Message from the President

JAMAL AZMI MOHAMED

On behalf of the Council Members, I would like to apologise for the delay of this newsletter. It has been six months since I took over from Professor Dato’ Dr Tunku Sara Ahmad. She did a great job during her year and is still actively contributing in my committee.

Over the last six months, we have been actively arranging for next year’s scientific meeting. Time flies, and its our turn to host the ASEAN Orthopaedic Association Congress again. For 2008, our theme will be “TRAUMA” and we will have AAOS Instructional Course Lecture Series as well. I hope fellow members will come and support the meeting to update yourselves about recent advances in trauma since 70 to 80% of our practice is trauma.

We have also started the MOA-Zimmer Fellowship Attachment programme. This programme is for junior members to further their sub-speciality interest at training centre of their choice. So, junior members, please apply to MOA and do not miss this opportunity.

The sub-speciality interest groups are also actively arranging their own programmes and this is an encouraging effort. Regional meetings are also being arranged by various states like Sarawak and Pahang. I hope the Northern and Southern region have their plans in the pipeline.

In the field of humanitarian work, some programmes have been planned for a trip to Cambodia and Jordan/Syria in April 2008. Invitations have been circulated to members and we hope to get more members to participate.

Recently, the universities have just conducted the Masters examinations. We would like to congratulate all the candidates who have passed. It must be a great relief to you but do not forget that this is just the beginning of a long journey in your life career. Please join us as a member as there are a lot of opportunities for you to learn and contribute to the Association.

Our website has been given a facelift. Please visit us to find out the latest news and other activities that are available.

Last but not least is our Malaysian Orthopaedic Journal. The second issue is coming out soon, and the third issue is in the pipeline. Please send your articles to be considered. Our Chief Editor, Associate Professor Saw AIk is working hard to get the MOJ running as scheduled. He is in the process of applying to get MOJ indexed after the third issue.

Finally, happy holidays and Happy New Year.
Subspeciality Is Better?

by Tunku Sara Ahmad

This lighthearted presentation was made at the MOA Annual Scientific Meeting 2007 as part of “Life in Orthopaedics”. Since we are a friendly bunch, others are asked not to take it to heart. To any present or potential Hand and Microsurgeons or Upper Limb Surgeons believe every word.

Hand and Microsurgery is, without a doubt, the best subspecialty, if not why was the topic placed first? Obviously the organizers thought that no rebuttal was necessary.

Hand surgery is vital, as the hand is a very useful tool and essential for man to carry out activities of daily living, occupation and hobbies; however, it is rarely life threatening. The structures in the hand are intricate, beautifully designed and need to be treated with delicacy, care and knowledge. It is not simple and skill and patience are required. Not much company sponsorship is forthcoming and thus many hand surgeons are not in the business just to make money. There is less temptation and it is easier to remain independent and on the straight and narrow. However, even in private practice, a good living can be made.

Microsurgery is a magic tool! Even today, after countless free tissue transfers and replants, it is still thrilling to see an amputated digit or a free tissue pink up and come to life.

The atmosphere in the operation theatre is not filled with loud percussion and electrical drilling, but with music of your choice and when decisions do not have to be made, uplifting educational and amusing conversation is made. Since we are more often than not seated, we suffer from less backache, less plantar fasciitis, less varicose veins and again this leads to more pleasant conversation. Instruments used are not large and destructive but delicate and precise.

The father of hand surgery, Stirling Bunnel, said, “Hand surgery is an area specialty, not a tissue specialty” indicating that we work with all kinds of tissue in the upper limb. Thus we work on patients with small problems like fingernail deformities and big problems like those who need free tissue transfer or those who have brachial plexus injuries. We have problems that are relatively simple like phalanx shaft fractures and ganglia and also problems that are complex like wrist instability and mandible reconstruction with a free fibula graft. Hence, we meet a variety of patients from all classes and all backgrounds and ages. We become skilled at counseling and also at quick reassurances. We laugh with (not at) our patients and we use skills from talking to one group to enhance communication with the others.

While we are managing the following list of problems in hand surgery
- Carpal tunnel syndrome
- Trigger fingers, DeQuervain’s tenosynovitis
- Tennis Elbow, Geller’s elbow
- Nail, nailbed reconstruction
- Infections / extravasation of chemotherapy agents
- Tumours
- Tendon surgery
- Congenital Hand problems eg. syxactyly, radial club hand
- Trauma - Fractures of the distal radius and hand
- Scaphoid fractures and carpal instability
- Joint replacement

Sports surgeons are performing endless pedicle screws with perhaps a disectomy rarely to break the monotony.

While we are doing in microsurgery
- Pedicled flaps
- Free flaps
- Brachial Plexus injuries
- Replants

arthroplasty surgeons are performing an endless stream of total knee replacements and perhaps one or two revisions and hip replacements which are almost more of the same thing but a little more complex.

We work hard sometimes into the night. That makes us appreciate beautiful sunrises and cities without traffic in the wee hours of the night. We also learn to appreciate our families and never suffer from insomnia.

I was told by a distinguished orthopaedic colleague that orthopaedic surgeons are like rhinos; horny, thick skinned and like to charge a lot. Hand and Microsurgeons are not like that. We are more passionate, sensitive and we do not charge too much!

If you meet and join a group of hand and microsurgeons, you will find them to be interesting characters. We are generally a happy bunch, very loyal to each other and others. Since we magnify tiny things in the theatre we no longer need to be petty and there is very little back stabbing. Hand surgery is a relatively new subspecialty and so we have the tradition of helping each other. And we make great teachers and mentors just like the great Prof Emeritus Robert W H Pho of the National University of Singapore who went out of his way to introduce his chargelings to all the great pioneers and made sure we all published and presented work well and often.

Here, we have our own society, the Malaysian Society for Surgery of the Hand, that conducts friendly circle meetings every four months to improve the standard of hand and microsurgery in Malaysia. Do join us and see if you agree.