



NOA NEWSLETTER

THE OFFICIAL PUBLICATION OF THE NIGERIAN
ORTHOPAEDIC ASSOCIATION

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SPECIAL COVID-19 EDITION (2)

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

EDITORIAL

There is no doubt that the year 2020 was very challenging as global economies and businesses were greatly hit and imperiled. The outlook is bleak as we begin 2021 with discoveries of newer strains of the Covid-19. Thankfully, the production and distribution of many brands of vaccines have raised the hopes of humanity that the end of the dreaded disease is nigh.

As at today, the 31st of January 2021, over 103 million infections with over 2.2 million mortalities have been reported. Nigeria has had her "unfair" share of the pandemic with over a hundred thousand infections and nearly 1,600 deaths. Unfortunately, the health workers have been badly hit in the second wave with many doctors succumbing to the virus.

There is the need to readjust our schedules in a bid to limit transmission and contain the infection. Most interactions are still online including meetings-political, academic/scientific; and even medical consultations. Non-essential travels/trips are still discouraged. The online platform of the Association has been deployed to maximum use since it was acquired during the last quarter of 2020. We have had a number webinars and the Zoom – based teachings/lectures for trainees in Orthopaedics has since kicked off. The participations and feedbacks have been very encouraging and we hope to improve on it.

This edition is an extension of the last as we continue to feature news from the various sub-specialty groups, the orthopaedic training centres and more. The online link is still valid as we gradually

work to phase out the 'papers'. We are grateful to our sponsors and partners for their continued support, partnership and patronage.

While we wait for the world to heal, please let us ensure we observe the basic safety measures – maintain social distance, regular hand washing and use of alcohol based sanitizers and use of face covering especially outdoors.

On behalf of the editorial board, I wish you and your families a truly beautiful and prosperous 2021.

Mutaleeb Ayodele SHOBODE
Kano, Nigeria. January, 2021



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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.
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PRESIDENTIAL REMARKS



PREAMBLE

It is with great pleasure that I write this Presidential remark to the 2nd edition of the NOA Newsletter for 2020 calendar year.

I commend the hardworking editorial team led by its Editor-in-chief; Dr. M.A Shobode in surmounting the drawbacks caused by the advent of the novel Corona Virus Disease (COVID-19) and bouncing back to churn out this 2nd edition for the year; Kudos!

NOA 2020 VIRTUAL ANNUAL GENERAL MEETING (BUSINESS) AND 1ST OF ITS KIND

Remaining undaunted by the ravaging effect of COVID-19 and the attendant Challenges, Secretariat executed a well attended and a highly successful Virtual 43rd Annual General meeting of the association on the 28th November, 2020. Kudos to General Secretary; Dr. Joseph Asuquo in ensuring a hitch-free meeting.

Resolutions from the AGM were all inclusive and indeed far-reaching.

Wherever there is a will, there is always a way; Congratulations all!

RELAUNCHING FROM WHERE WE LEFT OFF INTO THE NEW YEAR

Our Lobby and advocacy visits shall be promptly initiated as restrictions because of COVID-19 eases off and hopefully the association gets on a better footing in terms of finances 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,

FACULTY OF ORTHOPAEDICS NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA

Association rejoices with the current executives of the Faculty who are winding down an extended period in office. Kudos to Faculty Chairman and Immediate Past President of NOA; Dr. U.N Enweani and his team for successfully steering the ship of the Faculty for a little more than 4 years now. Wishing you Godspeed in subsequent endeavours.

Congratulations also to incoming Chair; Prof. I.C Ikem (no doubt, a tested hand too) and the newly elected officers as well as Faculty Board members.

The Charge from NOA is to put in your best at all times and to make the association number one consideration in taking decisions.

Congratulations.

FACULTY OF ORTHOPAEDICS WEST AFRICAN COLLEGE OF SURGEONS

Members are aware that a new Faculty of Orthopaedics was announced at the annual West African College of Surgeons AGM and Scientific Conference in Abuja in February, 2020.

Hopefully at the next AGM next year in Cotonou, Benin Republic; there shall be elections into Executive Offices. Interested members should please take note.

MEDIA ENGAGEMENT AND INCREASING NOA VISIBILITY

We continue to make 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 on matters relating to Orthopaedics and Traumatology.

NOA NATIONAL SECRETARIAT BUILDING IN ABUJA

The association is happy to say it is 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 as soon as Zone 3 does the needful as promised at the 2020 NOA (virtual) AGM.

NOA WEBSITE

A brand new NOA website is up and running now and suggestions are welcomed on how to make it better.

SUBSPECIALTY AFFILIATION

Four (4) new societies have been approved by NEC with the consequent incorporation of those affiliate Presidents into NOA NEC after AGM approval at the last AGM. The affiliation committee is open to taking applications from interested groups still.

COVID-19 PANDEMIC

There has globally been a second wave of COVID-19 and Nigeria as a global community is not left out. Members are enjoined to take the highest precautionary measures at work or outside work as it is not yet

Uhuru!

Secretariat commiserate with Dr. Oluwatoyin Adetan (and brand new elected Faculty Board member of NPMCN) and my humble self (our latest members who pulled through the COVID-19 infection). Thankfully NOA has had zero fatality.

GOING FORWARD

The NOA launched the Orthopaedic trainee teaching sessions on Sunday 13th December, 2020. This shall run paripassu with the usual NOA zoom webinars; Congratulations to Dr. Shobode and Lawani for driving through the project!

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.

NECROLOGIES

Sadly NOA lost 2 members both from Zone 1 after the last newsletter publication; Dr. B.M Rufai who retired from OAUTHC, Ile-ife and recently Dr. Martins Unegbu, who retired

from NOHI, Lagos. May their gentle souls rest in perfect peace.

