



NOA NEWSLETTER

THE OFFICIAL PUBLICATION OF THE NIGERIAN
ORTHOPAEDIC ASSOCIATION

| Vol 4, No. 1. January - June 2020 |

SPECIAL COVID-19 EDITION

**43RD ANNUAL GENERAL
MEETING AND SCIENTIFIC
CONFERENCE
“CALABAR 2021”**

IN THIS ISSUE:

- NIGERIA SPINE SOCIETY
- NOHIL EMBARKS ON CLINICAL AND INFRASTRUCTURAL DEVELOPMENT
- SICOT NIGERIA
- THE JOURNEY TOWARDS ACHIEVING FACULTY OF ORTHOPAEDICS IN THE WEST AFRICAN COLLEGE OF SURGEONS
- IMPACT OF COVID-19 PANDEMIC ON SURGICAL PRACTICE AND TRAINING IN NIGERIA



EDITORIAL

The 'global community' was thrown into a frenzy with the discovery and rapid spread of the Covid-19 caused by the SARS-CoV-2. It was first identified in Wuhan, China in December 2019 and by the end of January 2020,

the WHO had declared the outbreak a public health emergency of international concern and subsequently a pandemic by mid March 2020 prompting global travel restrictions, quarantines/isolations and event cancellations.

At the end of the second week in August 2020, more than 20 million cases in over 180 countries have been reported with over 760,000 deaths recorded.

We have had to (re)adjust, reshape and re-strategize to cope with the emerging challenges associated with the pandemic. On-site meetings, ward rounds, surgical outpatient clinics have since been replaced by webinars and e-consultations. Indeed, the new normal with its reset buttons has thrown up a lot more questions for us all. Thankfully, 'man' seems to be winning 'microbes' in this battle as life is 'slowly but gradually' returning to some semblance of the 'old' times!

Unfortunately, many Orthopaedic subspecialty society meetings/conferences have been suspended, cancelled or postponed and many training fellowships put on hold. Regrettably, the 43rd Annual General Meeting and Scientific Conference of the Nigerian Orthopaedic Association tagged "Calabar 2020" has been moved to November 2021.

NOA successfully held the e-OGM of the NEC on the 2nd of May 2020 and the feedbacks were quite encouraging. This may turn out to be our new normal for the foreseeable future. Between the 4th of May and today the 14th August, 2020, we have had 16 webinars with satisfactory participation/attendance and feedbacks. We hope to do more. We also encourage subspecialty societies to take advantage of this platform to share their thoughts and make impactful presentations to the bigger orthopaedics family. For the first time also, we are reviewing the residents' curriculum and bringing teachers closer to the trainees. Again, we intend to do this by leveraging on technology by using the online platforms. Profound gratitude to Mr. Olusanya Adedapo, FRCS and Dr. Olukemi Lawani, FWACS for not only throwing their weights behind this initiative, but also committing to its success.

This edition is tagged "special Covid-19 edition" and it is packed with many firsts as well as interesting reports and stories. Reports from the various subspecialty societies, SICOT, AO Spine West African Council, AO Alliance, and news from the Orthopaedics training centres across the country. We have also decided to go online and the links to the e-copies will be shared with all. I hope you find this inspiring and informative.

Warm regards and please stay safe with your families.

Sincerely
Mutaleeb Ayodele SHOBODE.
Kano. August, 2020.

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ANNOUNCEMENT:

Please send your contributions to the NOA Newsletter. Such contributions should be orthopaedic- related news, information on developments in our centers/ zones, opinions on published studies and other enlightening articles you might want to share. These should be in MS Word format, not more than 1000 words and sent as email attachments to the editor: **Mutaleeb Ayodele SHOBODE** via: mutaleebahmad@yahoo.com

Adverts are also welcome at the following rates:
N150,000 for the outside back cover.
N100,000 for the inside back cover
N80,000 for a full page and
N50,000 for half page.

THE NATIONAL OFFICERS' COUNCIL

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PRESIDENTIAL REMARKS

INTRODUCTION

I congratulate the editorial board of NOA newsletter on yet another superlative delivery. With the advent of the current National Officers' Committee inaugurated at the November 2019 AGM in Kano, the mantle of editorial board leadership shifted to Dr. Mutaleeb Ayo Shobode as Deputy Secretary of the association. He has proven to be indefatigable and effervescent in taking on and delivery of tasks.

I want to assure us all that the trust and responsibility reposed in the current National Officer's Committee and the National Executive Council shall not be betrayed nor taken for granted.

VISION AND MISSION

Our vision is to build an association of high ethical standard towards an effective and efficient Orthopaedic healthcare delivery with the interest and welfare of our members being paramount. While, our mission statement is to advance a technologically driven Orthopaedic education for members and highly qualitative Orthopaedic healthcare services in collaboration with relevant stakeholders at an easily affordable cost to the average Nigerian.

HOW FAR, SO FAR?

Advocacy visits were promptly initiated upon assumption of Office (3weeks); to the Honourable Minister of Health as well as the Honourable Minister of State for Health with giant strides taken for partnership with Government and a promise of Executive Support for legislation for the proposed National Orthopaedic Research Institute Bill towards an improved Orthopaedic practice in Nigeria. As restrictions because of COVID-19 gradually eases off, our next task is to initiate advocacy visit to the National Assembly (Senate and House of Representatives) to push the bill from both Executive and Legislative angles.

Representation at international Conferences continue to be heart warming as evidenced by the NOA delegates to the December 2019 Orthopaedic World Congress (SICOT, OWC) in Muscat, Oman. The COVID-19 Pandemic has however distorted conference attendance; local and international for the year 2020 forcing a cancellation of both American Academy Of Orthopaedic Surgeons (AAOS) and the Orthopaedic World Congress (OWC) of International Society for the Congress of Orthopaedic and Trauma Surgery (SICOT) for the year 2020.

Fortunately, just before the global lockdown due to the Pandemic; at the February 2020 West African College of Surgeons conference in Abuja, a brand new Faculty of Orthopaedics was announced, created out of existing Faculty of Surgery. The Labour of our heroes, indeed has not been in vain; Congratulations to us all!

Periodic media releases to draw the attention of Government and relevant stakeholders to doing the needful while commemorating international observation days declared by the World Health Organisation (WHO) or United Nations (UN) via advocacy and media visibility is a veritable tool by the current NOC.

The association is also on the verge of completing the twenty million (N20,000,000) payment for NOA National Secretariat office space in Abuja; which we should take possession in a matter of weeks. Congratulations on yet another feat!

A brand new and better NOA website shall be up by the first week in September latest.

Affiliation of sub-specialty societies is almost concluded with the subsequent incorporation of affiliate Presidents into NOANEC.



COVID-19 PANDEMIC

Like a bolt out of the blues, the COVID-19 Pandemic which broke out late December, 2019 and spread to almost the entire globe with a lot of collateral damages; a virtual lockdown of the entire globe and a cancellation/postponement of several events some of which had earlier been alluded to in this write-up. The 2020 Annual General Meeting of the association after careful consideration by the NOA NEC had to be painfully postponed till next year 2021; All inconveniences is regretted. The host remains Calabar.

