertility, pregnancy and maternity leave are particular challenges. Female orthopaedic surgeons have higher reported rates of obstetric complications, congenital abnormalities and infertility than the general population; and also voluntarily delay childbearing. There are also negative perceptions of pregnancy from fellow trainees and training programme directors during orthopaedic training, such as prolonged training time, or perceived less commitment to training, which can lead to further delays in childbearing. Maternity leave allowances are an additional barrier; almost half of orthopaedic trainees in a number of American studies were unaware that their training programme even had a formal policy, and another study found that a third of trainees felt pressurised to reduce their maternity leave or omit it altogether.

There are other occupational hazards for the female orthopaedic surgeon which receive less attention but should be noted, for example repetitive musculoskeletal injury from using over-sized equipment, the unknown effect of PMMA exposure on the pregnant or lactating surgeon, and the increased prevalence of breast cancer. Recently, attention has turned to radiation-protection lead gowns worn in trauma theatre which are often designed for the taller, broader male surgeon, which offer little protection to the upper quadrant of the breast and axillary tail in women. Work is ongoing in this area, and the British Orthopaedic Association has invited companies to submit products for testing for comfort and coverage.

On a day-to-day basis, female surgeons often face microaggressions. A study performed by Samora et al found that almost three quarters of female orthopaedics surgeons have experienced some form of microaggression, mostly from patients, their families and male surgeons. A cohort study by Barnes et al found that more than half of female surgeons were mistaken for a nurse or other non-medical professional. Even a surgical theatre cap is often called a surgeon's hat if it is designed for short hair, and a nurse's cap for long hair.

Clearly orthopaedics has a long way to go before it achieves true gender parity. Rather than be the subject of positive discrimination to fulfil quotas, female orthopaedic surgeons should be awarded equal respect and authority. Many an orthopaedic conference advertises its almost-exclusively male expert panel, with female surgeons invited only to talk on diversity and parenthood in surgery. True parity will be achieved when the female orthopaedic surgeon is merely an orthopaedic surgeon.

References:

- 1.M Ahmed et al. Current challenges for women in orthopaedics, BJJ. 2021 Oct;2(10):893-899. Doi: 10.1302/2633-1462.210. BJO-2021-0089.R1.
- 2.B Balch. Oversized and overlooked: Women surgeons struggle to find equipment that fits <https://www.aamc.org/news/oversized-and-overlooked-women-surgeons-struggle-find-equipment-fits>, 2022
- 3.KL Barnes et al . Gender bias experiences of female surgical trainees. J Surg Educ. 2019;76(6): e1 – e14.
- 4.Breast cancer risk, BOA, <https://www.boa.ac.uk/standards-guidance/radiation-exposure-in-theatre/breast-cancer-risk.html>, 2023.
- 5.G Ferrant et al. Unpaid Care work, OECD. 2014.
- 6.JA Green et al. Diversity: women in orthopaedic surgery – a perspective from the international orthopaedic diversity alliance, JTO, <https://www.boa.ac.uk/static/a24ead71-ad82-4e23-98efacf343cbd015/Diversity-women-in-orthopaedic-surgery-IODA-perspectiveupdated-110320.pdf>. 2020.s
- 7.C Morgan et al, Pregnancy, parenthood and fertility in the orthopaedic surgeon: a systematic review, BJJ, 2023.
- 8 .A McMunn et al. Gender Divisions of Paid and Unpaid Work in Contemporary UK Couples. Work Employment and Society. 34,2 (2019).
- 9 .MK Mulcahey et al. The Perception of Pregnancy and Parenthood Among Female Orthopaedic Surgery Residents 2019, JAAOS). 2019 Jul 15;27(14):527-532. doi: 10.5435/JAAOS-D-18-00216.
- 10.DCB Reid et al. Parenthood Among Orthopedic Surgery Residents: Assessment of Resident and Program Director Perceptions on Training. Orthopaedics. . 2021 Mar-Apr;44(2):98-104. Doi: 10.3928/01477447-20210201-08. Epub 2021 Feb 10.
- 11.JB Samora et al. Do women experience microaggressions in orthopaedic surgery? Current state and future directions from a survey of women orthopaedists. Current Orthopaedic Practice. 2020.31(5):503 – 507.
- 12.AE Van Heest et al. A 15-Year Report on the Uneven Distribution of Women in Orthopaedic Surgery Residency Training Programs in the United States. April-June 2021; JBJS 6 (2): e20.00157
- 13.CJD Wallis et al. Comparison of postoperative outcomes among patients treated by male and female surgeons: a population based matched cohort study as: BMJ 2017;359:j4366.





