

Fighting the main cause of spine pain – ExMEx Forum on 19/20 November in Barcelona

BARCELONA – On 19/20 November, the first ExMEx Forum in Barcelona will deal with sagittal plane deformities and lumbo-sacral fusion. In our interview with Prof. Enric Caceres Palou, he points out some highlights of the upcoming forum.

This ExMEx Forum will focus on sagittal plane deformities and lumbosacral fusion. Why did you choose this subject for the first ExMEx meeting in Barcelona?

Caceres: Most patients with coronal and sagittal imbalance in spine consult our practitioners in adult age. In most patients, both aging and iatrogenic factors contribute to fixed sagittal imbalance.

How common are these deformities in Europe?

Caceres: Sagittal imbalance is the main cause of spine pain in adult. Besides that in countries with a high prevalence of osteoporosis the number of patients with sagittal imbalance is increasing. The four main causes of sagittal imbalance in adults are:

- idiopathic scoliosis,
- degenerative sagittal imbalance,
- posttraumatic kyphosis and
- ankylosing spondylitis.

The correction of fixed sagittal and coronal imbalance by osteotomy will be discussed during the first day of the Forum. Which different techniques will play a role in this discussion?

Caceres: Three different procedures will be showed in this meeting. Smith-Petersen osteotomies, pedicle subtraction osteotomies, and vertebral resection osteotomies.

Will these techniques also be the subject of the cadaver workshops in the afternoon?

Caceres: All these techniques will be developed during the cadaver session in the lab. The first workshop will focus on the posterior elements resection in multisegmental locations. The second shows the resection of all the column elements in pedicle level and the third workshop a complete vertebral body resection with anterior augmentation.

Lumbo-sacral fusion is the headline of the second day of the Forum – what problems make this surgical procedure so challenging?

Caceres: In patients with sagittal imbalance – especially in adults – the incidence of pseudoarthrosis it's very high. This is why the lumbosacral fusion technique is very challenging.

Will the cadaver workshop teach the attendees how to deal with these problems?

Caceres: The attendees of the lab session

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Top-quality review – top-quality exam

VIENNA / MADRID – The first Comprehensive Review Course (CRC) during the 10th EFORT Congress in Vienna was a great success for orthopaedics in Europe. Prof. Pierre Hoffmeyer and Prof. Jorge Mineiro explain the links between the CRC and the European Board of Orthopaedics and Traumatology (EBOT) exam.

"EFORT organised the CRC so that any European trainee or orthopaedic surgeon practicing in Europe could get complete and up-to-date information on the state of art of orthopaedic surgery," said Prof. Pierre Hoffmeyer, chairman of the EFORT Scientific Committee.

The aim of the CRC is to provide a consistent standard of care. "It is necessary to harmonise orthopaedic training throughout all the national societies, so it became clear that we must all use the same vocabulary and concentrate on the same major topics throughout Europe," he said. "All the countries have differences in the organisation of their health care system and in their training, be it pre- or postgraduate. However, given these differences, the science and the research behind the practice of orthopaedic surgery remains the same everywhere. All patients should expect the same standards of care wherever they live or visit throughout the European Union."

He added: "To achieve this goal of standardising care at the highest possible level, the European Union of Medical Specialists (UEMS) has set up an accreditation process to evaluate postgraduate training in all the member states. In 1994, the UEMS decided to create EBOT, which was given the task to organise an examination for all specialists who have acquired their certificate of registration as a specialist orthopaedic surgeon from their national registration authority. This is a comprehensive examination – written and oral – touching upon all aspects of adult and paediatric orthopaedics and traumatology."

A highly recognised diploma

Prof. Mineiro, chairman of the EBOT Examining Committee, explained why every orthopaedic specialist in Europe should take this exam: "It is a highly recognised quality diploma in orthopaedics and traumatology, and it will be the qualification most countries will recognise as the European top-quality qualification apart from the national diplomas." This qualification can help the fellows of the board acquire new posts.

To help surgeons prepare for the EBOT examination and ensure an equal opportunity for all examinees, EFORT set up its own first CRC at the 2009 Vienna Congress.

"This was not an original idea," Hoffmeyer said. "The American Academy of Orthopaedic Surgeons successfully ran such a course for many years. The aim of the one-day EFORT CRC course is to allow for a quick and effi-

cient revision of the whole field of orthopaedics. The idea is to provide the basis of study along with an abbreviated syllabus and a DVD that covers all the lectures. Obviously, a one-day course is not sufficient, and each participant will have to study the provided references to be able to successfully pass the EBOT examination." When the first EBOT exam offered after the CRC in Vienna will be held on 3-4 October, it will become obvious how successful this course helped the applicants to prepare themselves. Prof. Mineiro sees at least one positive effect of the CRC: "We have had twice as many candidates applying for the EBOT exam this year compared to the year before."

The CRC is one of the three areas where the EBOT exam is developing new forms. The second is the Interim Orthopaedic Examination via the Internet for all European trainees. Finally, a new format for the written exam has been approved. The written exam will be taken separately from the oral exam, and it will be held on the same day throughout Europe.

