

EFORT NEWS



EUROPEAN FEDERATION OF NATIONAL ASSOCIATIONS OF ORTHOPAEDICS AND TRAUMATOLOGY

10/2008



Total Hip Replacement in Developmental Dysplasia of the Hip: Prof. Mazhar Tokgozoglou about the 23rd EFORT IC page 2



Handling thrombotic risk: Prof. Ola Dahl explains the aims of the ISTF page 6

EDITORIAL

For the continuous development of our profession in Orthopaedics and Traumatology there is a need for education and scientific achievements. The exchange of information is mainly performed during

Prof. Karl-Göran Thorngren

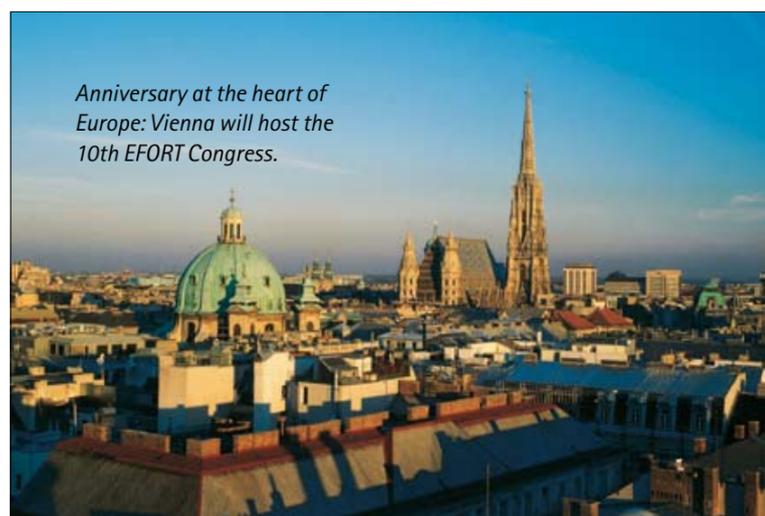
our annual congresses. In 2009 the major EFORT event is the Vienna Congress from 3-6 June. This issue of EFORT Newsletter contains further information about this exciting scientific and educational event. EFORT also has Instructional Courses, which on a smaller scale and concentrated on more specific topics, give the possibility for orthopaedic surgeons under training to get the most current state of the art information. In Milan from 19-20 September, we just had an instructional course devoted to the subject of Prevention and Treatment of Complications in THA. Then there is an instructional course in Prague from 10-11 October 2008 with main topic Spine Surgery and this is followed by an instructional course in Ankara from 31 October - 1 November 2008 with the main topic Total Hip Replacement in Developmental Dysplasia of the Hip.

To promote science and education there is a need for grants given to specific research projects and also for visiting and travelling fellowships, as well as support to attend congresses. To support these activities an EFORT foundation is being started with an initial capital support from EFORT. The vision for the future is that further funding will be received from the national associations by a yearly fee per member as well as donations from individual persons, institutions and from the private commercial sector. There is also the possibility to arrange yearly campaigns with for example hip marches as already performed in some European countries. Similar to the supporters of patients suffering from breast cancer and prostatic cancer a ribbon to support the patients with locomotor system disease and trauma could be sold. I

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At the heart of Europe

EFORT celebrates its 10th Congress in Vienna



Anniversary at the heart of Europe: Vienna will host the 10th EFORT Congress.

VIENNA (jp) - The 10th EFORT Congress will be held from 3 to 6 June 2009 in Vienna. Professor Karl Knahr, head of the Local Organising Committee, answers a few questions about this special anniversary and about the host city.

After Lisbon, Florence and Nice as congress venues in recent years the General Assembly has chosen Vienna for the meeting in 2009. What were the pivotal arguments in this decision?

Knahr: I believe the recognition of Vienna as a congress venue played an important role. Another point is its location in central Europe. In recent years, EFORT met in beautiful places such as Helsinki, Rhodes and Lisbon,

on the periphery of Europe. Delegates now wanted to have a meeting in the centre. In addition, Vienna traditionally maintains friendly relations with Eastern European countries. EFORT is trying to involve these countries more and more. So we hope there will be many contributions from eastern colleagues to this 10th Congress, as well as many attendees from the region.

Apart from its central location - what does Vienna offer orthopaedic specialists from all over Europe?

Knahr: Vienna is a beautiful, safe city that is well connected by road, rail and air to the rest of Europe. Our congress centre is big enough for meetings of up

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Nice - a retro-prospective

NICE (jp) - The 9th EFORT Congress was held in Nice, France from 29. May to 1. June 2008. The federation has strengthened its role as the European platform for all parties involved. EFORT and EULAR announced their combined approach to the swollen knee.

More than 3,400 experts from all over Europe as well as from countries outside Europe met in southern France to exchange their experience and opinions, to discuss new ideas and to train their surgical skills.

Read more news about the congress on page 3.



A successful congress for all participants: More than 100 companies were present in the exhibition area.

Vienna calling

Emphasis on joint replacement

VIENNA (jp) - Scientific exchange at the top level, training for young specialists and cultural events are only some of the many reasons to come to Vienna in June 2009.

The event is expected to attract more than 8,000 specialists. Prof. Pierre Hoffmeyer, chairman of the EFORT Scientific Committee pointed out the scientific highlights of the Congress. Joint replacement, osteoporosis, spine surgery, trauma and biologics are some keynotes: "We will place the emphasis on joint replacements. The implants and minimally invasive



Prof. Pierre Hoffmeyer

surgical techniques that have been introduced recently will be assessed and more precise recommendations will be issued. The war on osteoporosis is gaining momentum and successes in prevention and fracture care will be discussed. Spine surgery has made advances especially in the disc replacement area. Trauma plays a huge socio-medical role on the European orthopaedics scene and recent advances in fracture care will be discussed. Biologics are also gaining momentum in orthopaedic practice, and exciting developments are on the horizon".

In Nice the new session format for the ExMEx sessions proved to be both attractive and successful. Hoffmeyer explains: "The ExMEx is a session permitting direct contact between the

presenters and speakers and the audience. Much scope is given for interactive discussions around a structured programme and hands-on exercises are introduced with the help of our industrial partners. Nice was the crucible

where this new format was forged. Because of its success and the resulting demand, more ExMEx sessions have been scheduled with the emphasis on maximum interactivity between those present."

The ExMEx sessions in Vienna will focus on:

- > trauma techniques in paediatrics,
- > tribology of the total hip,
- > advances in lumbar spine surgery,
- > osteotomies around the knee,
- > osteoporosis fracture techniques and
- > repair of knee ligament sports injuries.

Of course, in addition the ExMEx sessions there will be all the well known symposia, instructional lectures, free paper sessions as well as poster and video presentations.

Hoffmeyer underlines another speciality: "Controversial case discussions are another successful format with an educational value, where difficult and interesting cases are presented by acclaimed specialists to a critical

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EDITORIAL

would propose a green ribbon as the colour of EFORT is green in its logo.

Some research grants and educational grants can be defined in a specific way to fulfil the intentions of the donor or to fulfil a specific highly needed research goal. All grants received will of course be unrestricted in the sense that they are given after application and recommended by an evaluation board and there will be possibilities for orthopaedic and traumatology surgeons from all over Europe to apply

for the grants. There will also be a need for experienced colleagues from all our European National Associations to work on the evaluation advisory committees. Further information on this activity will follow in forthcoming issues of the EFORT News.

Welcome to participate in the development of our speciality and all our activities!