APPRECIATION

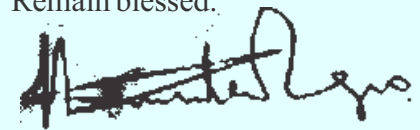
I deeply and truly appreciate all the support I got from members (emotional, financial and all) leading to a hugely successful final rites programme of my dear mother; Madam Mary Olawepo recently, your kind gestures helped in no small measures. My heartfelt appreciation also goes to every single member of NOC and NEC for tremendous input and support in the daily running of the association; God bless you richly.

CONCLUSION

We continue to count on members 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 today, another NOA year began the morning after the Virtual AGM!

Remain blessed.



Prof. 'Kunle Olawepo
President, Nigerian

ADVANCING SPINE CARE IN IRRUA



John Enekele. Onuminya, MD, FMCS, FMCOrtho, Fellowship in Spinal Surgery, Professor of Orthopaedics and Traumatology and Visiting Consultant Orthopaedic, Trauma and Spine Surgeon; Chief of Spine Unit, Departments of Orthopaedics and Traumatology, Ambrose Alli University, Ekpoma; Irrua Specialist Teaching Hospital, Irrua, Edo State, Nigeria and Josalu Specialist Hospital, Lokoja, Kogi State, Nigeria; Board member and Examiner, Faculty of Orthopaedics, National Postgraduate Medical College of Nigeria, Lagos, Nigeria.

Former HOD, Dean and CMD.

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INTRODUCTION

Irrua Specialist Teaching Hospital, Irrua has taken a big stride in advancing spine care in Nigeria. The burden of spine diseases in Nigeria is huge. More than 80% of our clinic consultations are spine related problems. Low Back Pain (LBP) due to degenerative spine diseases is common among age group above 40 years, while traumatic spine injuries are common below 40 years of age. Spine deformities are seen more among children and young adults. Patients seeking cosmetic spine surgery for Idiopathic Adolescent Scoliosis (IAS) top the list in the spine deformity group. Tuberculosis and tumours of the spine are other spectra of spine diseases seen in Irrua.

Spine care is not an attractive venture for both patients and doctors especially when it requires surgery to address the lesions. Very few doctors are interested in the subspecialty of spine and many patients are reluctant to seek surgical care for the fear of anticipated complications or the cost of surgery. In spite of this, alternative treatment for spinal diseases is scarce and ineffective in

most cases. Patients are therefore left to shop for doctors unending without relief but with huge burden of the spine diseases.

THE HISTORY OF THE DEVELOPMENT OF SPINE UNIT IN ISTH, IRRUA

At ISTH, Irrua, the pioneering efforts of Prof. John E. Onuminya to bridge the gap in the rural spine care is yielding positive results in advancing spine care in rural Nigeria. It was providence that attracted Prof. John E. Onuminya to declare interest in spinal surgery at ISTH, Irrua in 2015. Though he had good exposure in spinal surgery while training under Dr. N.D. Ukaegbu at the National Orthopaedic Hospital, Enugu between 1994 and 1997, he did not express much interest in spine until 2015 at Irrua.

He was already engaged as a Professor of Orthopaedics and Traumatology and Honorary Consultant Orthopaedic and Trauma Surgeon at Ambrose Alli University, Ekpoma and ISTH, Irrua, but while working as Head of the Department of Orthopaedics & Traumatology in both institutions the interest in spine was

forced on him by providence when preparing for the National College accreditation visit from the Faculty of Orthopaedics in 2015. At that time, subspecialty unit in spine was one of the requirements for a successful accreditation exercises in Orthopaedics, but none of the available consultants in Orthopaedics was interested in spine. For the purpose of successful accreditation process Prof. John E. Onuminya expressed interest in spine and promised to develop it. To give effect to his decision, Prof. John E. Onuminya shortly after a successful accreditation exercises in Orthopaedics at ISTH, Irrua took his one year sabbatical to enable him go for a one year fellowship in spinal surgery in a busy spine unit at the National Orthopaedic Hospital, Dala, Kano from July 1, 2016 to June 30, 2017.

He returned with impressive report and proposal to start a functional spine unit in the Department of Orthopaedics & Traumatology at ISTH, Irrua, and with the massive support of ISTH management he indeed established a spine unit comprising of Orthopaedic Surgeons and Neurosurgeons interested in spine.



Prof. John E. Onuminya indeed became the Chief of the spine unit and has in his formidable team one of his undergraduate students, Dr. Eghosa Morgan, a neurosurgeon interested in spine. The spine team in ISTH is comprised of the followings:

Orthopaedic Surgeons interested in spine, led by Prof. J. E. Onuminya, BM, BCh, FMCS, FMCOrtho, Fellowship in Spinal Surgery, MD.

Neurosurgeons interested in Spine, led by Dr. E. Morgan



Dr. Eghosa Morgan FWACS, FMCS
Hon. Consultant Neurosurgeon, ISTH

3. Anesthetists interested in Spine, led by Dr. F. Omosofe



Dr. Folorunso Omosofe, FMCA
Consultant Anaesthetists, ISTH

4. Perioperative nurses interested in Spine
5. Physiotherapists interested in Spine and
6. Other Supportive Staff.

With the deliberate and focused supports from ISTH management, the team approach of the spine unit has led to advance in Spine care at the ISTH, Irrua. The management of ISTH, Irrua has acquired

relevant working tools including: 1. C-arm, 2. Powered radioluscent spine operating table, 3. Spine instrument sets and basic spinal tools, 4. Spine consumables including implants and 5. Spine theatre. Other facilities are shared especially bed spaces. Highlight of some of the achievements in the Spine Unit of ISTH, Irrua are as shown below:-



Anesthetists at work



C-Arm being positioned



Spine Surgeons at wor



C-Arm guided images



LAMINECTOMY, PEDICLE SCREW INSTRUMENTATIONS, POSTEROLATERAL FUSION FOR SYMPTOMATIC LUMBAR SPINE CANAL STENOSIS AND INSTABILITY IN A PATIENT WITH DEGENERATIVE SPINE DISEASES PRESENTING WITH SEVERE CHRONIC LBP AND CAUDA EQUINA SYNDROME (CES)

In the past six months we have done a total of five major spinal surgeries. Four of the cases were done for symptomatic lumbar spine canal stenosis and instability secondary to degenerative spine diseases and one for thoracolumbar spine injury. Surgeries have been mainly decompressive laminectomy, pedicle screw instrumentations and posterolateral fusion. The immediate postoperative period following surgeries have been satisfactory.