Regional News

On the Verge of Collapse: Health Practitioners of Khartoum War

Mohamed Yahya Hassan Elsheikh

"All was just regular en route to the hospital, except for a rising cloud of smoke, and after, gunshots were heard from far. We thought it might be a small conflict, civilians probably; but not war, by any stretch of the imagination". The conflict crisis in Sudan's capital, Khartoum, has taken everyone inattentively, including doctors. Hospitals and medical centres were unprepared for heavy duties, let alone disaster and mass casualties all over the capital. "It was definitely shocking, and all utility and service systems were doomed to collapse, fast," as recalled by Dr Monzir, a general practitioner at Omdurman Teaching Hospital, one of the 3 main hospitals in the city. The centrality of the armed conflict in the capital of Khartoum, around its main hospitals and supply facilities, has resulted in a sudden cutoff of all medical supply routes and passages, rendering it impossible to access health services in town.

The fragile health system collapsed on the very first day of the fighting. Medical personnel were trapped, either in their homes or hospitals. Patients were literally on the verge of death, roaming the ghost streets on foot to reach for a nearby clinic or hospital, where they were desperately assisted with the scarciest of medical resources.

A few days into the crisis, and the tragedy became clearer. "We're trying as much as we possibly can. Resources and capabilities are ever scarce. There are issues with sterilisation. We use equipment and instruments more than once, due to the rare supply and need. Our drug storage is sinking. We give smaller doses to preserve our stock", says Dr Abu Bakr, a hospital manager who leads a 'still' working medical centre in Khartoum.

Sudan's doctors' union said there have been continuous attacks on ambulances as well as looting of medical facilities and blood banks. The deterioration of health services and death toll of civilians kept rising. 7 weeks into the armed conflict that hit the capital of Khartoum, approximately 1,000 civilians were reported dead, another 3,500

injured, and nearly 70% of health facilities either conquered by militia or closed due to resources or hazardous environment. The national medical supplies fund has witnessed multiple strikes and fighting, which rendered its services near obsolete. International health organisations, like Doctors Without Borders (MSF), were facing solid difficulties to penetrate into the city and deliver help or rescue. As it appears, the conditions of armed fighting did not allow for even ambulances to pass unharmed. "The biggest challenge facing medical staff trying to reach hospitals is the lack of safe passages. Even ambulances are not let through", Abdel Moniem Al-Tayeb tells CNN.

Despite the announcements of several truces, yet 'the wounded kept coming'. As safe passages were not established, medical personnel were being drained to the last drop of consciousness. "We don't sleep. I wouldn't call what we do sleep. I would call it fainting, and it is full of nightmares. It's the same staff that has been working for 11 days," says Dr Hudda Elhassan. And sleep might be the least of your concerns if you are a doctor and still in Khartoum, as news was coming that abductions and targeting have been reported. Doctors, especially surgeons and those well-known, were being kidnapped by armed forces for the sake of rescuing their own wounded and diseased. The doctors' union in Sudan has reported the death of 11 medical personnel so far, for various reasons amidst this chaotic scene. The life of doctors could not be more endangered.