Karl-Göran Thorngren
EFORT President

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to 15,000 experts and can provide all the technical equipment we need. It complies with all the requirements for a vast industry exhibition that is so important to our speciality. And the congress centre is directly connected to the city centre of Vienna via underground railway. So it is possible to stay in a hotel in the centre and travel to the congress in a few minutes.

The scientific programme covers the full range of knowledge in the field of orthopaedics and traumatology. What are your personal highlights of the 10th EFORT Congress?

Knahr: The ExMEx sessions first offered in Nice proved to be an excellent meeting point for renowned speakers and experienced specialists. So I look forward to more ExMEx sessions in Vienna. Furthermore we are trying to push the European Orthopaedic Board Exam (EBOT), and will offer a whole day of courses dedicated to this exam: the comprehensive orthopaedic review course on 4 June.

As a resident of the beautiful Austrian capital what would you recommend to the congress attendees: What are the must-see sights?

Knahr: The first district – the town centre – holds many places of interest along the "Ringstraße": the parliament, the famous "Burgtheater", the town hall and many more. So a big advantage is the ability to explore Vienna on foot. Of course a tour in a "Fiaker" is another pleasant option to visit famous places like St. Stephen's Cathedral, the palace of Schönbrunn or the Belvedere, with its wonderful collection of major works by Gustav Klimt and Egon Schiele. Vienna is well known for art and music. If there is enough time, a visit to the State Opera House might be another highlight.

It sounds as if it would be worth staying a few days longer after the EFORT Congress has ended?

Knahr: Definitely. The timing of the Congress makes it easy to do so. Earlier EFORT-Congresses started on Friday and went on until Tuesday. This time we start on Wednesday and finish on Saturday. So Saturday afternoon and evening as well as Sunday are free for sightseeing. We really hope that



Prof. Karl Knahr

Congress attendees bring their partners along with them to spend some time in our beautiful city.

Is there anything you can say already about the highlights of the social programme?

Knahr: Our Vienna Night will be something really special. We will rent the Vienna "Konzerthaus" that is big enough for 1,800 guests, and we are planning a concert with the famous Johann-Strauß-Orchestra. It will be just like the famous New Year's concert.

One last question about the organisation: The early registration deadline is 30 January 2009. What benefits do the "early birds" get?

Knahr: One benefit is the lower congress fee. Another advantage is that you are more likely to get your first choice of hotel. And of course it makes sense to book the flight as early as possible to benefit from advance booking fares.

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audience. The original aspect of these well-attended sessions is that the audience has the final say in evaluating the quality of the diagnosis or treatment presented by the experts."

A day full of basic knowledge will be a new element as the head of the Scientific Committee explains: "The comprehensive orthopaedic review course is aimed at residents and registrars at the end of their formal training, who are contemplating taking speciality examinations. It is also a great place for senior surgeons to take a refresher course.

The idea is to go through all the essential knowledge in one day, covering the full spectrum of orthopaedics. A team of premier orthopaedic educators, scientists and speakers will distil the essence of the essentials of orthopaedics for their audience."

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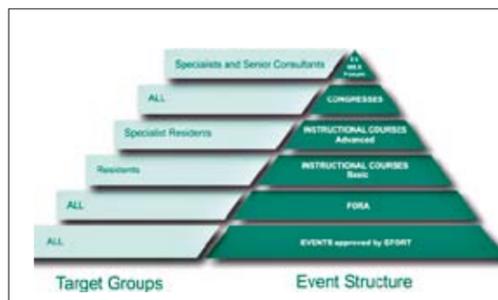
Establishing new standards

The new EFORT Advanced Training Programme (ATP)

ZURICH (rbb) – The European Federation of National Associations of Orthopaedics and Traumatology (EFORT) has defined as one of its goals the development of orthopaedic care by improving the level of training and establishing standards of training all over Europe. EFORT now also stands for: Excellence For Orthopaedic Regular Training.

The Advanced Training Programme is organised in cooperation with the National Societies and members of the Specialty Societies. In this sense EFORT is providing an European platform to establish a solid orthopaedic education programme for the future.

At the top of the EFORT educational pyramid are the ExMEx Fora – advanced training courses devoted to highly specialised surgeons. In 2009 the following ExMEx Forum is planned:



Event structure and target groups of the training programme

► 19 to 21 November, Barcelona: spine: surgical treatment of adult deformity

The ExMEx Forum in Barcelona will be held from 19 to 21 November 2009 at the University of Barcelona, in cooperation with the Spanish Spine Society.

For details about this ExMEx Forum see www.efort.org or contact Sabrina Wolf (sabrina.wolf@efort.org), or Patrick Collet (patrick.collet@efort.org) at the EFORT Central Office.

Instructional courses

The forthcoming EFORT instructional course will be the 23rd IC in Ankara from 31 October to 1 November 2008. This course is dedicated to young orthopaedic surgeons who wish to broaden their horizon in DDH. Developmental dysplasia of the hip (DDH) is still a major cause of disability in Europe. Although its incidence has declined with effective screening, acetabular dysplasia is a major cause of hip osteoarthritis. The organisers intend to address some important aspects of this problem.

The Hacettepe University Faculty of Medicine is the leading medical school in Ankara, the capital of Turkey. The meeting will be held at the University Convention Centre and the live surgery will be broadcasted from the Hacettepe University Hospital the leading medical institution in Turkey.

A unique problem

23rd EFORT IC: Total hip replacement in DDH

ANKARA (jp) – The Turkish capital Ankara will host the 23rd EFORT Instructional Course. Local Chairman Prof. Mazhar Tokgozoglu gives an outline of the subject matter.

Why did you choose „total hip replacement in Developmental Dysplasia of the Hip“ as the subject for this course?

Tokgozoglu: In Turkey and in our institution we have developed tremendous experience in treating patients that suffer from arthritis owing to Developmental Dysplasia of the Hip (DDH). DDH has always been a major problem in Turkey because of the swaddling of babies owing to tradition and climate. Swaddling was a problem in the rest of

incidence of DDH is very low now, with early screening, we still have a significant number of cases that were missed or treated with limited success. These patients have some degree of dysplasia which leads to debilitating arthritis at an early age. We hope to share our experience and give some suggestions on how to deal with this problem which is an important reason for hip arthritis at early young age in Europe.

Is there any data about the incidence of this condition in Turkey and in Europe?

Tokgozoglu: In the 1970s, a thesis study conducted in our institution found the incidence to be three in 1,000 live births (0.3 percent).

causes debilitating early-onset hip arthritis if not treated. When you perform a total hip replacement on a young individual, the procedure presents additional problems that we need to face.



Prof. Mazhar Tokgozoglu

This is more apparent in young patients with high-riding dislocation (Crowe type 4). We will try to discuss the unique problems we see in these patients, and give some unique tips on treating these patients using surgical demonstrations.

A special highlight will surely be the live surgery – could you outline a few details of this part of the programme?

Tokgozoglu: We intend to demonstrate a total hip replacement in a high riding dislocation. This group of patients is a real challenge and they require additional procedures to reconstruct the hip joint such as soft tissue releases, femoral shortening osteotomies, and special implants. We would also like to demonstrate the use of new alternative bearing surfaces in these individuals.

How many attendees do you expect in Ankara?

Tokgozoglu: Our plan is to welcome 100 to 150 attendees. However, as we already have many registrations from orthopaedic surgeons who wish to learn more about this unique problem, we are ready to expand if necessary.