The Pandemic/lockdown however also came with some bright sides as electronic National Executive Council Meeting was successfully executed and may have come to stay and become the order of the day, saving the association the huge cost of executing such meetings previously.

A serial educational meeting of the association was also initiated and mastered using electronic means in this COVID-19 period too and judging by the depth and width of participation and discussion; this too has come to stay! To date not less than sixteen sessions held.

A weekly NOA update on the COVID-19 scourge is published, this started not long after importation of the virus into Nigeria and has consistently shared contemporary issues concerning the pandemic, nationally and globally. An operational guideline to help members navigate the challenges of COVID-19 was published and is in circulation with periodic updates as appropriate.

Contd. on pg.13



THE 2019 – 2021 NATIONAL OFFICERS' COMMITTEE OF NIGERIAN ORTHOPAEDIC ASSOCIATION IN PERSPECTIVE

This Executive committee was inaugurated at the 42nd AGM and Dinner held at Bristol Palace hotel, Kano on the 24th November, 2019. The following officers took oath

Dr Kunle Olawepo	President
Dr Salihu Mohammad	Vice President
Dr Joseph Asuquo	General Secretary
Dr Mutaleeb Shobode	Dep. Gen. Secretary
Dr Adetunji Toluse	Treasurer
Dr Ugochukwu Enweani	Ex-officio 1
Dr Tom Soug	Ex-officio 2

With

Dr Sidney Ibeanusi Chairman, Editorial Board

Who was sworn in for a tenure of 4 years at the Asaba 2017 AGM.

MISSION OF NOC

To Promote a Technologically Driven Qualitative Orthopedic Healthcare Services in Collaboration with Relevant Stakeholders Making it Affordable and available to The Average Nigerian

VISION

To Foster the Building of an Association of High Ethical Standard towards an Effective and Efficient Orthopaedic Healthcare Delivery with the Welfare of Orthopaedic Surgeons Being Paramount

CORE VALUES

Equity, Brotherhood, Professionalism, Service

ROADMAP FOR THE ASSOCIATION

THE INAUGURAL NEC

This was held at Abuja in the NMA secretariat on the 18th of December, 2019. At this meeting several decisions made by the NOC were ratified by NEC. Chairmen of various committees were presented to NEC and

ratified. They include:

Dr Siddiq Salawu
Chairman Constitution Review Committee

Prof. John Onuminya
Chairman Orthopaedic Educational Committee

Professor Mike Ogirima
Chairman Disciplinary Committee

Also, Dr Christian Madubueze was ratified as NOA liaison Officer to AO Nigeria

PARTNERSHIP AND ADVOCACY

This Executive committee started on a sound footing by paying a courtesy and advocacy call on the Minister for health and the Minister of state for Health thereby announcing the Association to the Government.

There are plans to partner with various support companies, individuals, government and non-governmental organizations to foster the growth of Orthopaedic practice in Nigeria.

CORPORATE SOCIAL RESPONSIBILITY

The Association shall organise

surgical outreaches as part of NOA Annual general meetings. Also, periodic engagement of the media on matters relating to Orthopaedic practice to educate the public. Strategic repositioning and cogent input into Government health policies especially as it relates to Orthopaedics and Traumatology and continuously updating members on current issues as we have been doing during this time of Covid-19 pandemic.

INFRASTRUCTURE

The Executive committee visited the property purchased to serve as the permanent secretariat in Abuja as one of its first assignments in December, 2019. There are outstanding payments to be made. The executive is putting in its best with the lean resources at hand presently to pay off the balance and take over the property. The secretariat has concluded plans to operate functional national liaison offices in all the zones in our National Orthopaedic Hospitals.

ECONOMY/FINANCE

The Executive committee has



concluded plans to pay courtesy calls to members of the Association in executive positions to encourage them to support the Association even as fiscal discipline and prudent management of funds is being employed in the management of the Associations funds by the NOC.

WEBSITE DEVELOPMENT

Arrangements have been concluded to deploy an all inclusive world class website for the Association that can support advertisement, payments and can stand heavy traffic. This will include conference website to reduce the burden of every LOC designing a website. We have also signed an MOU with a developer to build us a conference app. The executive committee has procured a payment platform for the Association which will be incorporated into the website and it's being used by the current Calabar 2020 LOC. This will address the issue of collection of dues for the Association by the hosting LOC and improve access by members in diaspora willing to pay in any currency without the use of international monetary

transfer; it supports payment in any currency via credit card, debit card, USSD code and use of invoice or link to make payments.

A F F I L I A T I O N S O F SUBSPECIALTY SOCIETIES

The guidelines for affiliation were approved by AGM and have become operational. We will include all affiliated societies logo in the NOA letterhead and website with a link to such society website. We will advertise their activities on NOA website and streamline it with that of NOA being the parent body. NOC shall make it a duty to be visible at all subspecialty meetings.

FACULTY OF ORTHOPAEDICS WACS

The executive committee acknowledges the effort and sacrifice of past NOCs, elders of the Association and the entire members in actualizing the creation of faculty of Orthopaedics in the West African College of Surgeons. "The labors of our heroes past were not in vain". Hearty congratulations to the Orthopaedic family but there is still much building to be done, all hands must be on deck for us to

stand tall and strong as ever.

THE COVID-19 EXCEPTIONAL SITUATION

During this pandemic period the NOC through the secretariat has been actively keeping members abreast with weekly updates on the current situation. The secretariat has published guidelines for the Association to follow in conjunction with Nigerian centre for disease control NCDC, Medical and Dental Council of Nigeria MDCN and that of their various institutions.

The journey so far has not been easy but we are forging ahead. You can all attest to the fact that the executive committee hit the ground running from day one soon after our inauguration by tackling the issues surrounding the accreditation and running of ATLS courses in Nigeria. The menacing scourge of COVID-19 which slowed every sector of the society and world economy at large, tremendously affected our plans and aspirations but we are still working behind the scene to see that this does not impart negatively on the goals of the Association.

