



EFORT NEWSLETTER

VOL. 1, SEPTEMBER 2004

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The Belem Tower in Lisbon belongs to the World Heritage

001

LISBON

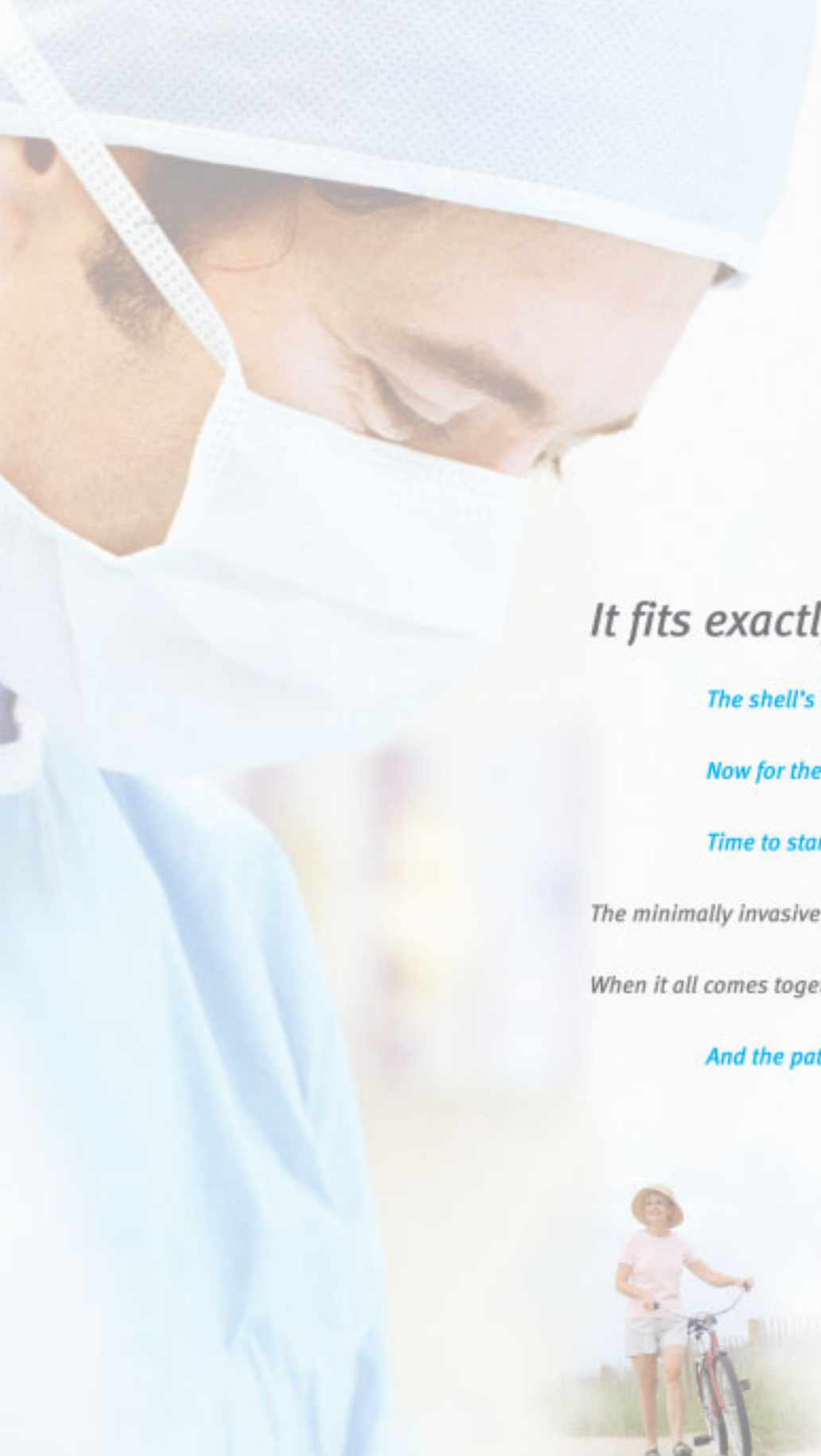
WHERE MAGIC AND SCIENCE COME TOGETHER

by Dr. Roger Cahn

The number of convention cities has mushroomed in the past few years, and ever more cities now have the infrastructure to satisfy today's discerning convention goer. Whereas today so many convention sites are indistinguishable, Lisbon remains an insider's tip. At the same time, Lisbon is far from just a place for conventions, but a city where unforgettable conventions can be organised since it combines the rational sense of medicine with a unique poetry.