The Hacettepe University Hospital in Ankara

Europe as well. However, when it was realised in the 1950s that it contributed to DDH in northern Europe, extensive training programmes were initiated and the incidence of DDH was dramatically reduced. This type of training was initiated later in southern Europe, and the delay has unfortunately caused the incidence of DDH to remain high in the southern region. Although the

A more recent study published in Slovakia reported an incidence of four per 1,000 live births. An earlier study from Israel reported five per 1,000. This indicates that DDH is still a major public health problem.

What main aspects of this subject will be discussed in the course?

Tokgozoglu: The main problem caused by this condition is that it

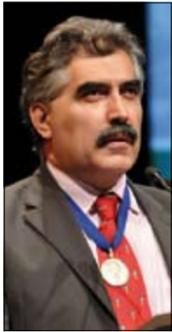
To register and for more information, please visit our website: www.efort.org

A step forward

Cooperation and education are the key for success

NICE (rbb) – The 9th EFORT Congress, held in Nice, was a great success. It also marked a further step forward for EFORT and the European orthopaedic community in all aspects of science, education and friendship.

More than 3,400 experts from 66 countries joined the 9th EFORT Congress. It covered the full range of contemporary orthopaedics and traumatology in Europe. More than 2,000 abstracts were submitted and 455 were accepted for oral presentation. Over 100 exhibiting companies presented their products. Yet the event was about more than just figures – it was about passing on knowledge and



Prof. Karl-Göran Thorngren and Prof. Thierry Bégue welcomed more than 3,400 experts.



experience. The level of the scientific programme was outstanding, and the booked-out ExMEx sessions will be a particular point of focus for EFORT's future congresses.

The congress is a major part of EFORT's activities in education and training. "Our main goal is to strive for excellence in European orthopaedics. The way to achieve this is to provide for the exchange of scientific experience and knowledge, to establish common standards through strategic alliances and to improve education through training", stated EFORT President Prof. Karl-Göran Thorngren during a press conference held at the congress. ■

Awards for excellence

The best free papers and e-posters

NICE (jp) – A congress is always as good as its presentations are. In this regard the EFORT Congress can ever rely on the experts all over Europe.

Among the many high quality papers and posters of the 9th EFORT Congress in Nice the ten best rated in each category received awards.

The best rated free papers

- ▶ Manuel Ribas (Spain): MIS-treatment of femoroacetabular impingement. Analysis of the results after three Years in 107 consecutive cases.
- ▶ Christophe Mathoulin (France): Revascularisation of the lunate in Kienbocks disease by a vascularised bone graft harvested from the volar aspect of the radius: results after a minimum of five years follow up.
- ▶ Peter Reynders (Belgium): Factors affecting rates of infection and prolonged bone healing in 821 operative treated isolated tibial shaft fractures.
- ▶ Mehdi Moghtadaei (Iran): Evaluating suppression of PGE2, PAF and histamine synthesis and histopathological changes of bones in the membrane surrounding particulate polymethylmethacrylate in the rat tibia.
- ▶ Joost van Middendorp (Netherlands): Incidence and risk factors of complications associated with halo vest immobilization: a prospective, descriptive cohort study of 239 patients.
- ▶ Yann Charles (France): Preoperative localisation of the Adamkiewicz arteria in spine surgery.
- ▶ Stephanie Boehm (Switzerland): Early results of the ponseti method for treatment of arthrogryptic clubfoot
- ▶ Rudi Bitsch (Germany): Tibial cementing technique for unicompartmental knee arthroplasty.
- ▶ Iain Mcnamara (UK): Airport detec-

tion of orthopaedic implants following 9/11; a British perspective.

▶ Wolfgang Mayer (Germany): F-18-fluorodeoxyglucose (FDG) positron emission tomography (PET) in the diagnosis of septic and aseptic loosening: Hip versus knee endoprostheses.

The best rated e-posters

- ▶ Petteri Väänänen (Finland): Effect of cyclic loading on the fixation stability of a biodegradable ankle plate.
- ▶ Mohit Bhandari (Canada): A creative approach to blinding of outcomes: The blinding of femoral fixation study.
- ▶ Samppa Hrmäinen (Finland): Effects of different rehabilitation settings on the clinical outcome following surgical treatment of hip fracture.
- ▶ Jiri Gallo (Czech Republic): Single nucleotide polymorphisms in genes for cytokines IL-1a, IL-6 and TNF α are associated with osteolysis in total hip arthroplasty.
- ▶ Boglarka Farkas (Hungary): Preliminary results with matrix associated autologous chondrocyte implantation (ACI); results with the porcine model.
- ▶ Derek Park (UK): Autologous chondrocyte implantation and high tibial osteotomy in the treatment of osteochondral defects in the malaligned knee.
- ▶ Ilkka Pentikäinen (Finland): Role of fixation and postoperative regimens in the outcome of chevron osteotomy. A randomized controlled trial.
- ▶ Giuseppe Milano (Italy): Comparison between different types of suture configuration in meniscal repair.
- ▶ Jan Kocis (Czech Republic): Minimally invasive thoracoscopic transdiaphragmatic approach to thoracolumbar junction fractures.
- ▶ S Thomas (UK): Awareness of compartment syndrome in our orthopaedic and trauma wards. ■

Why, when and how?

The European Orthopaedic Board Exam (EBOT)

STOCKHOLM – Within the European Union the EBOT Exam ensures a consistent standard for orthopaedics and traumatology.

The European Union (EU) today consists of 27 nations, each with their own health care system and their own medical training. Orthopaedics and traumatology is a recognised medical speciality in all of these countries and there are now more than 35,000 specialists in Europe. According to the laws of the EU, they can all have their national specialist diploma accepted in all 27 countries and thus look for work there. With this free market for orthopaedic surgeons there is a need for some way to guarantee that all of them are safe to practise. We have that duty to our patients. Since the training programmes for orthopaedic trainees differ from nation to nation in terms of content, duration and examination systems, in 2002 the UEMS' (Union of Medical Specialists) section for orthopaedics and traumatology produced the "Minimum Requirements for Orthopaedic Training", which define the knowledge and skills needed by all orthopaedic specialists, irrespective of origin. These requirements help the trainee to ascertain that he/she follows a curriculum that fulfils a minimum standard.

Broad recognition

Since not all countries have specialist exams, and since the exams – where they exist – are different, there is also the need for a European exam accepted by all national orthopaedic associations. Such an exam, the EBOT fellowship exam, was developed by the UEMS section for orthopaedics and traumatology and took place for the first time in Rhodes, Greece, in 2001. The exam was intended, on the one hand, to help assess the outcome of orthopaedic training and, on the other, to be a certificate that the doctors who passed were safe to practice orthopaedics in the different countries of the European Union. It has since been running for seven years and, although the exam is voluntary and not officially required by any health authority, it has gained broad recognition and acceptance throughout the orthopaedic community in Europe. From the beginning, the exam has been open to applicants from EU countries after they had successfully achieved national recognition as orthopaedic specialists.

Successful format

During the seven years of its existence the EBOT exam has followed the same format. The candidate applying for the exam must be accepted by his/her national orthopaedic association. The exam consists of a written and an oral part and both cover five areas: Basic science, spine, upper and lower extremity and children's orthopaedics. In the exam traumatology is considered an integral part. The written examination takes the form of multiple choice questions. In the oral part, each candidate is examined by two examiners for 30 minutes at each of five tables corresponding to the five areas mentioned above. The examiners

come from all over Europe. They are appointed by the national associations and have all taken a special course on how to examine. A strict protocol covering the exam score is used for adjudication, and a fixed number of points must be achieved in order to pass.

Data drawn from examination results over the past six years has helped several countries not only to introduce changes in their training programmes and the way they access the results of training, but



The European Union consists of 27 nations.

has also helped Fellows of the European Board of Orthopaedics and Traumatology (FEBOT) to secure new posts and settle in their career around Europe.

