



RCSI

ROYAL COLLEGE OF SURGEONS IN IRELAND

COLÁISTE RÍOGA NA MÁINLEÁ IN ÉIRINN

Ethicon Grant/Fellowship Report Form

Grant Holder Name	Dr. Anne Collins
Brief biography, including qualification and year of graduation (no more than 100 words)	<p>POSTGRADUATE QUALIFICATIONS</p> <p>FRCSI (Plast) 2015</p> <p>Fellow of the European Board of Plastic, Reconstructive and Aesthetic Surgeons 2015</p> <p>Master of Surgery (MCh) RCSI 2010</p> <p>MRCSI 2007</p> <p>B Med Sci 2004</p> <p>MB BCh BAO 2004</p> <p>POSTGRADUATE AWARDS</p> <p>Dr. Richard Steeven's Scholarship 2015</p> <p>Ethicon Foundation Travel Grant 2015</p> <p>FESSH Travel Award 2013</p> <p>Best Paper – IHSS Annual Meeting 2013</p> <p>Research Travel Grant 2013, CUH, Temple St.</p> <p>IAPS Annual Meeting 2012 - Clinical Conundrum prize</p> <p>The Kilner Prize, Best Paper BAPRAS 2008</p> <p>Royal Academy of Medicine in Ireland Surgical Section 1st prize 2008</p> <p>Brendan Devlin Poster Prize, Waterford Surgical October Club 2008</p> <p>Academic Scholarship, UCD 1998</p>
Title of Project/Fellowship	The Hand Unit, St. Luke's and Sydney Hospital.
Year of Award: Commencement Date: Conclusion Date:	2017 Feb 2017 July 2017

Summary (no more than 250 words)

The principle goal of this fellowship was to obtain advanced training in hand surgery at St. Luke's and Sydney hospitals. The upper limb unit is fully integrated and is comprised of both orthopaedic and plastic surgeons. I gained exposure to all facets of hand and wrist surgery via congenital, traumatic and reconstructive cases in an internationally renowned centre of excellence. I was keen to obtain experience in areas where I felt additional expertise would benefit the Irish healthcare system. This included the free medial femoral condyle (MFC) flap for the treatment of scaphoid non-unions, which is not currently offered by Irish plastic surgeons. The free medial femoral condyle (MFC) flap provides not only structural support but also the robust, consistent blood supply needed to help restore both scaphoid geometry and excellent function. Research from the Mayo Clinic, where this procedure was pioneered, has reported a 100% union rate with the free MFC flap in the setting of avascular necrosis and carpal collapse versus 40% using the 1,2 intercompartmental suprapretinacular artery graft.

Grant Report (in the region of but no more than 500 words)

Objectives of Project/Fellowship:

My clinical objectives were to gain exposure to all aspects of hand surgery including bony and soft tissue trauma, post-traumatic reconstruction, wrist pain, arthritis, compression neuropathies and congenital deformities.

In addition to enhancing my clinical skills, I endeavoured to advance my academic skills by embracing my role as an educator and mentor. I presented regularly at the departmental meetings and coordinated the research projects of medical students and junior doctors.

Did you achieve these objectives?

Absolutely. What differentiated this training was that St. Luke's hospital is fully integrated. During my higher surgical training, my exposure to hand surgery took place almost exclusively in a plastic surgery environment, apart from a month-long fellowship in the Wrightington Upper Limb Unit (UK). Although there is considerable overlap between plastic and orthopaedic surgeons in the management of upper limb conditions, there are also situations where one specialty typically plays a more dominant role. In the Irish healthcare system brachial plexus injuries are most often managed by plastic surgeons, whereas wrist injuries are more commonly tended to in orthopaedic clinics. Although management of the latter is part of the plastic surgery syllabus, I had minimal exposure to it during my higher surgical training. This fellowship provided me with the opportunity to obtain operative experience that would not have been possible otherwise.

In your opinion, what is the value of your award to:

(a) Yourself

The diverse nature of plastic surgery is such that a comprehensive skill set is required to ensure one is both confident and technically competent to deal with the range of presentations that can be encountered on a daily basis. Through fellowship training, my intention was to obtain advanced training in the management of complex cases I was likely to encounter in my consultant practice. I spent 18 months at St. Vincent's hospital, Sydney primarily focusing on perforator flap reconstruction. During the six months I spent at St. Luke's hospital, I continued to enhance my microsurgery skills via microvascular scaphoid reconstructions, which I had not been exposed to previously. I thoroughly enjoyed working in an integrated environment and obtained invaluable experience, thanks to the support of the Ethicon grant.

(b) The institution in which you worked

As an advanced trainee in Plastic Surgery with fellowships from RCSI and from the European Board of Plastic, Reconstructive and Aesthetic Surgeons, I brought an comprehensive skillset to the unit. My experience allowed me to take a senior role in the complex surgical cases. I was actively involved in academia and attended and presented at a number of national conferences. I also instructed on training courses and supervised the research projects of junior team members.

(c) In the future for Irish patients

The intensive training I received during this fellowship has been invaluable to my development as a plastic surgery and in particular as a microsurgeon. As with all microsurgical procedures, the MFC flap demands dedicated training in order to achieve technical competence. The experience I gained as a result of this fellowship means I can offer patients a promising technique for the treatment of scaphoid non-unions when I return to Ireland.