"Tell me, tell me, my soul; poor, frozen soul. How would it be if we lived in Lisbon? There, it must be warm there, and you'd liven up like a lizard. This city that sits by the sea, it's said she was built from marble..." wrote Charles Baudelaire in *Le Spleen de Paris*. Whoever has been in Lisbon can understand Baudelaire's wanderlust, and whoever knows Portugal even a little understands the untranslatable word "saudade". Saudade! – a notion meaning something between wanderlust, nostalgia, longing and sadness, which describes an entire nation's attitude to life. Lisbon is perhaps Europe's most melancholy city, but it is also the most beautiful. So goes the local saying, "Quem não viu Lisboa nunca viu coisa boa" – "who has never seen Lisbon, has never seen beauty".

>>



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Prof. George Bentley,
President EFORT 2004-2005

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EDITORIAL DEAR COLLEAGUES,

Quality management concerns all of us. As surgeons, we carry out precision work, and that's what we expect from others - from our assistants, from the nursing staff and from our suppliers. The resolve and the ability to reach the highest quality level in each and every surgical procedure is part of our professional ethic. What is taken for granted in the operating room should also apply for our organisation's work.

We have two goals for this publication, which you will receive quarterly from now on. Firstly, we want to provide you with comprehensive and competent information, especially of internal EFORT news, which cannot be found in any other publication. Secondly, we want to encourage creative dialogue within our European orthopaedic community. Therefore, we will report on congresses, symposia and exhibitions, and keep an eye on every platform where orthopaedic surgeons can share their experiences and opinions. In the EFORT Newsletter we also won't shy away from controversial opinions and discussions.

In the area of communications as well, we want to achieve the highest standard. You, the reader, must decide whether or not we reach this ambitious goal. For me, one thing is clear: our publication should be useful for each EFORT member, and in fact, for every European orthopaedic surgeon. Whether you find it useful for orientation, for interaction or just for entertainment, I wish you enjoyable reading. ■

Very cordially yours,

Prof. George Bentley
President

CHOOSING BETWEEN ALTO AND BAIXO

Lisbon is less a city of sites than a city of atmosphere; there's no pressure, it wants to be discovered. Therefore, Lisbon is predestined for scientific conventions. Urban poetry is offered here to offset the rational structure of the convention itself. What a recovery, taking a stroll through the nearby city centre during the breaks, enjoying a Cafezinho here and there in the numerous bars, and chatting with the locals! For those with a sweet tooth, the most important address is "Rossio". This main plaza is where you'll find the Pastelaria Suiça, which was founded by Swiss confectioners from the Grisons region. There one can find unique delicacies that are preferably enjoyed with a milk coffee, named Calão.

Perhaps the curious convention-goer might take a nostalgic trip, end to end, on the street-car line No. 28. Orthopaedists, who are good on foot will concentrate their sightseeing on two areas of the city: Bairro alto and Bairro baixo, or the upper town and lower town, and, located between, up along the slope, the Chiado. After being devastated a few years back by a catastrophic fire, the area was reconstructed with surgical precision, and - have a look - the old debate groups from the legendary café A Brasileira, with its colourful artists, writers and reformers, have returned to the Chiado.

There is a written account of this neighbourhood by the great Portuguese writer Fernando Pessoa, who once lived in the Baixa. He described the area from the perspective of a sleepless night owl:

"In the light fog of the early morning, the drowsy Baixa, the lower town, wakes up, and the sun rises as if it were dawdling. There's a calmed down joy in the air, for it's slightly cool, and life shivers from the light draught of a nonexistent breeze ahead of cold weather that is already past; it shivers rather from the memory of the cold than from the cold itself, more in comparison to the approaching summer as to the weather today.

The shops are not yet open except for the milk stores and cafés, but the calm does not stem from lethargy as on Sundays, only from the calm itself. A light brown trail reaches up into the clearing air, and the blue sky appears through the thinning fog. The approach of traf-

fic becomes apparent on the streets, individual pedestrians stand out, and through the few open window, morning activities peek out. In the foggy air, the streetcars leave behind their, moving, yellow, numbered trails. Minute by minute the streets perceptively loose their desertedness". (Fernando Pessoa: The Book of Disquiet, Lisbon, 1982).

In no case should culturally obsessed physicians miss out on the old town, which lies east of the Baixa beneath the castle. No longer an insider's tip but a must: the Alfama with its winding alleyways.

The magic of the once glamorous metropolis lies perhaps in the fact that the suburbs are named Rio de Janeiro, Lourenço Marques, Goa or Macão, and in between there's only the sea. You can learn more about that in the Os Lusíadas, the fantastic national epic by Louis de Camões. Whoever strolls along the banks of the river Tejo in the evening may hear the sounds of the world. The Morna from Cabo Verde or the bongo rhythms from Angola carried on the wind, or the music of thousands of immigrants that livens the cityscape.

