

# HANOI, Vietnam

Simon Kay, Rob Bains and Sarah Taplin, 23 November 2018

The Leeds team, Professor Kay, Sarah Taplin and Rob Bains, visited Hanoi for the third time this year with the aim of assisting the development of the local brachial plexus, peripheral nerve and children's hand service.

Dr Nguyen Ha and Dr Huyen Tran have continued to develop the service since our last visit are performing primary plexus reconstructions as well as secondary surgery, including free functional muscle transfer. They have also travelled abroad to further develop their experience with Dr Tran visiting us in Leeds in April and spending time with Raja Sabapathy in India. Dr Ha has visited the team at Toronto Hospital for Sick Children.

We arrived in Hanoi over the weekend and as previously started the week at the morning acute meeting at the hospital. Here we were introduced to the rest of the hospital staff at the end of the morning presentations.

We met heads of some of the other departments in the hospital and were present for the national teachers day ceremony where the new intake of juniors present a gift of flowers to each of the senior doctors.



The remainder of the first day was spent in clinic and we reviewed over 120 new and follow-up patients. The hospital advertises our visit ahead of time and people travel from all over North Vietnam to be seen in the clinic. It was also apparent on this occasion that a large number had travelled from across the border in neighbouring Laos. Each patient was reviewed with members of the local team acting as translators and a management plan formulated.

As previously the caseload consisted of adults with brachial plexus injury from motorcycle accidents, babies

with obstetric brachial plexus injury and a children with congenital hand conditions of all types.

Patients requiring therapy returned over subsequent days and were seen and treated by Sarah Taplin along with member of the local team including the ward nurses. We had brought a number of thermoplastic splints and Sarah demonstrated splint adjustment and application. The local ward nurses greeted this with enthusiasm and came in on their days off to assist and learn



some of the rehabilitation techniques.

For the remainder of the week Sarah Taplin worked on rehabilitation with the ward team and we ran two concurrent full day operating lists per day. We were assisted by the local team and performed much of the surgery in conjunction with them. We performed several operations for group 4 obstetric brachial plexus injury with nerve grafting, intercostal nerve transfers and posterior approach accessory to suprascapular transfer amongst the techniques. Other cases included functional gracilis transfer in a child, endoscopic phrenic nerve dissection, latissimus dorsi transfer for external rotation and trapezius transfer for shoulder abduction.

We discussed future visits and what we should aim to achieve going forward. We

also discussed the possibility of more focused visits in the future with themes such as tendon transfer identified by the local team for development. We plan to explore more regular visits and possibly expansion of the visiting team.

We feel that this has been the most successful visit to date. We are now getting a feel for the requirements of the local team for development and we have built on our relationship with them. We have found it easy to review and discuss cases as well as operating with the local surgeons. It is clear that they have significant baseline skills and enthusiasm to learn and they have demonstrated acquisition and implementation techniques with good results.



**Patients for surgery were assigned priority on a three-point scale. The local team decided who was listed for surgery based on clinical priority and their learning requirements.**