LIST OF WEBINARS

1. THE Effect of COVID-19 on Orthopaedic Practice in Nigeria. Prof KS Oluwadiya 10/05/20
2. THE NAKED TRUTH ABOUT SARCOMAS DR. SEYI IDOWU 18/05/20
3. Looking Inwards: Pre, Intra and Post Covid-19 Pandemic. Prof OM Ogirima. 20/05/20
4. Tips and Pearls of Primary Total Knee Arthroplasty for the Young Orthopods. ME Ugbeye. 27/05/20
5. Revision Arthroplasty in PJI: Single Vs 2 stage Exchange. A debate. Udo Anyaehie and Opeyemi Olusunmade 03/06/20
6. Every Little Help: Our Vitamin D and Coronavirus. Prof TO Alonge. 07/06/20
7. Controversies and Recent Advances in Foot and Ankle Surgery. Part 1. Mr Olusanya Adedapo. 10/06/20
8. Controversies and Recent Advances in Foot and Ankle Surgery. Part 2. Mr Olusanya Adedapo. 13/06/20
9. Controversies and Challenges in the Management of Open Extremity Injuries. Yau Zakari Lawal. 17/06/20
10. Management of Acute Traumatic Spinal Cord Injury. Cajetan Nwadinigwe. 24/06/20
11. Operative Management of Acetabular Fractures. Sikiru Alabi. 01/07/20
12. Audit in Orthopaedic Practice in Nigeria. Prof SO Giwa. 12/07/20
13. A Guide to the Management of Meniscal Injuries. OR Babalola. 15/07/20
14. Limb lengthening and Reconstruction surgery: Emerging sub-specialty in Nigeria Orthopaedic and Trauma practice. Nurudeen Isa. 29/07/20
16. A Review of Upper Extremity Trauma in Children. Olukemi Lawani. 04/08/20
17. Non-operative Management of Low Back Pain. ML Mamman. 14/08/20



NIGERIA SPINE SOCIETY



PARTICIPANTS AT THE CADAVER PRACTICAL COURSE

Established in 2018 the Nigerian Spine Society has come to be appreciated by spine surgeons in Nigeria as an avenue for networking and sharing of knowledge. Key activities in this regard include the first scientific conference which took place at Radisson Blu hotel, Ikeja Lagos in November 2019, a vibrant WhatsApp group and an active website <https://nigerianspinesociety.org/>

Registered with the Corporate Affairs Commission CAC/IT/130237, we remain indebted to the following elders

that agreed to be trustees to the society.

NSS TRUSTEES

Prof. S. C. Ohaegbulam
Chief Medical Director, Memfys Hospital for Neurosurgery, Enugu.

Dr. G. T. Adebule

Former Medical Director, National Orthopaedic Hospital, Igbobi, Lagos.

Prof. B. B. Shehu,

Professor of Neuro Surgery and Vice-Chancellor, Federal University, Birnin Kebbi, Nigeria.

Dr. S. A. I Salawu

Chief Consultant Orthopaedic Surgeon, Cedacrest Hospital, Abuja.

The inaugural scientific meeting of the society was held in Lagos from July 11-13th, 2019 with local and international faculties delivering several lectures. It was acclaimed as world class. The practical cadaver sessions was nothing short of excellent.

The 2020 scientific session slated for July 2020 was cancelled in view of the global coronavirus pandemic. The society now holds regular webinars.

The National Executive Officers 2018 to 2020:



DR. KABIR ABUBAKAR
PRESIDENT

Clinical Title:
Consultant Special Grade I, and Chief of Spine Practice
Location:
National Orthopaedic Hospital, Dala, Kano/Ansar Orthospinal Hospital, Kano.



DR. MUSTAPHA F. ALIMI
GENERAL SECRETARY

Clinical Title:
Consultant Orthopaedic surgeon and Chief of spine

Practice Location:
National Orthopaedic Hospital, Igbobi, Lagos



DR. NWADINIGWE CAJETAN
TREASURER

Clinical Title:
Orthopaedic surgeon and spine specialist, Practice

Location:
National Orthopaedic Hospital, Enugu, Enugu state



In line with the vision of the National Orthopaedic Hospital, Igbobi, Lagos to be a centre of excellence in the provision of qualitative healthcare delivery and training in Orthopaedics, Trauma and Burns & Plastic Reconstructive Surgery, the Hospital Management has injected new innovations into Orthopaedic practice/care. In the same vein, there have been tremendous levels of infrastructural development in order to align with international best medical practices.

The Hospital has continued to develop Orthopaedic care through training and acquisition of capabilities especially in sub-specialties such as Arthroplasty, Arthroscopy, Oncology & Microvascular Surgery, Spine

NOHIL EMBARKS ON CLINICAL AND INFRASTRUCTURAL DEVELOPMENT

Surgery and Paediatric Surgery. Other supportive services which include: Anaesthesia, Prosthetics/ Orthotics, Physiotherapy, Occupational Therapy, Speech Therapy, Laboratory, Pharmacy, Dietetics and National Health Insurance Scheme (NHIS) are also

provided by the Hospital. In a bid to cope with the steep rise in surgeries as a result of the introduction of these sub-specialties, a new Modular theatre complex was constructed and equipped in accordance with international standards.



Modular Theatre Complex



One of the Theatre Suites

The Theatre Complex has Six (6) operating theatres equipped with cameras for streaming live surgeries which also serve as a training centre for Resident Doctors on surgical procedures. The Theatre Complex also accommodates a large autoclave machine, clinics, mini pharmacy and other units of the Hospital so as to provide prompt

and quality service delivery. In a quest to curb medical tourism, the Hospital took a giant stride by providing amenity services to high profile clients. With state-of-the-art equipment available in the Amenity Ward such as Intensive Care Unit (ICU), Ward, Gym, Laboratory to mention a few, efficient and qualitative services

are rendered by highly skilled professionals in a friendly and ambient environment.

Renovation of other wards and Casualty Building were also carried out so as to improve the quality of healthcare delivery in the Hospital.



Amenity Theatre



Intensive Care Unit (ICU)



Laboratory



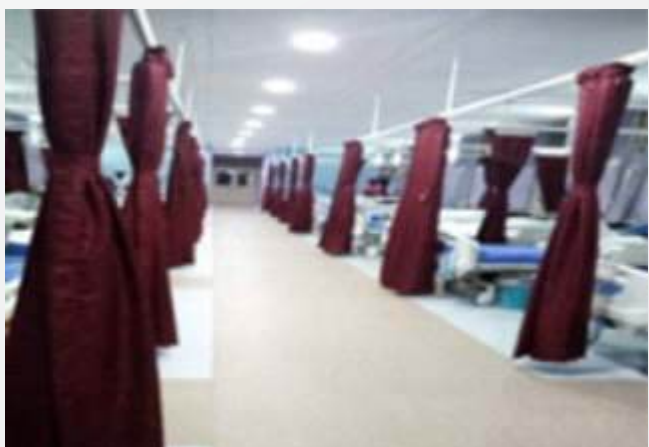
Private Ward



Reception



General Ward



B-Ward



MBA 1

The Hospital has also continued to encourage private investors and Philanthropists who are willing to support the Hospital in achieving her vision. As a result, the Magnetic Resonance Imaging (MRI) and CT Scan services are

provided by Crestview Radiology Limited. In addition, the refurbishment/provision of equipment for the Hospital's Isolation Unit for suspected COVID-19 patients was undertaken by Fate Foundation.

These mutually beneficial relationships with private and corporate organizations have generally improved the quality of services rendered by the Hospital.



MRI



CT SCAN



Isolation Unit

National Orthopaedic Hospital, Igbobi, Lagos will continue to provide efficient, effective and affordable healthcare services to

all Nigerians in a congenial environment in accordance with its reputation as the foremost orthopaedic care centre in Nigeria

and a World Health Organisation (WHO) Collaborating Centre.

