



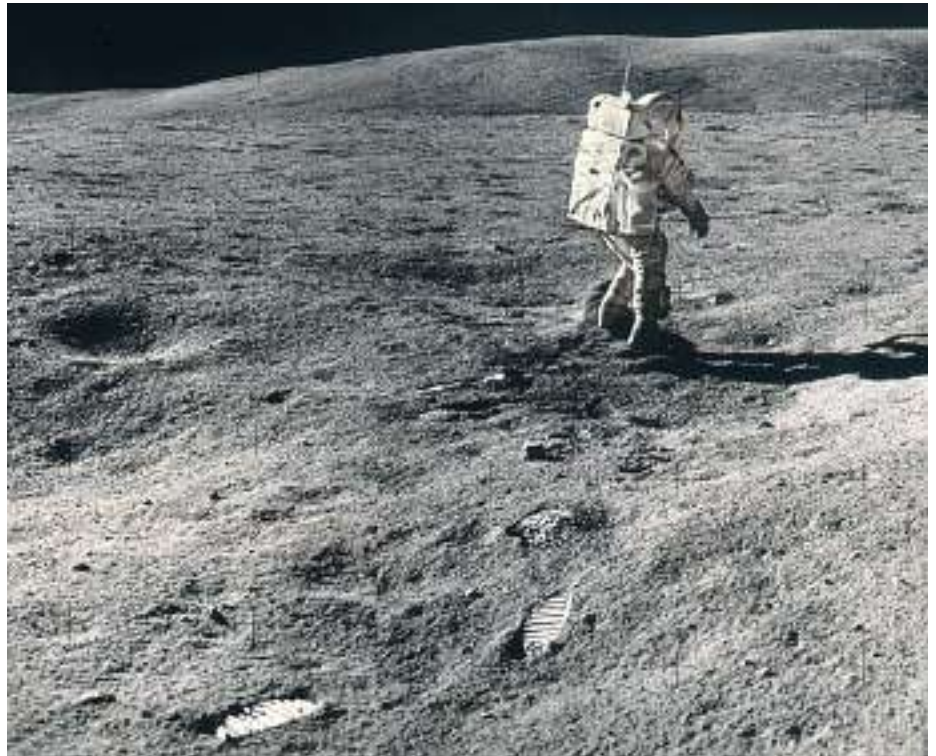
EFORT NEWSLETTER

VOL. 4, JANUARY 2006

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CONTENTS

EFORT: QUO VADIS?	01
EDITORIAL	03
THE ETERNAL CHARM OF VIENNA	07
EFORT PORTAL	08
ABSTRACTS	08
EUROPEAN ARTHROPLASTY REGISTER (EAR)	12
EFORT NEWS	13
LEGAL AFFAIRS	14
WHO IS WHO	14
FLASHBACK	16
PUBLICATION DATA	19



EFORT: QUO VADIS?

by Gabriella Skala

From 8 to 11 December 2005, the EFORT Executive Board met at the Hotel Sonnenalp in Ofterschwang, a little town in the German region of Oberallgäu. The aim of the meeting was to assess the two years of Prof. George Bentley's presidency, as well as to look ahead to the term of office of EFORT President-designate Prof. Wolfhart Puhl. And it was no accident that the Executive Board met on the site of a historical moment in the annals of EFORT.

Prof. Wolfhart Puhl explained to his younger colleagues on the Board how 29 national delegates had met 13 years earlier in Ofterschwang to spend an intensive weekend together before returning home pleased with their work. They had just laid the cornerstone of the European Association of Orthopaedists and Trauma Specialists. >> page 04

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Prof. Wolfhart Puhl
EFORT President
2006-2007

EDITORIAL

Dear Colleagues,

We head into 2006 by looking back. This is the only way we can determine where we are, and thus begin to plan ahead and to take action.

Looking back we see that EFORT has left an impressive mark in its progress over the last two years, a progress we owe to the contribution of a whole range of colleagues. A special thanks is due to those members whose presence at our exceptional Lisbon congress did so much to raise EFORT's profile. I am speaking both of EFORT President George Bentley and of Chairman Local Organising Committee Manuel Cassiano Neves. Together with his colleagues from the Portuguese Orthopaedic Society, this latter, as local chairman, was the driving force behind the congress's organisation and a major contributor to its scientific content.

Meanwhile, Karl-Göran Thorgren of Sweden kept a firm hand on the structure and content of the scientific programme. But neither congress planning nor organisation, neither the analysis and selection of oral and poster presentations nor the production of the scientific programme would have been possible without our Central Office, and for this we are especially grateful to its head, Gabriella Skala, and her highly motivated team. Our business adviser, Klaus Hug, managed contractual and financial matters, as well as decisively shaping the course of the congress with skill and dedication.

Our Internet portal was a veritable pacesetter, indispensable for the promotion of our Lisbon congress. The instrument has developed to such an extent that not long ago it was named best portal in the field of medicine. In the meantime, everything is in place to ensure that Europe's extended orthopaedic family enjoys efficient communication. Originally provided to us by the US media company Pharmacia, we have since made the portal our own. In the process, we have come to see that a Europe-wide

scientific association requires a clear view of the future in order to make the decisions that will best shape it. Fostering the continuing growth of EFORT has also meant taking steps in the human resources area. These have included the further expansion of the Central Office.

EFORT is growing, and its activities are ever more diverse, which explains our resolve to pay greater attention to the wishes and requirements of our partner associations over the next two years, and thus be able to respond as faithfully as possible to the individual expectations of our members. However, we can only hope to reach this goal by developing even closer ties with one another, and working together on common projects, whether this involves budgeting or implementation. And there is no end to the work to be done.

One of the subjects of greatest interest to academic orthopaedic circles is the potential for placing publications in Europe.

For our part, we are interested in new ways to bring the findings of both basic and clinical research to specialists. At the same time we will be devoting more attention to the industry's research and development, as well as fostering innovation through feedback and collaboration.

We all agree that a biannual congress and an instructional course that has in practice taken on the form of a mini-symposium no longer constitute comprehensive training, and we will therefore be striving to develop a broad-based, sophisticated continuing education offering. In addition, we need to come to grips with what sort of standardisation of our various health-care systems is possible, and what is necessary. After all, the limitations and opportunities that arise every day to meet us depend directly upon such structures.

In the interest of advancing the discussion of these matters, we are planning a strategy meeting of the General Assembly, to be held if possible as soon as spring 2006. Such a meeting will allow us to expand the conversation to include the ideas and desires of all national societies. And perhaps we will be able to impress upon all those in attendance the fact that EFORT already offers a range of benefits unique among European professional organisations. Let me take this opportunity to thank all of you for your solidarity, and to wish you a successful year filled with useful EFORT encounters. Our orthopaedic tree is already bearing some juicy fruit - pick it while you can!

