ANSAR
ORTHOSPINAL HOSPITAL

Ansar Orthospinal Hospital
No 91 Gandu New Layout,
(Gandun Albasa) Kano. Nigeria.
www.ansarorthospinalhospital.com

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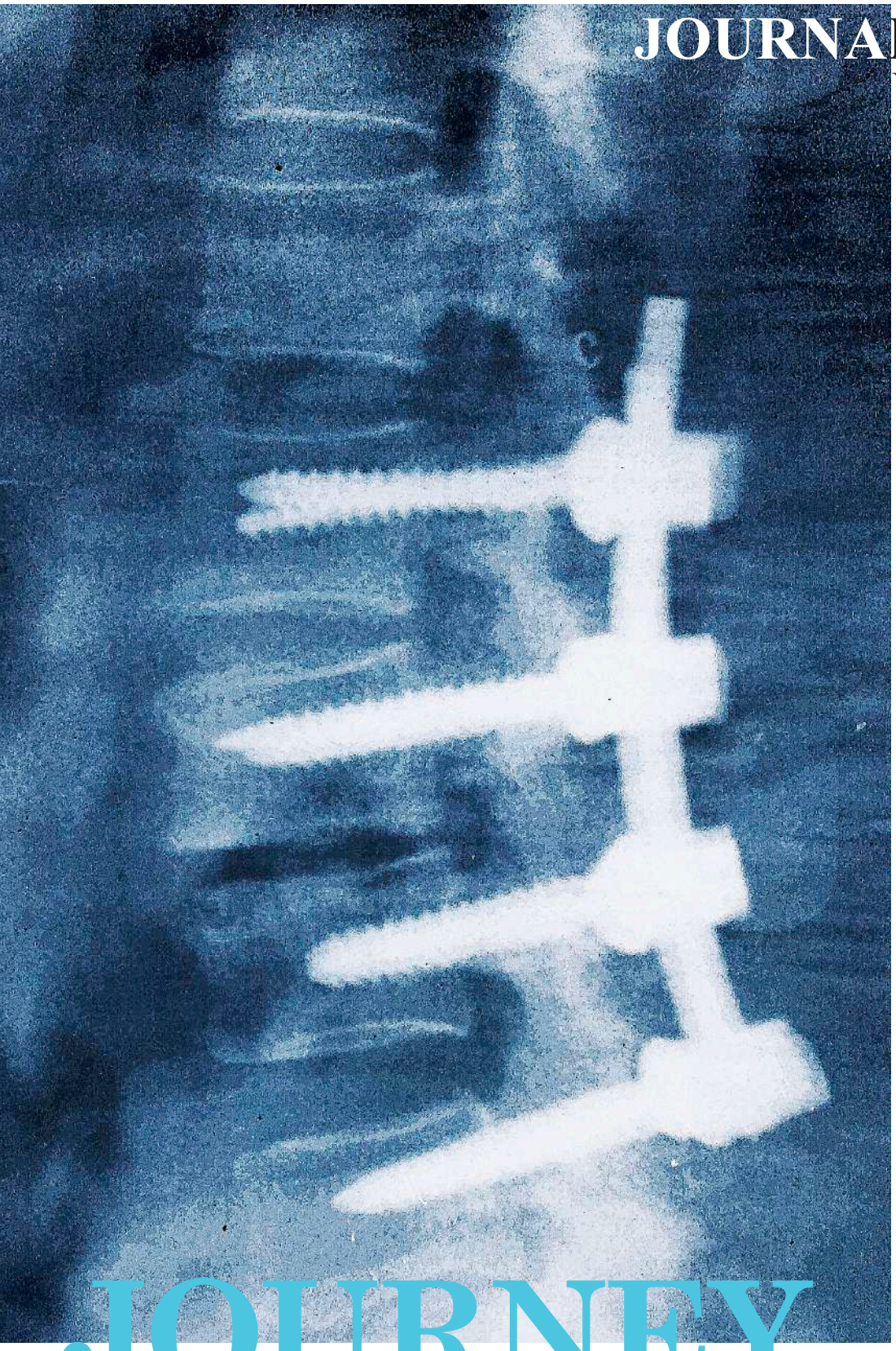
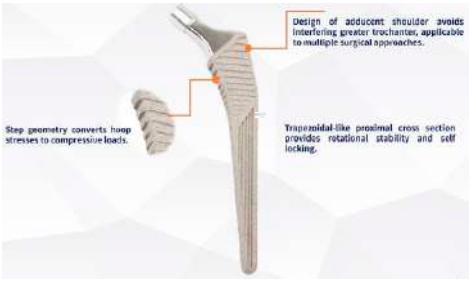


# JOURNEY SO FAR

Mail: altaqwaprime@gmail.com Phone: +234 (0)813 1606 668
N0 7 Igbaja RoadAdewole Estate iiorin Kwara State





















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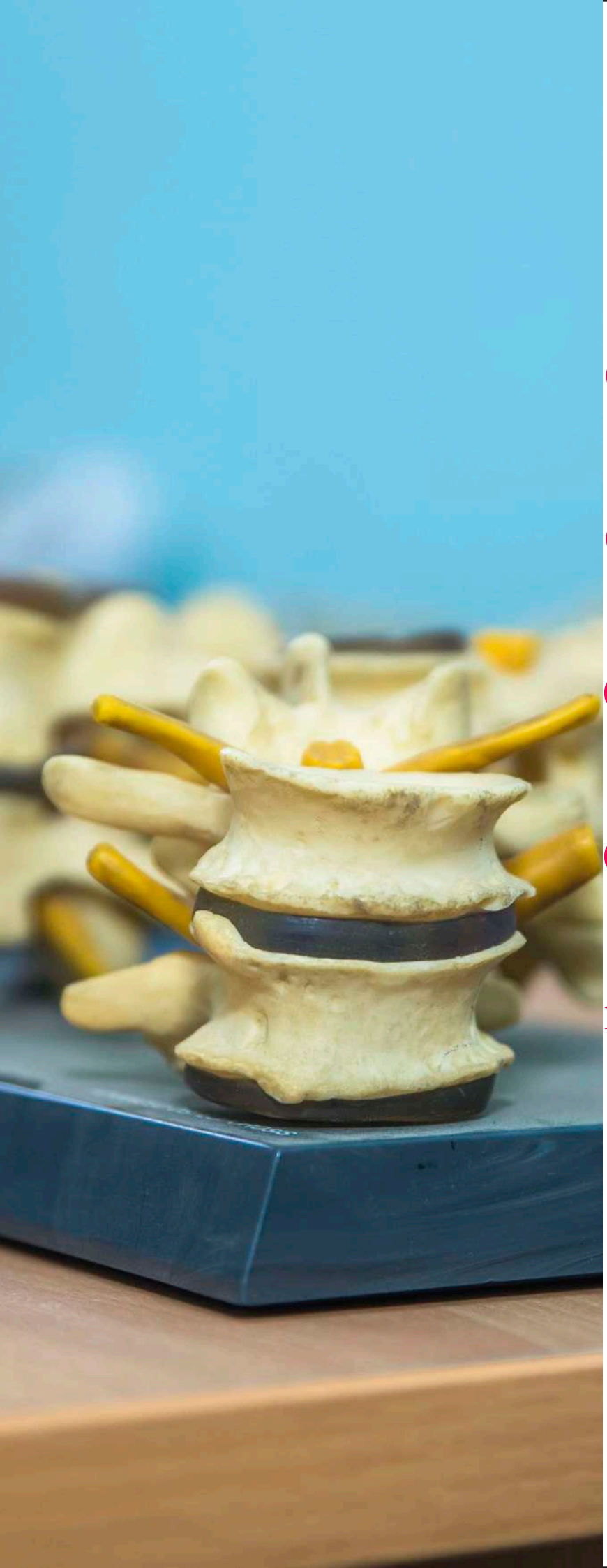