Precisely because Lisbon lies at the most south-westerly tip of Europe, the fact that Portugal is the only place in Europe where Portuguese is spoken and Portugal's lost colonial

empire, all make Lisbon a cosmopolitan city par excellence, whose sights are turned towards central Europe. Paris and London are also in Lisbon.

LISBON, A CITY RISEN FROM THE ASHES LIKE A PHOENIX

Who still remembers the fact that on 1 November 1755 the worst natural disaster to ever hit Europe devastated the area around Lisbon - an earthquake with the unbelievable strength of 8.7 on the Richter scale. Suddenly, five-meter wide cracks opened up and 18,000 houses collapsed. Within two minutes, 25,000 people died. Then came the second shock - a gigantic five-to-ten-meter tall wave rolled in from the Atlantic. The tidal wave, caused by the earthquake, claimed another 20,000 victims. Altogether, the earthquake killed more than 60,000 people in Europe and Northern Morocco.

Is Lisbon then a high-risk convention city? If one believe the geologists, then perhaps that's true. In any case, the fault between the two plates of the earth's crust in the south of the Iberian peninsula, which most likely caused the giant quake, is still active, as the geologist Marc-André Gutscher

reported in the magazine "Science". According to this, one plate is pushing under the other beneath the Strait of Gibraltar before it is subducted roughly 700 meters below ground. However, one can persuade visitors to Portugal that the probability of a natural catastrophe occurring during a convention is slim.

We can only assume that Lisbon will impress, but we're certain it will enchant curious convention-goers - and that's confirmed by everyone who knows Lisbon and orthopaedics. ■

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THE HISTORY OF SPOT PORTUGUESE SOCIETY OF ORTHOPAEDICS AND TRAUMATOLOGY

In 2000, SPOT celebrated 50 years of existence, a very significant milestone, which brought along some changes: new headquarters, at the former site of EXPO '98, several meetings across the country about very important subjects such as work related accidents, trauma related to traffic accidents (a milestone in our country) and orthopaedic problems of the elderly. A revision of the by-laws was undertaken, to reflect the changes that had evolved since the first by-laws were written. In 1992 the Portuguese Society of Orthopaedics and Traumatology edited and published its first Revista Portuguesa de Ortopedia e Traumatologia (Portuguese Review of Orthopaedics and Traumatology).

SPOT was one of the first society members involved in the launch of EFORT. From the beginning, Portuguese orthopaedic surgeons have been involved in EFORT activities not only by participating in the bi-annual congresses but also by presenting different papers and participating in Symposia or Instructional Course Lectures. Several of our young doctors have been involved every year in the travelling fellow programme of EFORT. In 2000, SPOT applied to be the organiser of the 7th Congress and was awarded this honour during the General Assembly in Prague. SPOT has also been involved in teaching through the UEMS and its Portuguese branch. Jorge Mineiro was appointed as

READY TO REGISTER AT WWW.EFORT.ORG? 7TH EFORT CONGRESS IN LISBON, 4-7 JUNE 2005

The European Federation of Orthopaedics and Traumatology (EFORT) promotes the exchange of scientific knowledge and experience. As a Pan-European organisation, EFORT is recognised as representing an outstanding level of orthopaedics.

Abstract submission deadline was:	30 September 2004
Confirmation of abstract acceptance:	31 December 2004
Early registration deadline:	31 January 2005
Preliminary program available:	28 February 2005
Deadline for pre-registration:	30 April 2005



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the President of the European Board Exam of Orthopaedics and Traumatology. During its existence, SPOT has seen many of its members recognised internationally by scientific prizes: Manuel Cassiano Neves as a collaborator with Steve O'Brien from NY for their work "Anatomy and Histology of the Inferior Gleno-Humeral Ligament" Neer Award of the Shoulder and Elbow Society, Anaheim 1989. Espregueira Mendes in June 1991 represented Portugal at the 4th Course for Continental Surgeons, Royal National Orthopaedic Hospital, London and awarded the prize for the best free paper. Rui Cabral and Adrião Proença, Silvério Cabrita, Fernando Judas, Norberto Canha were awarded the "Prix de la Revue de Chirurgie Orthopédique" for their work: "Les décalcitié - Caractéristiques et Application Clinique" presented at "3ème Congrès de la Association des Orthopédistes de Langue Française (A.O.L.F.)" - Quebec, Canada, September 1992.