Over the last six years we have had 95 candidates taking this European fellowship examination with an overall passing rate of 66% (ranging from 50% to 75%). EBOT exam applicants came from 16 countries in Europe, but over this period we have had regular enquiries from orthopaedic surgeons around the world, from the Middle East, Asia and South America, willing to take the EBOT examination.

After Rhodes in 2001, the examinations have taken place in Stockholm (Sweden), Amsterdam (Netherlands), Berlin (Germany), Madrid (Spain), Turin (Italy) and Vienna (Austria).

High standards

The standards of the exam are high but we are now gaining recognition from countries such as Belgium, where residents at the end of training can either take the national Belgian exam or the EBOT exam. We feel that the standards are appropriate for the objectives, and that standards should not be lowered but tools should be created to help trainees attain this qualification. The European Board exam should not be seen as a threat to any national specialist examination, but should be looked upon as an alternative tool to fulfil the minimum requirements to be accepted as an orthopaedic specialist all over the EU.

The exam has shown that there are areas of knowledge deficiency for many orthopaedic surgeons in Europe – mainly in paediatric orthopaedics and basic science. For some young orthopaedic surgeons, trauma is the main area of difficulty, owing to the profile of the training programmes. This shows that EBOT may have a role in improving orthopaedic training and we, as the examining committee, are committed to this challenge. We are developing preparatory and review courses in order to help trainees to be better prepared for this type of examination. These should be run

under the auspices of EFORT in close cooperation with the EBOT examining committee but by a faculty separate from the EBOT exam. They should guide the participants as to what they need to study in preparation for such a high standard board exam. With such tools, we believe that applicants for the EBOT exam will be better prepared and that the pass rate will improve.

Plans for the future

The EBOT exam needs to expand and to become available to every trainee in Europe. Up to now the written and the oral parts of the examinations have been taken on the same day at the same venue. We are planning to separate the written part from the oral and make it available in each European country at a different time using the internet. It would then be possible for last year's trainees to take it, provided that their head of training certifies that they fulfil the criteria for application. The certificate for the EBOT qualification would be awarded only after the oral part had been completed successfully.

The written part of the examination needs to be reviewed, and for this we are seeking the input of the various European speciality societies. Having these societies as "partners" in the examination will guarantee the quality of the MCQs, as well as high standards.

More languages

Although English is the scientific language worldwide, the European Union has 27 countries with approximately the same number of spoken languages. English was chosen by all European societies for the start of EBOT, but there is a need to offer the orthopaedic exam in other European languages. We are planning to start by having the written part available in a choice of languages. The vision for the future is to have the whole examination in several languages with external examiners, each fluent in the particular language, in order to maintain the same quality across the different EBOT exams.

Up to now the exam has been restricted to EU citizens but in the future we aim to make it possible for all doctors working within the EU to sit the exam.

EFORT's relevance across Europe through its multiple committees, courses, congresses etc. is obvious. The UEMS' orthopaedics and traumatology section does not have the same logistical and financial resources, but knows how to influence governing bodies within the EU. Co-operation between the two will be a practical way of creating an exam accepted in all of Europe that is of a high professional standard and also has a practical value for the orthopaedic specialist.

EFORT offers a "comprehensive review course" during the forthcoming congress in Vienna on 4 June. This course is an ideal opportunity to prepare for the EBOT exam. ■

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more information: www.ebotexam.org

European platform for orthopaedics and traumatology

General Assembly strategy and General Assembly meetings, Nice, 28 and 29 May 2008

NICE (nn) – New strategies in a more and more unified Europe were the main topics of meetings during the 9th EFORT Congress in Nice.

On the occasion of the 9th EFORT Congress in Nice, EFORT invited all its national member societies and associate scientific members as well as European speciality societies to join a General Assembly strategy meeting for the first time on 28 May 2008.

In recent years, EFORT has been growing rapidly owing to increased pressure from the meetings, but also as a result of a political orientation towards a unified Europe. There are new political issues raising some important questions that need to be defined for the future, specifically training and working rules around Europe. EFORT – as the umbrella organisation of all national orthopaedic associations constitutes the only platform to openly discuss all of the different aspects of our practice.

New activities within EFORT and ties between EFORT, national associations and speciality societies were discussed in an informal way against this background.

General Assembly Meeting

On the next day, 29 May 2008, the General Assembly meeting was held with more than 60 attendees from 29 countries. The Executive Board as well as the Chairmen of the EFORT committees and task forces, reported on their activities of the first six months of 2008.

The General Assembly, nonetheless started voting on a new EFORT treasurer, a new EFORT member at large, and a new EFORT finance committee member.

The delegates voted unanimously in favour of the following appointments for the 2009 to 2010 period:

- Mr. Stephen R. Cannon to be Treasurer

- Prof. Enric Caceres Palou to be Member at Large

Following these elections, the EFORT Executive Committee for 2009 will consist of the following persons:

- **President:** Prof. Karl-Göran Thorngren, Sweden
- **Vice President:** Prof. Miklós Szendroi, Hungary
- **Secretary General:** Dr. Manuel Cassiano Neves, Portugal
- **Treasurer:** Mr. Stephen R. Cannon, United Kingdom
- **Past President:** Prof. Wolfhart Puhl, Germany
- **Member at Large I:** Prof. Enric Caceres Palou, Spain
- **Member at Large II:** Prof. Pierre Hoffmeyer, Switzerland
- **Member at Large III:** Prof. Maurilio Marcacci, Italy

Ketil J. Holen was elected new EFORT Finance Committee member. He will take office on 1 January 2009 and replace Mr. Michael Benson, who will retire from all his official positions within the BOA.

By unanimous vote the General Assembly delegates also approved the EFORT Executive Committee's activities, as well as its handling of finances during the period up to this meeting, including their discharge from liability.

After the votes, the EFORT Secretary General, Dr. Manuel Cassiano Neves, talked about the development of EFORT over the past year. This includes a new office management, the setup of a daily structure, and the fact that EFORT has recognised its strengths and weaknesses and is currently working to improve them.

In order to grow EFORT in the future, communication must be improved, and there must be reports on the EFORT activities on a regular basis. It is also important to involve the national delegates in EFORT activities.

The EFORT President, Prof. Karl-Göran Thorngren, concluded the report of the Secretary General by saying that EFORT has seen considerable growth in its activities in recent years. The large number of abstracts received for EFORT Congresses emphasises the need for orthopaedic and traumatology surgeons to have a general platform on which to present their work and exchange experience. Consequently, the EFORT General Assembly took the decision in Geneva in 2006, to arrange annual EFORT congresses. The first of the new even year congresses was in Nice, from 29 May to 1 June 2008. In 2009, the EFORT congress will be in



Nice was the meeting point of delegates from 29 countries.

Vienna, in 2010 in Madrid and in 2011 in Copenhagen. It will be held at the beginning of June in each case. Prof. Thorngren also pointed out that, for many years now, EFORT has organised instructional courses (ICs), travelling & visiting fellowships and fora all over Europe. They have always attracted orthopaedic surgeons from all over Europe for knowledge transfer and the latest in training.

Work is ongoing to draw up a new version of the EFORT Textbook, which is now edited by Prof. George Bentley. A European Journal of Orthopaedics and Traumatology will also be started with Prof. Wolfhart Puhl as editor in chief.

The main goals now are to consolidate and to further develop the position of EFORT as the European platform for scientific and educational presentations and work for European orthopaedic surgeons. EFORT also wants to ensure a high level of training and to further support the networks that have been established for junior orthopaedic surgeons, with the travelling and visiting fellowships.

