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) – 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 continent 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 keywords: "We will place the emphasis on joint replacements. The implants and minimally invasive 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 these presenters."

The ExMEx sessions in Vienna will focus on:
- trauma techniques in pediatrics,
- tririloby 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 educational value, where difficult and interesting cases are presented by acclimated specialists to a critical audience."

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

Prof. Pierre Hoffmeyer

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Why, when and how: The EBOT Exam Page 3
General Assembly: A European platform Page 4
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Travelling Fellowships: A lasting success Page 6
Metal-on-metal hip resurfacing: Excellent outcomes Page 7
Establishing new standards

The new EFORT Advanced Training Programme (ATP)

ZURICH (bvb) – 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 2007, the following ExMEx Forum is planned:

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

The ExMEx Forum in Barcelona will be held from 19 to 21 November 2008 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 leading the 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 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 another good option. So, the delay has unfortunately caused the incidence of DDH to remain high in the southern region. Although the 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 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).
A-step forward

Cooperation and education are the key for success

NICE (GB) – The 9th EFORT Congress, held in Nice, was a great success. It also marked a further step forward for EFORT, as an ENIC-recognized 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. The event was more than just figures – it was about passing on knowledge and experience. The level of the scientific programme was outstanding, and the book-out EMEx sessions will be a particular point of focus for EFORT’s future congresses.

The congress is a major part of EFORT’s activity 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.

The best rated e-posts

Petteri Väänänen (Finland): Effect of cyclic loading on the shortening stability of a biodegradable ankle plate.

Mohi Bhandari (Canada): A creative approach to blinding of outcomes: The "open-label" method.

Jiri Gallo (Czech Republic): Single nucleotide polymorphisms in genes for cytokines IL-1α, IL-6 and TNFα 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 in surgical treatment of hip fracture.

Ilka Pentikäinen (Finland): Role of fixation and postoperative regimens in the clinical outcome following surgical treatment of hip fracture.

Authors: Prof. Dr. Jorge Mineiro and Thibault Belgut

The European Orthopaedic Board Exam (EBOT)

Why, when, and how?

The European Orthopaedic Board Exam (EBOT) offers the opportunity to achieve fellowship status for orthopaedic surgeons in Europe, in a non-invasive and clinically relevant examination. The examination is a test of our candidates' technical, clinical and professional skills. It is a way to achieve a high level of skill in order to be able to offer the highest standard of care to our patients.

The European Orthopaedic Board Exam (EBOT) is a fellowship examination, which is voluntary and not officially required by the European Union. The exam is intended to be a practical way of creating an examination for orthopaedic surgeons in Europe, and to help orthopaedists to achieve fellowship status in the future. It is also a way to achieve the highest standard of care in orthopaedic surgery.

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The new EFORT portal is now live!

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

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 preferably 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.

Ten years Sarcoma Group

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

B osnia 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.

The Group for Sarcomas was established ten years ago. In the next edition of the EFORT Newsletter Prof. Dr. I. Gavrankapeta 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

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, conduct scientific research and supports the development of medical standards and guidelines throughout Europe.

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 24 May 2008. He stressed the importance of detailed explanations of income and expenses, and commented on the EFORT financial reports being now much better organised and structured.

EU lobbying

Prof. Wolfhart Puhl, the immediate Past President and chairman of the Liaison EU Lobbying Committee, emphasised that it is of great importance to EFORT to initiate cooperation with the EU in Brussels, talk to the EU and organise lobbying. The Group for Sarcomas at EFORT activities.

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 regulations have been signed, and that the contract with Austria was in final discussions. In addition, Prof. Böhler also talked about the “Europin” 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 DEVEtrak

A new application to the European Union for a project called “Euromed DEVEtrak” is planned. The application will be made by EFORT EAR, Innsbruck University Medical School and the Tyrolean Arthroplasty Register, the Slovak 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 unani mously 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.

