



CONVERSATION WITH PROF. NAFİZ BİSEL: CERRAHPAŞA AND SPINE SURGERY

PROF. DR. NAFİZ BİSEL İLE SÖYLEŞİ: CERRAHPAŞA VE OMURGA CERRAHİSİ

Huseyin BOTANLIOĞLU¹

¹Assoc. Prof. Dr., Istanbul University,
Cerrahpaşa School of Medicine,
Orthopaedics and Traumatology
Department, İstanbul.

SUMMARY:

Prof. Nafiz Bilsel was born in Bornova, Izmir in 08.10.1950. He graduated from Istanbul University Faculty of Medicine, in 1973. He became a surgeon of Orthopaedics and Traumatology at Istanbul University Cerrahpaşa Faculty of Medicine, in 1979. He passed the associate professorship examination of Orthopaedics and Traumatology in 1985. In 1995, he became the professor of the Orthopaedics and Traumatology at the same faculty. Below, you will find a conversation with Prof. Dr. Nafiz Bilsel, who is an invaluable member of our faculty and has important contributions to the advancement of spine surgery in both Cerrahpaşa Faculty of Medicine, Orthopedics and Traumatology Department and our country.

Key words: Nafiz Bilsel, Cerrahpaşa Faculty of Medicine, spinal surgery, scoliosis.

Level of evidence: Biography, Level V

ÖZET:

Prof. Dr. Nafiz Bilsel 1950 yılında İzmir Bornova'da doğdu. 1973 yılında İstanbul Tıp Fakültesi'ni bitirdi. 1975 yılında Cerrahpaşa Tıp Fakültesi Ortopedi ve Travmatoloji kliniğinde asistan olarak uzmanlık eğitimine başladı. 1979 yılında aynı klinikte Ortopedi ve Travmatoloji uzmanı oldu. 1985 yılında doçent, 1995 yılında profesör oldu. Kliniğe girdiği günden bu güne, çalıştığı aynı bölümde, hocalarından aldığı ışığı daha da yukarılara taşıdı. Türk Omurga Cerrahisinin gelişimine büyük katkılarda bulundu. Aşağıda onunla ilgili bir biyografik çalışmayı söyleşi formatında bulacaksınız.

Anahtar Kelimeler: Nafiz Bilsel, Cerrahpaşa Tıp Fakültesi, Omurga Cerrahisi, Skolyoz

Kanıt Düzeyi: Biyografi, Düzey V

Address: Hüseyin Botanlioğlu,
Istanbul University, Cerrahpaşa
School of Medicine, Orthopaedics and
Traumatology Department, İstanbul.
Tel.: 0532 7938092
E-Mail: huseyinbotanlioglu@gmail.com
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INTRODUCTION:

Prof. Dr. Nafiz Bilsel, is an invaluable member of our faculty and has important contributions to the advancement of spine surgery in both Cerrahpaşa School of Medicine, Orthopaedics and Traumatology Department and our country.

BIOGRAPHY:

Dear Professor, could you please briefly talk about your background?

I was born in Bornova, Izmir on 08.10.1950. Due to my father's profession, I studied primary school in five different locations. After I graduated from Pendik High School in

1967, I began studying as a medical student at İstanbul University School of Medicine, where I graduated in 1973. After finishing my military services in March 1975, I worked as an assistant physician in Göztepe Hospital for two months. In this period of time, I passed the residency examination for general surgery and worked as a resident in Beyoğlu İlk Yardım Hospital for a short time. Meanwhile, registration for Cerrahpaşa Medical Faculty, Orthopaedics and Traumatology surgery residency exam was began.

I passed the exam and began my training in my most favorite branch of surgery in August 1975. In Fall 1979 I graduated as a specialist in Orthopaedics and Traumatology surgery, presenting my thesis on "Surgical Treatments in Olecranon Fractures" and began to work as chief resident in the same clinic.

I gained associate professor title in 1985. I was appointed as Professor in 1995.