Sincerely,

A handwritten signature in black ink, appearing to read 'Puhl'.

Prof. Wolfhart Puhl
President



Participants of the EFORT Strategy Meeting, Oberallgäu, December 2005

As Henry Ford said, “Coming together is a beginning; keeping together is progress; working together is success.” To be sustainable, however, success must be bolstered by thoughtfulness and a will to continuously adapt to changing circumstances.

EFORT has now come of age and can look back in pride at the valuable work it has done for the extended European family of orthopaedic specialists.

A LOOK BACK AND A LOOK AHEAD

George Bentley, who was President of EFORT from 2004 to 2005, took stock of our recent history. He began his remarks by thanking his predecessor, Prof. Niki Böhler, who was on hand for the creation of the Central Office in Switzerland in 2002. Together, the two EFORT pioneers surveyed the progress made by our organisation and summarised the main debates of the past years.

The administration has now been centralised in Zurich. It is hard work creating a new entity, particularly when this means taking into account occasionally somewhat labyrinthine communication channels, cultural peculiarities, and the democratic structures of a non-profit organisation.

EFORT'S CENTRAL ORGANISATION

All members of the Executive Board have

made their contribution to the work of centralising and organising the Central Office. This involved such tasks as assembling key original documents and developing or adapting contracts and guidelines for the federation. One individual project with ramified effect was the creation of a common visual presentation and the preparation of the EFORT brand manual. The result has been a corporate identity expressed in all of our communications, positioning us as an independent professional organisation. At the same time the Members of the Board were beginning to work on the EFORT Internet Portal, which has today grown into one of the best sites maintained by a scientifically oriented professional organisation.

THE PORTAL – A FAST, INTERACTIVE MEDIUM

More than 13,000 registered members take advantage of our online services, which include a personal e-mail address, a kit to create one's own website and a search engine for scientific material held in the databases of major research sites. In addition, every month EFORT translates nearly 30 abstracts for the JBJS into six languages, French, Spanish, Russian, Czech, Polish and Romanian, with an eye to helping orthopaedists stay abreast of developments in their own native tongues. And there is

more: users enjoy the convenience of such things as quick searches in the electronic members' handbook, containing all national and professional societies, are able to keep themselves up to date with a well-maintained events calendar, and have the opportunity to expand their professional horizons thanks to our Portal's interactive functionalities.

EFORT – JOINT EFFORTS!

The excellent collaboration between the EFORT Central Office and the secretariats of the individual national and professional societies made possible the launch of a common address database in the summer of 2004. This database currently comprises 32,500 addresses from over 89 countries and constitutes an indispensable tool in the campaign to keep members, industry and the general public comprehensively informed. “We would like to take this opportunity to praise in the warmest terms the secretariats of the national societies,” said Prof. Puhl. “Thanks to their constant and cordial will to collaborate, we have been able to carry out our flawless information campaigns.

Another innovation is the EFORT Newsletter, which replaced the Bulletin in the fall of 2004 and celebrates its one-year anniversary with this issue. The survey performed in Lisbon found that almost two

thirds of our readers value the scope and content of the Newsletter and consider it an absorbing, useful and informative publication. The EFORT Executive Board also thanks its partners in the industry for placing advertisements in the Newsletter from day one, and thus enabling them to begin circulating the periodical in the first place! This year, by the way, the Board has decided to produce a special Industrial Supplement, designed to represent the sector and serve as a platform for innovations, products and corporate news.

EFORT EVENTS AND CONGRESSES

Mounting the 7th EFORT Congress in Lisbon was a test of the new organisational structure's mettle. For the first time ever, the EFORT Executive Board coordinated overall congress organisation with the Chairman of the Local Organising Committee, Manuel Cassiano Neves through the Central Office the aim was to centralise the organisation and expertise while closely examining past problem areas.

The newly created abstract submission database has brought us over 3,800 abstracts! The database was revised manually by the Central Office and helped Chairmen Manuel Cassiano Neves, Karl-Göran Thorngren and Roger Lemaire (Editorial Committee) in their coordination and selection of the best abstracts from among those chosen by the 75 scientific reviewers, as well as in their preparation of a scientific programme for the congress. EFORT would like to offer its thanks to all moderators and reviewers for their marvelous work. No one could have predicted that we would receive so many worthy abstracts for our congress, nor that so many orthopaedic specialists and industry representatives would be led by their thirst for knowledge to participate in its scientific programme.

NATIONAL DELEGATES ELECT THEIR EXECUTIVE BOARD FOR 2006-2007

The national delegates elected their new EFORT Executive Board at the General

Assembly held on 6 June 2005 in Lisbon. As of 1 January 2006, the following colleagues are responsible for carrying on the work of developing our organisation:

EXECUTIVE COMMITTEE 2005-2006

President:

Prof. Wolfhart Puhl, Germany

Vice President:

Prof. Frantz Langlais, France

General Secretary:

Prof. Karl-Göran Thorngren, Sweden

Past President:

Prof. George Bentley, United Kingdom

Treasurer:

Prof. Martti Hämmäläinen, Finland

Member at Large:

Prof. Miklós Szendrői, Hungary

Member at Large:

Dr. Roberto Giacometti Ceroni, Italy

Member at Large:

Prof. Michel Dutoit, Switzerland

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Dr. Richard Wallensten, Sweden

Chair LOC Florence:

Prof. Franco Postacchini, Italy

Chair LOC Vienna:

Prof. Karl Knahr, Austria

Chair LOC Geneva:

Prof. Pierre Hoffmeyer, Switzerland

Chair LOC Sommerfeld:

PD Dr. Andreas Halder, Germany

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Chair Finance:

Prof. Martti Hämmäläinen, Finland

Chair Industry Liaison:

Prof. Wolfhart Puhl, Germany

Chair Portal:

Prof. Klaus-Peter Günther, Germany

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Chair Awards:

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Assistant Head CO:

vacant

Finance & IT Assistant:

Larissa Welti, Switzerland

Trainee:

Björn Johansen, Michael Fuchs, Switzerland

OUTLOOK 2006-2007

The Sonnenalp strategy session ended with a discussion of new products and member events to be developed and introduced in the months to come. Incoming President Puhl proved himself both a realist and an idealist in his remarks on the period ahead: "EFORT still has a lot to do in its further development, as the next issue of the Newsletter will report. One thing is certain: it is solely with the invaluable support of the national and specialty societies, as well as every one of us, that EFORT can continue to grow and flourish. And this is the only feasible path for our orthopaedic family to take, in view of coming legislation, new competencies and directives, not to mention an ever more sickly healthcare system in so many European countries. ■"

We look forward to our common collaboration,
Yours EFORT Team



Prof. George Bentley
EFORT President 2004-2005

Dear Colleagues,

London. Whether one is in politics, active in a club or a member of the civil service, no elected office lasts forever. My successor, Wolfhart Puhl, one of EFORT's pacesetters and a former physician-director of the Orthopaedic Department at the Ulm University Hospital's Rehabilitation Clinic, assures me that he will continue to lead our Federation just as EFORT's founding fathers intended.