Two patients had developed surgical sites infections and one of them developed a fatal Addison's crisis. The outcomes of surgeries for the remaining patients have been good to excellent. We are

therefore encouraged to request for the establishment of a Spine Centre at ISTH, Irrua.

ESTABLISHMENT OF A SPINE CENTRE AT ISTH, IRRUA.

The demand for spine care in ISTH, Irrua is on the increase with the inception of surgical interventions. The patient workload is huge with complex spine cases waiting for high level spine services. The development of a Spine Centre at ISTH, Irrua will further advance Spine Care in the South South region of the country in particular and Nigeria in general. The establishment of a Spine Centre at ISTH, Irrua will reposition the institution to engage in training

more spine personnel and provide more funding for the state of the art facilities that will enable us carry out complex and specialized spine surgical procedures including endoscopic minimal access spine surgeries. There will be room for ease of adequate rehabilitation and better outcome measures. The Spine Centre at ISTH, Irrua when built will be a centre of excellence for complex spine deformity corrections and training with special focus on scoliosis.

The ISTH Spine Centre will certainly advance Spine Care and Training in Nigeria and the whole of West African Sub-region.

BONE BANKING AT THE NATIONAL ORTHOPAEDIC HOSPITAL IGBOBI, LAGOS (NOHIL BONE BANK)

BACKGROUND

The dire need for bone allograft for revision joint arthroplasty, skeletal reconstruction after tumor resection, management of periprosthetic fractures, to mention but a few gave birth to the idea of setting up a bone bank facility which we nurtured for years. To the best of our knowledge, NOHIL bone bank facility is the first of its kind in Nigeria.

The bone bank facility started with a well- equipped room apartment

situated within the hospital premises. This break-through was achieved this year, September 2020 with the support of the medical director, Dr M.F Alimi who believed in the vision of the project championed by Dr O.K Idowu and Dr Alatishe

The operational modus and the technical requirements for coding, processing, preserving, storing, and distributing human tissue and cells were adopted from the American Association of Tissue

Bank (AATB) guidelines and Nigerian National Blood Transfusion policy.

NOHIL BONE BANK ORGANISATION

The bone bank committee comprises of the H.O.D of department of Orthopaedics, a pathologist, a medical microbiologist, theatre nurse, laboratory technician, research and ethic team as well as a clerk.

DONOR SELECTION



We select donors for bone allograft through filling of a thorough questionnaire by the attending Orthopaedic surgeon using the exclusion criteria as documented in AATB guidelines. The selected patients are counseled and as part of the requirements for surgery; they are made to sign a written consent and undergo extensive serological testing such as Erythrocyte sedimentation rate (ESR), retroviral and hepatitis status; blood group, genotype and rhesus D status.

DOCUMENTATION

Documentation and coding of harvested bone is done by the trained clerk/administrator. A unique registration code is allocated to each bone specimen. Data recorded for every registered bone graft include, the consent forms, ESR, bacteriological and histopathological examination, part of the bone harvested (e.g femoral head) , indication for surgery, allocation date and time, irradiation date.

STORAGE AND ALLOGRAFT PROCESSING

The bone is surgically harvested under sterilized condition

following standard principles of surgery. Part of the tissue is sent for microbial and histological analysis to exclude infection, auto-immune process and malignancies. The bone specimen also undergoes mechanical and chemical treatment before wrapping in sterile plastic bags in three layers, labeled and stored in the freezer within 30 minutes of collection. Bone samples are assigned for irradiation with 25 Gy for the purpose of sterilization and subsequently stored in the freezer until allocation or usage. The freezer has a temperature of -80°C , with a continuous temperature registration device and a stabilizer installed to ensure 24-hour optimum cooling system. This helps prevent temperature-induced damage to the tissue and with this deep frozen condition, the allogenic bone tissue can be preserved for a maximum of 5 years.

ALLOCATION , DISTRIBUTION AND USAGE

Allogenic bone exclusively has osteo-conductive activity; serving as a frame against which newly formed bone gets deposited. The allograft is allocated to the surgeon

based on genetics and cross-matching studies. These bone allografts are available to all surgeons within the country at appreciable and affordable prices. The bone allograft from the freezer together with its documents is handed over to the orthopaedic surgeon. The Orthopaedic surgeon and theatre nurse verify the file and expiration date of the allograft before use. The bone allograft is defrosted and thawed in normal saline before implantation in any form.

The design and management of a bone bank is a very complex process, especially in our environment where no similar facility existed beforehand. We adopted AATB guidelines and Nigerian National Blood Transfusion policy for the setup and maintenance of this laudable project.

ASMSN ACTIVITIES FOR 2020

Arthroscopy and Sports Medicine Society of Nigeria (ASMSN) was founded in 2017. It was initially called the Nigerian Arthroscopy and Sports Medicine Society but changed to ASMSN following changes requested by the Corporate Affairs Commission of Nigeria during our incorporation by them in 2019.

Annual General Meeting (AGM) and Annual Scientific Workshop. Our proposed Annual Workshop will run on 16th November 2020. It will be a 1 day workshop on arthroscopy and sports medicine. The workshop will only consist of didactic lectures on the first day. The earlier proposed

cadaveric/model sessions on day 2 and live surgeries on day 3 have been cancelled due to the COVID Pandemic.

The AGM will be on the 17th November 2020. This is an election year as the EXCO has concluded its tenure. Both programs will be held via the Society's Zoom platform.