I married Hikmet Bilsel in 1977 and we have a son. I am still working in Cerrahpaşa School of Medicine, Orthopaedics and Traumatology Department (Figure-1).

THE CONTRIBUTION OF THE SPINAL SURGERY:

How your interests in vertebral diseases began?

In my residency years, there were no surgeon focusing on vertebral diseases and traumas in our department. For this reason, we were redirecting spinal deformity cases to İstanbul School of Medicine, to Dr. Bahattin Oğuz Timuçin; spinal infection cases to Baltalimanı Bone Disease Hospital and vertebral fracture cases to Cerrahpaşa Neurosurgery Department, to where they were performing laminectomy for all vertebral fractures.



Figure-1. Prof. Nafiz Bilsel and his family.



Figure-2. Relton-Hall Frame.

In my second year of chief residency, I went to United Kingdom for 9 months to improve my knowledge and experiences. I worked as an observer in Birmingham Royal Orthopaedic Hospital with Mr. Harry Piggott FRCS. Dr. Piggott was a very benevolent and knowledgeable person. Spinal deformities were his main interest alongside with pediatric surgery and general orthopaedics. He worked with Harrington for a while and was performing Harrington procedure for scoliosis.

When I arrived Turkey, with the great support of Prof. Dr. Kemal Bayraktar and Prof. Dr. Macit Uzel, I began to work on diagnosis and treatment of vertebral diseases.

What were the difficulties ahead of you in this duration?

There wasn't any knowledge and experience in our clinic at that time about this issue. Also, the shortage of surgical instrument forced me to obtain everything individually by myself.

At 1983, while Deanery was short on budget, I managed to purchase a vertebral surgical set and Harrington set by myself. Also I had a Relton-Hall Frame made by a blacksmith, which at that time, I thought, was an essential part of the surgery (Figure-2).

Stryker Frame which is used in post-operative period after Harrington surgery was very expensive, I could not even suggest buying it. After Harrington surgery, Risser casting had to be applied, so I had a blacksmith to make me a replica of a Risser casting table, which was at the Istanbul University Medical Faculty, Orthopedics and Traumatology Department. Because we didn't have a Stryker Frame at that time, after Harrington surgeries, I had my patients lie down on a cast-made bed until Risser casting was applied. One of my patients had a broad gluteal necrosis because of the cast-made bed, so we started to search for a Stryker frame. One company's representative said that they had sold one of these to Vakıf Gureba Hospital many years ago. I found out that the frame was at their store. After the permissions from deanery, we went to the store and we saw an unused Stryker frame tossed in to a corner. Supposedly it was bought many years ago, never used or even nobody knew where to use it. Besides all our efforts, we could not be able to transfer it for Cerrahpaşa Hospital (Figure-3).

With the help of a philanthropist and a very skilled blacksmith, we managed to build two of it, by copying the original one. We used those for many years not even just for scoliosis. After sometime, more stable systems became available, so we decided to give those two frames to physiotherapy clinic for rehabilitation of the paraplegic patients (Figure-4).

Could you give information about evolution of surgical applications in your clinic?

After I returned to Turkey I had performed standard 'Harrington Surgery' until 1985. At the beginning of 1985, I went to Birmingham again for 3 months. 'Sublaminar wiring' technique and 'segmental spinal instrumentation' systems had begun to be used in Birmingham. When I was in the United Kingdom, A.F. Alves, a Portuguese general surgeon, made a presentation with a large patient series, which was named 'The Portuguese method in surgical treatment of scoliosis' and was followed with interest by the participants at the meeting of 'British Scoliosis Society', held in 1985. Accomplishing the correction by ligaturing the cerclage wires which were passed from the bottom of the spinous process in the curvature site to a 4,5 mm coil, was an interesting method for me. Before arriving to Turkey, I visited Portugal and I attended operations with A.F. Alves. After I arrived, I started to use this method in some cases.

Between 1985 and 1990s, I used 'Harri-Luque', 'Luque' and 'Hartshil rectangle' segmental spinal instrumentation (SSI) system which was being applied with using sublaminar wire, in all spine operations those require instrumentation.

