Queensland Limb Reconstruction Clinic

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THE MAINE FRAME

Solution to the doctor parent dilemma

QLRC Thought of the month

"Bite off more than you can chew and chew like hell!"

I remember making a conscious decision as a teenager thinking, I don't want to look back and regret that I've not used every day to its fullest.

Seeing my young paediatric patients deal with amazingly difficult and challenging life circumstances reinforces this mantra to me on a daily basis.

It means life can get quite busy...

While I'm not studying for any exams anymore, I'm looking after my patients, building a house, parenting a 3 yr old, running and growing a business, maintaining an interest in research, continuing to train in karate and trying to maintain my personal relationships with my hubby, family and friends...

Whether I do it all as effectively as I should, I don't know, but I don't regret it. It did start getting tiring recently and I took a week off just to get my head above water again and catch up on things. Self care is massively important and I've learned, particularly as a mum, not to expect anyone else to do it for me.

With that said, it's very different since having a child.

I had sworn I would not change my priorities, but being a parent is the greatest responsibility and challenge I am sure I will ever face. I have had to change my life perspective, and I have had to change my expectations. I'm very conscious that I won't get this time with Carter again. So, time has become much more of an important commodity than what it was before and multitasking has become an artform. Expressing breastmilk while driving, taking calls on the phone (on handsfree of course) and eating simultaneously was thankfully not something I got a fine for...

With all this going on,

People sometimes ask me, "How come you're not stressed about it?"

My answer to myself is, "Because it's a gift, it's an absolute privilege to be able to do what we're doing. So there's absolutely no reason to be stressed about something that is a privilege."

There are a couple of things that I feel like I do miss out on, one being the creative side of my personality. There is a little bit of creativity in orthopaedics, but it has to be evidence-based creativity, which is less easy to employ.

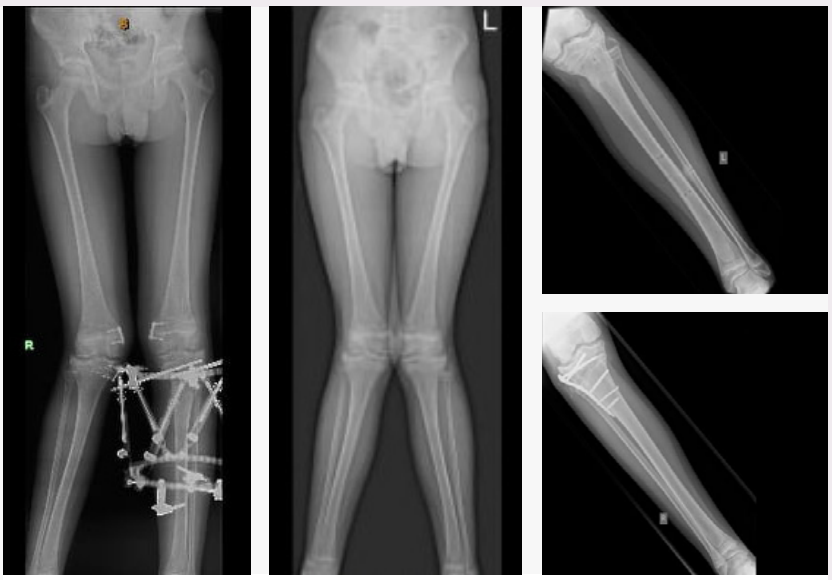
That's why I like doing the complex cases.

Because they're not the same. They rely on you having to think. So I do get to divulge a bit in creativity there. Using my hands is enjoyable, too. Maybe as I get older, I'll be able to do, be it sculpture drawing, that sort of stuff.

For now, it's ticking off the important items and moving forward. This month we're refocusing our attention on Paediatric Limb Reconstructions. So I have a wonderful article for you on the next page.