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Ansar Orthospinal Hospital is a specialized hospital dealing with Orthopaedic and Spine surgery. The hospital deals with routine and complex fractures, complications arising from treatment elsewhere (both traditional bone setters intervention and orthodox care complications), deformity correction, knee and hip replacement and spine surgery.

Ansar Orthospinal has been offering a world-class standard of care. The hospital has an array of qualified and experienced staff, some working full time and some providing highly specialized dservices on part-time basis. Available clinical experience ranges from oven fresh specialists to those with over thirty- years of clinical experience. Some have super-specialty training. The clinical achievement successes are shared by all members of the team we prefer to call "The Ansar Family".

## Brief History

Ansar Orthospinal Hospital was registered as Ansar Orthopaedic Hospital (AOH) and Diagnostic Center in 1999. The hospital commenced operation in the year 2000 at No.1 Oyo, Street, Nomans Land, Kano. We have now moved to a more central location at Gandun Albasa, Kano. The name was later modified to Ansar Orthospinal Hospital in 2017 to reflect the new thrust of services; Spine Surgery.

The present location used to house Wondic Surgery, the pioneer private orthopaedic hospital in Kano that provided excellent Orthopaedic services for about three decades. Ansar has been building on the good legacy of Wondic Surgery.

## VISION

To be the best private Orthopaedic and Spine Hospital in Kano such as to be accredited as a postgraduate training centre and also get Joint Commission International (JCI) accreditation in five years after moving to a permanent site.

## MISSION

Provision of excellent evidence-based Orthopaedic and Spine Care using compassionate and dedicated staff with state of the art equipment.

## CORE VALUES

Seeking perfection in care and service.

# 2016 - 2020 STATISTICS

This is a special report covering our surgical activities in the past five years. We have provided surgical solutions at specialized level to the satisfaction of the majority, over a hundred spine operations and over two hundred fracture solutions.

## Five Years At A Glance

| Major | Sub. | 2016 | 2017 | 2018 | 2019 | 2020 | TOTAL |
|---|---|---|---|---|---|---|---|
| SPINE | Scoliosis | 1 | 0 | 1 | 0 | 0 | 2 |
| | Cervical | 2 | 4 | 4 | 2 | 5 | 17 |
| | Thoracic | 2 | 1 | 0 | 3 | 4 | 10 |
| | Lumbar | 9 | 10 | 18 | 26 | 23 | 86 |
| | Thoracolumbar | 1 | 0 | 0 | 1 | 1 | 3 |
| FRACTURE | Humerus | 1 | 8 | 4 | 4 | 10 | 27 |
| | Forearm | 2 | 7 | 3 | 5 | 2 | 19 |
| | Hip | 7 | 6 | 6 | 7 | 7 | 33 |
| | Femur | 12 | 15 | 10 | 16 | 10 | 63 |
| | Tibia | 2 | 7 | 9 | 6 | 5 | 29 |
| | Ankle | 1 | 1 | 5 | 5 | 4 | 16 |
| | Clavicle | 0 | 0 | 2 | 1 | 0 | 3 |
| | Wrist | 1 | 0 | 2 | 0 | 0 | 3 |
| | Foot | 2 | 5 | 2 | 5 | 5 | 19 |
| | Finger | 1 | 1 | 0 | 0 | 2 | 4 |
| | Skull | 1 | 0 | 1 | 0 | 0 | 2 |
| | Fibula | 2 | 0 | 2 | 4 | 2 | 10 |
| | Pelvic | 2 | 0 | 0 | 0 | 0 | 2 |
| JOINTS | Hemi Arthroplasty | 0 | 1 | 0 | 0 | 0 | 1 |
| | Total Hip Replacement | 1 | 2 | 2 | 3 | 3 | 11 |
| | Total Knee Replacement | 0 | 4 | 0 | 1 | 4 | 9 |
| | Shoulder | 0 | 3 | 2 | 0 | 2 | 7 |
| | Elbow | 2 | 2 | 0 | 1 | 3 | 8 |
| | Knee | 1 | 2 | 2 | 0 | 3 | 8 |
| OTHERS | Bone Grafting | 1 | 2 | 2 | 1 | 0 | 6 |
| | Removal of Implant | 0 | 8 | 6 | 9 | 5 | 28 |
| | Tendon Decompression | 0 | 0 | 1 | 0 | 1 | 2 |
| | Others | 0 | 3 | 4 | 3 | 4 | 14 |
| | Tendon Repair | 0 | 1 | 1 | 0 | 0 | 2 |
| | Amputation | 0 | 0 | 1 | 0 | 0 | 1 |
| PLASTIC SURGERY | Skin Grafting | 0 | 1 | 0 | 0 | 1 | 2 |
| | Flap | 0 | 2 | 0 | 0 | 1 | 3 |
| | Plastic | 0 | 0 | 1 | 2 | 0 | 3 |

# CUMULATIVE FIVE YEAR TOTAL

| S/N | OPERATION CLASS | 2016 | 2017 | 2018 | 2019 | 2020 | TOTAL |
|---|---|---|---|---|---|---|---|
| 1. | SPINE | 15 | 15 | 23 | 32 | 33 | 118 |
| 2. | FRACTURES OTHER THAN SPINE | 34 | 50 | 46 | 53 | 47 | 230 |
| 3. | JOINTS | 4 | 14 | 6 | 4 | 15 | 43 |
| 4. | OTHERS | 1 | 14 | 15 | 13 | 10 | 53 |
| 5. | PLASTIC SURGERY | 0 | 3 | 1 | 2 | 2 | 8 |
| TOTAL | | 54 | 96 | 91 | 104 | 107 | 452 |