SICOT NIGERIA

SICOT is the largest global orthopaedic community with membership from all continents of the world and over one hundred countries. The SICOT mission is to promote orthopaedics and traumatology to a diverse global international constituency.

Benefits of membership include:

- SICOT awards and fellowships to further your education and career at international level;
- connection to your profession: receive free of charge the SICOT Journal International Orthopaedics® and SICOT Newsletter;
- contribute actively to orthopaedics worldwide: SICOT scientific meetings, SICOT Education Centres,

and the SICOT Journal offer unique opportunities for you to shape the future of Orthopaedics and Traumatology;

- benefit from reduced registration rates at SICOT scientific meetings and rub shoulders with the most eminent world specialists;
- access the members only services provided via the SICOT website; get free access to OrthoEvidence and the Clinical Orthopaedics and Related Research® journal.

The National Orthopaedic Hospital, Lagos has received her 1st SICOT Fellow in Arthroplasty. He is Dr. Kehinde Alatishe. Interested members are encouraged to visit the SICOT webpage for details of

eligibility criteria and the application process for Fellowship training.

At the annual meeting of the Nigeria Orthopaedic Association in Lagos (EKO 2018), new officers were elected to lead the Nigeria Chapter:

National Delegate – Dr. C.B. Eze

Secretary – Dr. Adetunji Toluse

Treasurer – Dr. Abubakar Musa

Due to the Covid-19 pandemic this year's 41st Orthopaedic World Congress of SICOT has been rescheduled for 15 to 18 September 2021 in Budapest, Hungary. It is hoped that the global turbulence occasioned by the pandemic would have been assuaged.

THE JOURNEY TOWARDS ACHIEVING A FACULTY OF ORTHOPAEDICS IN THE WEST AFRICAN COLLEGE OF SURGEONS

The journey towards achieving a separate Faculty of Orthopaedics in the West African College of Surgeons (WACS) dates back to over 20 years, and was championed by the late Dr B.O. Onabowale and Dr O.R. Long-John. This idea came up as a result of major advances in and the increased scope of Orthopaedics over the last fifty years which clearly set the specialty aside from Surgery in General. It was clear that our orthopaedic trainees required a specific programme to learn specific and highly technical skills and knowledge that would equip them to practice modern orthopaedics appropriate for the West-African sub-region and comparable to other parts of the world. Thus there was a need for trainees in Orthopaedic Surgery to experience a deeper exposure to Orthopaedics, its principles and scientific foundations, basic sciences and clinical practice principles at an earlier level of training. All these placed Orthopaedics in a similar position to Ophthalmology and Oto-rhinolaryngology which already had separate faculties in the WACS. Most of the early orthopaedic surgeons were trained in the UK, and had a background in general surgery before they went for specific training in Orthopaedics. However, in continental Europe and the USA, residency training in orthopaedics was specific and designed to produce specialists with better knowledge and skills in orthopaedic practice. The UK has since modified their training

programmes to produce specialists in Trauma and Orthopaedics (FRCS (orth)). It was therefore desirable to have a training programme that is a hybrid of both, to take care of the unique orthopaedic needs of the West African people.

The request for a separate faculty was formalized in a memorandum sent by the Nigerian Orthopaedic Association to the Faculty Board of Surgery, WACS. At its meeting held at the Hotel Kairaba, Banjul, Gambia on 25th February 2004, a sub-committee was constituted to work out criteria for the establishment of new faculties, separate from the Faculty of Surgery. The committee was composed of the following Faculty Board members:

1. Dr. Rudolph Darko (Chairman), General Surgeon
2. Prof. M. T. Shokunbi, Neurosurgeon
3. Dr. O. Popoola, Orthopaedic Surgeon
4. Dr. B. C. Jiburum, Plastic Surgeon
5. Prof. S. O. Giwa, Orthopaedic Surgeon.

This sub-committee deliberated and recommended guidelines for the establishment of new faculties from the Faculty of Surgery which included:

1. The unit must have not less than 20 practicing fellows and who are of good financial standing.
2. The number of accredited institutions of that specialty

should not be less than 5 at that point in time.

3. The unit must have not less than 5 individual candidates in the Final Part II examination per year. In this respect, the number of candidates should be the average of individual candidates over a period of 5 continuous years immediately preceding the request.
4. It is desirable that the sub-specialty should have a functioning association in West Africa as a preparation ground for the establishment of the new faculty.

In addition, the sub-specialty was required to provide a justification for the request, a training curriculum and examination programme.

The Committee mandated the orthopaedic surgeons in the Faculty to prepare a document that met all the criteria stipulated by the them for the formation of a new Faculty of Orthopaedics. Dr O Popoola, Prof. S.O. Giwa, Dr U.N Enweani and myself were given the assignment of drafting and preparing this document. We quickly went to work and prepared a proposal which was included in the submission made by the committee to the Faculty. This report was adopted by the Faculty of Surgery on 7th Feb 2005 with the amendment that it should be named Faculty of Orthopaedics rather than Orthopaedics and Trauma as proposed because all other specialties in surgery dealt with

trauma as well.

Things were quiet until 20th April 2007, when the orthopaedic Fellows under the umbrella of West African Orthopaedic Association wrote a letter to the Chairman, Faculty of Surgery, requesting again for a separate Faculty. In his response dated 14th April 2008, Prof. Rudolph Darko (Chairman, Faculty of Surgery) noted that the application was referred to a committee that deliberated on the application on 13th Feb 2008 in Freetown, Sierra Leone. They noted as follows:

1. The justification of the creation of a separate faculty is not well stated. 'The need for adequate and wide-spread provision of orthodox Orthopaedic and Trauma surgical services to our population in the sub-region' can still be achieved under the present faculty arrangement.
2. The format of existing pre-part I programme in all faculties shows a duration of twenty four months (24 months) but the presentation has a duration of 30 months. There is a need to justify why the duration has to change.
3. Paediatric orthopaedics is a very important subject in the training of Orthopaedic residents yet there is no rotation in Paediatric surgery in the suggested programme.
4. If the West African Orthopaedic Association (WAOA) meets once a year at the Annual conferences of the College it is important to ensure that the 20 members required should be of good financial standing with the College.
5. A copy of the minutes of at least the last two meetings and a copy of the constitution of the West African Orthopaedic Association should have been included in the application.