EFORT finances were another important topic for the national delegates. They were outlined by the EFORT Treasurer, Prof. Martti Hämäläinen. Mr. Michael Benson, the spokesman of the EFORT Finance Committee, reported from the Finance Committee meeting that also took place in Nice on 27 May 2008. He stressed the importance of detailed explanations of income and expenses, and complimented EFORT on the fact that its finances and financial reporting are now much better organised and structured.

EU lobbying

Prof. Wolfhart Puhl, the EFORT Immediate Past President and chairman of the Liaison & Lobbying Committee, emphasised that it is of great importance to EFORT to initiate cooperation with the EU in Brussels. The General Assembly agreed and voted unanimously that EU lobbying is necessary and should be started as soon as possible. This is factored in to the 2008 budget, and should also be included to an appropriate level in the future in to allow such activities to be broadened.

EFORT EAR Committee

As chairman of the EFORT EAR Committee, Prof. Nikolaus Böhler reported

briefly on EAR activities, saying that contracts with Romania, Slovakia and Hungary on the EAR and national registers have been signed, and that the contract with Austria was in final discussions. In addition, Prof. Böhler also talked about the "euphoric" project concerning orthopaedic outcome parameters with DG Sanco, which was making good progress. The final report will be given at the EFORT Congress in Vienna 2009. An intermediate report for the EFORT ExCom is scheduled for autumn 2008.

Euromed DEVTRACK

A new application to the European Union for a project called "Euromed DEVTRACK" is planned. The application will be made by EFORT EAR, Innsbruck University Medical School and the Tyrolean Arthroplasty Register, the Slovakian Arthroplasty Register, the Romanian Arthroplasty Register, Gesundheit Österreich Ges.m.b.H., DGOOC, and IT Campus.

The general objective is to develop a standardised system for the identification and tracking of medical devices, including the definition of outcome-related variables, as well as a system for automated product registration and decoding by means of a standardised product database.

New Associate Scientific Member

The General Assembly also unanimously approved the application of the Jordanian Orthopaedic Association (JOA) and welcomed the society as a new associate scientific member of EFORT.

The General Assembly ended with the announcement of the next meeting in Vienna, which will take place on 2 June 2009, from 2.00 pm to 6.00 pm.

Ten years Sarcoma Group

ZARAJEVO (jp) – The Group for Sarcomas at the University Clinical Center Sarajevo, Bosnia and Herzegovina, celebrates its 10th anniversary.

Bosnia and Herzegovina since the recognition as an independent state in 1992 passed through a four year period of destruction that concerns the medical system as well as all the other segments of society.

Aiming to provide adequate and fast service to patients with a suspected or verified diagnosis of malignant diseases even under difficult conditions, the Group for Sarcomas was established ten years ago.

In the next edition of the EFORT Newsletter Prof. Dr. I. Gavrankapetanovic and his colleagues will give a detailed report on the important work of the group.

The new EFORT portal is now live!

www.efort.org wants to facilitate training, improve clinical practice and promote scientific research

ZÜRICH (khk) – The new EFORT portal is now live! www.efort.org offers all visitors a new calendar, news, scientific and educational content.

With its fresh new design, structure and content, the revamped EFORT portal will improve the communication and collaboration within the European orthopaedic community and help to create a sophisticated, all-inclusive platform for European orthopaedics. In the future, the new EFORT portal will facilitate training, improve clinical practice, promote scientific research and supports the development medical standards and guidelines throughout Europe.



New design: the EFORT portal and the new event calendar

The first step has been taken. The EFORT portal has been redesigned and restructured to fulfil the needs and expectations of our members and to

provide a gateway to a state-of-the-art EFORT internet presence in the future. The new and outstanding event calendar feature allows visitors to find Non-EFORT events and all EFORT Advanced Training Programme events quickly and easily. These include ExMEx fora, congresses, ICs and fora.

Users can also search and filter the huge number of events in the full event list by categories such as hip, knee or shoulder-related events, by country and event types. Events will then appear prefiltered by month and year. The familiar graphical calendar format is also available.

Visit www.efort.org and discover the other new content sections such as Scientific Content, Communication, Collaboration and Education. Don't forget to use the website to subscribe to

the eNewsletter, which will keep you informed about all new features and updates. Finally, please give us your feedback using the Suggestion Box, to help us to improve your orthopaedic portal.

Swedish orthopaedics

"We are standing on the shoulders of giants"

STOCKHOLM – The Swedish orthopaedic association with its 1,300 members has had a major impact on European orthopaedic initiatives.

It is interesting to compare the development of different medical specialities in different countries. Although there are certain worldwide trends, no doubt fuelled by scientific and technical innovations, there are certainly also puzzling national traits. Montesquieu's theory on the meteorological climate's influence on man and society probably has a core of truth. (Sweden's four seasons are winter, still winter, not winter, and not yet winter.)

The Swedish orthopaedic association has about 1,300 members. Internationally, this is quite a high number but this is explained by the fact that, for many years, Swedish orthopaedic specialists have also taken care of fracture surgery. About 14% of our members are women, and their percentage is increasing. Hopefully it will increase even more, since about 60% of our medical students are women. Also, a recent trend is that more foreign doctors are choosing to work in Sweden.

Bone and joint decade

The BJD, www.boneandjointdecade.org, is an initiative by Lars Lidgren of Lund University, and has had a major political impact. This was a long-needed initiative since the resources devoted to the musculoskeletal system do not reflect its social importance. Cardiology, neuroscience and oncology, for instance, have been much more successful in PR and lobbying. Since all forecasts indicate that the burden of musculoskeletal disorders will increase exponentially over coming generations, it is vital to intensify and prolong the campaign: Why not a bone and joint millennium?

Titanium implants

In the 1950s Per-Ingvar Brånemark, an anatomist, studied microcirculation by putting film cameras in tantalum chambers in the bone marrow. Once he ran out of tantalum and had to use titanium instead, observing en passant that titanium got stuck in bone. Serendipitously, he realised its dental and surgical potentials. Not being a dentist, he had a long and uphill struggle against the orthodontological community. Now, millions of people benefit from an improved quality of life with their new teeth, facial reconstructions, and joint and limb prostheses.

Registers

Lutheran upbringing, the previously mentioned long and dark winters, the fact that Sweden is a small and homogenous country with a utopian streak, and not least farsighted founding fathers, such as Göran Bauer and Peter Herberts, are all factors that facilitated the start of orthopaedic registers in Sweden, www.nko.se/en. The registers have had an enormous influence on orthopaedic practice and have

saved so much money that it is difficult to understand why many registers are underfinanced. It should be possible to increase quality and cut costs by integrating registers and using IT technology. The problem is thus more political and organisational than technical.

RSA

One Swedish speciality is radiostereometry, i.e. measurement of minute changes in the position of implants. It can detect early loosening and pros-

thesis wear, and thus screen for clinical failures early on. With powerful computers and digitised radiology, RSA offers considerable new potential. In the future, it will probably become an almost routine procedure using computerized tomography, and it will have a broad applications in almost all aspects of bone and joint surgery.

