IBRA scholarship report

Information about Scholar and fellowship

- **Name of Scholar:** de Oliveira Gorla/ Luis Fernando.
- **Country of Citizenship:** Brazil
- **Name and Country of Training Center:** England
- **Name of Fellowship Director:** Mr. Nicholas Lee
- **Scholarship Type:** C
- **Type C:** Guided versus Non-Guided Chin Repositioning. A Retrospective Study on Accuracy
- **Scholarship date:** September, 10 - December, 10 (2023)

Professional and personal experience

- **What were your professional and personal expectations of the scholarship?**

I am a Brazilian oral and maxillofacial surgeon working as part of the team at an IBRA center in South America (Araraquara, São Paulo). Here, we provide services to both private and public hospitals covered by the government healthcare system, known as SUS. Much like us, England also has a public healthcare system, and my broader professional expectations were related to the opportunity to observe the functioning of a publicly funded system with more resources, understanding the differences and identifying aspects that we could learn from.

Regarding my specific personal expectations, I had the chance to research the activities of the center director beforehand and noted his enthusiasm for the benefits offered by virtual planning and patient-specific implants. As this is an area of great interest to me and aligns with my research focus, I was eager to observe the routine practices in Europe in this regard.

Finally, my personal expectations were centered around two main points: improving my English proficiency and exploring other countries, taking advantage of Europe's geography and ease of mobility.

- **What is the main focus of the IBRA training center (in general and of the department) you assisted in?**

I could divide the visited IBRA center into three major areas of operation. Firstly, it serves as a regional referral service for the treatment of maxillofacial trauma, handling a significant patient load. It's also noteworthy for the substantial volume of head and neck cancer treatments, involving extensive reconstructive surgeries on a weekly basis. Lastly, there is a focus on surgeries for the treatment of dentofacial deformities, which are also carried out routinely, almost on a weekly basis.

- **What did you do during your scholarship/how were you incorporated in the training center's daily routines/activities?**

As for my routine, I had complete freedom to immerse myself in the day-to-day activities of the service. I participated in daily morning meetings for the discussion of cases and surgeries, conducted rounds in the department to assess patients, observed surgeries in the operating theater, and also had access to trauma clinics for the evaluation and postoperative follow-up of patients with facial fractures. I visited clinics for the assessment of patients undergoing treatment for head and neck cancer, attended joint clinics with orthodontists to discuss orthosurgical cases, and Mr. Nicholas Lee ensured my involvement in discussions with clinical engineers during the planning of orthognathic surgeries.

Specifically, about surgeries, I observed 7 procedures for the correction of dentofacial deformities in the operating theaters, including bimaxillary surgeries and expansion surgeries. Additionally, there were 6 trauma surgeries, encompassing both primary procedures and surgeries for the correction of sequelae. I also witnessed 14 surgeries for the treatment of head and neck cancer, which involved major procedures such as tracheostomies, neck dissections, and microvascular reconstructions. In addition to these, I observed several other surgical procedures under general anesthesia, including an aesthetic revision to address sequelae from a previous infectious process and 4 tooth extractions performed under general anesthesia. In total, I observed 32 procedures in the surgical center.

– **Specify your 3 to 5 favorite procedures and/or new skills you could acquire**

Certainly, the procedures that caught my attention the most were:

1. Patient-specific PEEK implants for the treatment of orbital fractures and corrections of the maxillofacial complex.
2. Transconjunctival approaches to the orbit, as we routinely perform subciliary accesses in my country.
3. The use of custom fixation systems for orthognathic surgeries. Although we have access to this solution in my country, its use is not as common as in Sheffield.
4. Another significant procedure observed frequently was microvascularized grafts for reconstruction after the resection of cancerous lesions. In Brazil, this procedure is not a reality in all centers, and access to these surgeries is not straightforward, as in our context, it involves multiple surgical teams. This is in contrast to England, where only the maxillofacial surgery team carries out the entire procedure.