# ANALYSIS OF SPINE CASES 2016 - 2020

| S/N | SPINE CASE | PERCENTAGE (%) | SEX DISTRIBUTION | | AGE DISTRIBUTION | |
|---|---|---|---|---|---|---|
| | | | MALE | FEMALE | RANGE | COUNT |
| 1 | Scoliosis | 1.7% | 1 | 1 | 10-20 | 1 |
| | | | | | 21-30 | 1 |
| 2 | Cervical | 14.4% | 13 | 4 | 21-30 | 1 |
| | | | | | 31-40 | 1 |
| | | | | | 41-50 | 3 |
| | | | | | 51-60 | 7 |
| | | | | | 61-70 | 2 |
| | | | | | 71-80 | 3 |
| 3 | Thoracic | 8.5% | 6 | 4 | 10-20 | 1 |
| | | | | | 21-30 | 3 |
| | | | | | 41-50 | 3 |
| | | | | | 51-60 | 1 |
| | | | | | 61-70 | 1 |
| | | | | | 71-80 | 1 |
| 4 | Lumbar | 72.9% | 55 | 31 | 21-30 | 3 |
| | | | | | 31-40 | 10 |
| | | | | | 41-50 | 13 |
| | | | | | 51-60 | 32 |
| | | | | | 61-70 | 22 |
| | | | | | 71-80 | 5 |
| | | | | | 81-90 | 1 |
| 5 | Thoracolumbar | 2.5% | 2 | 1 | 21-30 | 1 |
| | | | | | 41-50 | 1 |
| | | | | | 51-60 | 1 |
| | TOTAL | 100% | 77 | 41 | | 118 |

# PROTECT
## YOUR BACK

Low back pain (LBP) exists as a world-wide problem. Up to 80% of all human beings experience LBP at some point in their life time. Its occurrence in teenagers is similar to that in adults.

More than 85% of all back pain cases are of mechanical causes. This means the pain is triggered by movement of the back which include turning, frequent bending, twisting, pushing & pulling, repetitive work, heavy physical work and vibration. Other attributable causes include poor posture and prolonged static posture, poor lifting techniques, poor ergonomics (of sofas, chairs, mattresses, etc) and obesity.

It is often said of low back pain that it is not a matter of if it is going to happen, but when it is going to happen. However, there are ways to delay or avoid early onset of back pain. They include the following:

- Eat healthy, exercise regularly to keep your body weight within normal range. Also, regularize some simple leg and back stretches as advised by professionals.
- Maintain a good posture when sitting and avoid slouching. The back should be kept straight (90-100 degree angulation) and well supported.
- The best lying position is by the side; either left or right. Lying on the back is also good. Avoid lying on the tummy.
- Avoid prolonged sitting. Consider getting up from sitting after every 50minutes to an hour to stretch your legs and walk few meters.
- Use chairs, sofas, mattresses that are ergonomically good (designed for comfort and optimization of human well-being).
- Use proper lifting techniques. Lift with your legs instead of your back. That is, squat down, bend your hips and knees only, and then slowly lift by straightening your hips and knees while keeping the load close to your body.
- Avoid frequent twisting and bending. More so, avoid bending, twisting and lifting at the same time as in shovelling.
- Seek medical help early when you have back pain. The most powerful risk factor for developing chronic back pain is previous history. It has been documented that only 2% of patients who received early intervention will go on to develop chronic symptoms.

Author
***Abba Mustapha***
***Physiotherapist***

# INFRASTRUCTURE

There are 11 en-suite rooms (private wards), two consulting rooms, a laboratory, Physiotherapy center, a procedure room, an X-ray room, a reception and a theatre complex.

## *Wards*

We have a 1 Executive (Abuja) room, 3 private rooms and 4 Amenity rooms.



## *Procedure Room*


## *Consulting Room*


## *Operation Theatre*

The theatre complex is well equipped and comprises of an operating area, a recovery room, sterilization room, scrub area and a changing room.




## *Reception*

Our reception is managed by a trained and professional receptionist who attends to patients' enquiry and needs. Which includes; our services, appointments, complaints, and various information needed.

It is an active and interactive department assisted by a cashier who takes care of payment records and issuance of receipts. The receptionist takes note of patient's suggestions as their comfort is our priority there by providing a more patient – friendly, accommodating and serene environment.

The receptionist manages in and out patient records and co-ordinates the in – flow of patients.


## Administration

Ansar Orthospinal Hospital Administration department is the central hub of all departments which is managed by a team of administrators that are responsible for organization and overseeing the health services and daily activities of the hospital. They manage staff and budgets, communicate between departments and ensure adequate patient care amongst other duties.

## Radiology

We have two Image intensifiers and a mobile X-ray machine as back up. A modern remotely controlled radio-lucent operation table in the Operation room complement these.

## Pharmacy

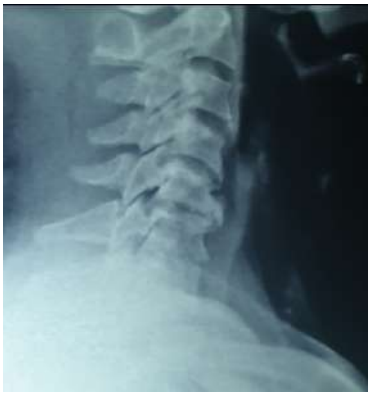
The pharmacy department is responsible for the procurement, storage and dispensing of medications and consumables. We deal with representatives of reputable pharmaceutical companies to guarantee genuiness of what we provide.




## Physiotherapy

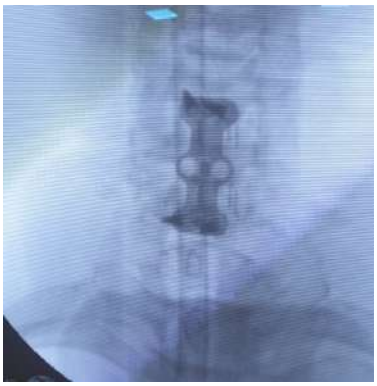
# SURGICAL INTERVENTION EXTRACTS

Two level ACDF with cages for Cervical Spine Myelopathy



PRE OP lateral View

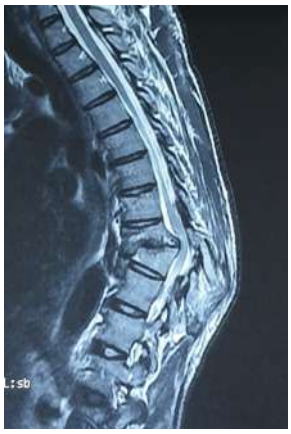
POST-OP LAT



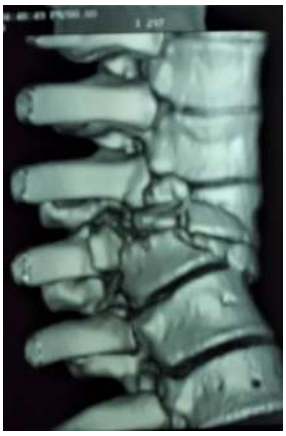
POST-OP AP

Fracture dislocation D8/D9 without neurological deficit following a Road Traffic Crash (RTC).