Ordinary General Meeting. This was proposed to take place during the Society hour at the NOA AGM in Calabar but has now been suspended.

Scientific Session at WACS conference. This has already been done. Eight papers on arthroscopy

were accepted by the College and ASMSN was given a two and half hour time slot for the presentations. Six out of eight papers were eventually presented with robust discussion from the audience. The discussion panels were co Chaired by Prof C.O. Onyebuchi Chukwu and Prof T. Alonge.

ASMSN ACTIVITIES FOR 2021

Annual workshop and AGM in October 2021. Theme and venue tba.

OGM at society hour during NOA AGM 2021.

Other programs to be communicated later.

Address 18 TY Danjuma Street, Asokoro, Abuja.

ASMSN EMAIL

asmsnigeria@gmail.com

Website still in production





NATIONAL ORTHOPAEDIC HOSPITAL, ENUGU: OUTCOME GALLERY



Correction of grotque lower deformity in adult



Correction of grotque lower deformity in achild



Lower limb fracture fixation



Complex primary Knee joint replacement (arthroplasty)



Total Hip Replacement



Anterior cervical spine fixation



Management of giant keloid



Extensive burns wound management



Arthroscopy loose body removal

Paediatric femoral fracture fixation with Ender nail



Adult Cleft lip lip



Traumatic jaw reconstruction



Scalp cancer excision and cover



Abdominoplasty(Tummy Tuck)



Reduction Mammoplasty(Breast Reduction)



Free Flap Surgery



Prosthetic Rehabilitation



Prosthetic Workshop

ENVIRONMENTAL MANAGEMENT

Rehabilitation of internal Roads

Before 2014, the internal roads in the hospital were in a deplorable state; riddle with pole holes and

ponds. Our first target in 2014 was to create an environment that can facilitate healing process. We embarked on massive road

rehabilitation. As at today we have done more 25000square meters of asphating in the hospital.





Energy crisis.

Incessant power outage was identified as one of the major factors limiting health processing- be it delay in getting needed

investigations, cancellation of scheduled operations, delayed in emergency intervention etc. We had to provide a 550Kva generator to service the hospital at peak

hours. This is supported by smaller generators and solar panel and inverters for Off peak hours



Laboratory Department Solar Panel



IMPACT OF COVID-19 PANDEMIC ON SURGICAL PRACTICE AND TRAINING IN NIGERIA

by Shodipo OM, Abiodun AA, Toluse AM, Ogunleye OO, Wuraola FO, James JA

The capacity of hospitals to provide health care services (particularly surgical services) has suffered a major setback as a result of the COVID-19 pandemic due to the need to redistribute human and material resources (especially personal protective equipments- PPE) as well as maintenance of a safe working environment. Similarly, surgical training and education which typically requires physical interaction is also compromised due to the need for physical (and social) distancing to mitigate the spread of the virus.¹ Consequently, surgical units are adapting their operational processes to enable continued provision of surgical interventions for patients, and education for their trainees.

However, as the pandemic continues hospitals risk becoming sources of infection and transmission both amongst patients and health care workers.^{2,3} In fact within 10 (ten) weeks of the spread of COVID-19 in Nigeria, the Nigeria Medical Association (NMA) reported that out of 264 doctors already exposed in their line of duty, 20 were infected while 3 mortalities were recorded.⁴ In

view of this, the disposition of surgeons towards provision of surgical services is now greatly influenced by physician safety considerations hence many surgical units have suspended elective surgery cases in compliance with Centres for Disease Control and Prevention (CDC) recommendations while cautiously providing emergency surgical services which is the first surgical priority of healthcare systems.^{5,6}

Similarly, training activities (in form of weekly seminars, journal clubs, grand rounds, clinical meetings) which traditionally require physical attendance are also negatively affected by the ongoing pandemic. Surgical units are now forced to either completely discontinue these activities or adopt the use of information technology by taking these activities virtual, using internet based tools which allow for connectivity and effective communication between multiple users simultaneously. Definitely, complete cessation of learning activities will compound the current situation however using virtual web based learning platforms will allow continuity, and

create durable programs adaptable to multitude of situations.⁷

This study was therefore conducted among Consultant (Specialist) Surgeons in Nigeria to highlight the magnitude of disruption of surgical services and the adaptive measures that can be taken to allow continuity of safe surgical services during this pandemic. In addition, the adoption of virtual learning via online video conferencing for training activities was evaluated. It is expected that the results and recommendations of this study will allow a reasonable degree of safe surgical practice and training during (and even after) the COVID-19 pandemic.

RESULTS

A total of **105 Consultant (Specialist) Surgeons** responded to the online survey.

Percentage reduction (red.) in number of elective surgical cases

Disposition of Consultant Surgeons to Surgical Practice during COVID-19 Pandemic

Question	Frequency of Responses	Percentage (%)
If provided full PPE and fully functional isolation and treatment facilities, will you carry out an emergency surgery on a COVID-19 positive patient?		
Yes	96	91.4
No	9	8.6
If provided full PPE and fully functional isolation and treatment facilities, will you carry out an elective surgery on a COVID-19 positive patient?		
Yes	44	41.9
No	61	58.1
Will you recommend routine preoperative COVID-19 screening tests for all surgical patients		
Yes	75	71.4
No	30	28.6

Impact of COVID-19 on Surgical training and education

Question	Frequency of responses	Percentage(%)
Has your surgical unit/department commenced online video conferencing for weekly residency training/academic seminars?		
Yes	46	44.2
No	59	55.8
Will you prefer your weekly residency training/academic seminars conducted via online video conferencing henceforth?		
Yes	70	66.7
No	35	33.3
Will you prefer local conferences organized via video conferencing?		
Yes	71	67.6
No	34	32.4
Will you prefer international conferences organized via video conferencing?		
Yes	71	67.6
No	34	32.4

Although surgeons are not considered as direct first-line responders to the COVID-19 pandemic (there is no doubt that since the first case was confirmed in Nigeria on the 27th of February, 2020)⁸ the capacity of surgeons to provide surgical services has been severely hampered.