Adrião Proença, Fernando Judas, Rui Cabral, Silvério Cabrita and Norberto Canha received the SIROT Prize 1993 for their work "Immuno-suppression on fresh small-fragment osteochondral allografts" at the 19th World Congress SIROT/SICOT '93 Seoul, Korea, August 1993.

António Garruço, Rui Ferreira, José Teixeira, António Mendonça, Luís Corte-Real and João Oliva: Best Poster "Bone Defect - Bone Transport in Infection" during the XVIIth European Congress on Joint Infection, Coimbra, June de 1998. Craveiro Lopes was awarded best Poster Prize at SICOT 1999 for his work "Ischaemic Disease of the Hip in a Growing Child".

This year we are organising the 24th Annual Congress of SPOT, and are very proud to be hosting the 7th Congress of EFORT in Lisbon in



2005, which we hope will be a major meeting for the Federation.

Even though the path was sometimes rough over these 54 years of our existence, every Board of SPOT organised Annual Congresses and did their utmost to help SPOT progress and fulfil its ultimate goal of scientifically promoting Orthopaedics amongst its membership of over 1,000 orthopaedic surgeons (around 650 active members), and also engaged in trying to reach the public and make them aware of the importance of Orthopaedics. Just like in 1947, SPOT still wants "To Think and Act Right" ! ■

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INTERVIEW THE PRESIDENT OF SPOT, PROF. JOSÉ DE MESQUITA MONTES SPEAKS ABOUT ORTHO- PAEDIC TRADITIONS IN PORTUGAL

EFORT: *Prof. Montes, for what reason did you decide to specialise in orthopaedics?*

JOSÉ DE MESQUITA MONTES: "I had just wanted to be a normal practicing physician, but I had a problem with my ears. For a while, I even feared going deaf. That's why I chose to become a surgeon, and since orthopaedics was just in its inception back in the 1950s during my studies, I decided to follow in that direction. At that time, traumatology was still a part of general surgery. In the 1960s, I went to the newly created University Hospital San Jons in Porto, and founded the orthopaedics

department with my boss, Carlos Rima."

EFORT: *The hearing problem didn't worsen?*

JMM: "It actually disappeared while I was serving in the Angola War from 1960 to 1965."

EFORT: *Portugal was a major seafaring nation, and was involved in a war. Did that have a special influence on orthopaedics and traumatology in your country?*

JMM: "I only witnessed the war in Angola, which was not a conventional, but a guerrilla war with all its consequences. For example, we had to deal with injuries caused when military convoys ran over mines, and had to then operate under primitive conditions. At the beginning, there was only one hospital in the capital, Luanda. Back in Portugal, I worked first in general orthopaedics, but then specialised in paediatrics, an area I helped to develop in Portugal, and then later in Paris in 1981, helped found the Paediatric Orthopaedics Association."

EFORT: *How did this development proceed in Portugal?*

JMM: "First, the launch of basic orthopaedics had to be established. Earlier, for example, normal paediatricians had treated infections, such as tuberculosis and bone marrow inflammation (osteomyelitis). Another problem arose with developmentally challenged patients, those with clubfoot or scoliosis, who had sometimes to remain hospitalised for years. In my paediatric hospital, Maria Pia, where I was director until 1988, we even established a school for such long-term patients. Today, operations can be carried out more rapidly, and the patients just have to return to the hospital to have their cast changed. I can, too, highlight a Portuguese contribution by Jacques Resina and A. Ferreira-Alves, who in the 1970s developed an alternate method to that of P.R. Harrington for the treatment of scoliosis."

EFORT: *Recently, the European Football Championship took place in Portugal. Where there any special incidents?*

JMM: "Thankfully, no. We were also very well prepared, and had established units near the

stadium. We were more concerned about the increased amount of traffic, or for instance, about the British, who are used to driving on the left.”

EFORT: *What do you see as the most important challenges for orthopaedics in the future?*

JMM: “For one thing, dealing with the aftermath of accidents. Despite better preventive measure, there are still too many accidents occurring at high speeds. What are needed are emergency response teams that include specialists, who can treat patients at the scene and transmit information to hospitals so the patients can be treated optimally on their arrival. Other major challenges are arthritis, arthrosis, osteoporosis or rheumatic diseases and bone tumours. We’re all getting older, so we’ll all have to deal with more degenerative illnesses and broken bones. Furthermore, elderly people often live alone, so a social system is needed that cares for them. And don’t forget the problems in developing countries where the rate of infection in hospitals is simply too high.”