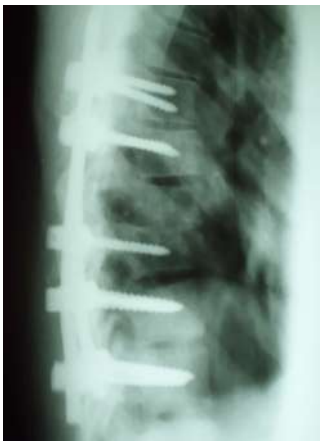
He had dorsal stabilization with Pedicle Screws and rods. He is now going about his normal activities free from back pain.



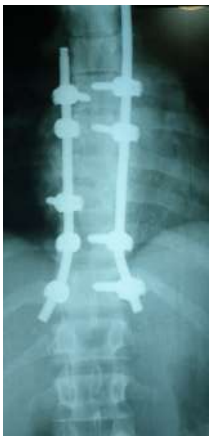
MRI PRE-OPERATION



PRE-OP 3D CT RECONSTRUCTION



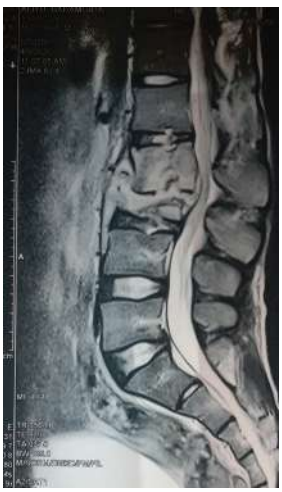
POST-OPERATION LAT



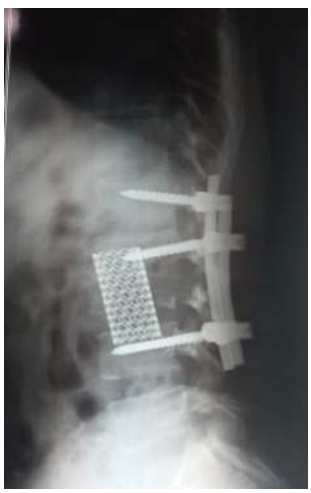
POST-OPERATION AP

TB spine with Collapse L3 + Kyphosis.

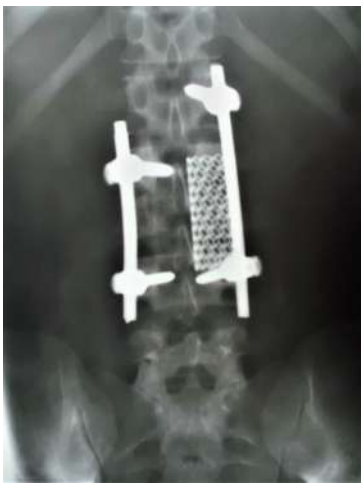
He has 360 degrees fusion Surgery, anterior decompression + Mesh Cage and Posterior stabilization with pedicle Screws.



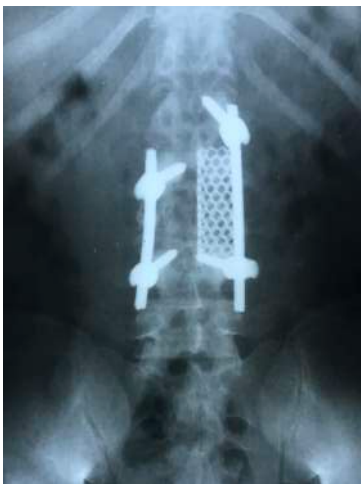
MRI PRE-OP



POST-OP LAT

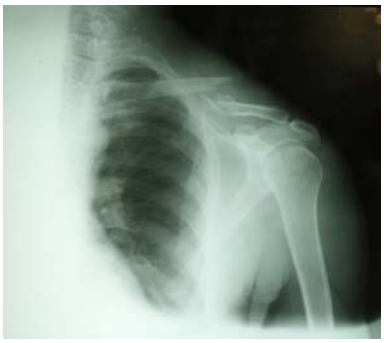


IMMEDIATE POST-OP AP

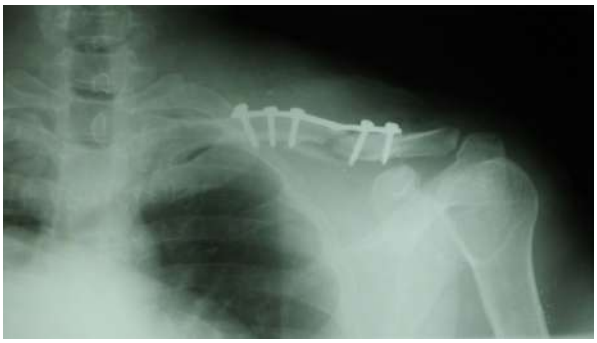


1 YEAR FOLLOW-UP AP

The Patient presented to us with Left Clavicular Fracture.
He had Open Reduction Internal Fixation.

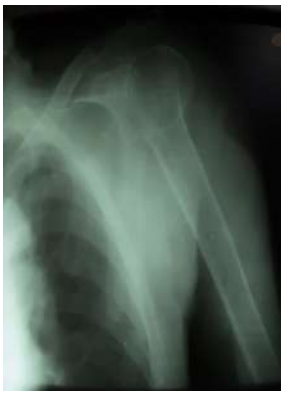


PRE-OPERATION



POST-OPERATION AP

Closed Left Humeral Anatomical Neck Fracture. Fixed with PHILOS Plate.



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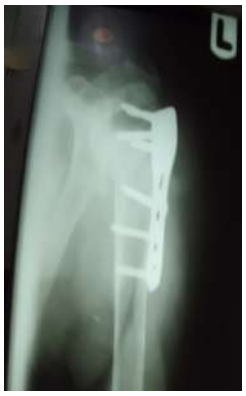
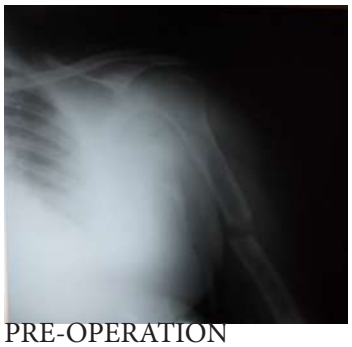


POST-OPERATION

POST-OPERATION

The Patient presented with closed Injury to the Left Humerus of eight months duration.
He had Open Reduction, Plating and Bone Grafting (Left) Humerus.



