

# Parekh Foot and Ankle Conference

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There was no need anymore for the sweater I'd been wearing since leaving London, now nearly 24 hours ago. Weary as I was from sleeping uncomfortably on benches in New Delhi airport, the fresh air and sunshine gave me new energy as I stepped out of Hyderabad airport. I walked past rows of eager people awaiting the arriving travelers and found a man holding a piece of paper with "The 6<sup>th</sup> Annual Parekh Foot and Ankle Conference" and my name on it. He introduced himself as Ansar, and we chatted in my broken Hindi as we careened through traffic along the highway into the city center.

Ansar dropped me at the Taj Krishna, where I checked into my room and ironed my clothes before heading to dinner with Dr Selene Parekh, the international chair of the conference, and the other visiting lecturers and organizers. We listened to a duo singing and playing *harmonium* and *tabla*, and we chatted about the upcoming conference over a meal of North and South Indian delicacies. I sat beside Dr Rajiv Shah, the conference's national chair. In between singing along to the Hindi *ghazals*, he told me about the orthopedic specialty hospital system he developed in his home state of Gujarat and how far the young subspecialty of Foot and Ankle surgery had come in India since he began practice, as well as how much more was still left to be done. Indian orthopedic surgeons pride themselves in managing a large volume of complex lower extremity trauma with relatively limited access to the resources we enjoy in North America. Much of the trauma in India is neglected, not just due to limited access to care and delayed patient presentation, but as a result of incorrect diagnosis and treatment by physicians—something we all hoped to address during this conference.

On Friday morning, I met the visiting faculty in the lobby of our hotel and prepared for the events of the day over *idli*, *sambar*, and fresh fruit. We piled into cars and were driven to the conference venue through harrowing traffic that made many of the visiting lecturers fearful of producing orthopedic trauma rather than treating it. We were greeted at the Marigold hotel conference hall where an impressively large poster was plastered to the wall, listing the lectures, panel discussions, live surgeries, and industry sessions that would fill the following three days. We passed stalls set up by many industry representatives, presenting the variety of implants and devices now available in India. We uploaded our talks for the day to the podium computer while the hall filled with delegates of various levels of orthopedic training from many hospitals in India.

Dr Parekh kicked off the day with a description of the Parekh Foundation and the 9-year history of the conference, held in a different cities in India each year. Then began a series of lectures and discussions covering the basics of foot and ankle physical examination and imaging, trauma, and hindfoot arthritis. I presented on the basics of foot and ankle compartment syndrome. The course organizers and lecturers, all senior Foot and Ankle specialists from hospitals across India, shared their wisdom and advice, while delegates asked questions and shared their own experiences.

We then traveled by car to Sunshine Hospital where we met the local team and prepared to broadcast four live surgeries. Dr Holly Johnson from Massachusetts General Hospital performed a Kidner procedure, using a c-arm to reinforce to the remotely watching delegates the extent of her excision of a type III accessory navicular. Dr Parekh performed an arthroscopic debridement and microfracture of a talar osteochondral lesion with an open deltoid repair, followed by Dr Rajiv Shah performing a tibiotalar calcaneal nail. Dr Mark Glazebrook from Dalhousie University ended the day with a talonavicular-cuneiform fusion in a young man with navicular avascular necrosis. We returned to the hotel that evening tired but enthusiastic after a day well-spent, and shared a meal with our Indian colleagues who hailed from as far north as Amritsar, Punjab to as far south as Coimbatore, Tamil Nadu, India.

Saturday began much the same way, with case-based discussions and lectures focused on tendon injuries and pathology, management of rheumatoid and diabetic patients, prescribing orthotics, and forefoot reconstruction. Robert Holloway, a visiting industry representative from the United States, discussed innovation and working with industry. This is a new and promising frontier for many orthopedic surgeons in India who are developing new devices and techniques to care for orthopedic patients in the developing world. At Sunshine Hospital, we broadcasted live demonstrations of an metatarsophalangeal fusion, subtalar fusion for a malunited calcaneus fracture, a cavovarus foot reconstruction, and one of India's first total ankle arthroplasties.

Dr Zankhna Parekh, Dr Selene Parekh's wife and codirector of their Family Foundation, led a separate physiotherapy workshop at the hospital with local nurses and physiotherapist in attendance. Ms Jennifer Holloway, a nurse from the United States, presented on diabetic foot care, an important topic for India's large and growing population of diabetic patients. For four years running, the Parekh Family Foundation also organizes a donation of shoes to a local school. We ended the day by meeting a group of about 60 children from underprivileged backgrounds who attend a local government school. With some fanfare and photographs, and a speech by Dr Zankhna on the value of education and service, we distributed the shoes to the appreciative children.

We ended Saturday with a dinner on the terrace at the Marigold hotel, and all the conference organizing faculty and lecturers joined. I sat at a table with the younger generation of orthopedic attendings at Sunshine Hospital in Hyderabad and a few visitors from Baroda. Their passion and enthusiasm was evident. They shared stories from their training and their practice, of patients with difficult problems and often limited solutions. We talked about disparities in access to care for the poor and the disenfranchised, both in India and all over the world. We compared our health-care systems and what we could do to truly care for our patients, and not just fix injured feet. The surgeons I met in India inspired me with their dedication to their patients and their faith that truly exceptional orthopedic care could and should be available to all patients.

For the final day of the conference, we listened to lectures and panel discussions on trauma care, pes planus, and various topics in sports. In lieu of additional live surgeries, we watched prepared surgical videos presented by the Indian or visiting surgeons who walked us through their indications, tips, and tricks for the case. We heard from the organizers who thanked us all for attending the conference, and the delegates thanked the organizers for their work putting the course together. After lunch, the faculty led debates on various controversial cases—whether to fix or fuse a Lisfranc injury, whether to replace or fuse an ankle—and then ended the day by sharing their “worst case,” which was thought provoking and humbling.

Then the conference was over. Like a whirlwind that occupied our full attention for three days, suddenly it had passed. The attendees said their goodbyes and unceremoniously left the venue to return to their patients. Hopefully now they felt armed with new knowledge and a strong community to rely on in times of doubt or difficulty. I said my goodbyes, exchanged numbers and photographs with the many new friends I'd made, and hopped in a car to the airport.

On the way to the airport, the driver Taj agreed to take me to Birla Mandir, a Hindu temple at the top of a hill with stunning views of sprawling Hyderabad. As it was Sunday, many people were there—women and men, young and old, rich and poor, able-bodied and disabled. We all took off our shoes and climbed barefoot to the shrines at the top of the hill. The temple-goers bowed and touched the ground beneath the feet of the marble Gods. In Hindu culture, it is a sign of great respect to touch someone's feet.

As I looked out over the lake and to the bustling city around it, I was hit with a wave of deep gratitude—not just to have participated in the conference, but also to be leaving inspired and energized by the surgeons I met here. I look forward to returning to India again and witnessing a new generation of Indian surgeons rise to the challenge of providing excellent foot and ankle care to their patients. We will continue to have much to teach each other.

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