Hip dysplasia

Congenital hip dislocation is very rare in Scandinavia nowadays, becau-

se of widespread screening for hip instability. (The Americans, meanwhile, call it developmental dysplasia of the hip, hoping to avoid litigation; juridical factors, alas, effectively block prevention). Clinical examination alone results in overtreatment, but ultrasound has given another perspective on this condition. In northern Europe, the focus is more on laxity/instability than in continental Europe, where calculations of numerous angles and indices are the most important things. Modern neonatology saves many

lives, but has also increased the incidence of cerebral palsy. A clear strategy in cooperation with physical therapists and rehabilitation services, has been able to prevent contractures and avoid major surgery in these children www.cpunp.se/online/thePages/static_english.php

Fragility fractures

Quantitatively and qualitatively, fragility fractures are our biggest pro-

to be continued on page 6.....▶

MATHYS



European Orthopaedics

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A lasting success for EFORT

Travelling Fellowships helping young trainees to forge links since 1995

BUDAPEST – Very soon after its foundation in 1991, EFORT established the EFORT travelling fellowship (TF) for young orthopaedic trainees.

The main goals of this programme are declared in EFORT's aims and rules: "To enhance and unify orthopaedic training, continuous medical education and

Dr. Schröder, for example made a successful career in Germany."

The first EFORT TF was organised by Marc Speackert in the Netherlands in autumn 1995. Since then, we have always had TFs twice a year in the spring and the autumn in different countries – 26 meetings in total. Most European countries have organised at least one

In our experience sometimes, it is a little difficult to find an „in“ into a country. However, having made the decision to organise a TF, the national societies make a great effort to compile a proper scientific and social programme in different orthopaedic departments in two to four cities.

I believe the travelling fellowships have so far fulfilled the requirements laid down in the the aims and rules. The last travelling fellowship just took place in Lithuania (organiser: Prof. Vitkus) from 7 to 13 September 2008 in the university faculties in Vilnius, Kaunas and Klaipėda. Norway (organiser: Prof. Kvernmo) will host the spring TF in 2009 from 10 to 17 May. Both organisers have arranged venues and provided us with detailed programmes. The organisation of the EFORT autumn TF 2009 is still open to the national societies but Denmark has promised that it will organise the spring TF in 2010.

This short subjective and incomplete review of our TF was written as I complete my work on the Travelling Fellowship Committee and hand over to Prof. Marcacci. I would like to finish with a few words from travelling fellow Monika Vejstrová, from the Czech Republic, which outlines the sense of our efforts: "All participants agreed in discussions during the stay, that the main purpose of such events is to establish personal, professional, long-term relationships and the possibility of international cooperation in scientific work". ■

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In spring 2006 the Travelling Fellows visited Turkey.

knowledge transfer". But just as important as teaching is to "support and create new personal bonds to improve mutual understanding, collaboration..."

EFORT Past President, Prof. Wolfhart Puhl remembers on those days: "After the first travelling fellowships our young colleagues, under the unofficial guidance of my staff member Dr. Schröder, launched the EFORT-fellows' group to enable alumnies to come together, to learn from each other, to keep in touch and, through all these activities, build an increasingly stable network in Europe. During EFORT congresses, they were welcomed for a meeting and discussion in a relaxed atmosphere by the former Presidents Freeman and Morscher. This was only the start. These fellows are now well established, and

TF, and some of them (UK, France, Germany, Austria, the Netherlands, etc.) have twice invited young fellows from all over Europe.

Today we have a very reliable staff in our Central Office (CO), who have a great deal of experience in organising the EFORT TFs. The CO sends invitation letters to the Presidents of the national societies asking them to nominate their candidates. The CO then contacts the candidates to ask for their CV-s, and introduces the participants to each other in the run-up to the actual fellowship. At the end of the TF the organisers are asked to give a report and the participants to complete a questionnaire which gives us feedback about the actual TF. Some of them can be found on the EFORT website (www.efort.org).

What the fellows say..

... about France, 2003

Monika Vejstrová, Czech Republic: In the summer of 2003 I was chosen by the Czech society for Orthopaedics and Traumatology to be its participant in the travelling fellowship. (...) Prof. Chiron introduced his classification of femoral stems of THA and included some news about alloplastics. Every participant received a book with the lectures about the hip joint. (...)

In the evening we visited the Contemporary Art Museum and after dinner we were invited to Prof. Puget's house. It was a very nice and personal farewell to Toulouse... (...)

... about Ireland, 2005

Michael Stephens, organiser of the EFORT-TF in Dublin: "The next day, there were further sessions on paediatric orthopaedic surgery, spine and foot and ankle surgery.

Just before lunch, the presidential guest speaker, who was Mr. Michael Benson, President of the British Orthopaedic Association, gave a talk about the development of the treatment of acetabular dysplasia and the development also of modern training in orthopaedic surgery with the problems associated with the European Working Hours Directive (...)

That afternoon was free and many delegates joined in the traditional inter-hospital football competition (which was now international) played at the foot of the Mountains of Mourne, where they reached the semi-finals!" ■

... about Turkey 2006:

Simon Sturdee, UK: I was very impressed by the level of the orthopaedic surgery being performed in the Turkish hospitals. I was amazed by the quality of the equipment and hospitals available. I also enjoyed meeting fellow colleagues from other European countries and learning about their training and health systems.

... about Austria, 2008

Ravi Pydisetty, UK: "The orthopaedic chief welcomed us and the scientific programme swiftly followed. We were taken to operating-theatres to witness live surgery on spine, joint replacement and hand. Prof. Rainer Kotz outlined the history of orthopaedics in Vienna and discussed the present state of affairs. We had presentations on tumours, cartilage tissue engineering, navigation surgery, rheumatoid arthritis and finally intervertebral disc tissue engineering. (...) In the evening after an exhausting but stimulating session, we were taken to „Twelve Apostles' cellar". (...) The food and wine were amazing. (...) We were taken around Vienna in an open top bus to see the monuments, churches, museums and opera houses. (...) I presented my research about UKR/TKR for unicompartmental arthritis of the knee, which provoked lively discussion. (...) New friends and colleagues lie at the heart of travelling fellowships. I would like to thank EFORT and the BOA for their kindness in allowing me to be the UK's 2008 spring travelling fellow." ■

.....► continued from page 5

blem. Along with Norway, Sweden is the world champion in hip fracture incidence. EFORT's capo di tutti capi, Prof. Karl Göran Thorngren, in particular, has been a pioneer in hip fracture treatment. The sheer magnitude of the problem, though, will necessitate concerted action.

Acta Orthopaedica

The importance of Acta Orthopaedica for Scandinavian orthopaedics cannot be overestimated. However, we dropped the slightly provincial suffix „Scandinavica“ when the Netherlands joined the Nordic Orthopaedic Federation which owns the Acta Orthopaedica. Ownership gives a certain artistic licence, and the Acta is free on the internet, searchable in PubMed, and will soon be in PubMed Central with pre-publishing and all. All articles since our foundation in 1930 are also googleable and free on the internet at www.actaorthopscand.org: We are standing on the shoulders of giants.

Future aspects

Northern Europe is facing an unprecedented challenge because of

the grey revolution: The number of octogenarians and nonagenarians will double or even treble within the next generation, i.e. 20 years. This calls for a new strategy, where orthogeriatric multidisciplinary and multiprofessional units are needed, since the musculoskeletal system has become one of the weakest links in old and very old people.

Patients with fragility fractures and joint disorders of the axial and appendicular skeleton are our patients, and the shortcomings in today's care mean that many more resources must be devoted to basic musculoskeletal research.

At the same time, we are facing healthcare shortcuts, and hospital managers often find it convenient to squeeze research and education budgets. This is worse than a crime; it is a stupidity.

Professional orthopaedic organisations and their umbrella organisations EFORT and UEMS still have a lot of work to do here. Remember that in Washington there are some 100 lobbyists for every congressman. How many lobbyists do we have in Brussels? ■

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Handling thrombotic risk

International Surgical Thrombosis Forum (ISTF)

OSLO – The International Surgical Thrombosis Forum closes a major gap in orthopaedics training within the EFORT.