E F O R T N E W S

OCTOBER 2008

EFORT INSIDE

European platform for orthopaedics and traumatology

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

NICE (nm) – 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 now 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 Thorn gren, Sweden

Vice President: Prof. Miklos Szen droi, 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 Cace res Palou, Spain

Member at Large II: Prof. Pierre Hoffmeier, Switzerland

Member at Large III: Prof. Maurilio Marcacci, Italy

Ketil J. Hølen 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 BDA.

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, e-mailed to all representatives an update of 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-Gö ran Thorn gren, 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 traumatolo gy surgeons to have a general platform on which to present their work and exchange experience. Consequently, the EFORT General Assembly took its decision in Geneva in 2006, to arrange annual EFORT congresses. The first of the new even years 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 IC 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.

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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 specialties 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 it had 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 prosthetic 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 computerised 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, because 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 paresis. 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.cpup.se/online/thePages/static_english.php

fragility fractures

Quantitatively and qualitatively, fragility fractures are our biggest problem. For example, in elderly patients, changes in the position of implants. It can detect early loosening and prosthetic 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 computerised tomography, and it will have a broad applications in almost all aspects of bone and joint surgery.

Practice makes perfect

«For over 50 years the name of Mathys has been associated with the training of orthopaedic surgeons. We organise courses and anatomy trainings for our innovative, simple and reproducible MIS surgical techniques, which were developed with the support of European surgeons.

Interested? Training literature and dates are to be found on our Homepage: www.mathysmedical.com

Or contact us at course.congress@mathysmedical.com

It would be good to hear from you!»

Sofia Esposito • Assistant Course & Congress Dept.
André Grubauer • Head of Course & Congress Dept.
A lasting success for EFORT

What the fellows say...

... about France, 2003:
Monika Vejstrová, Czech Republi-
can: In the summer of 2003 I was chosen by the Czech society for Orthopaedics and Traumatology to be its participant in the travelling fellow-
ship. (...) Prof. Chiron introduced his classification of femoral stems of THA and included some news about alloplastics. Every participant recei-
voked a book with the lectures about the hip joint. (...) In the evening we visited the Con-
temorale du Luxembourg and after din-
er 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 paedi-
atic orthopaedic surgery, spine, foot and ankle surgery. Just one lunch, the presidential guest speaker, who was Mr. Michael Benson, President of the British Or-
thopaedic Association, gave a talk about the development of the treat-
ment of acetabular dysplasia and the development also of modern training in orthopaedic surgery with the pro-
cedures associated with the European Working Hours Directive (...) That afternoon was free and ma-
y delegates joined in the traditio-
nal inter-hospital football competi-
tion and if the risk profile of the patient is understood and taken into 

Handling thrombotic risk

International Surgical Thrombosis Forum (ISTF)

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

A ll trauma and surgery activates coagulation i.e. thrombin genera-
tion and activation. The primary aim of this process is to stop bleeding. How-
ever, it may over-shoot and cellular ag-
gregates and thrombi may be formed (e.g. micro(aff)embolism). This initial acute process is followed by a long-las-
ting inflammatory healing process that in most cases involves no complications. How-
ever, it may get out of control and severe clinical complications may appear. Several systemic coagu-
lithic processes or disseminated intravascular coagulation (DIC) or more organ-spe-
cific processes such as deep vein thrombosis (DVT), pulmonary embolism (PE). Bacterial infections and malignat

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. sep-
sepsis). Major orthopaedic trauma and sur-
gery 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 proce-
dure. Although an opera-
tion (which may seem to proceed smoothly from a surgeons point of view, the des-
truction of the bone mar-
row may trigger massive procoagulant activity that can cause severe local and systemic complications. Severe 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 pro-
file of the patient is understood and taken into consideration before surgery. For several years the International

Surgical Thrombosis Forum (ISTF) coo-
ected 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 side-
lines. Trials conducted in orthopaedic patients and recommendations on the prevention of thrombotic complic-
ations have not reflected how surgeons see their daily clinical life. It is there-
fore time for orthopaedic surgeons to reclaim some of the scientific and edu-
cational activities that naturally belong to their domain.