In response to this letter, the WAOA in a letter dated 2nd December 2009 and signed by the

President of WAOA, Dr O.R. Long-John and Secretary, Dr U.N. Enweani as well as the two orthopaedic representatives on the Faculty Board, Drs. L.O.A Thani and C.B Eze justified the creation of a new Faculty of Orthopaedics as follows:

1. The scope of orthopaedic practice is wide and has increased tremendously in recent times. And as such a faculty dedicated to training in this field is required to meet the demands of the specialty.
2. Sub-specialisation and development of sub-specialty interests in the field of orthopaedics and trauma surgery would be enhanced.
3. There is a glaring need to let trainees in Ortho & Trauma Surgery experience a deeper exposure in orthopaedics, its principles and scientific foundations, basic sciences and clinical practice principles at an earlier level. Modern orthopaedics especially in Reconstructive and Arthroplasty Surgery requires an in-depth knowledge of basic sciences including Biomechanics and Bioengineering relevant to Orthopaedics. These needs, currently, are not met in the present arrangement where orthopaedic Junior Residents go through same postings as in general surgery.
4. At present exposure of students to Orthopaedics and Orthopaedic Trauma in our medical schools is deficient. A faculty of orthopaedics would help in sustaining the faculties.
5. Road Traffic accident is an emerging/leading cause of death worldwide especially in the developing countries, Africa, inclusive. In the West Africa sub-region, over 50% of surgical emergencies are related to orthopaedic trauma. The need for a faculty dedicated to production of critical-man power to address this challenge cannot be over-

emphasised.

6. There are in existence a good number of specialised orthopaedic hospitals and facilities in the sub-region which would provide training support.
7. There is a large pool of orthopaedic surgeons in the sub-region that would readily provide the faculty. The specialty presents the highest number of candidates in recent years in the fellowship exams. The specialty exhibits a higher numerical strength than some of the existing faculties.
8. Creation of a Faculty of Orthopaedics would facilitate enhanced collaboration with bodies in other parts of the world e.g. A.A.O.S., B.O.A., etc.

Regarding the duration of training, the WAOA was willing to limit the senior residency training to 24 months in line with the duration prescribed by the Faculty of Surgery. Furthermore, it was agreed that Paediatric Surgery would be included as an elective posting during the junior residency training.

The list of Orthopaedic Fellows submitted in the original application numbered over 50, way above the prescribed 20. An updated list was then attached.

At its meeting held at the Hotel Meridien President, Dakar, Senegal on 2nd July 2011, the Faculty of Surgery recommended the creation of a separate Faculty of Orthopaedics to the WACS Council. We later gathered that when the document was presented to the Council at the same time as a request by the Faculty of Radiology to carve out a Faculty Radiotherapy, the council decided to take a more holistic approach to creation of new Faculties. At their meeting in February 2014, the council agreed to recommend a moratorium on the creation of new faculties in the College for the next

5 years. This five year period expired in 2019 and a new application was forwarded to the Faculty in May 2019. At long last, our prayers were answered when, at the opening ceremony of the 2020 Annual General Meeting and Scientific Conference held in Abuja in February 2020, the President of the WACS announced to a cheering crowd of orthopods and their numerous supporters, that

the Faculty had been approved by Council at their last meeting. This decision was ratified by the Fellows of the College at the AGM in Abuja in February 2020.

We must indeed express our gratitude to the founding fathers of Surgery in the West African sub-region, particularly the orthopods for their vision in setting up a home-grown training programme

in surgery and orthopaedics. I must especially acknowledge the contributions of Dr O. Popoola FRCS, FWACS for providing the much needed detailed information that was used in writing this article.

*Long live the Faculty of Orthopaedics
Long live the West African College of Surgeons
Ladipo Adewole, FWACS
July, 2020*

REPORT OF SICOT TRAINING FELLOWSHIP (ARTHROPLASTY) AT THE LAGOS NATIONAL ORTHOPAEDIC HOSPITAL, NIGERIA

Dr Kehinde Adesola Alatishe MBBS (Ogbomosho), FWACS
Training duration - 1st Nov. 2019 to 14 Feb., 2020

I was delighted when Prof James Waddell, SICOT Secretary General informed me that my application for a training fellowship in Arthroplasty at the Lagos National Orthopaedic Hospital (NOH), Nigeria had been approved.

The hospital has a state of art facility that can meet the demands of patients in Lagos and from neighboring states. It has well developed subspecialties such as Arthroplasty; Paediatric Orthopaedics; Oncology; Complex Trauma; Arthroscopy and sport medicine; Plastic, burns and reconstruction units. This avails the participating fellow the opportunity to have quality training in the chosen subspecialty. Accommodation was provided within the hospital premises and a monthly token was paid by the hospital management. I had exposures to varied number of cases to mention but a few; primary, complex primary and revision hip and knee arthroplasties. Cases were discussed before commencement of surgery proper; highlighting the possible challenges and how to surmount them during surgery. I was allowed to perform some THR and TKR with little supervision. I

partook in a total of 40 joint replacement surgeries during my training and this number is a relatively high volume in Nigeria.

Video demonstrations, Arthroplasty books (both soft and hard copies) and relevant journals were made available to me. I also participated actively in the research works of the department during the course of my fellowship training. During my training, I attended the Nigerian Orthopaedic Association (NOA) annual general meeting and scientific conference tagged "KANO 2019". The menace of traditional bone setters, the challenges with the practice of arthroplasty and creating a registry for the country were some of the issues deliberated upon. The status of a full member of NOA was conferred on me at the same conference. There is no doubt that the training added much value to my skills, as hip and knee joint replacement surgeries were demystified by my trainers and I have started performing these surgeries effortlessly. The training can be improved upon by introduction of workshops, bone model demonstrations and possibly cadaveric courses. I will be attending some fellowship courses



abroad in the nearest future to update my knowledge and learn from other experts in the field. However, I advise my orthopod colleagues with special interest in arthroplasty to start by learning the rudiments here in Nigeria before travelling abroad for advanced training. This also affords you appreciable hands-on on cases (when compared to observer-ship role in most fellowships done abroad). It keeps you close to your families and you learn arthroplasty on Nigerian patients; considering our peculiarities. Honestly, I enjoyed mentor-mentee relationship and it was a great experience for me.

I am indeed very grateful to SICOT for this unique opportunity to learn from experts in the field. I wish to express my profound gratitude to the Medical Director, Dr Mustapha Alimi; the SICOT co-ordinator, Dr Wakeel Olaide Lawal; and the entire arthroplasty and oncology teams of Lagos National Orthopaedic Hospital for their warm reception, hospitality and encouragement.

Contd. from pg.3

GOING FORWARD

Continuous engagement of Government and relevant agencies on matters relating to Orthopaedics and Trauma care and its development in Nigeria shall remain a priority. Continued Strengthening of NOA educational programmes and building on the gains occasioned by the COVID-19 Pandemic too.

COMMISERATION

NOA commiserates with our members; Dr. Aham Onyike and Air Commodore Doyin Oyenusi, Dr. Oluwale Ige; CMD UNIMEDTH, On do and Dr. B.A Ahmed; CMD General Hospital, Ilorin and any other member(s) of NOA who inadvertently in the line of duty got infected with COVID-19 but thankfully recovered fully.