All trauma and surgery activates coagulation i.e. thrombin generation and activation. The primary aim of this process is to stop bleeding. However, it may over-shoot and cellular aggregates and thrombi may be formed (e.g. micro(fat) embolism). This initial acute process is followed by a long-lasting inflammatory healing process that in most cases is successful. But even this process may get out of control and severe clinical complications may appear. General systemic coagulopathy like disseminated intravascular coagulation (DIC) or more organ-specific failure may occur, e.g.

- adult respiratory distress,
- myocardial infarction (MI),
- acute cerebral ischemia (ACI),
- deep vein thrombosis (DVT),
- pulmonary embolism (PE).

Bacterial infections and malignant tumour growth are also conditions that

release proteins that trigger thrombin activity with the danger of putting the patient in a severe condition (e.g. septicemia, PE).

Major orthopaedic trauma and surgery triggers an extreme activation of coagulation owing to damage to the bone marrow, which contains large amounts of tissue factor-containing cells. This kind of surgery has therefore been categorised as a high-risk procedure. Although an operation may seem to proceed smoothly from a surgeons points of view, the destruction of the bone marrow may trigger massive procoagulant activity that can cause severe local and systemic complications.

Vascular complications caused by thrombosis are a major cause of mortality and morbidity following major orthopaedic surgery. However, thrombin activity can be controlled and many events may be prevented or alleviated if proper preventive methods are used and if the risk profile of the patient is understood and taken into consideration before surgery.

For several years the International

Surgical Thrombosis Forum (ISTF) cooperated with the leadership of EFORT to raise awareness of these processes and preventive opportunities for colleagues in orthopaedics.

For many years, non-surgeons have handled cases that have merged in our daily clinical practice. The development of thrombin controlling regimens has been taken care of by the industry. This has left most surgeons on the sidelines. Trials conducted in orthopaedic patients and recommendations on the prevention of thrombotic complications have not reflected how surgeons see their daily clinical life. It is therefore time for orthopaedic surgeons to reclaim some of the scientific and educational activities that naturally belong to their domain.

ISTF will arrange symposia during EFORT congresses to educate colleagues in this important area. We have discussed running trials of clinical relevance unbiased by commercial interest with the overall goal of reducing mortality and morbidity in specific populations undergoing major orthopaedic trauma and surgery. ■

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Prof. Ola Dahl

11-year survivorship of 99,5 percent

Birmingham metal-on-metal Hip Resurfacing

BIRMINGHAM – The Birmingham Hip Resurfacing, when performed well in properly selected patients, demonstrates excellent outcomes.

Hip arthritis, whether primary or secondary, manifests through the final common pathway of articular surface loss. Since this is essentially a surface problem it has attracted surgeons to search for a surface so-

ral stress shielding, often necessitates complex reconstruction. Thus young patients were dissuaded from undergoing a conventional THR in spite of pain and disability. The development of the modern MM hip resurfacing by our group in Birmingham UK, was therefore intended to create an enduring and viable treatment option to an intractable problem for which there was no other available solution at the time.



Fig 1. The BHR device and the 11-year radiographic series of a 38-year old male patient who had the first implantation..

lution applying artificial low-friction surfaces. Hip resurfacing is therefore not a new technique and was used in the 1950s by Sir John Charnley himself. He used polytetrafluoroethylene surfaces and reported good early results, but excess wear led to failures thereafter. Over the following three decades, other surgeons tried different material combinations, predominantly metal or ceramic on polyethylene, only to find high failure rates with them also. Therefore, hip resurfacing was written off as a bad concept and Charnley and other leading surgeons preferred to use stemmed total hip replacements (THRs) using a metal on polyethylene bearing.

A challenge: young patients

Charnley knew that hip replacements would provide lasting benefit only in older, less active patients and rightly suggested that they should not be offered to young patients unless there were other overbearing physical restraining factors. He predicted that the high activity levels in young patients would jeopardize long-term success. The Swedish National Hip Arthroplasty Register on the strength of the available evidence considers young patients with hip arthritis to be the 'supreme challenge' for hip replacement. Polyethylene wear which is directly related to activity, leads to osteolysis or loosening and multiple revisions during a young patient's lifetime. When revision is required, loosening or osteolysis around a stem in the medullary canal of the femur, combined with proximal femo-

It was for this specific group of young and active patients (figure 1) who perform poorly with a conventional THR that modern MM hip resurfacing was developed¹ and it is in this group that a hip resurfacing works best. A few years ago we published our results in 403 consecutive Birmingham Hip Resurfacings (BHRs) performed between 1997 and 2001 in patients with primary osteoarthritis under the age of 55 years (2). We have continued to follow these patients up over the years. There are currently two failures (1 deep infection and 1 collapsed femoral head) in this group giving a 11-year survivorship of 99.5%. Furthermore most of these patients report that they have forgotten about their hips and carry on with life as normal. None of these patients had to change their occupation or life style. Amongst them 9 out of 10 men continue to participate in sporting activity and 6 out of 10 continue to participate in impact sports or are involved in heavy or moderately heavy activity at their workplace. In our consecutive series of 2,600 BHRs performed between July 1997 and July 2005 including all ages and all diagnoses (minimum follow-up of 3 years) the failure rate is 1.7% and the survivorship is 98.7% at 5 years and 97.5% at 11 years (figure 2).

As opposed to a THR, the femoral head and neck are retained in a hip resurfacing procedure. This adds the risks of femoral neck fracture in the early months after a resurfacing, and of a femoral head collapse in the early or later years. In our own series mentioned earlier, the incidence of femoral neck

fractures is (10/2,600) 0.35%. The Australian multi-centre series on femoral neck fractures following resurfacings reported 50 femoral neck fractures out of 3,497 BHRs (1.4%) inserted between 1999 and 2004, by 89 surgeons who were new to the procedure. Technical errors in positioning the femoral component or intra-operative notching of the femoral neck were responsible for the fracture in 85% of the fractured cases. Periprosthetic fractures occur following a THR also. In a large series of 30,000 THRs, there was a prevalence of 1.1% postoperative femoral fractures after primary THRs and 4.0% after revision THRs (3). Femoral neck fracture following hip resurfacing is an easy matter to

there have been concerns relating to the possibility of carcinogenesis or mutagenesis as a sequel to metal ion elevation. Epidemiological studies have not upheld these concerns (5). Furthermore other studies have demonstrated that there are biological regulatory systems which appear to effectively mitigate the effects of clinically relevant elevations of metal ions (6).

Pseudotumours

The development of periprosthetic pseudotumours (figure 3) in relation to hip resurfacing is another concern. In our series of nearly 3,000 BHRs in the past 11 years we have had four symptomatic pseudotumours, one of which has been revised to a non-MM bearing THR and another is awaiting revision. We are currently investigating this issue with a thorough clinico-radiological (including multi-slice CT scanning) and metal ion study of our consecutive series of patients with BHRs who have completed 10-year follow-up. The preliminary findings suggest that compo-

nent malposition leading to edge loading and excess wear is the primary reason for this phenomenon. Pseudotumours are not unique to resurfacings or to MM bearings. They have been described in relation to THRs, knee replacements, viscosupplementation and in osteoarthritis and femoral head osteonecrosis even in the absence of any device. These biological concerns should nevertheless serve as an impetus to surgeons to strive for more precise implantation technique, and engineers and designers to continue their pursuit of bearings with reduced wear characteristics.