Prof. José de Mesquita Montes, President SPOT

EFORT: *What successes have been recorded so far?*

JMM: “Early detection has improved, pain can be better dealt with, and, thanks to implants (arthroplasty), patients are offered a better quality of life. A big advance is mini-invasive surgery, as in sports injuries or infections that are treated using arthroscopy, which results in a shorter hospital stay. Combating bone tumours is the same as with fighting other tumours. Currently, most tumours can be removed surgically, or combated using chemo- and radiotherapy, while genetic methods are also being developed.”

EFORT: *What would you like to change in Portugal’s medical system?*

JMM: “Portugal has many excellent physicians and hospitals, but we’re losing too much time with discussions and meetings about organisational issues. In the past forty years, we’ve had more than twenty different health ministers. Then we’ll need a continuous medical education, from the schools to advanced education, and reaching into everyday life, which in turn will require an urgent modification of our working conditions. We are also dependent on the exchange of knowledge and experience, and therefore encourage international relationships within our association. We’re open to all input, and are particularly looking forward to the EFORT Congress 2005 in Lisbon. For instance, a doctor in Paris or London can be exposed to the most varied clinical cases or operations, while our physicians are unable to build up enough experience domestically, as Portugal has just 10 million inhabitants.”

EFORT: *What vision do you have for medical science in Europe?*

JMM: “In the future, without intensive fundamental research, we will not be able to solve our most pressing problems. However, practicing and researching at the same time is not possible, so therefore, we need better cooperation among universities, institutes and financing agencies in order to pay for the research.” ■

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ACADEMY HEALTH SCIENCE EFORT’S 10TH INSTRUCTIONAL COURSE IN GRONINGEN, THE NETHERLANDS

THE BAR HAS BEEN RAISED AGAIN AND EUROPEAN CME CREDITS ARE GRANTED!

Instructional courses must satisfy high organisational and didactical requirements. A format that distinguishes itself clearly from conventions and symposia is expected.

Experience shows that a more balanced mix of lectures, demonstrations, exhibitions and discussions forms an important precondition for a successful learning experience. The true secret of the longevity of the Instructional Courses lies in its choice of speakers. In Groningen, therefore, the goal was to retain well-known, knowledgeable skilled experts in the area of conservative and operative scoliosis treatment to speak to the 243 participants from over 27 countries. (September ‘04)



Academisch Ziekenhuis Groningen (AZG), the Netherlands

It was possible for the President of the Dutch Orthopaedic Association in Amsterdam, Prof. C.N. van Dijk, and Prof. J. R. van Horn, Chairman of the Instructional Course in Groningen, in cooperation with Prof. George Bentley, President of EFORT, and Prof. Wolfhart Puhl, Vice-President of EFORT, to recruit an international pool of lecturers. Dr. K.J. Mulhall from the Ireland was awarded for the best paper “Measuring Improvement Following Total Knee Arthroplasty Revision”. All participants were accredited with 20 European CME credits by EFORT and UEMS. ■

EFORT PORTAL – NEW ORTHOPAEDIC HIGHWAYS

One of EFORT's founding visions was to offer European orthopaedics and traumatologists the opportunity to build synergies across borders. An important step in reaching this goal was the development of an Internet platform, and over the past two years, such a platform has grown from the original simple website. This platform, unique in Europe, represents its members' pan-European interests and offers information, services, as well as entertainment.

The EFORT platform was relaunched in June 2004, according to the specifications of the EFORT Content Steering Group, bringing together the three subsections along with restructuring of the public area. At www.efort.org, the user now arrives at a homepage where he or she can select one of the three sections - public, portal and extranet. These three areas were previously found at three separate Internet addresses. The new homepage also contains a news section, which includes the euro-watch list covering important pan-European topics, and the global watch list reporting on worldwide events.

EXTRANET FOR INSIDERS

The extranet is restricted to closed user groups (login section), and offers a place, where various EFORT committees can work on common projects, lead private discussions and share documents.

NEW CONGRESS & ABSTRACT REGISTER SYSTEMS

Highlights in the public area are the list of societies, the implant register and the congress calendar, at present, probably the most comprehensive there is.



EFORT Portal on www.efort.org

Another genuine highlight is the congress abstract submission and review system tool (CARS). This application was especially developed for EFORT and its member societies. What had always been done manually in a dreadful process, can now be processed comfortably online! The CARS is a state-of-the-art solution, that can be adjusted to specific needs and used for all future congresses - not only by EFORT, but by all societies for their events!

The society gallery provides the possibility for each society to create and maintain its own internet presence, including their own logos, event calendars and detailed information through the EFORT Portal. The Portal offers the societies the opportunity to learn more from each other and to exchange national knowhow and information.