– **Which procedures can potentially be adopted in your future practice and how do they compare to your experiences at home?**

Absolutely, the adoption of custom PEEK implants for the treatment of orbital fractures is a remarkable practice that I aim to develop in our approach to maxillofacial trauma. Currently in Brazil, orbital reconstructions are predominantly done using standard titanium meshes, and customization is generally limited to pre-bending based on three-dimensional models.

Moreover, two practices commonly observed in England are of great value for patient treatment and are suitable for implementation in our service:

The first pertains to morning meetings held before patient visits. These meetings allow for extensive discussion of inpatient cases or surgeries to be performed. The brainstorming sessions in these meetings are beneficial for providing the best possible treatment. In Brazil, such discussions typically occur during each patient visit, and I can conclude that the lack of prior discussion can potentially hinder the absorption of important concepts, especially for surgeons in training.

The second involves joint clinics with orthodontists for the evaluation, management, and decision-making for all cases undergoing surgical treatment for dentofacial

deformities. This type of direct interaction between the surgeon, orthodontist, and patient to determine the best course of treatment is extremely beneficial. In Brazil, the level of interaction is not as extensive, and decisions are often made individually, with one party (either the surgeon or orthodontist) informing the other through written communication.

- **What was the most significant personal experience of the scholarship for you (e.g. cultural exchange etc.)?**

As cultural exchanges were important, given that the service is cosmopolitan and, being a training service, hosts surgeons and aspiring professionals from different regions of the globe, each with their own distinct cultures. For me, the greatest cultural gains were the improvement in the English language, crucial for integration into the highly globalized world of maxillofacial surgery. Additionally, I had the opportunity to visit six other countries besides England during my stay. Combining professional experiences, such as visits to the University of Basel in Switzerland, the medical fair in Dusseldorf, Germany, and the Materialize factory in Belgium, allowed me to explore exceptional places that have created lasting memories for a lifetime.

Closing words

- **Tips to future scholars (housing, traveling etc.)**

First and foremost, it's important to note that for participation in surgeries, a temporary registration granted by the relevant UK authorities is required. Although a dual qualification (degree in dentistry and medicine) is necessary for practicing as a maxillofacial surgeon in England, maxillofacial surgeons with a background solely in dentistry can obtain temporary registration to work as assistants under the supervision of the fellow's supervisors. However, it's crucial to acknowledge that this is a bureaucratic and time-consuming process, so if this is the candidate's focus and desire, it's advisable to initiate the process well in advance. No special visa is required to enter England for the purpose of undertaking the fellowship; a letter of authority is sufficient. Ensuring that all vaccinations are up-to-date and can be verified is important for access to English hospitals.

Regarding accommodation, accessing subsidized housing is not as straightforward. Besides, rentals tend to be expensive in the UK, and landlords often prioritize contracts of at least one year. Therefore, the advice I can offer is to seek the necessary accommodation through commonly used websites and apps, such as Airbnb. For fellowships like mine, lasting three months, hotels are not recommended. Choose accommodation that includes a washing machine and a well-equipped kitchen. Cook your own food as good markets are available, and the purchasing power is excellent.

The European transportation system is efficient and accessible, with trains always available to meet your needs. To reach Sheffield, descend at Manchester Airport and take a train to your final destination, which is less than an hour away. The train station is adjacent to the airport. For exploring other European countries, London can serve as a starting point. Take a train from Sheffield, and in less than two hours, you'll be at London St. Pancras International, your gateway to the entire continent.

- **Acknowledgement**

I would like to express my profound gratitude for the opportunity granted to me by IBRA to undertake this fellowship. Through it, I had the chance to access new cultures, experiences, and significant professional and personal growth. As a surgeon, it is gratifying to know that there is an institution like this, focused on facilitating exchanges between surgeons and services from different parts of the world, all aimed at achieving a noble common goal: providing the best possible care to patients.

I would also like to extend my thanks to all the fellow surgeons in Sheffield who welcomed me with open arms and shared their routines, ideas, and skills with me during these three months. A special acknowledgment goes to Mr. Nicholas Lee and Mr. Muzzammil Nusrath, consultants responsible for the IBRA training center in Sheffield.

Finally, I cannot fail to express my gratitude to my colleagues at the IBRA Training Center in Araraquara, São Paulo, who cared for our patients during my absence.