In addition to his skills both as an orthopaedist and organiser, Wolfhart Puhl has another quality that will stand him in good stead in his new position: he speaks his mind. For instance, not long ago, in his capacity as national coordinator of the Bone and Joint Decade, he commanded Germany's attention with a call for family physicians to improve their orthopaedic skills, and the demand that medical studies be accordingly supplemented. A respected specialist had finally pointed his finger at the lamentable fact that the training of the general physician, to whom one out of every three patients comes, after all, with motor problems, includes only a voluntary rotation in the relevant specialty, such as orthopaedics.

I got to know Wolfhart Puhl properly, and to appreciate his work, at the 2nd EFORT Congress in 1995. He had convened that meeting, together with his German colleagues and under the aegis of the DGOOC and BVO. His work brought together 160 exhibitors, 3,472 participants and 21 moderators from 19 countries in nine parallel auditoria, and established a daunting benchmark for subsequent EFORT congresses.

It is no coincidence that this issue of EFORT News, is devoted to the topic of congresses. Looking back on Lisbon, and ahead to Florence, we can say with certainty that our Federation's many implants are showing no sign of aseptic loosening, and that a revision of the threaded cups in our minds is a thing of the distant future.

EFORT congresses are like science itself - a stairway-like continuum, to be climbed carefully step by step. Let us learn from Lisbon, and look forward to Florence. I hereby pass on the baton to my successor, Wolfhart Puhl, in the hopes that EFORT's flame in Florence may glow even more brightly than it did in Lisbon. He certainly has the requisite fire in his belly.

Sincerely,

A handwritten signature in black ink, appearing to read 'G. Bentley'.

Prof. George Bentley

Immediate Past President



THE ETERNAL CHARM OF VIENNA

The 9th EFORT Congress is to be held in 2009. Why Vienna and not...? Vienna is currently somewhere between first and second place in the world-wide convention-hosting sweepstakes. Austria, and particularly its capital, Vienna, is an international favourite as a site for major events. Conventions held in the city on the Danube have been bringing in steadily growing revenues, with the boost to the Austrian GDP estimated at some EUR 1.1 billion. Vienna boasts more than 6,000 jobs associated with meetings, at which over four million overnight visitors are made to feel at home before returning to their countries having enjoyed a successful event.

SCIENCE AND CULTURE, ALL UNDER ONE ROOF

Vienna's position at the heart of Europe and its promise of the perfect spot for a congress have been clear at least since 1815, the year of Napoleon's abdication, when Prince Metternich presided over the meeting of statesmen and nobility at which Europe was re-organised. No wonder, then, that the overwhelming majority of EFORT delegates made Vienna the site of the 9th EFORT Congress in 2009. Prof. Karl Knahr - President of the 2nd General Orthopaedic Department of Vienna's Speising Orthopaedic Hospital - is Austria's leading national EFORT delegate and Treasurer of the Austrian Society for Orthopaedics and Orthopaedic Surgery (ÖGO). For him, Vienna is the natural

choice for an EFORT congress: after all, his hometown has been combining science with culture forever. "This tradition is reflected among other things in the fact that science and culture are also political bedfellows in Austria," says Prof. Knahr, noting that the relevant state administrative body is the Federal Ministry of Education, Science and Culture. A federation like EFORT, however, has another key reason for choosing Vienna over comparable European cities: The city has for some time now established itself as the gateway to Eastern Europe, the point of access for those interested in collaborating with that part of the continent.

Austrian banks have a solid connection with Eastern Europe and are currently proving their mettle on equity markets there. In cooperation with the Vienna stock exchange, the New Europe Blue Chip Index (NTX) has come into being, tracking the thirty leading shares in Austria, Poland, Hungary, the Czech Republic, Slovakia, Slovenia, Croatia, Romania and Bulgaria. In scientific terms, too, Vienna has emerged as a pivotal site for east-west exchanges. As early as 1968, after the Warsaw Pact had sent its tanks through the streets of Prague, a transnational project among the universities of Bratislava, Budapest and Vienna in the field of particle physics was initiated, the so-called Triangle Collaboration. The original three cities were later joined by Prague, Brno, Ljubljana, Zagreb and Trieste. What had begun as a political statement soon gave way to a series of conferences, seminars, scientific exchanges and graduate institutes, still active to this day.

TRANSNATIONAL COOPERATION

Most Eastern European scientists have great hopes for the entry of their individual countries into the European Union. While the situation at home has been improving steadily from year to year, salaries and research money for Eastern Europe's scientists are still many times lower than funds enjoyed by their colleagues in the west, meaning that expensive equipment

taken for granted in western hospitals is in scarce supply in the east. Nevertheless, despite these continuing inequities, orthopaedists on both sides of Europe have one thing in common: they all communicate professionally in English. Surely this is one of the reasons for the great success enjoyed for some time now in the area of transnational orthopaedic collaboration.

Prof. Karl Knahr sums it up thus: "We orthopaedists have long been enjoying what Europe's politicians can only dream about." Vienna's scientific community has a proven track record in the business of integrating its Eastern European colleagues. At EFORT, meanwhile, a range of orthopaedic traditions and standards is already coexisting so harmoniously that we can boast of joint efforts across the board. Prof. Knahr is convinced that the proverbial Viennese charm will do more than a little to lend the EFORT Congress style and ambience: "It's no secret that we'll be treating our European colleagues to a glass or two of our local wines, plus a rousing chorus of some of the old songs. Informal gatherings in leafy arbours are a natural way to promote camaraderie, and that's just what we Viennese love." When Prof. Knahr talks about the cultural programme for the 9th EFORT Congress, he smiles in a way that suggests the Austrian Society for Orthopaedics and Orthopaedic Surgery (ÖGO) has some merry treats in store for its out-of-town guests. ■



Prof. Karl Knahr: The host who won the bid for Austria

EFORT PORTAL

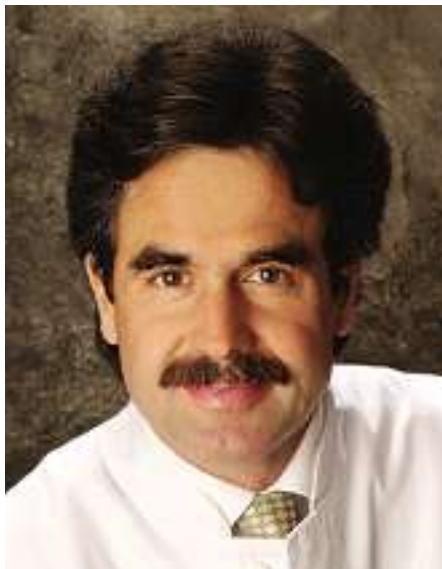
OUR PORTAL IS NOW OPEN EVEN WIDER

We spoke to Prof. Klaus-Peter Günther, Director of Dresden's Orthopaedic University Clinic in the new German state of Saxony. As Chairman of the EFORT Portal Content Steering Committee, he knows the various features of our website at www.efort.org better than anyone.

