

Curriculum Vitae

# Nicholas Savva

MBBS

BMedSci (Hons)

FRCS (Eng)

FRCS (Tr & Orth)

Consultant Orthopaedic Surgeon  
Foot and Ankle Surgery  
General Trauma

## **Personal Details**

### **Winterbourne Hospital**

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### **Dorset County Hospital**

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### **Fortius Clinic**

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**Date of Birth**

9<sup>th</sup> February 1970

**Nationality**

British

**GMC Registration Number**

4109855 (Full)

**BOA Member**

16487

**ISIS Membership Number**

2013/0043

**MedCo Accredited**

29<sup>th</sup> March 2017 onwards

**Certificate Completion of Training**

1<sup>st</sup> September 2006

## **Societies**

British Orthopaedic Association  
Royal College of Surgeons  
British Orthopaedic Association  
British Foot and Ankle Society  
American Foot and Ankle Society  
British Medical association

## **Academic Qualifications**

<b>MBBS</b>	St.Bartholomew's Hospital Medical School	August1994
<b>BMedSci (Hons)</b>	St.Bartholomew's Hospital Medical School	August 1993
<b>FRCS (Eng)</b>	Royal College of Surgeons of England	May 1998
<b>FRCS (Tr &amp; Orth)</b>	Royal College of Surgeons of England	February 2005

## **Fellowships**

**AO Trauma Fellowship** 03/11/03 –12/12/03

Dr Hansen, Dr Sangeorzan and Dr Benirschke

Harbourview Medical Centre, Seattle, USA

**Clinical Fellowship in Foot and Ankle Surgery** 03/01/06 - 01/12/06

Dr TS Saxby FRCAS

Brisbane, Australia

**BOFAS Travelling Fellowship** 03/01/06 - 01/12/06

Brisbane, Australia

**AOFAS Travelling Fellowship** 25/06/08-20/08/08

Midwest, USA

## **Publications**

### **Mechanisms and Outcomes after Crush Injuries of the Foot**

Kate Nicholls, Henry Goodier , Philippa Bennett , Heath Taylor, **Nicholas Savva**.  
Int J Foot Ankle. 2021 June; 5(2): 1-13.

### **Anatomic Structures at Risk: Curved Hindfoot Arthrodesis Nail – A cadaveric Approach**

Knight T, Rosenfeld P, Jones IT, Clark C, **Savva N**.  
J Foot Ankle Surg. 2014 Nov-Dec;53(6):687-91.

### **Is it Necessary to Re-Fuse a Non-Union of a Hallux Metatarsophalangeal Joint Arthrodesis?**

Hope M, **Savva N**, Whitehouse S, Elliot R, Saxby TS.  
Foot Ankle Int. 2010 Aug;31(8):662-9.

### **Medium Term Follow Up of The Elite Plus (DePuy) Femoral Stem. Identifying the Invisible Cohort**

**N.Savva**, J.C.Campion, W.H.Goode, A.C.Ross.  
JBJS(Br) Proceedings, April 2004; 86-b: 77.

### ***In Situ* Arthrodesis with Lateral Wall Osteotomy for the Sequelae of Fracture of the Os Calcis.**

**N.Savva**, T.S.Saxby.  
JBJS (Br) 2007 July; 89(7):919-924.

### **Osteochondral Lesions of the Talus: Results of Repeat Arthroscopic Debridement**

**N.Savva**, M.B.Davies, M.K.Jabur, T.S.Saxby.  
Foot Ankle Int. 2007 June; 28(6): 669-673.

### **Supramalleolar Osteotomy for Unilateral Tibial Torsion**

**N.Savva**, R.Ramesh, R.H.Richards.  
J Pediatr Orthop B. 2006 May;15(3):190-3.

**Spontaneous Resolution of a Solitary Osteochondroma in a Young Adult**

C.Reston, **N.Savva**, R.H.Richards.  
Skeletal Radiol 2004; 33:303-305.

**The Relationship Between Supination Strength and Shoulder Rotation**

**N.Savva**, C.J.P.McAllen, G.E.B.Giddins.  
JBJS (Br) 2003 Apr; 85(3):406-7.

**A.T.L.S. in New York**

N.Savva.  
Surgery 1997, 15:5.

**Book Chapters**

**Minimally Invasive Surgery in Orthopaedics: First Metatarsophalangeal Joint Arthroscopy.**

**N.Savva**, T.S.Saxby.  
Editors: G.R.Scuderi, A.J.Tria Jr.  
Springer, New York.

**Trauma Practice**

I am on the general on call rota for trauma. I treat all aspects of trauma including upper and lower limb injuries.

In November 2003 I spent 6 weeks as an AO Trauma Fellow at the Harbourview Medical Centre in Seattle. This combined management of complex major trauma and more specifically lower limb, foot and ankle trauma. Harbourview Hospital is the Level 1 trauma centre for the Pacific Northwest of the USA. It serves a population 10 million and treats 700 cases of polytrauma per year.

I am responsible for complex foot and ankle trauma in my current post.

## **Orthopaedic Practice**

Prior to my appointment Dorset County Hospital and the Winterbourne did not have an Orthopaedic Foot and ankle unit. I have built a team including orthotists, physiotherapists, plaster technicians, extended scope practitioners and nurses to provide a multidisciplinary approach to the foot and ankle.

All of my elective workload is foot and ankle surgery. Approximately 65% are day case procedures. These are predominantly forefoot cases for deformity and arthroscopic ankle procedures as a result of sport and recreational injuries. The rest is hindfoot and larger ankle procedures such as arthrodeses and ankle replacement.

## **Medicolegal Practice**

I have regularly prepared reports since 2003. I deal with general trauma as well as more specialised foot and ankle and lower limb injuries. I have a special interest in the long-term complications and recovery from industrial and crush injuries to the foot and ankle.

I am the co-organiser of a biennial meeting between Solicitors and Orthopaedic experts in Dorset.

I undertake both clinical and medico-legal work in London and Dorset