NECROLOGIES

NOA consoles with the families of Prof. Christopher Ogiehor, Consultant Orthopaedic Surgeon who was murdered in his home in GRA Benin-City in circumstances yet to be unravelled, he was aged 80; and the family of Venerable (Dr.) Augustine Nwokocho retired Consultant Orthopaedic Surgeon, National Orthopaedic Hospital, Enugu. May their gentle souls rest in perfect peace.

We also regret to announce the sudden departure of our colleague, Dr. Ifio Udom Essiet, a Consultant Orthopaedic Surgeon at the University of Uyo Teaching Hospital Akwa Ibom. May God comfort his families.

The former Medical Director of National Orthopaedic Hospital

Lagos and Past President of NOA; Dr. Olurotimi Odunubi also lost his mother Mama Eunice Odunubi at a ripe old age of 90, we pray the almighty to grant the family the fortitude to bear this loss.

CONCLUSION

A big thank you to generality of our members for support and useful suggestions. In spite of the unforeseen, the association has continued to soldier on and we shall not rest on our oars as there is so much more to do to take our association to loftier heights. Help the association, pay your annual membership dues!

Dr. 'Kunle Olawepo

President, Nigerian Orthopaedic Association

RECENT DEVELOPMENT OF SPINE CARE IN NATIONAL ORTHOPAEDIC HOSPITAL DALA - KANO



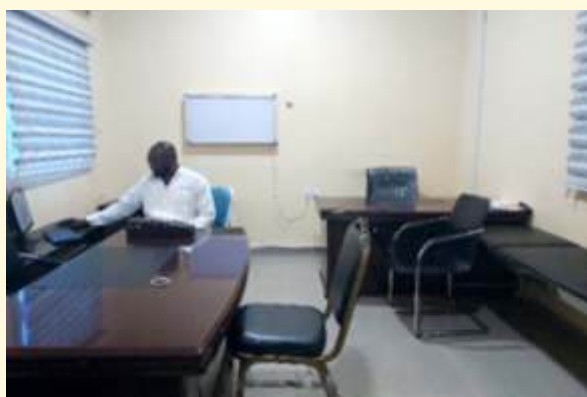
The National Orthopaedic Hospital – Dala has recently achieved a lot of advancement in the field of spine surgery. There was rapid surge of instrumented spine surgery around the year

2013 to 2014. The hospital then had a single spine unit with two consultants. However due to increasing demands for spine surgery, the team was expanded into two separate units with

additional two new Orthopaedic Spine consultants to cater for the increasing need of spine care. Furthermore, by the year 2019, another unit was also extracted to make the third, this time around with impute of a visiting Neurosurgeon to make a complete spine care team.

The spine services of the hospital attained another major development milestone with the commissioning of the new **Spine and Rehabilitation Center** on the 24th December, 2019, named after the current





Digital clinics

Sultan of Sokoto (Sa'ad Abubakar III) as part of the 60th year Anniversary programs of the hospital. The center is equipped with modern facilities ranging from the state of the art theater suits, digital clinics and physical therapy complex.



Commissioning Team

The services offered by the center include spine trauma care, degenerative spine lesions, deformity corrections and tumors surgeries including intramedullary spine tumors. With these, complex spine surgeries like scoliosis and

kyphotic deformity corrections are becoming a routine services of the hospital, in addition to intramedullary tumour surgeries and other neurosurgical procedures.



Digital clinic



Surgical team in the modern theater.

In addition to these, the hospital has become West African regional training center for spine care. The center serves the residents of both National Postgraduate Medical Collage of Nigeria and West African College of Surgeons from various part of the country for spine surgery rotations. Recently we have started hosting international residents for such purpose as part of requirement for both membership and fellowship of the West African Collage of Surgeons.

Aside from training of Resident doctors, the center also offers both short and long terms fellowships in spine surgery to consultants that are willing to further their career in spine surgery. So far the hospital have graduated 6 fellows in that regards. As part of effort of the management of the hospital to make such fellows are comfortable while they stay with us, the hospital in conjunction with Medical and Dental Consultant Association (MDCAN) has dedicated a self-contained flat as an

accommodation for such fellows within the hospital with quiet a little charges, mainly for the purpose of maintenance.

If you make the choice to pursue a career in spine surgery, our center is surely a place where you would get the foundation, we welcome you all and our door is open for collaborations.

Thank you.

Dr. Magashi Tijjani Garba

THE AO SPINE WEST AFRICAN COUNCIL

- Mutaleeb Ayodele SHOBODE



In June this year (2019), the AO Spine west African Council (AOSWAC) was inaugurated under the AO Spine Middle East and North Africa. The AOSWAC coordinates all activities of the AO Spine in Nigeria, Ghana, Liberia, Sierra Leone and the Gambia. It also coordinates training in East Africa.

An election was held in June and the following officers were elected into the various positions on the council:

Kabir Abubakar
Chairperson

Mutaleeb Ayodele SHOBODE
Council Officer for Research, Spine Centres, Fellowships and Training

Adetunji Toluse
Education Officer (Orthopedics)

WC Mezue – Education Officer (Neurosurgery)

These officers will serve on the council for a term of three years.

Due to the Covid-19 Pandemic, the AO spine event scheduled for Abuja in August 2020 was postponed. Many more similar events across the globe have equally been postponed. In order to continuously engage with the AO Spine members, a series of webinars have been/will be hosted by the AO Spine. We encourage members to take advantage of these educational programmes to keep themselves updated with recent information/knowledge in the field of spinal surgery. We implore more residents, orthopaedic surgeons, neurosurgeons and others interested in spine care to join the

growing community of AO Spine. Also, owing to the Covid-19 Pandemic, the short-term fellowship programmes for 2020 have been postponed till 2021. All successful 2020 applications that have been awarded have been contacted. The programme has been moved over to 2021, same time, same venue but shortened duration to accommodate the 2021 applications. The council received and treated applications for AO Spine Fellowships for 2021. Successful applicants will be contacted shortly.

For more information, kindly visit the AO Spine website (www.aospine.org) or contact any of the AOSWAC officers.

Many thanks

Mutaleeb Ayodele SHOBODE
July, 2020

COVID 19 AND ITS IMPACT ON ORTHOPAEDIC EDUCATION AND CLINICAL PRACTICE IN NIGERIA

Tosin Olusoga Akinyemi

INTRODUCTION

Covid-19 has changed our practice in more ways than we had imagined. What started as a local disease in far away China had snowballed into a global pandemic affecting millions of lives. According to European Centre for Disease Control, as at 17th of August 2020, Covid-19 has

been responsible for slightly over 770,000 deaths and over 21 million infections worldwide. Indeed Covid-19 can be regarded as a leveller. It therefore did not come as a surprise when drastic measures had to be taken to prevent the nation from being overwhelmed. Not only was the nation locked down, healthcare



services had to be scaled down to prepare for possible surge in cases and avoid unnecessary infection and deaths.



IMPACT ON ORTHOPAEDIC EDUCATION AND PRACTICE.