Acting as a competence centre for communication, the EFORT Portal Content Steering Committee selects, edits and publishes both information about the federation and scientific material. Communi-



cations content is principally disseminated via the www.efort.org and website. In keeping with EFORT's international character, the Committee is made up of members from a host of different national backgrounds: Prof. Klaus-Peter Günther from Germany, Dr. Elke Vieweger from France, Dr. Antonio Cartucho from Portugal and Dr. Liviu Iovanescu from Romania who are supported by the EFORT Portal Managers, Daniel Huber and Jann Fraitag. At regular meetings and telephone conferences, the group keeps order amid a flood of technological, legal, organisational and pedagogical requirements, including such things as data security and copyright issues, attempts at standardising European training and continuing education, and collaboration with publishing houses. The EFORT Portal Content Steering Committee's mandate is to support and enhance communication amongst members through the use of the latest technology, and thus to assist EFORT in the accomplishment of its goals. Seasoned web surfers will notice immediately that the EFORT Portal site has two dif-



Prof. Klaus-Peter Günther, Chairman EFORT Portal Content Steering Committee

ferent target audiences. The general public (including physicians, patients, organisations and the curious) is provided with a striking portrait of our federation. As Prof. Günther puts it, "The Portal can be used in a wide range of ways. For one, it serves to orient users, as every member and all visitors can at any time consult it to learn about such things as orthopaedic events." Meanwhile, registered EFORT members will find other information at their disposal, especially that of a scientific nature. Prof. Günther has this to say about the part of the platform accessible only to members: "In the near future we will be offering our members electronic access to a wide range of scientific information. Soon, for instance, the Portal will feature selected scientific reports, presentations and abstracts from the 7th EFORT Congress in Lisbon. At the same time, we also want to turn our Portal into an interactive venue, with a platform in progress for EFORT members to exchange experiences and ideas, something we expect to take on greater importance in the future." Currently, the EFORT Portal Content Steering Committee is focussing on the development of new online communications and learning opportunities, a process in which our continuous medical education (CME) will of course play a part. The group is also at work on a thoughtful and precise

evaluation of new technologies, such as "Video on Demand". To this end, together with the Video Journal of Orthopaedics, an evaluation of the reception of video was carried out in April und May 2005. Over five hundred physicians were shown videos on a variety of orthopaedic Topics and techniques and asked to rate their general acceptance of the medium, their personal use, and the presentation form's added scientific value. The survey showed that the Internet and technological innovations like interactive presentations and videos are enjoying widespread positive acceptance, and that they optimally supplement traditional educational and publishing methods. Prof. Günther notes: "The Internet is highly appropriate for continuous medical education because it allows us to enhance our teaching efforts with actual footage."

The EFORT Portal is being developed in a process-oriented fashion, which is why Prof. Günther is eager for more feedback from actual users in the world of orthopaedics. He not only welcomes requests, criticism and suggestions for the EFORT Portal Content Steering Committee - he's positively seeking them. ■

ABSTRACTS

MORTALITY

Symptomatic venous thromboembolism and mortality after hip-fracture surgery: the ESCORTE Study

by C. Vielpeau, N. Rosenche, J. Emmerich, F. Fagnani, D. Chibedi, C.N. Samama

Introduction: Recent changes in the management of hip-fracture surgery patients may have resulted in changes in the epidemiology of venous thromboembolism (VTE). We aimed to determine the incidence of, and predictive risk factors for, symptomatic VTE and mortality, as well as the use of VTE prophylaxis in hip-fracture surgery patients.

Methods: Hip-fracture surgery patients were enrolled in 525 hospitals in France

between 1 October and 30 November 2002 in this prospective, multicentre, epidemiological study. VTE was assessed by a critical-events committee at three months. Risk factors were identified using logistic regression.

Results: Data were from 6860 (97%) of 7019 enrolled patients. Median age was 82 years and 76% were women. 47% were femoral neck and 53% trochanteric or subtrochanteric fractures. All were operated on (osteosynthesis 57%, hemiprosthesis 35% and THR 8%). Prophylaxis with a low-molecular-weight heparin (LMWH) was administered perioperatively in 97.6% and for at least four weeks in 69.5% (median prophylaxis duration: six weeks). The rate of symptomatic VTE at three months was 1.34% (95% CI: 1.04-1.64). There were 16 PEs (rate 0.25%), three of which were fatal. The rate of major bleeding was 1.2%. At six months, 1006 patients (14.7%) were dead. Significant risk factors for symptomatic VTE were: a history of VTE (OR 2.9), induction of anaesthesia until arrival in the recovery room >2 hrs (OR 2.5), and vari-

cose veins/post-thrombotic syndrome (OR 2.2). LMWH prophylaxis significantly reduced the risk of symptomatic VTE (OR 0.2). Significant predictive factors for mortality were: cancer (OR 2.3), surgical complications requiring re-intervention (OR 1.8), confusion before fracture (OR 1.8), ASA score 3 (OR 1.7), BMI >18 kg/m² (OR 1.6), congestive heart failure (OR 1.6), atrial fibrillation (OR 1.6) and age >80 years (OR 1.1).