All of these changes should help improve the standards of orthopaedic training in Europe, according to Mineiro. As such, he is looking forward to the next CRC during the EFORT Congress 2010 in Madrid. And the 2010 EBOT exam will hopefully attract even more candidates than in 2009, he said.

A tool for revision

But the CRC is not only a good preparation for the EBOT exam. It is also valuable for experienced specialists, Hoffmeyer explained. "For the established surgeons, it is a great way to 'painlessly' revise their knowledge and also gain insight into fields they practice less or not at all, given today's specialisation," he said. "It will allow them to answer questions and redirect their patients to the appropriate specialist.

"Furthermore, recertification is rearing its ugly head. Some countries are more advanced, but it is deemed inevitable for all," Hoffmeyer added. "Public opinion is clear: No specialist can stay up-to-date for his whole professional lifetime. Political, legal and insurance lobbies will demand proof of medical competence in the future, and the only way that can happen will be through a process of recertification.

"Anticipating this recertification trend and providing the necessary knowledge for its successful completion is one of EFORT's roles, and by developing the necessary tools such as the CRC, it will certainly become a major player in this field," he said.

Looking back on the first CRC, it becomes clear that the project demands a lot of speakers and participants, Hoffmeyer noted.

"For the speakers, the course is not easy to present. Strict speaking times must be respected, and careful choices in the material presented must be made. Likewise, it is strenuous for the participants to follow the

course because so much material and information is delivered in a short amount of time. It requires a high level of concentration," he said.

"In the evaluation questionnaire, 84% of the participants stated that the course had met their expectations and 95% of the speakers had marks ranging from 70% to 95% of satisfaction regarding content and performance. The main criticism was that there was no discussion time allotted. This is a valid criticism, but it is inherent with the nature of a review course and the time constraints of imposed," Hoffmeyer said.

Improving the syllabus

The success of the 2009 CRC is a strong argument for creating a new CRC in 2010. "The topics for the 2010 CRC will remain essentially the same, the goal being to provide the maximum amount of relevant information in the shortest possible timeframe," Hoffmeyer said. "We are working on making the syllabus more comprehensive so that hopefully over the years, it will become a useful study tool.

Still, the criticism of some attendees regarding a lack of question-and-answer time has not gone unnoticed. "We will try to integrate discussions with questions and answers," Hoffmeyer promised. "Modern technology allows possibilities of 'online questioning' that may be used. Another idea is to have a 'Questions and Answers' seminar on the day following the course. These ideas are being evaluated so that we may be able to find answers to the criticisms about the lack of interactivity."

Residents and trainees are partners

Prof. Hoffmeyer also announced that the residents and trainees will be partners in the development of these courses. "We value their input as to content and format," he said. "In the future, we wish to incorporate young graduate surgeons just out of training into the faculty of the CRC course. We strongly encourage FORTE (Federation of Orthopaedic Trainees in Europe) and other European trainee associations' members to participate in these activities." ■

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EUROHIP

Following its introduction to routine medical care in the 1960s, total hip joint replacement has become one of the most valuable interventions available for chronic pain and disability. It has been shown to be both effective and cost-effective, and in all developed countries of the world, demand for and provision of the procedure have risen steadily over the past three decades. But in spite of the clear success of total hip replacement, there are still many practice variations, and scientific questions about its provision remain answered.

Most developed countries are struggling to finance first-class health care for everyone in their community, leading to a renewed emphasis on appropriate and equitable provision of health care, and putting interventions that are both high in volume and expense under the microscope. Purchasers and managers of health care provision in Europe are now demand-

ing answers to some of the unanswered questions about hip replacement.

The EUROHIP project has been set up to answer some of these questions. Originated on discussions between Wolfhart Puhl and Reinhard Mohn and with the help of funding from the Bertelsmann Foundation and Centerpulse Orthopaedic Ltd. (Sulzer Medical Ltd.), it was possible to create a collaboration involving 22 orthopaedic centres from 12 different European countries. Guided by Wolfhart Puhl (an orthopaedic surgeon), Paul Dieppe (a rheumatologist) and Winfried von Eiff (a public health researcher and health economist), this collaboration is undertaking several different investigations into hip replacement to address indications, practice variations, costs and outcomes. The project is coordinated by Klaus-Peter Günther and Karsten Dreinhöfer.

This book provides readers with an understanding of the key issues that dictate the provision of total hip replacement.

The individual chapters cover some of the main problems and unanswered questions about the provision of total hip joint replacement.

A highlight of the book is its multinational and multidisciplinary approach, presenting perspectives from public health, individual patients and doctors, economists and health care purchasers and managers. The topics covered include the evidence for practice variations, aspects of the indications for total joint replacement, including patient perspectives, economic issues and outcome assessment.

