

Norman Bethune Orthopaedic Travel Scholarship Diary: Letter from China

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In March and April 2019, I travelled with my wife, Deborah, to The Second Affiliated Hospital of the Wenzhou Medical University (WMU) in China, as the COA Global Surgery Norman Bethune Orthopaedic Travel Scholar. We touched down in Beijing and we were fortunate to spend a couple of weeks travelling the country prior to arrival in Wenzhou. Below are some of my observations:

March 25, 2019 - We have seen and done many things over the last two weeks while travelling and visiting China. The overall impression is of a country growing at a rapid rate with a rapid pace of change. It is clean, orderly and very beautiful. We have enjoyed the variation in food from region to region and are coming to appreciate some of the subtleties.

March 30, 2019- I have been at work for a week now and have seen more cases of polio in seven days than I have in a career spanning 29 years and 8 years of training in Toronto. Polio has effectively been eradicated since 2010 but there are many patients over the age of 20 who have had contact with the disease.

The health system in China is different. First, there is not an organized primary care provider so patients present themselves to specialists expecting treatment. Second, an appointment to see the doctor is a formality that about 50% of patients presenting at a clinic do not bother with. This sprawling multispecialty facility sees between 10,000 and 17,000 outpatient clinic visits DAILY! The patient registration lineups and waiting rooms are something to behold. The fact that one patient is seeing the doctor is not good enough reason for others to wait outside the consulting room. There seem to be very few staff dedicated to regulating the flow through the clinic. However, it seems to work and most patients get looked after.

Because there is no family doctor, there is little information about the patient at the time of a consult. There is no one to direct the patient's workup outside the hospital, so patients are admitted 2-3 days before surgery and have their work up in house. Once surgery is complete, the current length of stay is 5-7 days following primary total hip or total knee. Most patients receive antibiotics for three days after surgery and thromboprophylaxis for 14 days for TKA and 35 days for THA. Most patients are discharged partially weight bearing.

The health care costs here are shared. There are a variety of accommodation options, from 2-bed rooms for 60 yuan (\$12) per night, to a bed in the hallway for 20 yuan (\$4). The government or an insurance company will cover about 50% of the implant cost while the patient must come up with the rest. I have not sorted out cost of drugs and nursing yet.

There is a three-year residency in orthopaedics here and the residents' main job is to look after the inpatients. This includes admitting the patients, organizing the preoperative investigations, booking the Operating Rooms, and providing post-operative care on the wards. There are 10 orthopaedic floors in this hospital between trauma, sports, spine, tumour, foot and ankle, upper extremity (including a large hand service) and arthroplasty. They generally run 10 orthopaedic ORs daily from 9 a.m. – 5 p.m. and occasionally 9 a.m. – 9 p.m. The staff I am working with did

20 joints the week before I got here. After completing residency, residents apply for a staff job. The expectation is that they will work with arthroplasty staff for about 5-10 years to develop their surgical skills.

The Operating Room appears to run efficiently. Despite not having block rooms for spinal cases, the patients are brought in as the waste from the previous case is removed. The anesthetist goes about his/her work while the surgical nurses set up. The patient is positioned, prepped and the case carries on. There is at least one and up to three circulating nurses at any given time, along with a support staff from the implant company (Zimmer or Stryker). They use warmers and tourniquets as we do. They use a lot of cloth gowns and drapes probably because the labour cost for laundering cloth items have not yet increased to the point where disposable paper gowns and drapes become cost effective. There tend to be hard copy X-rays in the OR but no templating is done. There is no software package in their system at this site. They will be moving a large part of the orthopaedic department to a new site in October 2019, but I am not sure whether templating will be available at the new site either. It will be quite a move with the new Orthopaedic Hospital about 40 km away with little nearby accommodation.

April 1, 2019 - I attended a seniors' volunteer clinic on Saturday morning with one orthopaedic staff, two junior staff, and the head nurse. It was an outreach clinic as part of a 'volunteer day'. We saw a number of patients in a tent in a community centre with musculoskeletal complaints and directed them towards community resources, physiotherapy or surgical consultation. Other services being offered included rehabilitation services, hair cutting, nail trimming, herbal beverages, and food stalls. This was a very interesting experience, as the average Chinese citizen has no contact with Caucasians. The only Canadian doctor the Chinese have heard of is Norman Bethune, known here as Pai Chu En. There was a lot of curiosity and photo taking.