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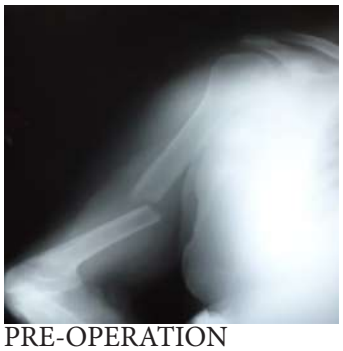

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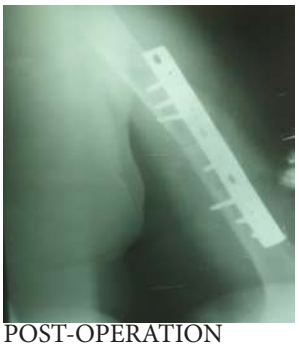
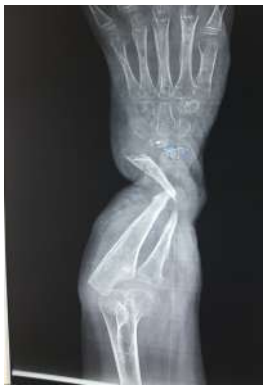


POST-OPERATION

An 8 year old male with an old injury to the left forearm. He sustained a fracture two years earlier and nearly lost the hand after traditional bone setter intervention.

The situation at presentation was a gap non-union involving both the radius and ulna on the left forearm. The affected forearm was shortened, with an unstable circumferential scar and the proximal radius stump stuck to the skin. The area of bone defect was just dangling.

Radiographs revealed atrophic gap non union with about 5cm of the forearm bones missing. We utilized free fibular strut grafting to close both gaps. We passed intramedullary K wire (radius) and rush nail (ulna) to stabilize the grafts. The bone grafts consolidated.



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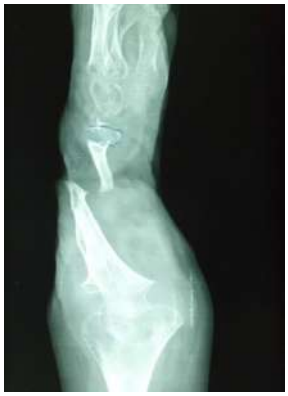

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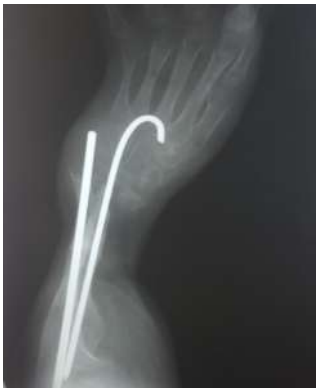

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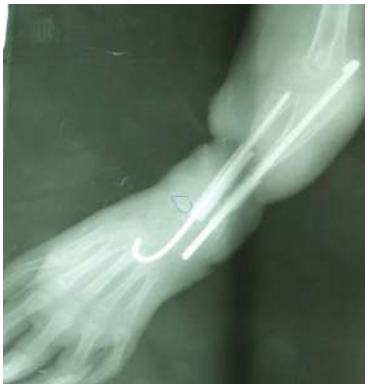
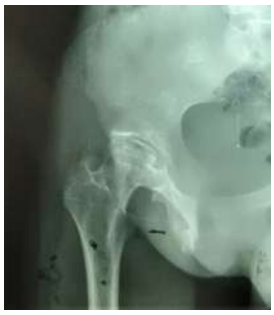


POST-OPERATION

# Total Hip Replacement



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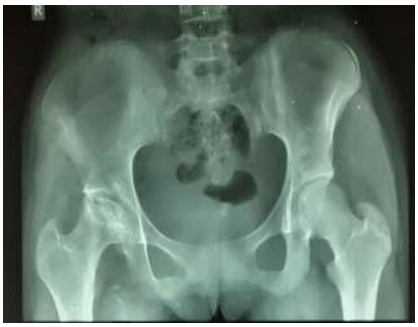

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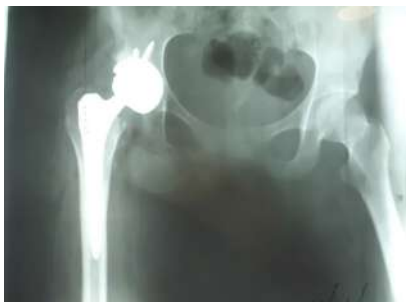
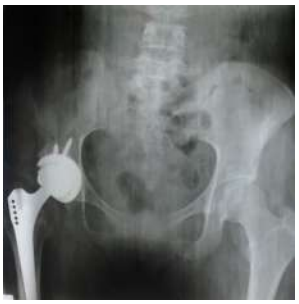
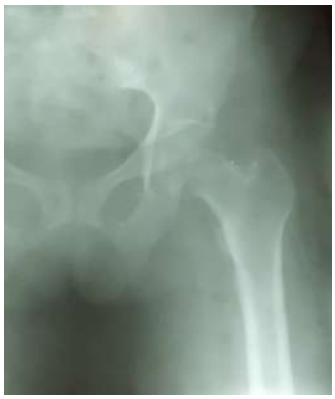


POST OPERATION

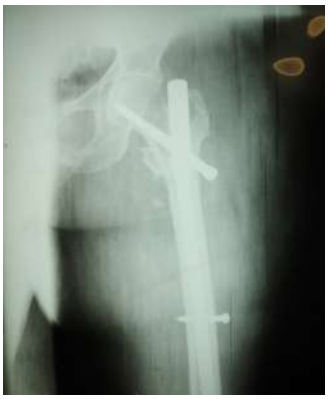


POST OPERATION

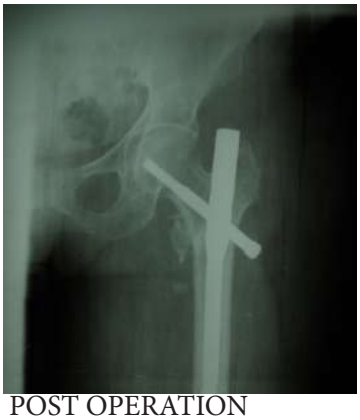
A 75 year Old Woman presented with fracture of her right hip. The fracture was fixed with Proximal Femoral Nail (PFN).



PRE OPERATION



POST OPERATION

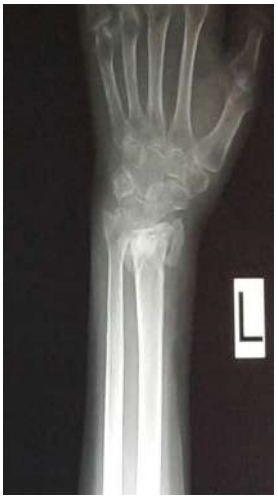


POST OPERATION

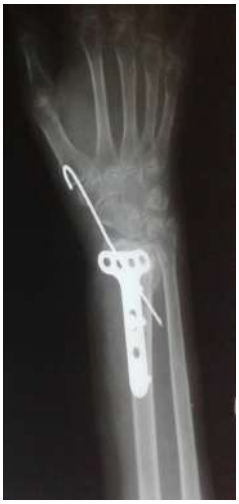
The Patient presented with left wrist pain and swelling of thirteen days duration. Problem started after a fall at home where she sustained an injury to the left wrist. She had initial Manipulation and Casting followed by operation and wiring over a period of several weeks. There has been persistent deformity, pain, mild swelling and inability to fully flex the wrists.

