

DONALD GUNN LECTURE

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The Journey of An Orthopaedic Surgeon

Orthopaedic surgery has always been popular to the medical graduates, well sought out of amongst all the specialist trainings in Singapore. My orthopaedic training started in 1978. I would like to thank TTSH, SGH and ministry of Health provided me with all training grounds and facilities for my postgraduates training. I could also participate in teaching and examining the medical undergraduates and postgraduates orthopaedic trainees and general practitioners. I enjoyed thoroughly during my stint in TTSH and SGH.

When I was the president of Singapore Orthopaedic Association in 1994/1995, I travelled extensively to attend all the annual meetings in Asean Countries and invited all presidents to come to our annual Scientific meetings. Our ASM that year saw the participation of many presidents from the sister associations. I also attended the AOA and AASOS meetings representing Singapore Orthopaedic Association. I was well received and given the warmest reception and the local hospitality. I urge all the coming presidents to continue on this travelling to the all the annual scientific meetings and forge good relationship with all the presidents of the Associations.

SOA has been organising the Saturday case conference since 1968. The early conferences were held in the Orthopaedic lecture theatre at Singapore General Hospital. The orthopaedic C and O units were responsible to collect and present the cases in alternate weeks. The conferences were well attended by junior and senior staffs, it was an arena to share knowledge and teach the young Orthopaedic trainee. I used the Saturday case conference to present a case of Os Odontoidem, during which Sir George Bedbrook was in attendance. I had a very good exchange with him on the case management.

My interest in spinal surgery grew after the case. I collected thirteen cases of C1C2 fusion ranging from non-union of odontoid process, C1C2 instability due to RA, Down syndrome and Marfan syndrome. I presented the result of these thirteen cases at the WPOA meeting in 1985 and SOA meeting in 1987. I also travelled to China and presented at first Sino-Singapore traumatology meeting in Shandong China in 1994.

Pedicle screw fixation was popularized by Dr Roy Camille from Paris. He showed the pedicles in the spines offered the strongest and rigid fixation. I went to Paris to work with Roy Camille and started pedicle screws fixation in 1987. I presented the results of alar transverse fusion using Roy Camille instrumentation - the Singapore experience at the 11th SOA meeting in Sept 1988 and followed with another paper on Experience with pedicle screw spinal fixation at the 13th SOA meeting in August 1990. My colleagues were upset with their chiefs who prevented them from doing the pedicle screws fixation.

Sir John Charnley started total hip replacement in 1960. Singapore did the first total hip replacement in 1972. Charnley Muller hip prostheses were used for the procedures. the numbers of total hip replacement increased exponentially. I used the total hip replacement for the young patients with fracture neck of femur. We saw the early failure from early loosening, cement breakage and massive osteolysis. We termed it cement disease. It was then realized that failure was from the polyethylene wears. We saw the development of cementless fixation in implant fixation at the acetabulum and femur. The use of ceramic on ceramic and metal on metal bearing had been extended to younger patients.

The total knee replacement started with poor quality of polyethylene and implant design with early failure and revision. I believed the failure was due to line or point contact between the femoral and tibial implants. I changed the knee prosthesis to low stress contact and rotating platform designs and later embarked on the high flexed & mobile bearing designs which saw a very consistent full flexion in the total knee replacement.

The private practice in Singapore could be very challenging because of the high rental and staff's costs. One has to prepare for the private practice at all time. Your patients are going to be your assets in your private practice. We have to start building rapport with your patient in your early days of Orthopaedic practice. The patients will travel with you throughout your practising career and will take care of you in time of need. In my presentation, I showed the cases I treated in my private practice.

The future of orthopaedic practice in Singapore is still very bright. we will not be short of patients with the increase in our population. The cost can always be contained with the increasing numbers of orthopaedic surgeons. One should not be driven by chasing the figure and should focus on happiness and work life balance. I hope everyone can work up to 70 in life and enjoy your practice without any financial worry.