Towards the end of the 1980s, I also started using double rod correction and stabilization systems which was developed by Prof. Dr. Emin Alici who made huge contributions to the development of spine surgery in our country. After that, we have come to these days, using CD system and pedicle screw systems.

Sublaminar wiring, SSI was applied widely in our clinic and for the first time in our country by me. Today, I still use this method when needed and I think everyone should learn this method

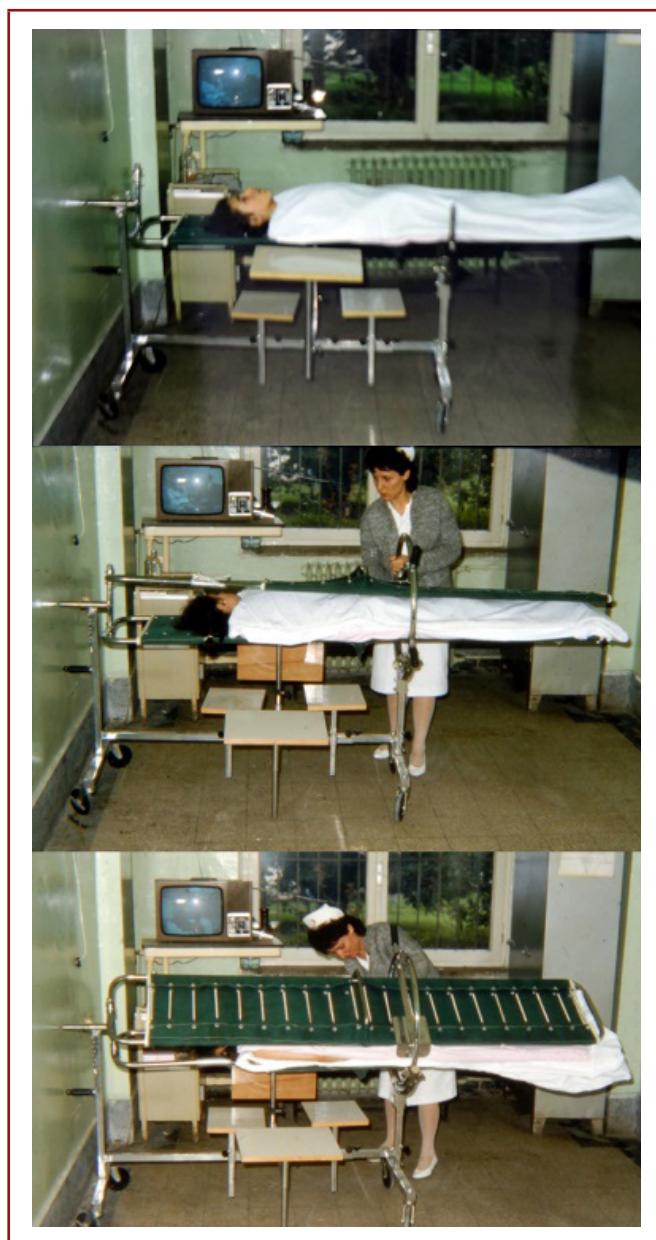


Figure-3. Stryker Frame.



Figure-4. Risser Frame.

Which complications did you encounter in sublaminar wiring applications ?

I believe there is no operation without complications. While there are reports about high complication ratios of sublaminar wiring applications in some publications, we haven't encountered any complications causing neurological deficit. In only one patient, dural fistula was developed and was recovered after a long treatment period.

What are the other applications which can be termed as "innovation" in your clinic besides sublaminar wiring?

"Wake Up Test" developed by Stegnara, was an important test especially in sublaminar wiring, to detect and prevent the complications which may occur during spine surgeries. I brought the information about this test with me while returning to Turkey in 1985. I shared my knowledge with my anaesthetist friend, Dr. Güner Kaya. After June 1985, we began to apply the test on every scoliosis and kyphosis operation routinely. "Wake Up Test" was applied by our anaesthesia team for the first time in our country in 1985 and it was presented in our national congress in 1987.