I was also invited to participate in a regional orthopaedic meeting. This involved surgeons from the 1st, 2nd and 3rd Affiliated Hospitals of Wenzhou Medical University as well as some community practitioners. I gave a talk on Current Approach to Total Joint Arthroplasty in Canada dealing with aspects of preoperative preparation for patients, aspects of inpatient care including antibiotics and thromboprophylaxis, length of stay and follow up. There were presentations on perioperative infections, leg length discrepancy and recurrent hyperextension deformity post knee arthroplasty. Their approaches were modern and up to date. There was very good discussion among most of the participants. All the participants gathered for a banquet following the talks which provided an opportunity for ongoing discussions.

April 6, 2019 - My second week involved operating during a couple of OR periods, presenting rounds, giving a talk about periprosthetic fractures, and two sessions with nurses. The OR nurses were very interested in processes of care and thromboprophylaxis. The floor nurses were interested in what makes a good ward nurse and how to manage physicians with a poor attitude towards patients or nurses. This made for interesting conversations requiring a qualified interpreter.

Our last day in Wenzhou turned out to be a national holiday, Tomb Sweeping Day, an occasion where families get together and remember their ancestors. A number of the staff travel to their home towns and visit with family and visit the resting place of their ancestors. We were invited

to visit a local scenic area famous for its rock formations. We had a unique opportunity to share a cultural experience with our Chinese colleagues. Chinese hospitality is quite memorable!

This last day rounded out our time in Wenzhou. I had never taken the opportunity to volunteer for such an experience before. It was very rewarding, both personally and professionally. I would recommend the experience in Wenzhou to interested faculty.



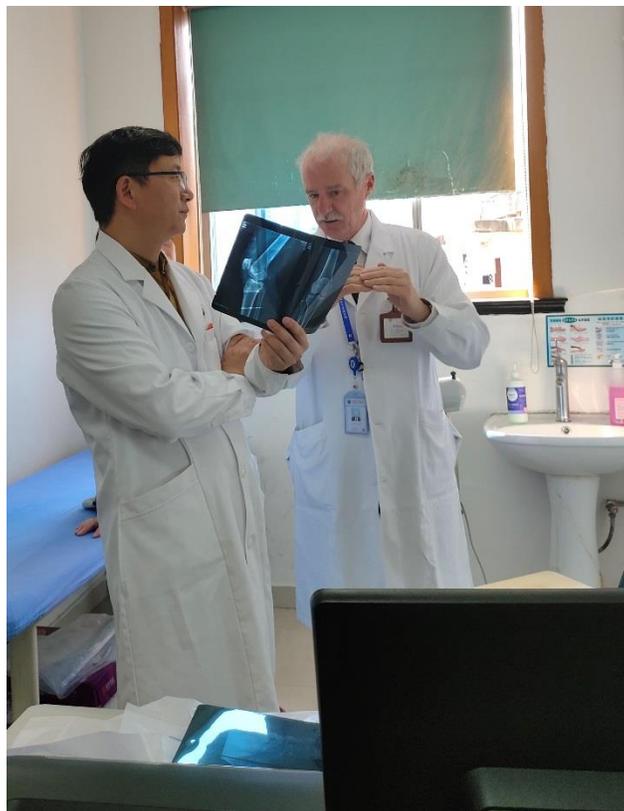
The Orthopaedic Tower at the 2nd Affiliated Hospital, Wenzhou Medical University, Wenzhou, China.



Building Directory, The Orthopaedic Tower, 2nd Affiliated Hospital, Wenzhou.



Operating Room setup for Total Knee Arthroplasty, including three cloth-covered tables.



Reviewing case in clinic with Dr. Zhang.



Meeting with nursing staff at 2nd Affiliated Hospital, Wenzhou, China.



Final sendoff following outing to the countryside on Tomb Sweeping Day, National Holiday, Friday, April 5, 2019.