Conclusions: Extended LMWH prophylaxis is applied widely after hip-fracture surgery in France. The current rate of postoperative VTE is low. However, a major change in the care of these patients is needed because of the high mortality rate. ■

FRACTURED NECK

Avoidable or unavoidable deaths in fractured neck of femur patients

by *Simon P. Frostick*

Patients who suffer a fracture of the proximal femur are at high risk for developing venous thromboembolism. They require

effective anti-thrombotic prophylaxis. In an audit of 11,900 patients a mortality of 17% occurred three months after the injury. Although post-mortem examination was rare, it was estimated that nearly 50% of 753 deaths were thrombosis related, 6.9% specifically attributed to pulmonary embolus. It is likely that many of the other deaths, attributed to various respiratory problems, were also at least in part due to PE. Comparing the data with actuarial tables demonstrated an excess mortality in both genders and in nearly all age groups. In a second audit, although many patients were receiving some form of prophylaxis, many were given ineffective agents and probably using an ineffective regime. In many patients a fracture of the proximal femur is regarded as a terminal event. However, the data from these two audits would suggest that many of these patients are dying unnecessarily and that effective prophylaxis would reduce the risk of death. Chemical prophylaxis commenced immediately after surgery and continued for five weeks would be appropriate. ■



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1. Rea, Michael, MD, Salehi, Abraham, PhD, Widding, Kirstin, MS, Hunker, Gordon, PhD, Polyethylene Wear Performance of Oxidized Zirconium and Cobalt-Chromium Knee Components Under Abrasive Conditions, The Journal on Bone & Joint Surgery, Vol. 84-A, Supplement 2, 2002, 129-135

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COMPLICATIONS

Arterial and venous thromboembolic complications after major orthopaedic surgery

by *Ola E. Dahl*

Major bone surgery causes damage to the bone-marrow cells and destruction of blood vessels. This induces a tremendous local and systemic thrombin generation, which may in turn trigger vascular instability during surgery that can in seldom cases prove fatal in susceptible patients particularly if bone cement is implanted. The overall mortality following elective hip replacement is low since the patients are selected for the procedure and medically optimized. Following emergency hip-fracture surgery, the patients are substantially older, many have co-morbid conditions and the mortality is markedly higher. Vascular events dominate. Pulmonary embolism and myocardial infarction are prominent together with pneumonia (a condition that triggers the coagulation system).

Postoperatively, thrombin continues to be generated for a long time after surgery as a part of the inflammatory healing process. Vascular complications dominate and epidemiological studies have shown a general complication risk period lasting for nearly three months and significantly longer in subgroups. Although mortality has decreased in recent years, morbidity continues to play an important and less focused role, albeit with substantial health-economic implications. ■

CLINICAL ENDPOINTS

Extended thromboprophylaxis after major orthopaedic surgery based on clinical endpoints. Risk-profile analysis needed?

by *Lars C. Borris*

According to the 2004 ACCP guidelines on antithrombotic and thrombolytic therapy, general extended prophylaxis with low molecular-weight heparins, vitamin K antagonists or fondaparinux is recommended after major orthopaedic surgery.

This recommendation is based on a number of placebo-controlled clinical studies using venographic screening for deep-vein thrombosis (DVT) as a surrogate end-point for pulmonary embolism (PE); other vascular thrombotic events were not considered. In a recent meta-analysis of these studies the overall event rate of symptomatic venous thromboembolism 30 to 42 days after a joint arthroplasty was 2.7% DVT and 0.6 % PE in patients having short-term prophylaxis, and it was significantly reduced by extended prophylaxis. Bleeding episodes were seen in 4% of cases having extension. Taking into consideration the risk benefit for the individual patient, do these findings justify the use of extended prophylaxis on a general basis? To answer this question, compliance, adverse event profile and cost of the prophylactic regimens must also be addressed. It would be very attractive to be able to individualise the duration of the prophylactic period by assessing the thrombotic potential of every patient in order to balance the risks and benefits of continued prophylaxis. ■

SURVEY OF 25,284 PATIENTS

Thromboembolic complications in ortho-paedic surgery - a survey study of 25,284 patients

by *E. de Brie, L. Lapidus, S. Cannerberg, T. Mohr, B. Cars, S. Ponzer*

Background: Thrombosis is a rare complication for the single orthopaedic surgeon. The objective of this study was to determine the incidence of thromboembolism after orthopaedic surgery at Söder Hospital.

Methods: All patients operated on during 1997-2000 (n = 25,284) were given a short questionnaire regarding postoperative complications. The patients were asked to return the form at six weeks. About 50% of the forms were returned spontaneously. A research nurse contacted the rest of the patients. The questionnaires were compared with the patients' charts. An orthopaedic surgeon decided whether the complication was related to surgery.

Results: 99.5% of the surveys were returned. 0.78% deep-vein thrombosis (DVT) and 0.20% pulmonary emboli (PE) were radiographically diagnosed. DVT mean age was 59.6 and 74.7 years for PE. Median detection time was 18.0 days for DVT and 20.6 days for PE. DVT and PE incidence was higher in lower-extremity than in upper-extremity surgery. DVT incidence in Achilles-tendon ruptures (9.5%), knee replacement (5.8%) and pelvic fractures (4.8%) was high.

Conclusions: Thromboembolism incidence in orthopaedic surgery was low. However, some surgical procedures had a high DVT incidence. The results of this study suggest the need to adjust thromboprophylaxis to the surgical procedure. ■

CONSERVATIVE ARTHROPLASTY

Conservative hip arthroplasty - Does it have a place?

by *D. McMinn, J. Daniel, C. Pradhan, P. Pynsent, H. Ziaee, T. Band, R. Ashton*

Hip resurfacing has always been an attractive concept for the treatment of hip arthritis in younger patients. Introduction of modern metal-on-metal hip resurfacing in 1991 in Birmingham, UK made this concept a reality.

In the early years, resurfacings were used by only a few experienced surgeons. Since 1997, the Birmingham Hip Resurfacing (BHR) has been widely used in younger and more active patients. A breakdown of the ages at operation in the regional NHS hospital in Birmingham during the period from April 1999 to March 2004 show that the mean age of metal-metal resurfacings is 51 years and the mean age of total hip replacements is 70 years.

At a 3.7 to 10.8-year follow-up (mean follow-up 5.8 years), the cumulative survival rate of metal-metal resurfacing in young active patients with osteoarthritis is 99.8%. In the long term, none of these patients were constrained to change their occupational or leisure activities as a result of the procedure. The overall revision rate of

BHRs in all ages and all diagnoses is also very low (19 out of 2167 [0.88%] with a maximum follow-up of 7.5 years).M Improvements in instrumentation and a minimally invasive approach developed by the senior author have made this successful device even more attractive. Although objective evidence does not support the proposition that the longer approach was any more invasive than the minimal route, patient feedback shows that it is very popular with them. While minimal approach is indeed appealing, it has a steep learning curve. In the early phase of this curve, care should be taken to avoid the potential risk of suboptimal component placement, which can adversely affect long-term outcome.

It is true that metal-metal bearings are associated with elevated metal-ion levels. In-vitro studies of BHRs show that they have a period of early run-in wear. This is not sustained in the longer term. These findings are found to hold true in vivo as well, in our studies of 24-hour cobalt output and whole-blood metal-ion levels.

