

# Hand surgery in Portugal

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Although there is still no formal specialty in hand surgery in Portugal, hand surgeons work in specialized centres, in hand surgery departments. Several hand surgery centres receive a noteworthy number of complex trauma cases. There are currently 65 hand surgeons in Portugal. The Portuguese Society for Surgery of the Hand (SPOCMA) was founded in 1968.

## Training, courses and meetings

Hand surgeons in Portugal come from either an orthopaedic or plastic surgery background. Residency of both these specialties takes six years following a one-year stint of house officer duty. Those interested in hand surgery allocate a fair amount of time to the discipline during their residency. Most hand surgeons have done part of their training abroad. After specializing in either orthopaedic or plastic surgery, they may pursue a career in hand surgery departments or in groups that are affiliated with public or private hospitals. These departments organize consultations, operating theatres and available beds in surgical infirmaries. Most departments have ongoing clinical research projects, and a few of them have basic and translational research.

A few hand surgery departments organize post-graduate teaching courses, whose subjects include tendon and nerve repair, joint replacement surgery, flap surgery, microsurgery, burn management and arthroscopy. These departments regularly accept medical students and residents in internships and observation stints.

Organized by the SPOCMA, a two-month post-residency fellowship will begin this year. This is supported by several public and private hand surgery groups to promote a steady rise in the number of hand surgeons. Eligible applicants will be either plastic or orthopaedic surgeons and will fill 12 posts annually. They will be selected based on prior experience, motivation, academic records and publications.

The SPOCMA has an annual scientific meeting which began in 1969; it hosted the FESSH Congress in Lisbon in 2003 and the conjoint Portuguese–Spanish congresses in 2008 and 2014, and the Hand Surgery Iberian–Latin American Meeting in 2008. Although small, SPOCMA, with its 50-year history, is an active part of contemporary European hand surgery, striving to provide the best care to patients, as

well to promote professional satisfaction of its associates. The society's presidency is held alternatively by a plastic surgeon and an orthopaedic surgeon, in three-year tenures.

## Major practice

The major hand surgery departments are conveniently located in the largest cities. There is a national referral from more peripheral regions to these centres for both acute and elective cases.

Major practice includes treating degenerative hand diseases, Dupuytren's disease, congenital anomalies, arthritis, particularly rheumatoid arthritis, acute trauma and trauma sequelae, nerve injuries, including obstetric and adult brachial plexus injuries, burns and their consequences, infections, vascular diseases, tumours and consequences of central nervous system lesions. Among the most common cases are nerve entrapment syndromes, particularly carpal tunnel surgeries. Rheumatological hand diseases are also relatively frequent, which has promoted a close interaction between rheumatology and hand surgery departments. Since 2005, a referral system has established between the Portuguese Institute of Rheumatology and one of the major hand surgery departments. In the latter, patients are observed and treatment plans are proposed by a multidisciplinary team involving hand surgeons, rheumatologists and physical therapists. This practice has led to considerable increase in tendon transfers and arthroplasties.

Due to a relatively high incidence of motor vehicle and work-related accidents, acute upper limb trauma treatment is frequent in Portugal. Most cases involving skin, tendon, nerve, bone and/or vascular injuries are treated regionally. Adult brachial plexus injuries, in particular, are frequent, which has justified the creation of specialized referral centres to deal with these conditions. Treatment ranges from the acute nerve repair to free muscle transfers, including devoted physiotherapy programmes.

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