The impact of disruptions to service delivery and training has since been an active area of

research with many academic institutions realigning their research goals to tackle COVID-19, and surgeons are not an exception.^{9,10}

This survey shows a remarkable decrease in the number of both emergency and elective surgical cases. This represents a compliance with recommendations of the American College of Surgeons.¹¹ In addition, this reduction in surgical

operations is an indication of an increased adoption of non-operative mode of treatment during this pandemic as part of measures to control the hospital transmission of the disease.^{9,12} This finding is similar to that of a study amongst 902 spine surgeons from 7 global regions which reported that 81% of surgeons were no longer performing elective surgeries.¹³

Furthermore, this study also shows

that safety considerations are major factors affecting the disposition of surgeons to their practice during this pandemic. This implies that surgeons are largely favourably disposed to continue providing surgical services provided protective equipments are readily available and preoperative COVID-19 screening is made a routine practice.

Similarly, surgical training has also been impacted negatively. In a study conducted amongst Nigerian paediatric surgeons during the 8th week of the disease transmission in Nigeria, 58% of the training centres surveyed had suspended academic/training activities with 6% conducting 'WhatsApp' chat room sessions and 10% having traditional physical meetings with social distancing. Only 6% of the surgical units surveyed had adopted video conferencing for their academic activities.⁹

However, this survey which was conducted in the 12th week of the pandemic in Nigeria indicates a growing acceptance of video conferencing for academic activities as well as local and international conferences (as 66.7% of respondents will prefer online video conferencing for all academic programmes henceforth while 44.2% of respondents were already using video conferencing for weekly academic activities). This is similar to a report from Italy where in order to limit the impact of COVID-19 on residents' learning curves, use of web-based technologies including live webinars, journal clubs via social media, podcasts and virtual rounds were adopted and has allowed teaching activities to continue while some scientific conferences have been converted to virtual model using video conferencing.^{14,15}

In view of the advantages provided by introduction of information technology to surgical training and continuing education, it is highly unlikely that there will be a return

to the previous traditional approach as existed before the pandemic.¹⁶

In conclusion, despite the current disruptions to routine surgical practice, adequate provision of protective equipments as well as routine preoperative COVID-19 screening are important measures necessary for return of stable surgical services. In addition, there is a growing trend towards virtual learning via video conferencing which is likely to continue even after the pandemic. It is our recommendation that adequate protective equipments and domestication of COVID-19 test in all Nigerian hospitals should be a priority while surgeons and trainees should develop their capacity to use internet based tools particularly video conferencing to ensure continuity of training and participation in both local and international conferences.

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NOHIL EMBARKS ON CLINICAL AND INFRASTRUCTURAL DEVELOPMENT

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 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.

NOA Zone 1 updates:

The present Zonal executive came on board at the Zonal Meeting held in Paul Hendrickse Lecture Theatre, University College Hospital, Ibadan on the 29th of June, 2018. Dr E.A Orimolade was elected the Zonal Chairman, Dr G H Ibraheem as the Zonal Secretary while Dr S.E Itakpe was elected the Zonal Treasurer. Quarterly Zonal meetings were held regularly in 2018 and 2019. The April 2020 meeting had been scheduled to hold in Abeokuta, hosted by Dr N.O Aigoro and his team of Orthopods at the Ogun state Health Management Board. The meeting was however suspended on account

of the limitations posed by the COVID-19 pandemic at the time.

The June 2020 meeting was eventually held on the 9th of July 2020 as the first virtual zonal meeting in the history of Zone1. Participation at the meeting was very encouraging with members joining in and making contributions from all over the world. The zonal executives were re-elected for a second 2-year term in office during the June 2020 virtual zonal meeting. The zone was also able to make our payment of N2 million naira as our levy towards the National NOA secretariat from our zonal savings.

Members from the zone have also been encouraged to pay their national dues to help sustain NOA activities.

Other activities in 2020:

Online programs: As a result of the restrictions imposed by the COVID-19 pandemic, activities of the NOA in zone1 have been modified this year. Like the national body as well as other organizations and associations across the world, orthopaedic surgeons in the zone have embraced the culture of online meetings, webinars and lectures. Members from the zone has been very active in the NOA webinars as lecturers, moderators and participants. The first of the NOA online lectures was delivered by Prof Oluwadiya of the Ekiti State University Teaching Hospital. Various institutions in the zone have also incorporated online teaching methods into their training programs, conferences and seminars.

The National Orthopaedic Hospital, Igbobi, Lagos held its 41st Annual Scientific Conference online on the 2nd to the 4th of

September 2020 with the theme: 'Arthritis: Facts and Myths'

The National Orthopedic Hospital Igbobi, Lagos, hosted the first of a series of AO spine hospital- based seminars on the 15th of October 2020 with the topic 'Thoracolumbar fractures'

The National Orthopaedic Hospital, Igbobi, Lagos will also be hosting the online Annual Scientific Conference of the Nigerian Musculoskeletal Oncology Society on the 26th of November 2020

Donations: As part of contributions towards protecting health care personnel during the COVID-19 pandemic, the AO Alliance donated several sets of Personal Protective Equipment to institutions in the country that had AO Alliance members. Several centres in the zone benefitted from this and we appreciate the contributions.

Fellowships: The National Orthopedic Hospital Igbobi, Lagos has been accredited as an AO spine fellowship training centre. This is in addition to the previous recognition of NOHIL as a SICOT

fellowship centre. This means that trainees can undergo internationally recognised orthopaedic fellowships without necessarily travelling out of the country. We hope more centres and sub-specialties all over the country will attain such recognition.