Many of the authors have separately published the work that is reported here in scientific journals, but by bringing these contributions together in a single publication, we hope that we have been able to provide interested readers with a clearer overview of the subject. ■

info The book can be purchased on the EFORT portal: www.efort.org



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SECOT – Portrait of the Spanish Orthopaedic Association

SECOT The Sociedad Española de Cirugía Ortopédica y Traumatología (SECOT) is the only national society in Spain dedicated to general orthopaedics.

SECOT was founded on July 6, 1935 on the premises of the Official Medical College in Madrid. The meeting consisted of 29 eager and prestigious orthopaedic surgeons of various ages and from different regions of the country. The Foundational Session was coordinated by Dr. Manuel Bastos Ansart, who was born in 1887 in Zaragoza but practiced at a hospital in Madrid, and who was elected Vice President of SECOT. During this first session, Dr. Joaquín Trias Pujol, who practiced at a hospital in Barcelona, was elected President). At the same ceremony, the society rules were set up and the official magazine was created with the agreement that it would be published every three months. Today, our magazine, called "Revista Española de Cirugía Ortopédica y Traumatología," is a peer-reviewed journal with six issues a year. Each issue consists of update topics written by a national or foreign experts, original research papers, and noteworthy case reports. We are trying to include this journal in Medline.

The aims of SECOT were detailed in its statutes and consisted of: "To unify the interests of all the specialists in order to promote the development of the medical-surgical specialization of Orthopaedic Surgery and Traumatology, stimulating and contributing to the teaching and research, as well as promoting and making the job easier for the professionals practicing it." To carry out these purposes, SECOT would do the following:

1) Organise at least one annual meeting of all its members in which topics concerning clinical, teaching and investigation of orthopaedic surgery and traumatology would be explored and discussed.

2) Organise several courses throughout the year. A basic course for junior residents is offered each year in one or two versions in different locations around the country. In the same way, a revision course is developed every year for residents in their last year. It is a comprehensive review of the specialty intended to prepare them for the final exam. (The society organises, prior to the annual congress, a voluntary final exam in collaboration with our Health authorities.) Contents vary among one to three advanced courses for continuous medical education and development organised in different cities each year.

3) Maintain relationship with similar societies from other countries or regions, as well as those of subspecialties or related specialties. SECOT is part of EFORT (the EFORT Fora during our annual congresses or the next conjoined congress in Madrid 2010 are only the latest examples of an active relation) and the European Union of Medical Societies (UEMS). We maintain official relations with the American Academy of Orthopaedic Surgeons (AAOS), which include the publication of a combined book and invited presentations at the AAOS annual meeting. We also maintain excellent relations with most orthopaedic societies from Spanish-speaking countries in Central and South America.

4) Help Civil Service and private administrations with those sub-

jects related to our specialty, trying to maintain the maximum development in every aspect of teaching in and out of hospital organisation and social work.

5) Promote rewards and fellowships as a society or through its foundation. Every year the society establishes prizes for the best research papers in different modalities: non-published basic science, non-published clinical research, published paper in our journal, and published paper in Pub-Med journals. More than 30 grants are given every year for travelling fellowships for our junior members. Recently, grants are also established for the best research projects.

6) Assist in the creation of Study Groups. SECOT has a democratic presidential organisation. The General Assembly constitutes the maximum power in the society. Every year during the Annual Congress, a General Assembly is held, and every 2 years this General Assembly elects a new Vice President who has provided more than 20 years of service to SECOT. After two years as Vice President, the elected member is automatically named President. The President governs the society for two years; to help him, he designates an Executive Committee, which is formed by the President, the Vice President, the Past President, a Secretary General, a Treasurer, a representative of trainees, and several members at large devoted to specific activities (publications, research, relations with regional and subspecialty societies and international relations). ■

authors José Cordero and José Paz, National Delegates for SECOT

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will practice different methods to fix the instrumentation in the lumbosacral area. Iliac screws in combination with S1 fixation will be tested in different modalities

What can you say about the faculty of the meeting?

Caceres: The faculty of this meeting consists of members of the Spanish spine society faculty and of the most renowned surgeons specialised on adult sagittal imbalance in the world: G. Lenke from the USA, R. Sorensen from Norway, J. Kostuick from Canada, W. Dick from Switzerland and L. Ferraris from Germany complete the international part of the faculty. M. I. Miguel, A. Combalia, J. R. Rodriguez, H. Mainly, G. Acebal, J. Bago and myself represent the Spanish spine society.

How many specialists may attend the meeting?

Caceres: We hope that around 125 experts on spine surgery will come to the meeting in the morning. Only a limited number of assistants can register for the lab session.

The Spanish Spine Society GEER together with EFORT is organising this ExMEx Forum. What is so special about this group?

Caceres: The GEER – Grupo de Estudio de Enfermedades del Raquis – (Spanish Spine Society) is a very prestigious entity in our country. Most of the surgeons that dedicate their work to this subspecialty in Spain have joined here. GEER has developed a lot of activities. ■

info EFORT portal: www.efort.org or GEER website: www.geeraquis.org