Epidemiological studies show that historic metal-metal bearings are not associated with carcinogenic effects in the long term. Metal-ion levels in patients with BHRs are in the same range as the levels found in those with historic metal-metal total hip replacements. ■

TRADITION OR INNOVATION - DECISION AIDS

by *K.P. Günther*

With the advent of new hip implants (resurfacing and short-stem prostheses), current treatment recommendations have to be re-evaluated. The indication for surgical treatment in hip osteoarthritis as well as the choice of implants are mainly based on the surgeon's personal experience (internal evidence) and on clinical data (external evidence). Experimental studies can support the information from clinical trials and are necessary to evaluate the mechanical properties of an implant. They do not, however, replace a clinical evaluation. The level of

evidence depends on type, quality and quantity of data available from published investigations. Recent innovations like surface replacement and short-stem prostheses have mainly been investigated in single-center observational studies with a relatively short follow-up.

Wider introduction of new implants, however, needs continuous evaluation of clinical and radiographic performance. Examples show how this monitoring should be performed in a clinical setting. ■

SHORT-STEM PROSTHESIS

Short-stem prosthesis: compromise or solution?

by *H. Reichel*

The current concepts of proximal femoral fixation in hip arthroplasty can be divided into three groups: the surface-replacement concept, the femoral-neck prosthesis and the short-stem prosthesis.

Between 1999 and 2004, more than 500 short-stem prostheses (Mayo™) were

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implanted at the Orthopaedic department of the Martin-Luther-University in Halle, Germany.

To investigate the early functional results, a prospective randomised study was performed comparing 40 cementless short-stem prostheses (Mayo™ 1) with 40 cementless anatomical standard-stem prostheses (ABG™ 2) implanted in patients with unilateral hip osteoarthritis. Age, gender, diagnosis and body-mass index showed no significant differences between the groups. In all patients, an uncemented acetabular press-fit cup was used. The implantations were performed by four orthopaedic consultants. A standardised anterolateral approach to the hip was used in all cases. In the short-stem group, the femoral neck was preserved to achieve a multi-point fixation of the double-tapered stem in the intertrochanteric region.

The patients were followed clinically and radiographically at three, six and 12 months postoperatively. Differences between the groups were tested using Student's t-test. No specific complications occurred, either during surgery or during the follow-up (FU). No patient was lost to FU. The radiological FU showed a correct implant position in all cases. Concerning the Harris hip score (HHS), a statistically significant difference (< 0.01) was found at three months: the HHS for the short-stem group averaged 93.87 points (range: 60-100 points), for the ABG group 87.02 points (range: 60-100 points). No statistically significant difference could be found between the groups with respect to preoperative HHS and the scores at six and 12 months preoperatively.

In this study, patients with a short-stem prosthesis returned to work and normal daily activities faster. We attribute this to the femoral neck approach without involvement of the greater trochanter and the abductor muscles. With its good functional results and its bone-saving concept, the short stem seems an attractive design, particularly for young patients. ■

¹ Morrey BF, Adams RA, Kessler M: A conservative femoral replacement for total hip arthroplasty: A prospective study. *J Bone Joint Surg* 2000; 82-B :952-958.

² Tonino AJ, Rahmy AI: The hydroxyapatite-ABG hip system: 5- to 7-year results from an international multicentre study. *The International ABG Study Group. J Arthroplasty* 2000; 15:274-282.



Dr. Gerold Labek, EFORT-EAR Coordinator

EUROPEAN ARTHROPLASTY REGISTER (EAR)

EFORT IMPROVES PROCEDURES

by Dr. Gerold Labek

Publications and results from the "Scandinavian National Arthroplasty Registers" have been a major source of information in the assessment of joint implants and surgical procedures for decades. Recent years have seen other national arthroplasty registers established outside Scandinavia, most of them in close cooperation with EFORT. Currently, 12 European countries are running a total of 16 registers covering hip and knee arthroplasty at the national level, while six more are at an advanced stage of organisation. Cooperation to support the development of additional registers has begun in other countries as well.

All national arthroplasty registers in continental Europe have agreed to work closely with the EFORT-EAR Committee, which thus unites data from registers as far afield as the Scandinavian countries, Turkey, Italy and Romania. EFORT-EAR supports worldwide cooperation in the "International Register Society" and makes the EFORT Portal's excellent technology generally available. This will in turn lead to an increase in publication and information from this source over time.

A CHALLENGE FOR THE EFORT RESEARCH COMMUNITY

Since reports from arthroplasty registers reflect the situation of the various countries' health systems, making generalisations about other countries on the basis of their results or forming conclusions from simple summary reports might lead to confusion. Basic information, such as a definition of the hospitals or departments performing surgery, is not internationally standardised. Different implants are on the market in various countries under the same name. Standardised product-definition systems like the EAN code are not used for scientific descriptions.

Although it is tempting to perform survival curves of implants based on thousands of cases, including revision systems or less popular implants which cannot be covered by a national dataset, a strict and transparent validation of the basic datasets is mandatory.

Processing the single file sent to a national register centre into such an evaluation requires many steps, for example to guarantee patient privacy and safeguard the interests of the national registers. At the same time, the surgeon using the results has to have comprehensive information about the basic datasets to be able to assess their relevance for his or her personal decisions. There are no examples in orthopaedic issues dealing with such a large-scale, wide-ranging database. The market volume of the 16 countries cooperating in the EFORT-EAR is about 400,000 THA annually. EFORT-EAR is prepared to

take on this challenge. We invite all interested colleagues to get involved in this discussion. Dedicated meetings will also be organised at congresses for face-to-face discussions. Information about the process will be available at our new homepage, www.ear.efort.org.

A NEW SCIENTIFIC SOCIETY

To run all these activities, EFORT has agreed to set up EFORT-EAR, a non-profit society acting in close cooperation with our federation. Its president is Prof. Nikolaus Böhler and its vicepresident is Dr. Gerold Labek, the EFORT-EAR Coordinator. The organisation's executive board is identical with EFORT's EAR-Committee, and its scientific activities will be embedded in EFORT.

CONTRIBUTION TO THE EFORT SOCIETY

EFORT-EAR has set up a "Register-Section" on the EFORT Portal, with all national arthroplasty register websites presented in a user-friendly way. Additional scientific information will be made available on the EFORT-EAR site, which is under development at the moment.

Shortcuts from the front page of the EFORT portal (www.efort.org) direct you to these pages. EFORT-EAR will organise scientific sessions at congresses dedicated to arthroplasty register issues and will present some editorial service, such as the most important scientific papers from registers worldwide at the EFORT communication facilities. ■



EFORT Central Office has moved to Technopark in Zurich

EFORT NEWS

THE EFORT CENTRAL OFFICE IN ITS NEW HOME IN TECHNOPARK® ZURICH

One of the duties of an Executive Committee (ExCom) is a periodic review of its organisation's physical location. For EFORT, the geographic situation of its Central Office is crucial to its success, for logistical and organisational.