Member participation: It was part of our mandate to stimulate the interest of the younger generation in NOA activities at the zonal level and ultimately at the national level of NOA. The older generation of Orthopods has worked hard to put together the organizational structure we currently enjoy as an association. We believe it is important to stimulate that patriotic spirit in the newer generation, so we can sustain and improve on what has been bequeathed to us as NOA. As we have all become more familiar with online meetings, it is our hope that we will continue to make use of these opportunities to reach across the boundaries of space to improve participation of all members in NOA activities wherever they may be.

Zonal history: Every association has a history which is best told by the elders. We are blessed with the

presence of our elders who started the zonal system that has improved participation in activities of the NOA all over the country. We think it important to document this history so we can have it for reference and to guide the future of the association. NOA zone 1 has kick-started a project to record the history of the zone and its contributions to the national body. As this twin year 2020 runs towards an end, we are grateful for the Mercy of God in preserving our members throughout the year. We appreciate all our members who educated us through webinar and other sources especially when the anxiety was high. With the hope of effective vaccines on the horizon, and the light at the end of the dark tunnel becoming glaring, we urge all our members to still maintain their guard and keep safe.

We wish all, a nice experience in the Virtual 2020 NOA conference and a happy yuletide.

Dr E.A Orimolade
Zone 1 Chairman

Dr G.H Ibraheem
Zone 1 Secretary

NIGERIA ORTHOPAEDIC ASSOCIATION ZONE 1 EXECUTIVES (2018-2020), (2020 – 2022)



Dr Elkanah A. Orimolade
Chairman, Zone 1



Dr Gbadebo H. Ibraheem
Secretary, Zone 1



Dr Shopekhai E. Itakpe
Treasurer, Zone 1



International Society of Orthopaedic Surgery and Traumatology (SICOT) through its Education Academy has launched a new enterprise “SICOT PIONEER”. PIONEER is an acronym for Programme of Innovative Orthopaedic Networking, e-learning, Education & Research.

Since June 2020, this virtual platform has been hosting a series of webinars covering different subspecialty topics in Orthopaedic and trauma surgery. It is currently planning different e-events including podcasts and live-streamed surgical demos. These educational events are free for members. The recorded videos of these webinars are available for viewing on the SICOT website.

Other 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 received her first SICOT Fellow in Arthroplasty in 2019. Interested members are encouraged to visit the SICOT webpage for details of eligibility criteria and the application process for Fellowship training.

The 41st Orthopaedic World Congress of SICOT will take place from 15 to 18 September 2021 in Budapest, Hungary. We anticipate that the global turbulence occasioned by the pandemic would have assuaged.

NOA members who are yet to join SICOT are encouraged to visit the website. There are immense benefits.

UPDATE ON AO TRAUMA ACTIVITIES & AO ONE NIGERIA MEETING IN 2020.

Organisation of AO One Nigeria Forum.

AO Trauma Nigeria Chapter under the leadership of Dr. Sydney Ibeanusi and Prof. SO Giwa with the support of MD of AO Alliance Claude Martins and the Director of AOTMENA Phillipp Buscher organised a 2- day meeting of all the various AO specialty groups and AO Alliance in Abuja Nigeria. Minutes of this meeting were taken by Polly Buehler (AO Alliance Senior Project Manager).

The meeting had in attendance 2 representative from AO Trauma Nigeria (Prof. SO Giwa and Dr. Tom Sough), AO Spine Nigeria (Dr. Kabir Abubakar and Dr. Adetunji Toluse), AO CMF (Dr. Seidu Bello and Dr. Olutayo

James), AO Alliance Nigeria (Dr.Olufemi Temiloluwa and Dr. Shopekhai), Representative of Nigerian Orthopaedic Association (Dr. Christian Madubueze) while Dr. Sydney Ibeanusi, the convener of the meeting and the Director of Trauma and Emergency in the Federal Ministry of Health Nigeria, represented the Federal Government of Nigeria.

The meeting included presentations on the history of the various AO Units in Nigeria from inception to date, presentation by the MD of AO Alliance Claude Martins jnr. and Philipp on the relationship between AO Trauma and AO Alliance. The meeting

clarified the differences and opportunities between the 2 bodies and the pathway for progression on the AO Trauma and other AO Specialties.

The meeting clarified the confusion that existed between the AO Alliance Operative courses and that of AO Specialty courses, particularly that of AOTrauma as the misinformation had the tendency to affect the attendance of the specialty courses because of the huge differences in the course fees, course content and course targets.

It was confirmed that the Specialty Courses are the only route to advance in any of the AO Specialty

Pathway, e.g. AO Trauma Basic Principles Course is the only pre-requisite to qualify for AO Advanced Trauma Course and AO Fellowship. The same is for AO Spine and AO CMF courses.

It was generally agreed that AO Alliance should continue to organize only the non-operative courses but not the Operative Courses in Nigeria, and Pre-Basic Courses designed for Junior Residents with the introduction of various surgical equipment, implant and principles of the use of the equipment as a foundation towards preparing them for the AO Specialty Courses.

The Non-operative courses should also be open to Non-Surgeons and other Healthcare workers (HHCWs) such Community Health Extension Workers who are closer to the masses as to reduce the

menace of traditional bone setters (TBS) in the communities and to build capacity and critical mass of persons with knowledge to manage fractures.

It was agreed that the AO One Nigeria Forum should hold periodic meeting including academic presentations in collaboration with Nigerian Orthopaedic Association.

It was further agreed that the Forum to seek the possibility to provide slot for seminars or symposia during the Annual General Meetings of the Nigerian Orthopaedic Association.

AO Trauma established partnership with the Federal Government of Nigeria through the Federal Ministry of Health Nigeria to support all AO Trauma Courses in Nigeria by providing Course venue

at the National Trauma Centre and to provide other supports for such trainings.

AO Trauma Basic Principles Course scheduled for August 2020 was cancelled due to the COVID 19 Pandemic. AO International has graciously approved an AO Trauma Basic Principles Course in August 2021 to replace the course scheduled for 2020 which was cancelled in view of the COVID 19 Pandemic. A Symposium on management of Pelvic and Acetabular fractures was also approved for Nigeria for October/ November 2021.