As the fighting continued, the capital of Khartoum was witnessing growing numbers of fleeing citizens estimated at 1 million displaced civilians, seeking peace in the peripheries and neighbouring states. Amongst the most in need were patients of dialysis and chronic illnesses who cannot find pills anywhere. Hospitals of Port-Sudan and Wad Madani were the main getaway destinations. As a colleague doctor describes a part of the story in Port Sudan, he says: "We visited a dialysis centre in



Port Sudan. Out of 38 dialysis machines, nine were not working, while accommodating their regular load of patients. The staff has increased the number of shifts and were working virtually around the clock just to serve the incoming patients. But with 100 to 150 more people from Khartoum, they needed at least 20 new machines to be able to treat everybody". Doctors who had safely left the capital were working to provide their services in various settings near their destinations. Hospitals of various states received a generous load of physicians of all specialities, volunteering their time and expertise. Organisations like SAPA-USA and ICRC were coordinating efforts to establish decent services and supply to the peripheries, as patients were increasingly showing up at the doors.

For a health system that was already on the brink of failing for years, such a catastrophe as an armed conflict in the capital of Khartoum would certainly leave lasting damage, if not a total collapse. As hospitals in Khartoum gradually close their doors, the only hope to be seen by physicians and civilians is for this conflict to resolve as suddenly as it arose. Sudan's doctors' union

described "an environmental catastrophe" as the number of corpses piled in the streets. Shortages of clean water supply and electricity in wide areas of the city forced civilians to drop hygiene from the list of priorities of survival. As if things could not get worse, an endemic might be looming in the horizon. "Because of the conditions that Sudan has gone through during the past years and the conditions it is currently going through, the war's impact on the health system may be felt for decades to come", says Dr Sami Mahmoud.

"I'd prefer to die from a rocket strike rather than failing to help a patient who dies due to a lack of access to medicines," expressed Dr Hudda. As the situation continues in the capital of Khartoum, the lives of trapped civilians and the wounded are being saved by courageous and noble physicians who have chosen to sacrifice, and not flee with, their lives. The unenviable experience, the lack of resources and supplies, the horrors of armed fighting, and the all limited human capacity to give, makes the mission of delivering medicine a 'mission impossible'. Prayers for our colleagues, that their heroic acts be crowned with peace, and the safe resolution of the nightmare of war.

Obituary

Ben Veraart

On 1 July 2023, Dr Ben Veraart, orthopaedic surgeon, passed away at the age of 92 in his hometown of Hilversum, The Netherlands.

He followed his training as an orthopaedic surgeon with Professor San Georgi in Nijmegen, who was the first professor of orthopaedics in the Netherlands. From 1974 until his retirement in 1986 he worked at the OLVG in Amsterdam, specialising in the spine.

He was the founder of the multidisciplinary scoliosis team and one of the first practitioners in the Netherlands to perform scoliosis operations on children.

He trained many orthopaedic surgeons in Amsterdam and was known as a good trainer who left room for assistants and, for example, had assistants introduce new surgical techniques, which he followed with sincere interest.

He was also President of the Dutch Orthopaedic Society (NOV) from 1976 until 1979.

He had many foreign contacts and was a very active member within SICOT, which resulted, among other things, in the Presidency of the organising committee of the SICOT World Congress in 1996, which was held in Amsterdam. He led the committee impressively at the time, elegantly but directly. This resulted in a great congress which was opened by Queen Beatrix of the Netherlands.

In addition, he was a member of the Editorial Board of International Orthopaedics for many years. At that time it was customary to nominate a successor when leaving the Board and that is how I got involved in the journal in 2005.

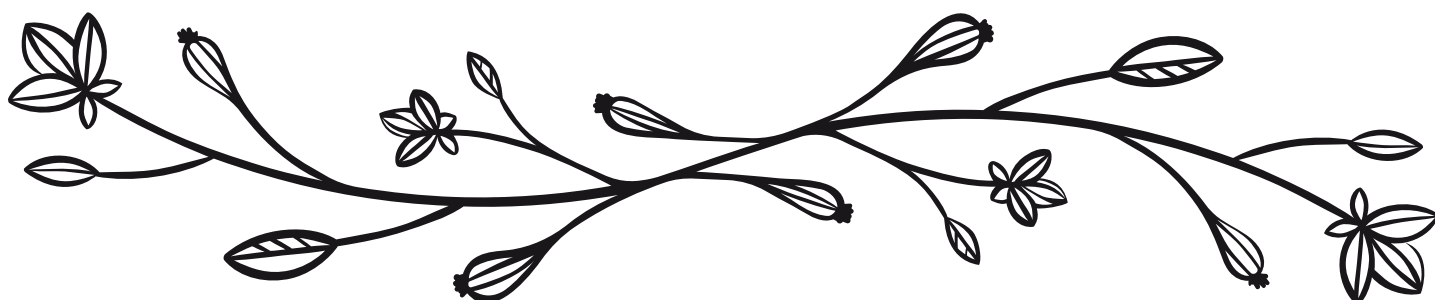
He was married to Hanneke, who died a couple of years ago. Together they had 5 children, 1 of whom became a doctor.