Examination and Investigations showed obvious deformity left distal forearm while Xray and CT showed non-union left wrist fracture. She was thus diagnosed with Malunited Left Distal Radial Fracture.

Surgery was carried out for Open Osteoclasis + ORIF with 4 holes, T-plate and K- wire + Carpal Tunnel Release.




PRE-OPERATION



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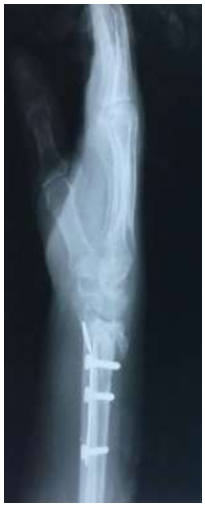

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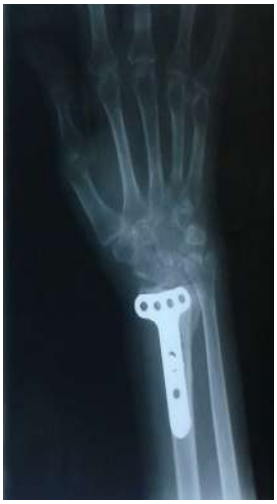
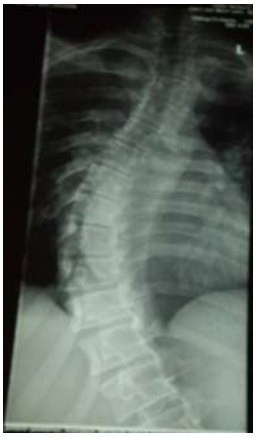
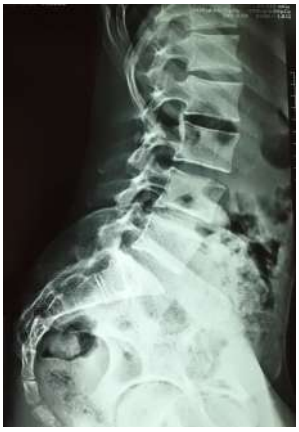


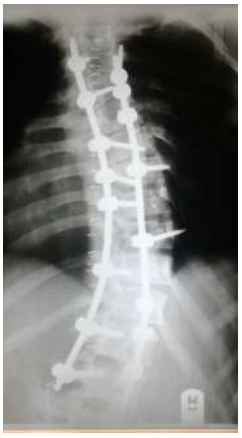
POST-OPERATION

A Twenty years old man with abnormal spine curvature for six years duration which progressed to severe bending and prominence of the left scapular with associated pain.

He had Scoliosis Correction.


PRE-OPERATION AP


PRE-OPERATION LAT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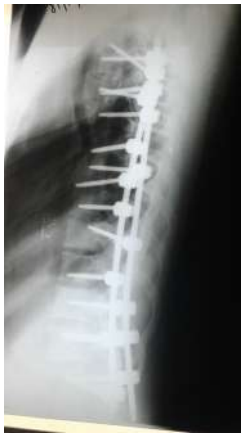
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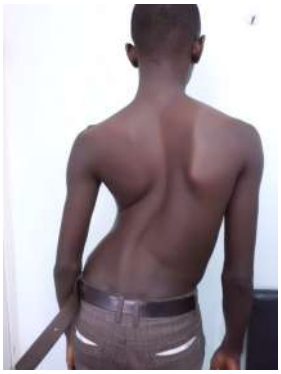

On Arrival

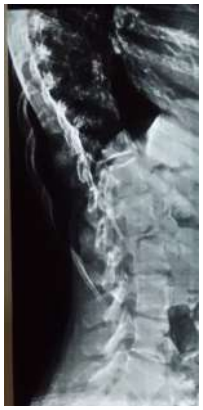

On Arrival


AFTER OPERATION


AFTER OPERATION

A seventeen years old girl with Abnormal Curvature of the spine of four years duration which was obvious at the onset and progressively became more prominent as she grew.

She had Scoliosis Correction.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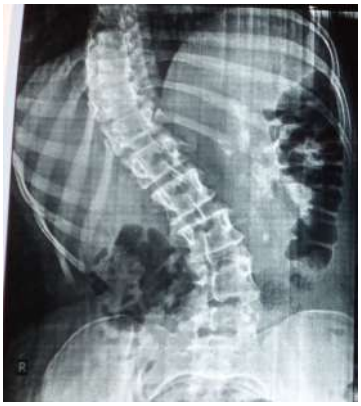
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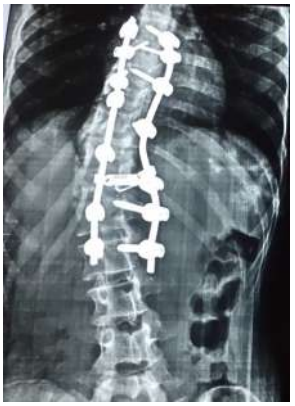
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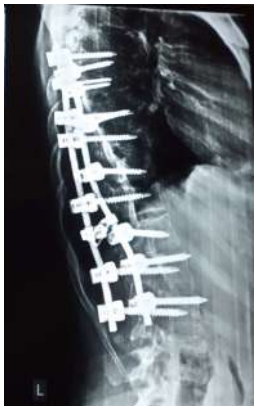

POST-OPERATION LAT


On Arrival

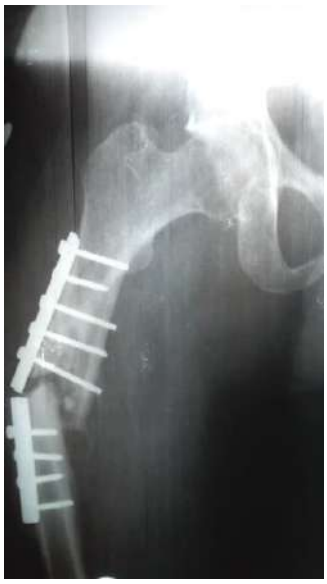

AFTER OPERATION


AFTER OPERATION

A 31 years old male sustained an injury to the right thigh from a tricycle accident. He was first managed by a traditional bone setter with a wooden slate, he had fixation at another hospital but the fixation failed after some weeks.

When he presented to us he had a deformed and shortened right lower limb as a result of failed implant surgery for a multi-fragmentary proximal femur fracture with a large medial fragment.