Dr. Sydney Ibeanusi is among the 16 persons trained on AO Chairmanship Development Programme in Istanbul by AO TMENA.

AO Alliance

The West African Trauma Education Program (WATEP) Nigeria Core Team



Temiloluwa Olufemi



Peace Amaraegbulam



Shopekhai Itakpe



Thomas Sough

Contact details:

Website	www.ao-alliance.org
Course email (AO Alliance Nig):	aoacourse.ng@gmail.com

2021 Program Schedule

Date	Course	Venue
February 8 – 10, 2021	Nonoperative Fracture Treatment course	Abeokuta
February 20, 2021	ORP Seminar	Lagos
June 3 – 5, 2021	Nonoperative Fracture Treatment course	Enugu
July 29 – 31, 2021	Pre- Basic Principles course for Residents	Lagos
July 29 – 31, 2021	Basic Principles course for ORPs	Lagos
September 4, 2021	ORP Seminar	Abakaliki
November 25 – 27, 2021	Focused Hybrid Paediatric Trauma course	Enugu
November (TBD), 2021	NOA Seminar	Calabar
xxxx, 2021	Faculty Education Program (FEP)	Lagos



EDUCATION COMMITTEE REPORT 2020

The President and distinguished members of the Association, glad tidings from chairman and members of the NOA education committee. This is a transcript of the Education Committee Report presented at the Virtual Annual General Meeting of the NOA on Saturday, the 28th of November, 2020.

Preamble

The year 2020 is unprecedented and quite challenging on many fronts. The Covid-19 Pandemic has thrown the world into a frenzy with several unplanned adjustments including border closures, flight and movement restrictions, event cancellations, isolations and quarantines to contain the spread. As at today, the 20th of January 2021, more than 100 million cases have been reported with over 2 million deaths worldwide!

Classroom Meetings have been replaced by webinars and webcasts. The 43rd AGM and scientific conference scheduled for Calabar in November was painfully rescheduled till November, 2021. NOA successfully held an e-NEC OGM on the 2nd of May, 2020 and the 10th of October 2020 and a virtual AGM on the 28th of November, 2020 with encouraging participation and contributions. Many sub-specialty societies have had their annual educational programs cancelled or postponed.

Webinars

To keep up with the demands of the new normal and also to keep our members on top of their game, the committee proposed and organized a number of webinars – 19 in total from the 4th of May till date. We plan to continue on this trajectory. The feedbacks have been very encouraging and impressive and these have given us the impetus to

strive to make it better. We intend to run this every fortnight in the meantime. There were some challenges at the early stages including unstable/poor internet connectivity, "baby steps for most online classroom users who were getting used to the new normal, time differences and considerations for the presenters and participants amongst others. Thankfully, all these have been successfully surmounted and we have had largely seamless events in the last couple of months. It is also hoped that once the official NOA website is up and running, some webinars may be organised for a fee to generate revenue. Thankfully, NOA has opened a zoom account for ease of e-learning and communication. Please find attached the list of webinars. While we invite more of our members to come forward and take webinar topics, we plead with those that have been contacted to deliver the webinars attached to them.

Going forward we may bring on board a yearly webinar program for our members forming an expert discussion group on topical orthopaedic challenge in Nigeria and West African subregion. This will enable us form consensus opinion on certain aspects of our practice. We will also work assiduously to provide video records of some of our webinar events as part of our educational materials for members on our website.

Curriculum for Trainees/CME for Members.

We proposed a Zoom – based teaching for trainees in Orthopaedics. This has since kicked off with series of lectures from the various sub-specialties of orthopaedics as well as the basic orthopaedic sciences from the 9th of

January 2021. We are hopeful that surgeons that may be interested in CME can also take advantage of this platform to enrich their knowledge of the subjects. We are grateful and appreciate the efforts of Dr Olukemi Lawani and Dr A. Olusanya Adedapo for facilitating this program. We equally thank all major stakeholders for ensuring a seamless interaction and knowledge sharing. We use this opportunity to invite participation from interested tutors to look into the curriculum and volunteer to take some of the topics listed.

The broad objectives of this project are to improve patient care outcomes and service delivery.

The measurable aims are:

1. To cover a reasonable Orthopaedic syllabus to allow the trainee have competence and confidence to practice as a day - one consultant Orthopaedic surgeon
2. To improve the pass rate in the part 2 (fellowship) examinations
3. To foster sub - specialty interests and improve coordination within sub - specialties
4. To enhance the knowledge base of both Orthopaedic residents and Fellows in current Orthopaedics practice.

This accelerated program would run every 18 months starting from January 2021. There would be parallel sessions on Saturdays and Sundays between 4pm – 6pm WAT. The syllabus has been crafted to reflect the requirements of the colleges and international relevance. We are also grateful to our international partners and collaborators for their contributions.

NOA Newsletter

In a bid to flow with the times, we proposed and commenced an electronic sharing of the NOA newsletter. <https://noanewsletter.com/> please visit the link here to have a beautiful reading experience of the newsletter. This second edition was originally billed for the last week in November 2020 but some unforeseen circumstances delayed the release. The hard copies of the first edition were also printed and copies were shared to the heads of the three zones who we expect to share with hospitals/members

within their respective zones. We await more contributions from the various groups we already reached out to, to generate more reports for subsequent editions.

Subspecialty Fellowship programs
We wish to propose that NOA should commence moves to collaborate with the various training centres to start sponsored sub-specialty fellowship programs for members. The committee is of the opinion that there is a critical mass of trainers in the various sub-specialties across the zones in Nigeria to drive this initiative.

Orthopaedics Research Institute

In spite of the fact that the institute when established will be the centre for advancement of Orthopaedic education and practice, the process of presenting the bill to the national assembly appears very slow with little or no progress.