AUTO DATA HANDLING

The main focus in the coming months will be to raise the scientific content successively in order to be able to present it in a structured manner on www.efort.org. We'll meet you there! ■

IMPRESSUM

PUBLISHER

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PRINT

Druckerei Stuhmann AG

SUBSCRIPTIONS & ADDRESS CHANGES

e-mail: subscriptions@efort.org

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EDITION

36,000 copies

FREQUENCY

Quarterly

DISTRIBUTION

36 countries
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Provide us with your manuscripts and documents and address them directly to gabriella.skala@efort.org. We do not accept any responsibility for unsolicited manuscripts or pictures.

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The Winning Team: Our EFORT Executive Committee and Staff at the Central Office in Küssnacht



Like a regatta: EFORT emphasises team spirit in its work

008

WE ARE AN ORTHOPAEDIC SAILING REGATTA

By Prof. George Bentley, President EFORT

There are two types of federation Presidents; ones that do the work and others that just bask in the glory. I belong to a third kind – the privileged – as I was lucky enough to have the satisfaction of finding a solid, functioning, organisational structure when I took over the baton from a man who achieved much for EFORT. I'm referring to my colleague, Professor Niki Böhler from Linz. He was able to set new human and professional benchmarks for our association.

Now, during my term of office, I hope to be able to realise the visions that my predecessors have developed, while I myself also have certain visions with which my successor will be able to occupy himself. Above all, I would like to make EFORT more than just a European organisation – EFORT should become the worldwide largest and most robust platform for orthopaedics – a top quality body of reference. However, this does not mean we will give up our European identity. Quite the contrary, we are, and remain, Europeans through and through. What unites us – a largely common scientific history and ethic – is our strength.

A TEAM IS ONLY AS STRONG AS ITS WEAKEST MEMBER

International associations are living organisms. They remain successful as long as they have clear visions, and strive towards concrete goals. Presidents of such associations are admittedly judged less by their visions than by their deeds.

Our mission calls for ongoing work on our organisational structure, services and communication measures. It is my clear understanding that an organisation, a group, or a team is only as strong as its weakest member. Therefore, it is very important to me to be able to count on strong and reliable partners. I'm proud to be surrounded by professionals and specialists, a group including not only renowned surgeons, but also bankers, business consultants, economists, computer cracks and communications experts.

INTERDISCIPLINARY TEAMWORK

A perfect example of a successful interdisciplinary activity is the conception and realisation of EFORT's Portal. The result is brilliant, because each in the project group brings her or his specific know-how.

I'm proud to be able to count on an enthusiastic EFORT team, because the organisation's work is like sailing. The hustle and bustle of everyday life fades away, and is replaced by team spirit and the gathering of new experiences. Just as at sea, to raise sail all must work together, so too, the association must emphasise team spirit in its work. At the same time, each member should be able to benefit individually from

the cumulatively gathered learning experiences.

SUCCESS FACTORS FOR A WINNING TEAM

It's important for sailing, as well as for an organisation, to have all three types of expertise (power, people skills for dealing with those outside the group, and for those within the group). The skipper should bring some of all three competencies, but in the role of a "Leader", above all, he should have power (or at least more than all the others). If no one heeds the skipper, it is disastrous. In a crisis, if crewmembers start quarrelling, it's fatal – then nothing at all works any longer. And then, without power in order not to take the wrong decisions, the skipper must have great expertise (external competence, external goals) so that he is then able to take the right decisions or ask the "sailing experts" for advice.

On many professional boats, there are so-called tacticians. They advise the skipper on technical matters, just as the computer specialists do for the orthopaedics responsible for the EFORT Portal.

The skipper must also have the right touch with his crew – in the end, it should be fun for everyone. He cannot ask too much of the crew, and should know what everyone wants. Without losing authority, he must be able to be responsive to the crew.

Given this appreciation of nautical and group dynamics, I propose to go "sailing" with my EFORT colleagues, in our attempts to increase the stature of European Orthopaedics! ■

DVT EFORT FORUM ON DVT PROPHYLAXIS

By Prof. Pierre-Paul Casteleyn, Belgium

Belgium, June 2004: An EFORT Forum on Thrombosis Prophylaxis in Orthopaedics was organised at the annual meeting of the Belgium Orthopaedic Association.

Thrombosis prophylaxis remains a controversial subject despite the wealth of data published. The scientific issue is also overshadowed by the huge cost implications related to systematic chemoprophylaxis. This explains the genesis of numerous studies with perfect evidence-based protocols, but using surrogate end points. The resulting publications have created a medico-legal environment in which chemoprophylaxis seems to be mandatory.