Hip resurfacing is not a panacea for all hip arthritis. As noted above it works best in young patients with good quality femoral head bone and a reasonable proximal femoral anatomy which does not need extensive re-adjustment of leg length, offset and hip centre.

The more worrying factor to consider is the reality that the pendulum of clinical opinion has swung from one extreme view which denounced all resurfacings as bad, to the other extreme where 20 designs of resurfacing have been introduced into surgical practice. Some designs have shown poor results on the Australian National Register (Durom, ASR, Cormet 2000, Conserve Plus) and other designs have no results available.

In conclusion, the Birmingham Hip Resurfacing, when performed well in properly selected patients, continues to demonstrate excellent outcomes. The results however leave room particularly for better patient selection and more precise surgery.

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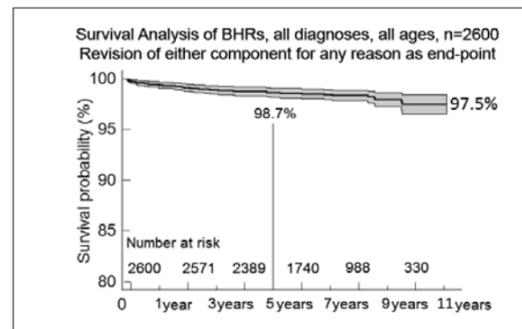


Fig 2. Kaplan-Meier survival analysis of BHRs



Fig 3. Multislice CT image of a female patient at 10-year follow-up showing a pseudotumour. Her cup inclination was measured to be 35°, cup anteversion 27° and femoral anteversion 30°. Cup inclination should always be below 50° and the combined femoral and cup anteversion should be below 45°. Excessive combined anteversion as in this case, or high inclination lead to edge loading and excess wear. The reason why female patients are more susceptible to pseudotumor formation perhaps relates to the fact that the etiology for the early hip arthritis which necessitates a resurfacing in these young females is often minor dysplasia with excess acetabular anteversion and excess femoral neck anteversion.

deal with compared to treatment of a periprosthetic fracture around a THR.

Retention of the head and neck in a resurfacing offers the long term benefit of more natural load bearing and therefore better bone density preservation. This is seen clearly from a DEXA scan study (4) of bone mineral density of the proximal femur. A considerable increase in bone density of around 11% was demonstrated in the critical calcar region after a hip resurfacing as compared to a 17% loss of bone density following an uncemented THR two years after the operation in age, disease and gender-matched patients.

Systemic metal ion elevation invariably follows MM bearing usage and

Back pain? Could be myeloma

BERLIN – Bone pain can be a sign of myeloma – EFORT helps to raise awareness for early myeloma diagnosis.

Bone pain is one of the most frequent symptoms of multiple myeloma, an increasingly common form of bone marrow cancer that is incurable but treatable. Myeloma affects around 80,000 people in Europe at any one time.

A recent international survey conducted by Myeloma Euronet, the European Network of Myeloma Patient Groups, among patients and physicians, revealed that advanced-stage disease owing to late diagnosis constitutes one of the greatest barriers to myeloma treatment and care. (A full survey report is available for download at www.myeloma-euronet.org.) A study published last year in the Quarterly Journal of Medicine has confirmed that a prolonged delay in the diagnosis of myeloma does indeed have a significant impact on disease-free survival (Kariyawasan CC, et al.: Multiple myeloma: causes and consequences of delay in diagnosis. QJM. 2007 Oct;100(10):635-40. Epub 2007 Sep 10.)

Often undiagnosed for years

"It can happen that myeloma patients go undiagnosed for years and sometimes they receive treatment for their bone pain that actually makes matters worse. This is why it is so important to check for myeloma whenever there is bone pain," says Anita Waldmann, President of Myeloma Euronet. "This is an unprecedented partnership of cancer patients and orthopaedic surgeons and traumatologists across Europe and we are very excited that EFORT has agreed to inform its members of the need to routinely check for myeloma when seeing patients who report pain in the bone or in the back," Ms. Waldmann concludes.

EFORT has thus agreed to support Myeloma Euronet in its efforts to highlight the importance of early myeloma diagnosis to all its national member associations. "We know that back pain can be a symptom of various cancer types, including pancreatic cancer, colon cancer and multiple myeloma, and we realise that a diagnosis as early as possible is extremely important," says EFORT President Prof. Dr. Karl-Göran Thorngren, and adds: "This issue has to be addressed across medical disciplines and we are more than happy to take steps in that direction".

Myeloma Euronet and EFORT have also jointly issued a poster entitled "Back Pain? Could be myeloma!" that can be downloaded from the Myeloma Euronet website at www.myeloma-euronet.org, and EFORT also gave Myeloma Euronet free booth space at the 9th EFORT Congress where the patient network informed congress

to be continued on page 8.....▶

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participants about this issue. Here, several congress participants confirmed that they are aware of the problem and that a routine check for myeloma is indeed often not taken into consideration or overlooked when seeing patients who report pain in the bone or in the back.

Myeloma can have various other non-specific symptoms, including anaemia and renal failure, and patients therefore seek help from a number of medical professionals, such as general practitioners and nephrologists. For this reason, the European section of the World Organization of National Colleges, Academies and Academic Associations of General Practitioners/



Myeloma Euronet booth at the 9th EFORT congress in Nice

Family Physicians (WONCA), have also invited Myeloma Euronet to their European congress this year. Myeloma Euronet will also approach the European Renal Association.

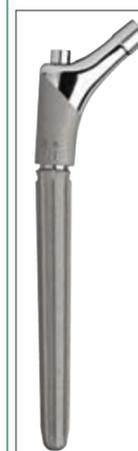
Myeloma Euronet is a Belgian-registered international non-profit organisation of multiple myeloma patient groups in 19 European countries that is dedicated to raising awareness of multiple myeloma. Myeloma Euronet also provides information on myeloma diagnosis, treatment and care and advocates the cause of myeloma at the European level. ■

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Stand by your side

BETTLACH - Revisions are more important than ever for total hip endoprosthetics. The Australian and Norwegian endoprosthesis registers have recently confirmed the rising number of surgical interventions for revision, and this is in spite of constant improvements in initial surgery. The reasons for this are multifaceted, and so is the Mathys hip revision programme.

The causes of the increase in the need for revision are certainly the increasing number of younger patients and the longer life expectancy of all patients with endoprostheses. In addition, people these days generally place more value on quality of life and therefore tend to decide earlier in favour of medical treatment. It is now recognised that revision surgery is not exclusively the dark side of endopros-



thetics. It is precisely in this connection that simple and reliable solutions are the key to success. Consequently, Mathys AG Bettlach offers not only the complete portfolio for primary hip replacements, but also the entire product range for hip prosthesis replacement. The objective is to provide a solution for every revision.

Individual modularity

The hip revision system by Mathys includes special instruments to facilitate the removal of the stem or cup components that must be replaced. In addition, it includes a full range of individually applicable solutions: long monoblock stems, such as the twinSys stem, long cemented stems, revision cups, ceramys revision heads with sleeves, titanium cerclages, cyclIOS bone replacement material, and the new modular revision stem. This allows the surgeon to select the right product for each revision. The modular revision stem, the latest addition to the Mathys hip revision programme, is a good example. It is based on the proven Wager philosophy and offers many different capabilities for treating severe bone defects (Paprosky > 2b): 12 different sizes of distal stem components and 14 proximal components (standard plus lateralised designs) allow 154 different variants for anatomical reconstruction of the femur. The instrumentation consists of three trays only to ensure an easy surgical technique. ■

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