While ExCom members have remained unanimous in their opinion that Switzerland offers clear advantages as a national base, a variety of factors have made it necessary for us to move our offices from Küsnacht on the Lake of Zurich to the city of Zurich proper. After considering a range of alternatives, Head of

Office Gabriella Skala presented the Executive Committee with a plan of action for the choice of an appropriate office site. Among the central criteria in selecting a new location were economic and geographic considerations (proximity to Zurich Airport and the city centre) as well as available infrastructure and facilities. We were also interested in a contemporary milieu offering services to organisations with a scientific and technological orientation.

Our choice: Technopark Zurich in the city's 5th district, an institution that has become a fixture in the European industrial world since its inception in 1993. Apart from the ETH Zurich and local specialty colleges, more than 190 companies, organisations and projects employing about 1,400 people

20th Congress of the European Society for Surgery of the Shoulder and the Elbow (ESSSE)
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occupy a total of 44,300 sqm rental space at Technopark Zurich. Technopark Zurich is today widely reputed well beyond Switzerland as a competence centre and quality label for leadership and entrepreneurial spirit. Its trademark is technology transfer, which it makes possible by allowing successful start-up companies offering peak technological performance to interact with well-established firms and various research groups in a wide range of fields and disciplines, all under one roof. This mix of skills yields strong, flexible teams, a dynamic exchange of experience, and mutual support and inspiration. ■

LEGAL AFFAIRS

EU GUIDELINES¹ FOR THE RE-CLASSIFICATION OF IMPLANTS

On 11 August 2005, the EU Commission issued its Guidelines on the re-classification of artificial joints. The Commission lists a dozen reasons for the necessity of re-classifying complete replacement hip, knee and shoulder joints as class-III medical products.

France and England got the ball rolling in Brussels by calling for replacement joints to be classified as class-III medical products, and thus subject to a conformity assessment before being released for marketing. This will in turn require the creation of authorities charged with assessing and monitoring conformity. In this regard, the following exception is of interest: "A new classification deviating from the regulations governing classification (Appendix IX of Guidelines 93/42/EWG) is advisable



if the procedure for assessing conformity with another product class is better suited to determining whether a given product exhibits characteristic defects."

Brussels is here making a clear distinction between hip, knee and shoulder implants and the replacement of other joints, adducing as justification the particular complexity of the former types of implant. The Guidelines mention the increased risk of failure associated with the replacement of hip, knee and shoulder joints, on the assumption that these "highly complex, weight-bearing" implants are more likely to require follow-up operations. The replacement of shoulder joints is explicitly thought to incur "serious medical risks". Under Point 8, the Guidelines go on to maintain as follows: "Furthermore, younger people are increasingly receiving artificial hip, knee and shoulder joints as their expected longevity increases. For this reason, such implants must function perfectly for as much of their recipients' lifetime as possible, and the probability of risky follow-up operations must be reduced."

The EU Guidelines are strict about the collection of clinical data, calling for the review of facts about the long-term durability of artificial hip, knee and shoulder joints assembled by their producers during the conformity assessment.

It is the Commission's view that even ostensibly non-essential modifications to heretofore perfectly functioning replacement joints may cause unexpected problems and premature failure of the part in question. For this reason, it calls for the detailed review of clinical data contained in the explanatory documentation provided with artificial hip, knee and shoulder joints, as well as of any modifications to their construction and manufacture made after they have begun to be deployed, before such products are approved for clinical use. ■

¹ Commission Guidelines 2005/50/EG, dated 11 August 2005, on the re-classification of replacement hip, knee and shoulder joints within the meaning of Guidelines 93/42/EWG on medical products.

WHO IS WHO



Prof. Wolfhart and Elke Puhl

PROF. WOLFHART PUHL AWARDED OFFICER'S CROSS OF THE ORDER OF MERIT OF THE FEDERAL REPUBLIC OF GERMANY

On 23 November 2005, Ulm's town hall saw history in the making when Mayor Ivo Gönner awarded the Officer's Cross of the Order of Merit of the Federal Republic of Germany to an orthopaedist. Prof. Wolfhart Puhl, the newly elected President of EFORT and the former physician-director of Ulm's Rehabilitation Centre, was cited for his invaluable work building up the Ulm University Hospital and his more than 20 years of influential service at its Rehabilitation Clinic. No doubt his extraordinary commitment to a wide range of associations and his professional contribution to the deliberations of many committees also played a role in the decision to award him the Cross.

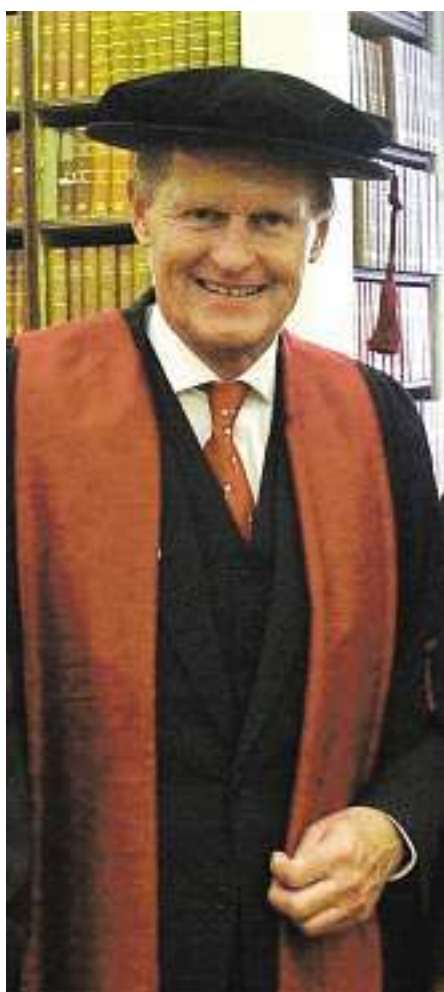
The Cross of the Order of Merit of the Federal Republic of Germany was established in 1951 by then-Federal President Theodor Heuss. It is awarded in three

classes, in accordance with international norms. The first class of the Cross of the Order of Merit, a pin worn on the left side of the recipient's chest, bestows the equivalent of the international rank of "officer". Prof. Puhl now belongs to that proud and elect group of German citizens entitled to wear such a Cross, an honour he shares with outstanding personalities from the worlds of science, business, technology, sports and culture.