The aim of the Forum was, therefore, to confront renowned specialists in the thrombosis field in order to provide the audience with a balanced opinion. Prof. P.P. Casteleyn, Belgian EFORT General Assembly Delegate, moderated the Forum.

Dr. Prentice, from Leeds (UK), reviewed the data on the incidence of DVT and pulmonary embolism after major orthopaedic surgery. These complications remain rare (e.g. fatal PE after THR: 0.2 %) and represent only 10 to 20 % of total postoperative mortality. This low occurrence rate means that clinical trials on chemoprophylaxis need to be extremely large, and are therefore difficult and costly to carry out. This also explains why surrogate, easy to diagnose, end points are being used. The significance and the correlation of these end points with clinical end points are still in doubt.

Dr. Warwick, from Southampton (UK), stressed the fact that the different prophylactic methods must not be considered as competitive, but complementary. The advantages of chemicals must be weighed against the potential for bleeding into the wound and into the spinal cord with neuraxial anaesthesia. The advantages of mechanical devices must be weighed against disadvantages such as com-

pliance and impracticability out of hospital settings. Sequential and/or combined use of pharmaceutical and mechanical prophylaxis should, therefore, be considered. Dr. Turpie, from Hamilton (CDN), explained that using similar surrogate end points, anti-Xa agents have a markedly higher protective effect than the previous chemoprophylaxis gold standards such as warfarin and LMWH, although with a slightly increased bleeding risk, which imposes a delay between the end of the surgical procedure and the start of the chemoprophylaxis.

Dr. Schoors, from Brussels (B), reported to the audience the results of a consensus conference concerning pharmacological prophylaxis, organised by the Belgian Social Security Institute.

This conference proposed to grade the thrombo-embolic risk in relationship with the type of surgery, and specific patient related factors. Prophylaxis and even prolonged prophylaxis is recommended for major surgery (arthroplasty, hip, spine, pelvic, fracture), but not for minor surgery or cast immobilisation for minor fractures.

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LMWH was recommended since, at the time of the consensus conference, data on the efficacy, risk and cost of the anti-Xa agents were not available.

The EFORT Forum was concluded with a tele-voting procedure, which allowed the audience members to express their opinions anonymously on questions and statements proposed by the moderator. This polling revealed that the huge majority of the participants - and maybe all Belgian orthopaedic surgeons - routinely use chemoprophylaxis in major elective surgery and in major trauma. Only a limited number of them use routine chemoprophylaxis in minor trauma.

Most interesting is the fact that a substantial majority of the attendees stated that they were not really convinced by the scientific evidence concerning the necessity for prophylaxis, and that they acted mostly to protect themselves from medico-legal consequences! This fact emphasises that maybe a well-designed, large, independent study on the clinical end points of thrombo-embolic prophylaxis is still mandatory, whatever the difficulties and costs. ■

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LEGAL AFFAIRS

SWITZERLAND: PATIENTS SHOULD HELP STRENGTHEN DATA SECURITY

A new health insurance accounting system in Switzerland is causing disquiet. The Swiss Patient and Insured Organization (SPO) is calling upon patients to take a stake in protecting their medical data. A form is available on the Internet which patients can use to request that the treating physician ignore requests by the insurance company for patient data.

“Actually, in this initiative there’s nothing to object to,” said general practitioner Dr. Hans Schweizer*. The initiative merely prevents medical data from falling into the hands of bureaucrats who could then interpret them to the patient’s detriment. The form just ensures that the patient’s data will only be sent to the treating physician and the insurance company, but not to management. The Swiss authorities are also criticising the new accounting system of the health insurance companies.

*Name was changed by the editorial staff

CHINA: PUBLIC HEALTH QUO VADIS?

“China’s growing pains“ is the name of a detailed report from THE ECONOMIST about the ailing health system in China. Gone are the times when acupuncture was used as a propaganda instrument under Mao Zedong. Who now still talks in economically liberal China about public health? During these times of overheated development - the annual average GDP growth has been 9.7 percent over the past 20 years - the public health system has remained somewhat behind. The global health concerns - for instance the AIDS situation - have been sorely neglected. The tears in the social fabric, namely in health and education, show among other things that China today has an unprecedented savings rate. The Chinese government seems to be aware of the problems, and everything points to a quiet health care reform being in the works. In April 2004, at a national conference on health care issues, a secret draft of a policy paper was released that defined the roles of the government and private sectors. It appears the goal is that large hospitals like the Capital Hospital in Beijing will be developed by the government, whereas, smaller hospitals should be developed according to private economic criteria. One expert estimated that this could involve sixty percent of urban hospitals. The People’s Republic seems to realise that market forces alone cannot produce good health care. That is evident as well in a recent edict, whereby discrimination against HIV infected persons is punishable by law. ■



New data security in Switzerland protects patients



Chinese patients: do they benefit from the new policy?