We used an ABP and incorporated a fibular strut graft.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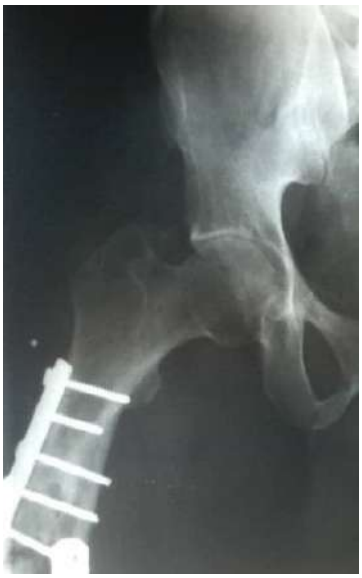
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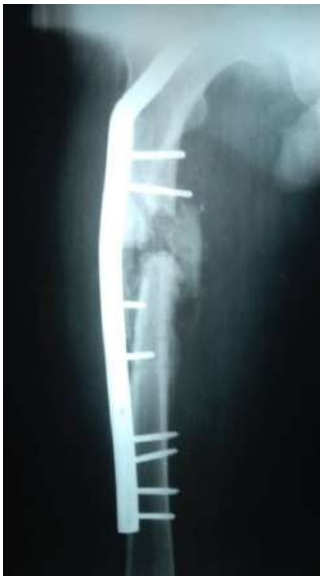
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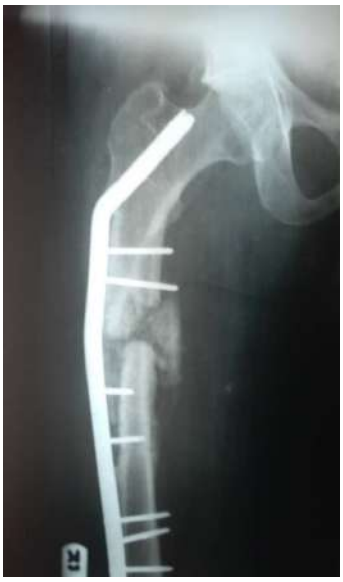
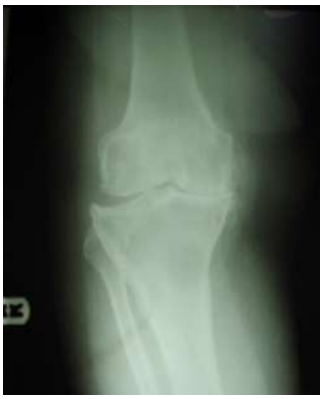

POST OPERATION

Total Knee Replacment for severe knee osteoarthritis.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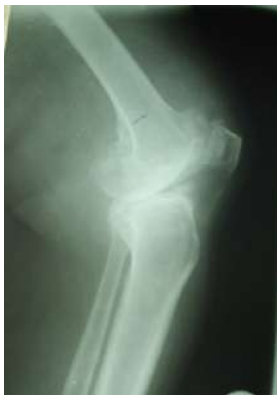
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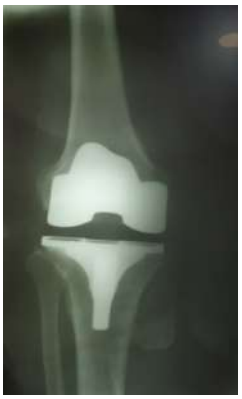
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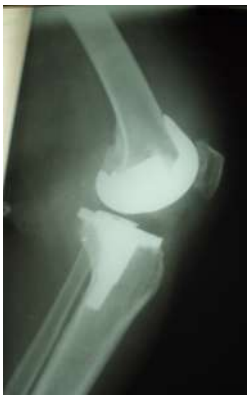
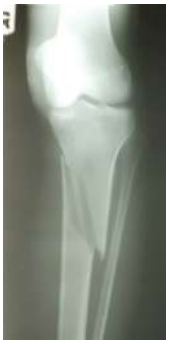
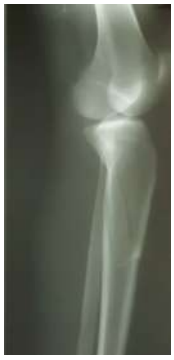

POST OPERATION

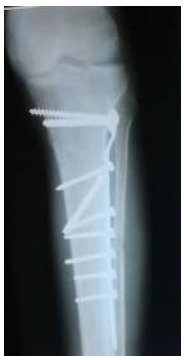
The patient presented with football injury to the Left Tibia. Problem started after a sport injury which he was able to limp away to the side but subsequently couldn't stand up. He initially had TBS Intervention but still could not bear full weight.

Examination and Investigations were carried out. Xray showed isolated fractured Tibia. He was thus diagnosed with Malunited Proximal Tibial Fracture Left Leg.

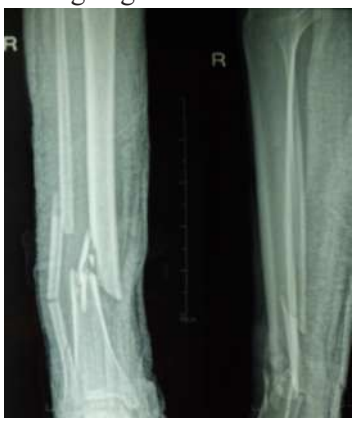

PRE OPERATION


PRE OPERATION


POST OPERATION


POST OPERATION

A male patient involved in a road traffic accident and sustained open fracture right tibia. He had wound care and backslab applied before presenting to us. He was thus diagnosed with G.A Type 1 Right tibia fracture. Surgery was carried out with closed I.M nailing Right tibia.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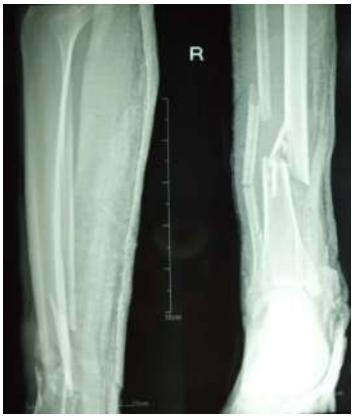
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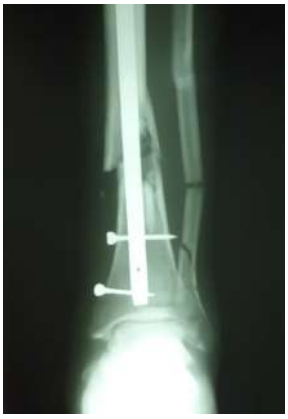
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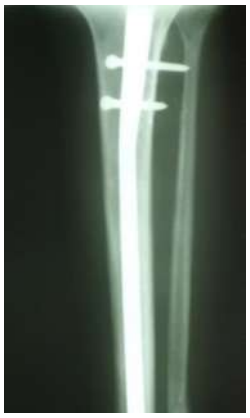
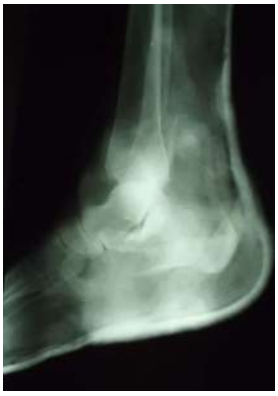
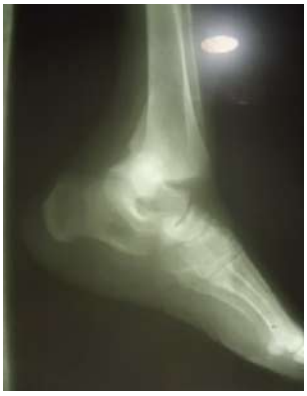
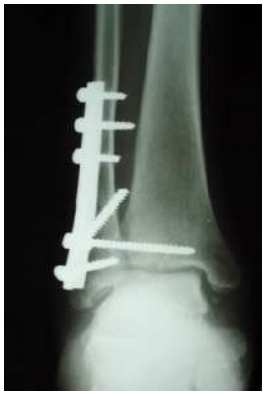

POST OPERATION

A 60yrs old female patient with left ankle fracture of six hours duration, had Grotesque deformity in extreme valgus and external rotation. Xray was carried out and result showed Weber's C, ankle fracture. Medial malleolus intact, reduced under sedation and back slab applied. Surgery carried out was plating (Left) fibular and syndesmotic screw.