The ISTF symposia during EFORT congreses to educate colleagues in this important area. We have discussed running trials of clinical rele-

cance unbiased by commercial interest with the overall goal of reducing mor-
tality and morbidity in specific popu-
lations undergoing major orthopaedic trauma and surgery. 

... about Turkey 2006:
Simon Sturdee, UK: I was very im-
pressed by the level of the orthopa-
delic surgery being performed in the Turkish hospitals. I was amazed by the quality of the equipment and hospi-
tals available. I also enjoyed meeting fellow colleagues from other Euro-
pean countries and learning about their training and health systems.

... about Austria, 2008:
Rudi Pidstockey, UK: “The orthopa-
delic chief welcomed us and the sci-

cific programme swiftly followed. We were taken to operate-to-treats to witness live surgery on spine, joint replacement and hand. Prof. Rainer Kutz outlined the history of ortho-
paedics in Vienna and discussed the present state of affairs. We had pre-

sentations on tumours, cartilage tis-

ue engineering, navigation surgery, rheumatoid arthritis and finally inter-

terdisciplinary tissue engineering. (...) In the evening after an exhausting but stimulating session, we were taken to “Twelve Apostles’ cellars”. (...) 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 pre-

sented a disc research about UK/RTR for uncomplimentary arthrits of the knee, which provoked lively discus-

sion. (...) New friends and colleagues lie at the heart of travelling fellow-

ships. I would like to thank EFORT and the BOA for their kindness in allowing me to be the UK’s 2008 spring travel-


ing fellow.”

EORT NEWS

Continued on page 5

What the fellows say...
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 solution 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, but the 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 cemented 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 the severity of the disease was such that the high activity levels in young patients would jeopardize long-term success. The Swedish National Hip Arthroplasty Register showed that the strengths 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 femoral 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 a safer and durable solution for long-term, multi-decadal treatment option to an intractable problem for which there was no other available solution at the time.

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 developed and it is in this group that a hip resurfacing has performed 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 collapse in our consecutive series) 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 continued 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 work. The average activity level for the whole series was 2,600 BHRs performed between July 1997 and July 2005 including all ages and all diagnoses (minimum follow-up of 3 years) and the survivorship was 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 (102,600) 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 necks. A few femoral neck fractures were likely to occur following a THR also. In a large series of 30,000 THRs, there was a prevalence of 1.1% postoperative femoral neck fractures. In our series of nearly 3,000 BHRs in the past 11 years we have had four symptomatic femoral neck fractures, 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 clinical-radiological (including mul-ti-slice CT scanning) and clinical follow-up of our consecutive series of patients with BHRs who have completed 10-year follow-up. The preliminary findings suggest that component malposition leading to edge loading and excess wear is the primary reason for this phenomenon. Pseudotumours are not unique to resurfacings or to THRs. 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 in reduced wear characteristics.

Hip resurfacing is not a panacea for all hip arthritis. As noted above it works best in the young and active patients. It is used in patients who have完成ed their lifetime. When revision is required the femoral head and neck surface problem it has attracted surgeons to search for a surface solution 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, but the 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 cemented total hip replacements (THRs) using a metal on polyethylene bearing.

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2. Packer EJ. McMinn DJ. Metal-on-metal arthroplasty of the hip in patients under the age of 55 years with osteoarthritis. JBJS [Br] 2004;86:177-84

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 when there has been bone pain,” says Anita Waldmann, President of Myeloma Euronet. “This is an unprecedented partnership of cancer patients and orthopaedic surgeons and traumaologists across Europe and we are very excited to take the opportunity to inform its members of the need to routinely check for myeloma when seeing patients who report pain in the bone.” Ms. Waldmann concludes. EFOR...
BETTLACH – Revisions are more important than ever for total hip endoprostheses. The Australian and Norwegian endoprosthetics 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 endoprosthetics. 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, cemented stems, revision cups, 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 Wagner 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 assembly for each revision.