

## Written Report

I have attended the *New Techniques and Controversies in Foot and Ankle Arthroscopy and Sports Medicine* organized by Arthroscopy Association of North America (AANA) in Rosemont, Chicago from 5<sup>th</sup> to 6<sup>th</sup> October 2018. Both Dr Richard Ferkel from Southern California Orthopedic Institute in USA and Dr Niek van Dijk from Amsterdam Foot & Ankle Platform were present in the course. It provided an update in knowledge and technique in foot and ankle arthroscopy and related minimal invasive surgery. As Dr Ferkel is famous in ankle arthroscopy in supine position and Dr van Dijk is famous for posterior ankle arthroscopy. The presence of both of them made the learning more complete and fulfilling.

The arrangement of the course was excellent. The orthopedic learning center in Rosemont is near airport with official hotel support next to the center. Although the course was 2 days only, it was tightly packed. Detailed and informative presentations were presented by multiple experienced international speakers which included osteochondral lesion, controversies in supine versus prone ankle arthroscopy, syndesmosis injury, lateral ankle instability, repair and reconstruction, Achilles tendon pathology, tendoscopy for peroneal tendons, posterior tibial tendon, flexor hallucis longus and Achilles tendon, arthroscopic arthrodesis etc.

After a session of presentations, we were brought to a cadaveric laboratory for demonstration and practice. The cadaveric laboratory was the best I have ever seen. The laboratory was spacious. The audiovisual system for surgical demonstration was top notch. Each participant had their own cadaver, complete sets of necessary instruments and one dedicated table instructor. It was the most luxurious cadaveric lab practice I have ever joined. Because each participant was separated, everyone could go on their own pace. We could practice any procedures around the foot and ankle region with the help of experienced table instructor. There were also a wide variety of suture anchors and arthroscopic instruments available, which made the practice of a wide variety of procedures possible.

In conclusion, this AANA course was an excellent one. AANA also hosts a wide variety of courses in sports surgery throughout the year. I highly recommend other colleagues to join one if they can find suitable topics. Last but not least, thank you for Young Fellows Committee of Hong Kong College of Orthopaedic Surgeons for the sponsorship of this AANA course.

Dr Choi Tsz Lung (UCH)  
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