As expected, orthopaedic practice in Nigeria as with the rest of the world also took a hit. Patient care was scaled down to emergency and essential services with social distancing measures adopted. Prior to this time, what we had was a crowded waiting room with patients waiting to see the few available orthopaedic surgeons, but as the exact mechanism of transmission was yet to be determined, this too had to be scaled down ditto elective operations. Educational activities like teaching and grand rounds, clinical meetings were initially suspended with significant impact on residents training.

RISING BEYOND THE CHALLENGES.

Covid-19 has brought mixed blessings with a lot of positive impact on orthopaedic clinical practice in Nigeria. The Nigerian Orthopaedic Association, as a fallout of Covid started webinars discussing critical areas of the orthopaedic curriculum and practice and has been well attended with positive feedback from participants. International

faculties have been involved and have made meaningful contributions. Covid 19 protocol for practising orthopaedic surgeons in Nigeria was developed during this period.

There is indeed a plan to commence association led formal teaching session for residents using online platforms, regular formal teaching session being the trend for postgraduate medical training should indeed be strongly considered and embraced.

MOVING FORWARD

With gradual easing of the lockdown, its unlikely things will ever be the same again. The era of patient crowded clinics should ideally be gone for good. Attention should be focused on scaling down clinics to available manpower and patients given specific timed appointment. From my experience at the NHS, a one-man consultant clinic for a session (9am-12pm) should have a maximum of 15 patient while a maximum of 25 patient for a consultant and resident to allow for teaching. This can be domesticated to reflect the peculiarities of the Nigerian health system.

Efforts should also be made to commence virtual fracture clinics (VFC) which has been shown to help in triage of orthopaedic cases and save time for more complex surgical demands while using previously agreed protocols. Initiative lists and Intramural private practice clinics should be developed to accommodate the surge in cases and encourage the privileged member of the society to use our public hospitals.

CONCLUSION

We should maintain and sustain the initiatives developed during this period even as we continue to encourage the government to increase testing capacity, and leverage on locally available skills.

Covid-19 will surely be with us for longer than we will ever anticipate.

Tosin Olusoga Akinyemi MBBS, FMCOrtho

Tosin is a Medical Training initiative fellow at the North Cumbria University Hospital Carlisle United Kingdom and is eligible for election as a member of the Royal College of Surgeon Edinburgh (RCSEd).

THE ARTHROPLASTY SOCIETY OF NIGERIA (ASN)

The Arthroplasty Society of Nigeria (ASN) is a sub-specialty society under the aegis of the Nigerian Orthopaedic Association (NOA). The objectives of the ASN include:

1. Promoting arthroplasty in Nigeria including training and monitoring results.
2. Providing a forum for the discussion of research advances in clinical practices

and the results of surgical procedure pertaining to arthroplasty.

3. Collaborating and partnering with persons and or groups both at national or international levels, who are keen on enhancement and development of the practice of Arthroplasty in Nigeria.
4. Collaborating with the National Postgraduate

Medical College of Nigeria and West Africa College of Surgeons in developing curriculum for training in Arthroplasty.

To achieve these goals, the society has a functioning joint registry and aims to hold two conferences annually to promote arthroplasty in Nigeria by providing hands-on surgical



skills and instructional lectures in current approaches to operative planning and execution of both primary and revision arthroplasty.

The first conference for 2020 was scheduled for May, 2020 while

the second was to hold during the Nigerian Orthopaedic Association Annual General Meeting in November but have been postponed due to the Covid-19 Pandemic. These conferences are open to surgeons, scientists

and other professionals who have an interest in arthroplasty.

The society's official email address is :
arthroplastysocietyofnigeria@gmail.com

MEET THE SOCIETY'S EXECUTIVE OFFICIALS



DR. U. A. KATCHY
CHAIRMAN, BOARD OF TRUSTEES



DR. MICHAEL UGBEYE
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DR. M.N. SALIHU
EX-OFFICIO

THE MUSCULOSKELETAL ONCOLOGY SOCIETY OF NIGERIA

The society was founded the year 2019 with the objective to promote, develop and project the practice, science and art of musculoskeletal oncology in Nigeria. The society also aims to position the country (Nigeria) as a hub for treatment of musculoskeletal tumors in the west African sub-region.

It has three (3) membership category which are; Registered Members, Associate Members and International Members.

All members of the society are from among qualified health care professionals with relevant

training in the field of orthopaedics, pathology, plastic surgery, vascular surgery, radiotherapy, medical oncology, pharmacy, haematology and other fields as may be deemed admissible by the society from time to time.

The general administration and management of the society is the collective responsibility of the executives which comprises; the president Prof SU EYESAN, the general secretary DR OK IDOWU and the treasurer DR OKOH.

The society has its Board of Trustees whose function is to guide the society and modify as necessary the society's vision, mission, values, broad policies and goals in accordance with the society's constitution.

Activities of the society are Annual and Ordinary General meeting, Workshops / Seminars / Conferences, Association website, Outreach programmes and mentorship programmes. The Society holds its meetings in July and November.



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COVID-19 AND THE ORTHOPAEDIC SURGEON

Prof Oluwadiya KS
Ekiti State University, Ado-Ekiti

The impact of COVID-19 on orthopaedic practice is widespread. It has affected all facets of the practice ranging from inpatient and outpatient management, prioritization of procedures, operative care and education of resident doctors. This paper seeks to review the current evidence and offers recommendations for changes to surgical practice to minimise the effect of the COVID-19 pandemic on orthopaedic practice.

Orthopaedic surgeons must modify their practice in the pandemic in order to reduce the morbidity and mortality of the disease, minimize the transmission of the disease, protect healthcare personnel and preserve healthcare system functioning. Even before the pandemic becomes established in the community, the hospital must prepare itself by improving the knowledge of the staff about the spread and containment of the disease, the clinical management of the disease and the likely ways the pandemic will affect the various aspects of surgical practice such as emergency and elective surgery, out-and in-patient care as well as staff management. This is the time for the staff to practise donning and doffing of personal protective equipment (PPE), transporting and receiving COVID-19 patients and simulating the run of suspected surgical cases and introduce COVID-19 zones and buffer zones.

Evidence suggests that observing

the normal principle of virus containment will reduce transmission of the disease to healthcare workers.'[1] Healthcare personnel must wear surgical masks, use gloves, observe proper hand hygiene and disinfect all surfaces in between all patient consults to limit the spread of the disease among them. Suspected cases must be separated from the rest of the patients by treating them in separate wards. PPE must be worn to treat these patients.'[1]

Managing the Surgical Outpatient in the pandemic

To avoid overcrowding, patients' appointments should be staggered, spill-over tents can be erected in case there are too many patients and non-urgent cases can be cancelled or rescheduled. Hospitals should set up online consultation using the Social media and telemedicine and symptomatic patients who need to be seen must contact the doctor before coming so that the hospital can prepare for their reception. Social distancing can be maintained in clinics by maintaining at least 1.5m between doctor and patient by proper placement of chairs, approaching the patient only when you need to examine.