Ben was an erudite person who, besides orthopaedics, had a great interest in art and culture. Among other things, he was regularly present in the concert hall in Amsterdam where he enjoyed the music.

May he rest in peace.



Opening of the SICOT World Congress in 1996: (from left to right) Prof Takao Yamamuro, past President of SICOT, Queen Beatrix, Ben Veraart and Neline Willems



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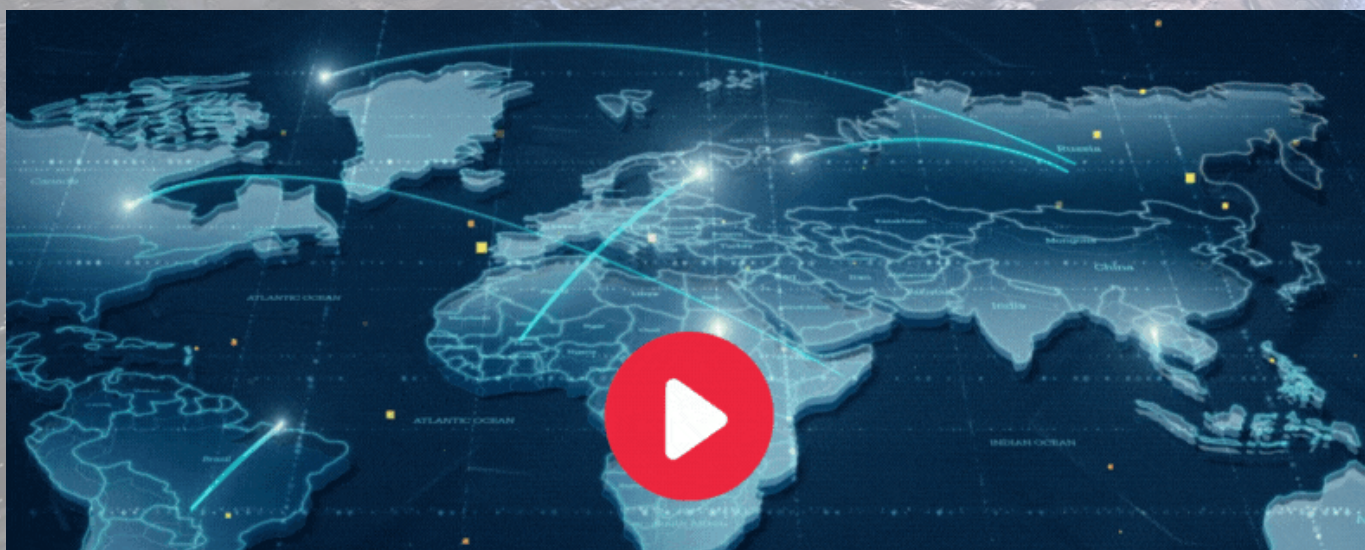
Upcoming Events



SICOT PIONEER Tête-à-Tête: Elite Soccer & Orthopaedics

Live chat show - Saturday 29 July 2023

USA (East) 05:00-05:45 (EST) | UK 12:00-12:45 (GMT+1) | Belgium 13:00-13:45 (CEST)
India 15:30-16:15 (IST) | New Zealand 23:00-23:45 (NZST)



Diversity and Economics of Global Orthopaedics

Live webinar - Friday 18 August 2023

USA (East) 06:00-07:10 (EDT) | UK 11:00-12:10 (GMT+1) | Belgium 12:00-13:10 (CEST)
India 15:30-16:40 (IST) | New Zealand 22:00-23:10 (NZST)



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