Understanding Limb Reconstruction

We receive many questions each week from parents and clinicians alike about limb reconstruction. So this month we're going to answer some of the most common ones. This is by no means an exhaustive list so if you have extra ones, then please reach out to us. We're always happy to chat and help.



Corrective surgery performed for knock knees using frame on the right and plate on the left.

Who is a 'limb reconstruction patient'?

Generally speaking, a limb reconstruction patient is any patient who requires complex surgery to reconstruct or salvage a limb.

That might mean they start with a congenital condition, such as Fibula hemimelia or congenital tibial pseudarthrosis. On the other hand, it might mean that they have an acquired condition such as a trauma or an infection in a leg that causes a deformity or potentially bone loss. And they need that infection cleared, and they need the bone reconstructed to try and give them function.

When is it time to see a Specialist?

In children, the process of reconstructing a limb may take months. It may even take years and could be a process that encapsulates the entirety of a child's childhood until they become adults.

So, the timeframe is very unpredictable. Due to that, it is best to engage somebody that you are thinking of treating, either your patient or your child, as early as possible.

This means that you can firstly allow the surgeon the opportunity to understand you and understand the condition and how it affects your life. It also allows you to develop rapport with that particular person, because you're going to need it throughout the limb reconstruction process.

What are the operative and non-operative options?

With most limb reconstruction cases, there is no right answer.

There is not one solution that fits all.

In most cases, when you're looking at salvaging a limb, there are many different ways of doing it. The right one depends upon your aims and your social and personal support. As well as the skill set of the surgeon and what they're able to offer you in terms of options because there will always be options.

And not just two options, but often up to five or six different options that need to be understood and considered in the process of undergoing the surgery.

Those options may be non-operative, they may involve not doing anything. They may involve orthotics, prosthetics, physiotherapy, occupational therapy, psychology, they may be operative and involve surgery plus all of the above.

So there are many different ways of approaching the problem. The right solution is the one that works both for you, your surgeon and the people around you that can support you through the process.

How do I make sure we are doing everything we can for a great outcome?

Firstly, like I said above, early referral to a person that you trust and understands you is really important.

Really doing your homework and making sure that you understand the condition that you're facing, and the options surrounding treatment. Then doing the best you can to abide by the guidelines and rehabilitation that you're given will be what you need to do to get the best outcome.

I think, above all, good communication is really, really important and having a team of people around you that you trust and that can communicate well with you for the sake of yourself or your child. That is the best way of ensuring that you get the most out of your surgeon and the most out of the process.

For the best possible function that you as a person can achieve and ultimately as surgeons, that's our aim for you. We want you to be the best that you can be.

For more info on this:

Refer to our website where we have a number of video and information sheets explaining these conditions, causes and treatments:

www.qldlrc.com.au

Community Spotlight

In this new section of the Maine Frame, we'd like to showcase some of the many inspiring members of the QLRC community. This month we have Aiden.

We first saw Aiden 3 years ago as a 13 year old boy! Recently he reminisced about how overwhelmed he was feeling and thought the process of mending his leg would never end. He has worked very hard on his rehabilitation throughout the last 3 years and we are very proud of him and his family for the commitment they have shown during this time.

After 3 separate surgeries, many hours of rehabilitation as well as many trips to Brisbane, in the recent photo included here he was discharged from our care as a much taller, more mature 16 year old young man!

Congrats Mate!

Team outing to an escape room.

We managed to escape from said room.

The escape room was fun and frustrating!

PoP Quiz 5

Question

A child is born with a short leg and three toes. Spot diagnosis.

- **A** Amniotic band syndrome
- **B** Fibula Hemimelia
- **C** Congenital Pseudoarthrosis of the Tibia
- **D** Achondroplasia
- **E** Vascular malformation

Last month's crosswords answers:

Your next appointment is with: .....

Date ..... **Time** ..... **Practice** .....

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This news is all about you...

With Heartfelt Thanks For Your Referrals.

