

SECEC Travelling Fellowship to Japan (2005)

Arriving at Tokyo's Narita airport we were warmly welcomed by Dr Hiroshi Hashiguchi, who whisked us to our hotel and to a Sushi restaurant, of a superlative standard. The discussions were intermingled with the abolition of the nervous system, and the current practice of upper limb surgery in Japan and Tokyo, Dr Hashiguchi's fellowship in New York, where 250 total shoulders are performed by a single surgeon every year, and various cultural and professional differences between our two continents. Within Tokyo and its surroundings, we visited with Drs Katsumi Sato (Tohoku Rosai Hospital), Dr Kazuya Tamai (Dokkyo Medical College), and Dr Hiromoto Ito (Nihon Medical College). Our discussions were very informative regarding the some fundamental differences between the UK and the Japanese healthcare systems, notably that since outpatient consultations are reimbursed by the government, a common practice is for patients to get multiple opinions from many specialist surgeons, regarding most conditions. This is in stark contrast to the government based healthcare system of the UK, which is much less patient orientated than the former. We were also privileged in watching Dr Tamai operating on a particularly difficult shoulder stabilisation, which he performed with a reassured calm, in spite of a barrage of questions from a couple of foreign fellows.

Dr Shigehito Kuroda cordially invited us to the 32nd Japanese Shoulder Society Congress in Tokyo Bay, where we were privileged to present two talks. The breadth and sophistication of the Japanese research into both basic and clinical scientific aspects of the upper limb was truly impressive. In many ways far more is being achieved than the west is currently aware, since only a fraction is submitted to the English language journals. This is a loss for the West and would be worth while for regular translations to appear in English.

Our next stop was to the northern island of Hokkaido with Professor Minami and Dr N Suenaga (Hokkaido University). Dr Suenaga performed a complex proximal humeral fracture fixation using an intramedullary nail which he was instrumental in designing. The speed and attention to detail were impressive. This was followed by our visit to the university and the Asahikawa Welfare Hospital with Professor Matsuno, Dr Toigiya, and Dr Horigome. Dr Horigome demonstrated an arthroscopic rotator cuff repair and was kind enough to allow one of us (SK) to assist during the procedure and was able to demonstrate a biceps tenotomy. A personal learning point was the precision and extent of the acromioplasty, far more extensive than is standard in the UK/Europe. Sapporo culminated in our visit to the Sapporo Medical College with Professor Yamashita and Dr Okamura. Dr Okamura performed an arthroscopic rotator cuff repair with a double row fixation with such consummate ease that it highlighted the wealth of technical expertise in this country. An interesting way to unwind from the surgery was to be invited to his karate class, in which he was a recognised master, and he allowed us to join the class and practice some rudimentary moves. The final day in Sapporo was a sporting bonanza, with a 5am baseball game with Dr Okamura, 10am game of tennis with Dr Aoki, and a 2pm visit to the local gym with Dr Okamura. In between the sporting frenzy we managed to discuss, in particular, the potential for closer links with the SECEC and Japanese surgeons, with the potential for collaborative research. This has already resulted in Dr Aoki visiting Mr Kamineni in London, to observe surgery and discuss elbow arthroscopic surgery.

Akita was our next stop with Professor Eiji Itoi, Dr Minagawa and Dr Yamamoto. Having commenced with a beach barbeque, we were treated to an outpatient visit with Professor Itoi, who demonstrated his skill in patient assessment with ultrasound scanning. Having learnt from a true master, I now have incorporated this skill in my own practice in London, with great effectiveness. This was followed by a whistle stop at Sendai (Dr Sato) and Yamagata (Professor Igino and Dr Nariyuki Mura). The latter allowed a reunion with an old friend, Dr Nariyuki Mura. Professor Ogino allowed us to present talks at the Yamagata postgraduate meeting and this was followed by a wonderful informal indoor picnic with all the staff and students. A local delicacy that is cooked on an indoor moulded grill, incorporating octopus, was the perfect way to end such an academic evening

Osaka, the most southerly destination of the island of Honshu was with Dr Minoru Yoneda, His technical skill was a highlight, when he demonstrated the DAF (Double row Anchor Fixation) technique for soft-tissue Bankart repairs. Having subsequently tried this technique, it was far more complicated to achieve than the consummate ease with which Dr Yoneda demonstrated. His hospitality was overwhelming, as was that of all his junior staff.

Our final destination was in the southern island of Kyushu. In Fukuoka Dr Yozo Shibata, Dr Masafumi Hara, and Dr Toshio Kitamura continued with the high academic standard. Having spent time in London, Dr Kitamura and I spent many hours discussing piles of the most interesting radiographs, a wonderful way of re-affirming a long-standing friendship. Dr Hara was a most amazing surgeon. Not only had he built a custom made sports hospital, but his methods of injury assessment were highly innovative. Again, most of his literature is in Japanese. We were fortunate in that Mrs Hara took us under her wing and taught us to relax with Tai Chi, a good skill to understand in our profession.

This SECEC fellowship was a truly life-changing event, so many aspects of what was learnt on this adventure have already gone into improving patient care. We would like to thank SECEC and our Japanese colleagues and friends for this opportunity to learn and develop.