After Manipulation Lateral


At Presentation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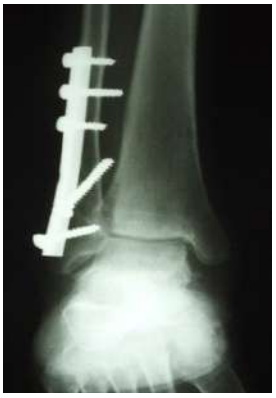
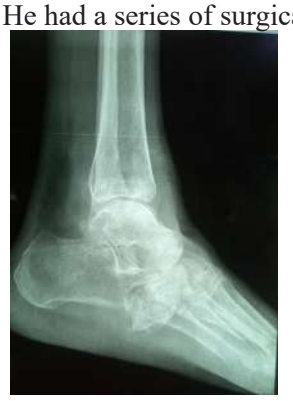
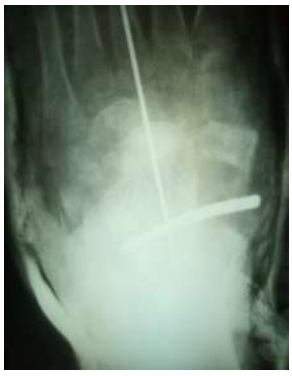
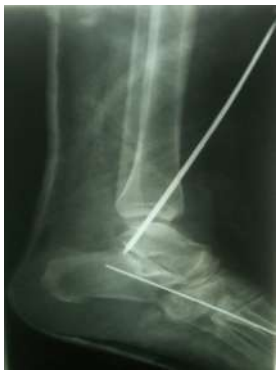

One year Follow Up (After Syndesmotic Screw Removal)

Patient was brought in couple of hours after sustaining crush injury to the foot when he was ran over by a car. He had significant bleeding presented in shock. X- ray was done and result showed multiple fracture dislocation. He was resuscitated and taken to the theatre immediately.

He had a series of surgical interventions with the final result that the limb was saved and functional.


At Presentation

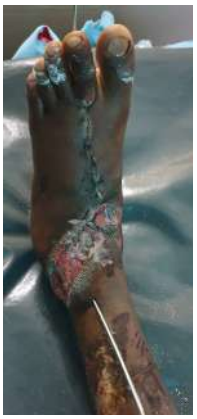

POST OPERATION


POST OPERATION


On Arrival


Intra Operation


Before Skin Grafting


Two Weeks Progress

# GALLERY

***From (Rt-Lf) Prof J. N. Legbo - Plastic Surgeon, Dr. Kabir Abubakar- Orthopaedics & Spine Surgeon, Dr. Y. B. Adamu- Cardiothoracic Surgeon, Prof K. D. T. Yaweh- General Surgeon and Prof A. A. Adeolu-Neurosurgeon.***
On a visit to Ansar Orthospinal Hospital.

The C.M.D receiving Arab Spine Diploma Certificate - Dubai 2018

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## TREATED PATIENTS LEAVING SATISFIED WITH OUR SERVICES

TREATED PATIENTS LEAVING SATISFIED WITH OUR SERVICES

## STAFF SEND-FORTH OF CLEMENT KIBIYA AND MAGDALENE DANLADI ON 24TH FEBRUARY 2021




## AT A STAFF'S WEDDING (NAFISA AND NURADDEEN - MAY 5, 2018)

# STAFF SEND-FORTH OF IBRAHIM ALIYU AHMAD ON 26TH JULY 2020





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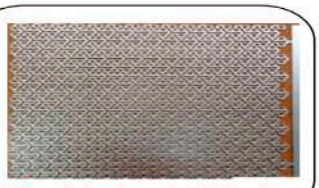
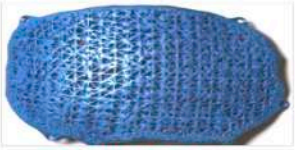
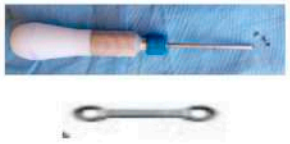
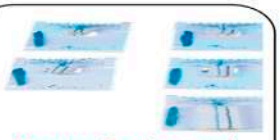
## BRAIN SOLUTIONS

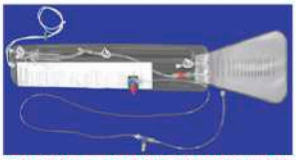


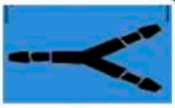






Artificial Dura

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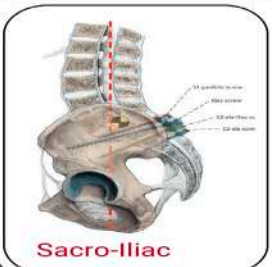
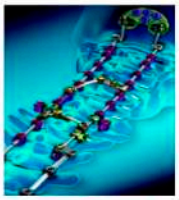
## SPINE SOLUTIONS













PEDICLE & REDUCTION SCREWS

LATERAL MASS SCREWS

DOUBLE DIAMETER ROD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CERVICAL PLATRE AND SCREWS (ACDF), CERVICAL CAGE(PEEK CAGE), LUMBAR CAGE (PLIF & TLIF CAGE)

BIPOLAR PROSTHESIS

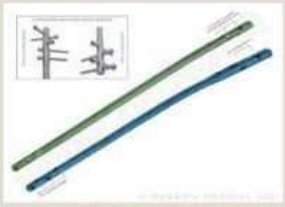
CORPECTOMY CAGE (EXPANDABLE CAGE)

CONNECTIOR(DOMINOS & TRANSVERSE) & CROSSLINKS

CERVICAL DISC PROSTHESIS & OCCIPITAL PLATE

TRAUMA PLATES

CRANIAL MESH, PLATES AND SCREWS



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# When should you go to the Emergency Room?

it's not a trick question. Emergencies do not wait, and you shouldn't wait to seek care if an emergency strikes you or any of your loved ones.

Back pain, chest pain, joint pain, hip pain, potential broken bones and all other bone related complications are all signs that you need help immediately. Delaying care in an emergency can lead to poor outcome and potentially serious complications . Delay is dangerous!.

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