There's no question I have the BEST patients and referring doctors on the entire planet:

Dr M. Akbar, Dr L. Allison, Dr A. Badger, Dr E. Baer, Dr S. Bandara, Dr T. Batiya, Dr A. Bowman, Dr S. De Silva, Dr J. Domini, Dr S. Elmasry, Dr K. Gajjar, Dr K. Gajjar, Dr Z. Galambos, Dr M. Hansen, Dr N. Herbert, Dr J. Hogden, Dr K. Horsnell, Dr G. Inglis, Dr T. Jaya, Dr B. Khosravi, Dr M. Lakshmaiah, Dr A. Mazarakis, Dr K. McNally, Dr S. Queenan, Dr S. Rad, Dr S. Rajaretnam, Dr M. Reverente, Dr J. Rowan - Parry, Dr P. Satyasiv, Dr J. Siriwardhane, Dr I. Skiathitis, Dr L. Song, Dr A. Springfield, Dr K. Stephan, Dr A. Tanoto, Dr J. Tran, Dr K. Tun, Dr D. Ward, Dr J. Wilmott.

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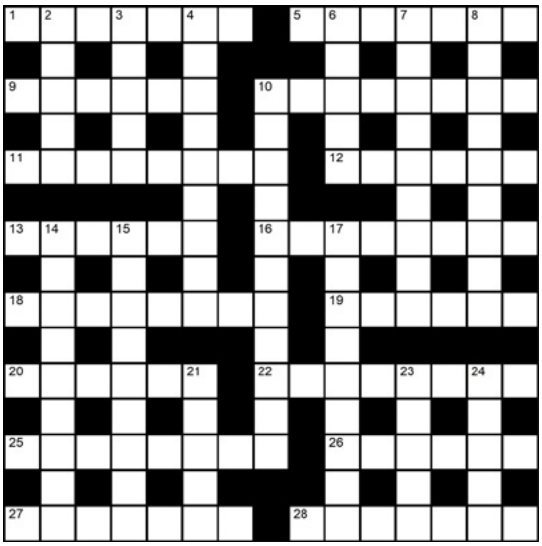
	3							
						4		
		1				7		4
	9			4			8	6
	7		9	3				
				8	3	2	7	
			2				1	

Across

1 Short prayer (7)
5 Bounded (7)
9 Underlying structure (6)
10 Football's "Captain Blood" of yesteryear (4,4)
11 Sole wetland in Central West Queensland (4,4)
12 Tallied (6)
13 Keynote (1,5)
16 Rhett's belle (8)
18 Software (8)
19 Last movement (6)
20 Designer McCartney (6)
22 Group of spectators (8)
25 Olive-green, black and white avian with a distinctive call (8)
26 Chamber music instruments (6)
27 Preparing for publication (7)
28 3-D artworks (7)



Answers will be in next months newsletter!

Down

2 Japanese port city (5)
3 Substantial (5)
4 Red-flowered leafless shrub (6,3)
6 Obtained on Route 66? (5)
7 Small brush wallaby (9)
8 Primitive (9)
10 Baird Bay, SA, pelican breeding site (5,6)
14 Out of the race (9)
15 Sydney electronic music band (9)
17 Sworn statement (9)
21 One of 4.5 billion or so (5)
23 Small German WW2 marine raider (1-4)
24 Pursue (5)

PoP Quiz 5

From page 3

Answer

The most likely diagnosis is B – Fibular hemimelia. This is the most common long bone deficiency syndrome and can manifest with a short leg, valgus (knocked) knee and deficiency of lateral rays of the foot. Other orthopaedic issues include tarsal coalition, a ball and socket ankle joint, cruciate deficient knee and possible short femur with associated DDH. The child is otherwise completely normal. A Paediatric Orthopaedic opinion should always be sought as the condition can cause leg length inequality and ankle / knee instability that does require surgery at some point. I have seen kids as old as 11 present having not had any advice on the issue with parents being told that they "are just missing some toes"!!!