Elective surgeries in the pandemic

I. The broad recommendation by most authorities is to postpone elective surgeries. But it is not always easy to define the medical urgency of a case solely on whether a case is on an elective

surgery schedule. While some cases can be postponed indefinitely, some cases are associated with progressive disease (such as cancer, vascular disease and organ failure) that will continue to progress at variable, disease-specific rates. It is important to recognize that the decision to cancel or perform a surgical procedure must be made in the context of numerous considerations, both medical and logistical. Elective surgery does not mean it is optional, it simply means that the surgery can be scheduled in advance. Elective Surgery Acuity Scale (ESAS) and the Medically Necessary Time-Sensitive (MeNTS) Prioritization algorithms were developed by the American College of Surgeons to aid the surgeon in making these decisions.[2]

Operative care in the pandemic General Guidelines:

- Patients should receive appropriate and timely surgical care, including operative management, based on sound surgical judgment and availability of resources.
- Consider nonoperative management whenever it is clinically appropriate for patients.
- Consider waiting on results of COVID-19 testing in patients who may be infected.
- Avoid emergency surgical procedures at night when possible due to limited team staffing.



Key aspects for operating on confirmed COVID-19 patients

- If possible, postpone surgeries on COVID-19 patients until they test negative to two consecutive tests
- All known or suspected COVID-19-positive patients requiring surgical intervention must be treated as positive until proven otherwise to minimize infection spread.
- If the scheduled surgical procedure does not require a general anaesthetic and if the clinical situation allows, patients should continue to wear a protective mask for the entire duration of the procedure
- Transporting the patient to the theatre must be done in a way that will minimize the possibilities of infection spreading from the patient to others. Patients must be gloved, masked and wear disposable gowns. All items used for transportation must be properly sanitized after and the personnel transporting the patient must wear full PPE.
- A similar approach, which is to minimize the possibilities of contaminating other parts of the theatre and infecting others must be maintained in the theatre. Ideally, each theatre should have a dedicated COVID-19 suite with its dedicated support team to handle all COVID-19 cases. There should be a buffer zone between COVID-19 suite and the rest of the theatre.
- Movements to and from the theatre suite must be minimized during the surgery.

Aerosol Generating procedures

Some procedures likely to generate aerosolized particles

have been associated with increased coronavirus transmission. These procedures include trachea intubation, non-invasive ventilation, tracheostomy, cardiopulmonary resuscitation, and manual ventilation before intubation and bronchoscopy. For patients who are or may be infected, AGPs should only be performed while wearing full PPE.

Aerosol concentrations are highest during diathermy, irrigation and suctioning, and close to the wound. As a result, surgeons should minimize the use of diathermy when operating on COVID-19 patients. They should use syringes for irrigation and avoid sudden motions that can cause splashes while suctioning.

While there is no study identifying any particular orthopaedic procedure as aerosol-generating and the only available experimental procedure did not identify any orthopaedic procedure as aerosol-generating, I will advise we err on the side of caution[3,4]

Nevertheless, orthopaedic surgeons should take the following precautions while performing surgery on COVID-19 patients: Power tools are potential sources of aerosol, therefore surgeons should;

- i. Use osteotome and nibblers rather than oscillating saw.
- ii. Use hand drills rather than power drills where possible
- iii. Avoid using broach but if it has to be used, use with caution and consider placing a wet swab over the visible cancellous bone to catch blood droplets.

Good surgeons know how to operate, better ones when to operate, and the best when not to operate. There is no better time to apply that famous saying than

now. When appropriate, use non-operative alternatives at all time and when you have to operate, use percutaneous alternative rather than open methods

In conclusion, while COVID-19 has a high infectivity rate, experience from Singapore and Hongkong has shown that with adequate precaution, the rate of spread to and among healthcare professionals can be kept to the very minimum."[1]

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THE 43RD ANNUAL GENERAL MEETING AND SCIENTIFIC CONFERENCE "CALABAR 2021"

JOURNEY SO FAR

This year's Annual General Meeting and Scientific Conference of the Association is scheduled to hold in the beautiful city of Calabar in Cross River State from 24th to 27th November 2021 and a Pre-conference workshop from 21st to 24th November 2021.

Preparations for the event had long started in earnest with constitution of the Local Organizing Committee with the following members:

Chairman
Prof. Ngim Ngim
Secretary
Dr. Joseph Asuquo
Treasurer
Dr. Chukwuemeka Anisi

Zonal Chairman
Dr. Cosmas Ihezue
Zonal Secretary
Dr. Celestine Maduka

Adviser
Prof. Obiora Onuba

Chief Host
Prof. Ikpeme Ikpeme (CMD)

SUBCOMMITTEES CHAIRMEN AND SECRETARY

Scientific Committee
Prof. Anthony Udosen/
Dr. Ehiosun Aigbomian

Transport/Accommodation
Dr. Innocent Abang/
Dr. Ehiosun Aigbomian
Tourism/Logistics

Publicity/Protocols
Dr. Pius Agweye

Finance/Fund Raising

Dr. Chukwuemeka Anisi/
Dr. Inyang (Co-Chairman)

Entertainment

Dr. Onyebuchi Osakwe/
Dr. Nwakaego Okeke

Security

Dr. Samuel Urom

Medical

Dr. Paul Amah

Theme: The Burden of Geriatric Trauma

Sub-Themes:

- (i) Bone and joint Infections:
Current Trends
- (ii) Blood Management in
Orthopaedic Practice
- (iii) Improving Research in
Orthopaedic Practice

Pre-conference Workshop:

Module 1: Arthroscopy

Module 2: Deformity Correction

The proposed "Calabar 2020" conference was postponed by N E C following recommendations by the LOC given the realities of the moment. The theme for this year's conference was carefully chosen to highlight the challenges of management of trauma in the geriatric age group whose number has been on the increase as a consequence of the improved longevity of our people in recent times. Though their number is still small, managing geriatric trauma effectively and efficiently is often burdensome due to under developed health infrastructure, inadequate equipment and poor social support systems in the country.

The subthemes addresses other aspects of Orthopaedic practice that are germane and also related to the theme, while the pre-conference workshop addresses two areas where rapid improvement in practice locally has been recorded – arthroscopy and deformity correction using modern techniques.

The conference website is up and running (www.noacalabar2020.org.ng). Though, registration, abstracts submission are closed for till further notice but exhibitors and sponsors can reach the LOC via contacts provided on the website. "Calabar 2021", has a lot in store for participants including elaborate social activities. Members are urged to make plans to attend, with their accompanying persons, as you can't afford to miss out!

Despite the optimism and commitment of the LOC to deliver a top-notch conference, the ravaging onslaught of the COVID-19 pandemic has made implementation of plans rather slow. It is our hope that this pandemic will be rapidly brought under control to enable preparations proceed in top gear. The LOC will appreciate feedback from members please. We look forward to seeing you in Calabar in November 2021. Please stay safe.

DR JOSEPH ASUQUO
SECRETARY LOCAL
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