EFORT is delighted to be able to congratulate its new President on this distinction. ■

and pioneering member of EFORT, became the first Austrian orthopaedist to be made an Honorary Doctor by the Royal College of Surgeons of England. The College, the oldest and most venerable of its kind in the world, was founded in 1540 by King Henry VIII. It is responsible for organising the training of British medical specialists and is England's leading scientific and surgical research body as well as providing advice to the British healthcare industry. The

ranks of Honorary Fellows of the Royal College of Surgeons are limited to 120 internationally. Prof. Böhler was given his Honorary Doctorate in recognition of his commitment across Europe on behalf of continuing medical training, as well as for his attainments in clinical research and his development of innovative operating techniques. EFORT congratulates him on this distinction. We are proud to count him among the leaders of our Federation. ■



Prof. Nikolaus Böhler

PROF. NIKOLAUS BÖHLER MADE HONORARY DOCTOR BY THE ROYAL COLLEGE OF SURGEONS OF ENGLAND London. In January 2005, Professor Nikolaus Böhler, Head of Orthopaedics at the Linz General Public Hospital (AKH)

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FLASHBACK

THE MAJORITY IS HAPPY WITH THE CONGRESS IN LISBON

A congress is like a delicate operation: only findings from scientifically designed follow-up studies can bring about organisational improvements. That is why EFORT saw it as its duty to all 38 national and 18 specialty associations to prepare an objective congress evaluation.

The study, which was carried out by the independent French firm MMR in Payzougon, sought tangible evidence that could be used to frame practical measures. The finished evaluation is methodologically correct and provides representative information. And its result is more than encouraging: those surveyed report a satisfaction level of 81%, while only 3% gave the congress a negative rating. All the same, that is 3% too much.

The objectives were clear: identification of the level of delegate satisfaction with the 7th EFORT Congress 2005 and collection of feedback concerning the scientific pro-

gramme, sponsor participation, organisation and general response. The survey consisted of 15-minute face-to-face interviews administered on-site in break and exhibit areas with 558 delegates. Delegates were recruited randomly and all interviews took place on Monday, 6 June 2005.

81% of the respondents were MDs, 13% PhDs and 6% in a scientific or research speciality. Most of the delegates were between 30 and 59. More than 95% were practicing in a European country; some had an academic practice (35%), others were a member of an orthopaedic department in a hospital (46%) or had a private practice (19%). More than 46% of those interviewed had submitted an abstract to this year's congress. The main reasons they gave for attending the congress were its reputation for a high-quality scientific programme and their desire to learn about the industry's most recent innovative products.

SCIENTIFIC PROGRAMME:

A HIGHLY SATISFIED MAJORITY

The respondents' top three preferred subjects of interest were hip (including frac-

tures), knee and arthroscopy. They were more interested in attending symposia and instructional course (IC) lectures than any other type of session.

The scientific programme scored low on educational value to the delegates: there was 41% satisfaction with its success in meeting their educational needs and 43% satisfaction with its educational contribution to the improvement of their practices. The quality of the presentations scored better with the delegates, indicating that general quality varied quite a bit between sessions, with a satisfaction rating of 55%. 63% said they felt the material to be current and up-to-date, while 56% said that they found the presentations logical and easy to understand. Problems highlighted included the language barrier and an excess of material presented in a limited amount of time.

56% of the delegates would have liked to attend two or five more sessions during the congress. They pointed out that there were too many simultaneous sessions, which made it difficult to choose which to attend. 44% said they would be quite likely to pur-



chase a hard copy of the abstract of the session(s) they missed, and even more added that they would also like a hard copy of the sessions they did attend.

There was a lot of feedback regarding the large amount of abstracts that had been accepted into the programme. Respondents generally felt that quantity and quality were two very different considerations and that the entire programme suffers from too many papers. In addition, they would like to see the posters organised differently in order to be able to ask questions and meet the authors.

CME accreditation was seen as an added value by the delegates (56%) and 38% of all delegates interviewed systematically reported their CME credits earned to their national accreditation authority/body. 44% would be likely to use on-line training courses for CME credits if this were available.

ORGANISATION: IMPRESSED DELEGATES

Delegates valued most the sponsored industrial symposia, workshops and hands-on workshops during the congress.

They indicated that the organisation of the exhibition was outstanding. They appreciated the fact that new products and technologies were presented.

The congress centre was rated very well with an 81% score. A few critical voices mentioned that they had difficulties finding their way around the congress and suggested that direction signs posted in the Convention Centre be made clearer.

Catering services did not rate very well (42% satisfaction) with over one fifth saying that lunches lacked variety, sandwich stands were hard to find and that it was hard to find a place to sit down and relax while eating.

On the other hand, respondents were quite satisfied with the auditoriums organised by subject (73%), and almost no comments were made to the contrary. Quite a few mentioned that they had had long waits to register.

Some delegates asked if there could be more detailed information on the website related to the final programme, which would help them in their pre-congress preparation.

Overall organisation received 81% satisfaction, with most delegates indicating they were quite satisfied with it.

The EFORT website was the most-used means for learning about the congress, although delegates also learned about it from the EFORT Newsletter, colleagues, call-for-abstracts mailings and their own national congresses. Those that had read the EFORT Newsletter gave it a 66% satisfaction rate.

67% of delegates already have plans to attend the 2007 EFORT Congress in Florence and 68% showed interest in attending the Instructional Course (IC) in Sommerfeld, Germany and Geneva, Switzerland in 2006. ■



8TH EFORT CONGRESS – FLORENCE, ITALY 2007

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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. EFORT is announcing the 8th EFORT Congress in Italy. The Congress takes place at the Fortezza da Basso in Florence on 11-15 May 2007.

DEADLINES

Abstract submission deadline	15 September 2006
Confirmation of abstract acceptance	31 December 2006
Early Registration deadline	31 January 2007
Preliminary programme available	28 February 2007
Deadline for pre-registration	10 April 2007

CONGRESS SCHEDULE

Weekday	Date	Congress	Exhibition
Friday	11 May 2007	EFORT	Exhibition open
Saturday	12 May 2007	EFORT	Exhibition open
Sunday	13 May 2007	EFORT	Exhibition open
Monday	14 May 2007	EFORT	Exhibition open
Tuesday	15 May 2007	EFORT	Exhibition open

THE EFORT 2007 CONGRESS IS ORGANISED BY

EFORT – European Federation of National Associations of Orthopaedics and Traumatology

SIOT – Società Italiana di Ortopedia e Traumatologia

The European Specialty Societies

FURTHER INFORMATION AVAILABLE

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¹⁾ García et al, IJBS, Vol. 85, 2003 ²⁾ Zimmer internal data ©2005 Zimmer GmbH