SPECIALS

BONES IN THE MUSEUM

THE GERMAN MUSEUM OF ORTHOPEDIC HISTORY AND SCIENCE

The quality of a museum stands and falls with the object. Encountering the third dimension, discovering the original, being able to sense the aura of a work of art – those are the success factors of a museum. A scientific museum has yet another purpose – it must show complex scientific relationships to a wide audience in an understandable way. The art in constructing such a museum is to present the exhibits so that the information also appeals to the expert – in this case medicine students and orthopaedists.

The Museum of Orthopaedic History and Science sees itself as a specialised scientific memorial. It is a place of research, of documentation and retention of the history of orthopaedics and its related fields. For this reason, the museum collects articles and aids which serve or have served in the prevention and treatment of illnesses or changes of the human body. Principal items of the collection are prostheses, implants and anatomical preparations. Like any outstanding museum, it also offers books and magazines along with advertising, pictorial and multimedia material about orthopaedics, medical and institutional history. In addition, documents, scripts and other collected information are also preserved.

THE MUSEUM OF ORTHOPAEDIC HISTORY AND SCIENCE OFFERS INSIGHTS INTO SEVEN DIFFERENT AREAS:

- The history of the human body
- Changes in the body over the course of life (aging processes)
- Pathologic conditions of the skeletal system
- Treatments from the historical and current perspective
- Medical care using prostheses
- The history of orthopaedics and its forerunners as a scientific discipline
- The social history of caring for the handicapped

A MUSEUM IN THE ORTHOPAEDIC UNIVERSITY CLINIC

The Museum of Orthopaedic History and Science was founded in 1959 in Würzburg through the commitment of Georg Hohmann. In the following decades, the museum was incorporated into the König Ludwig building of the Orthopaedic University Clinic. Under the direction of August Rütt, and with the help of many volunteers, the museum's assets could be continually expanded. This was possible through donations and gifts, among others from Bruno Valentin and the support of the German Society for Orthopaedics and Traumatology.

ORTHOPAEDICS IN A MONASTERY

Lack of space in Würzburg was one of the reasons why the museum was relocated to Frankfurt am Main. The museum reopened on June 6, 1998 in the department of orthopaedic surgery at the University Hospital of Frankfurt am Main.

Today, the museum consists of four different exhibition rooms. Visitors are taken on a journey through the history of orthopaedics, starting in 1826, when Johann Georg Heine first introduced his orthopaedic institute in a monastery in Würzburg, to current treatment options of joint replacement and minimally invasive surgical techniques like arthroscopy. In addition, background information is provided about the development of well-known orthopaedic hospitals such as those in Frankfurt, Hanover, Berlin and Heidelberg. Another section focuses on typical diseases of the skeletal system, displaying a huge variety of bone specimens with various pathologic alterations. Numerous treatment modalities of orthopaedic diseases and their changes over time, as seen in the management of hip joint dysplasia and clubfoot, are presented. The development of antisepsis, asepsis and the x-ray



Well designed and transparent: The Museum of Orthopaedics and Science

technique is demonstrated. In addition, prostheses used for hip and knee arthroplasty, implants used for fracture fixation and instruments commonly used in orthopaedic surgery are displayed. Another showroom displays the development of prostheses used after amputations above and below the knee. Rare prostheses, such as the "Sauerbruch device", and the prosthesis developed for use after Krukenberg kineplasty are shown. As a relic of the poliomyelitis epidemics in the 1900s, an "iron-lung" machine is also demonstrated.



Scoliotic torso from Schmorl's collection in Dresden-Friedrichstadt

SYMPOSIUM ON HISTORICAL TOPICS

The exhibition is open to the public, while the library is accessible only to those involved in scholarly work in the field of the history of orthopaedic surgery. The annual highlight of the various activities organised by the faculty of the museum is a symposium focusing on topics related to the history of orthopaedic surgery. The abstracts of every symposium are published in the yearbook.

SUGGESTED READING

Dr. M. A. Rauschmann's reading suggestions about the history of orthopaedics are comprised of half a dozen standard works in German. Relevant publications in other languages will be published in the next editions. A bibliography with articles by Dr. M. A. Rauschmann can be requested from EFORT Central Office in Küsnacht, Switzerland. Please contact Gabriella Skala at gabriella.skala@efort.org.

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