How did your clinic react to your interest in spine surgery?

The most important part of this long story was the great support from my teachers and colleagues in our clinic, of course. During my chief residency period, I had to perform other routine orthopaedics and traumatology operations which were too intensive alongside with spine surgeries. From the year I became assistant professor (1985), in addition to my routine surgery day, a different operation table which was named "scoliosis table" was arranged for me to perform only spine surgeries on Thursdays. Furthermore, once in a week, in a different day from my normal out-patient clinic day, I started seeing spine patients in afternoons. Thus, we had large patient series in our clinic.

Dr. Önder Aydıngöz's interest in this subject after he became specialist, was also really useful for me. There was no one but me interested in spine diseases in our clinic, my colleagues didn't have much knowledge about this particular subject, they were not able to criticize me and they were just passing over my cases by saying; "Probably, that's the right way!". My longing for discussing the cases had come to an end by this way.

We know that you are also interested in conservative treatment of spine deformities. Would you like to say something in this topic

Conservative treatment of spine deformities like scoliosis and kyphosis is important in especially developed countries. I believe that conservative treatment which is performed properly, lowers the rate of surgical treatment significantly.

Manufacturing of “corrective brace” which is the only choice in conservative treatment should be taken seriously. The most ideal systems are Boston type braces which are manufactured by application of a prefabricated module and made with a mold taken from a person who has no spine deformity. But these systems are not imported to Turkey since they are not widely used due to economic reasons. Instead of using original prefabricated modules, we still use braces produced by taken from the patient’s deformed body (scoliosis or kyphosis) and then wrapping them with barely suitable plastic and placing correction-derotation pads. It is not easy to get good results with these orthosis which the quality fully depends on skills of the manufacturer. For many years, my colleagues and I have endeavored to make effective braces by establishing close contact with orthotic technicians in our clinic. But, due to lack of materials and difficulties in providing qualified technicians, I still think that we have not reached the level of developed countries yet.

During spinal surgery development process in your clinic, have your relations with neurosurgery clinic changed?

When I started to deal with the treatment of spinal fractures naturally bittersweet controversies began between our clinic and the neurosurgery clinic. As I mentioned before, they used to treat all spinal fractures before we developed interest. First of all, I tried to persuade them that they should stop performing laminectomy on each case regardless of its nature. They gave up performing laminectomy procedure on each case with the help of Mr. Prof. Dr. Ertuğrul, an honoured member of neurosurgery clinic who passed away at a very young age. Meanwhile, I had a wide range of complicated post- laminectomy patient series and I had written a section on the subject for Prof. Dr. Rıdvan Ege’s book about spine. Moreover, the chief of neurosurgery clinic, Prof. Dr. Cengiz Kудay, encouraged Prof. Dr. Murat Hancı, who was a chief resident by that time, to cooperate with us. We have been working together for a very long time now. Dr. Hancı joined us and his cooperation increased our limited knowledge and experience about the neural structures.

Is the development of spine surgery in your clinic and our country has increased the power of representation in the international arena?

In those years, the number of physicians who were interested in spine surgery were very few. We were able to make presentations in national congresses. After the establishment of the association, with Prof. Dr. Emin Alici’s efforts, we began to organize international conferences. The first congress was in Izmir, and the second was held in Istanbul. Prof. Dr. Ünsal Domaniç and I were appointed as chairmen to 2nd International Congress on Spine Surgery in Turkey on 7-11 September 1992. It was an earlier example of co- chairmanship we see today in politics.

Do you have any hobbies? What are your interests besides your profession?

I love the sea and water sports. I like swimming, fishing and sailing a lot.



My other hobby is working in garden. Especially, I'm very good at tomato grafting and cultivation. I would like to recall the help of the 2nd vice president of EFORT about seed supply. In addition, I have small flock of laying hens.



Who are the celebrities you have taken the treatment so far?

Unfortunately, as far as I know, I did not have the opportunity to treat any of first 1,000 Turkish Celebrities.

Thank you for the interview.

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