Prof. J. E. Onuminya
Chairman

Dr. M. A. Shobode
Secretary

List of WEBINARS

THE Effect of COVID-19 on Orthopaedic Practice in Nigeria. Prof KS Oluwadiya 10/05/20

THE NAKED TRUTH ABOUT SARCOMAS DR. SEYI IDOWU 18/05/20

Looking Inwards: Pre, Intra and Post Covid-19 Pandemic. Prof OM Ogirima. 20/05/20

Tips and Pearls of Primary Total Knee Arthroplasty for the Young Orthopods. ME Ugbe. 27/05/20

Revision Arthroplasty in PJI: Single Vs 2 stage Exchange. A debate. Udo Anyaehie and Opeyemi Olusunmade 03/06/20

Every Little Help: Our Vitamin D and Coronavirus. Prof TO Alonge. 07/06/20

Controversies and Recent Advances in Foot and Ankle Surgery. Part 1. Mr Olusanya Adedapo. 10/06/20

Controversies and Recent Advances in Foot and Ankle Surgery. Part 2. Mr Olusanya Adedapo. 13/06/20

Controversies and Challenges in the Management of Open Extremity Injuries. Yau Zakari Lawal. 17/06/20

Management of Acute Traumatic Spinal Cord Injury. Cajetan Nwadinigwe. 24/06/20

Operative Management of Acetabular Fractures. Sikiru Alabi. 01/07/20

Audit in Orthopaedic Practice in Nigeria. Prof SO Giwa. 12/07/20

A Guide to the Management of Meniscal Injuries. OR Babalola. 15/07/20

Limb lengthening and Reconstruction surgery: Emerging sub-specialty in Nigeria Orthopaedic and Trauma practice. Nurudeen Isa. 29/07/20

A Review of Upper Extremity Trauma in Children. Olukemi Lawani. 04/08/20

Non-operative Management of Low Back Pain. ML Mamman. 14/08/20

Management of Spinal Tuberculosis. Prof. J. E. Onuminya. 02/09/20

Trauma Services in Nigeria: Yesterday, Today and the way forward. Dr TM Dabkana. 8/10/20.

The Use of Tourniquet in Orthopaedic Practice. Dr UN Enweani. 19/12/2020



PRODUCT RANGE

- **SPINE IMPLANTS**
 - Thoracolumbar
 - ACDF
 - Interbody Fusion
 - Prosthesis Disc
- **TRAUMA IMPLANTS**
 - Large Fragment
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- **BIOMATERIALS**
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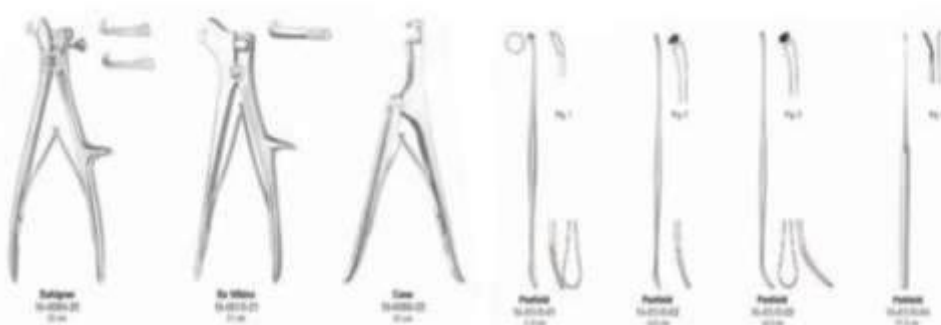
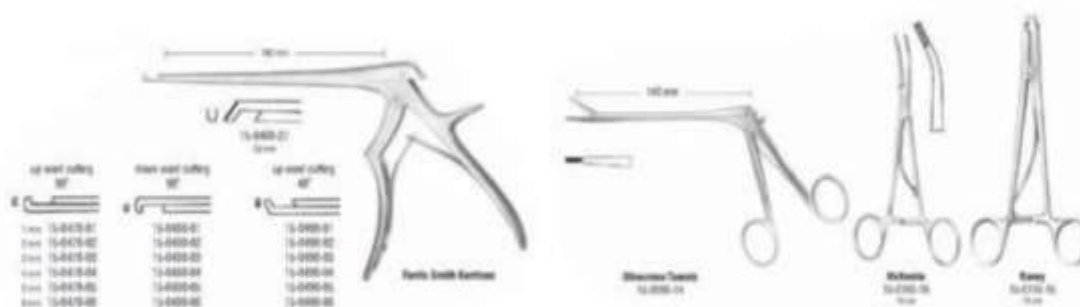
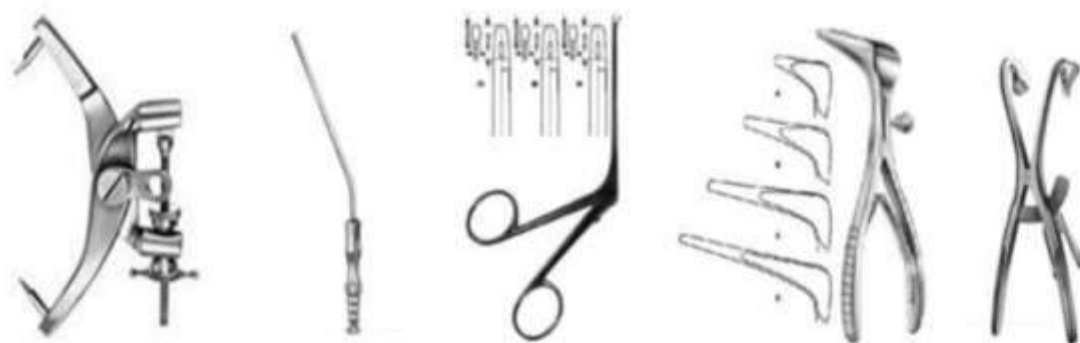
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