EFORT celebrated its 11th Congress in Madrid as a joint congress together with the Spanish Orthopaedic and Traumatology Society (SECOI).

The recent EFORT/SECOI Congress, which was held in Madrid from 2-5 June 2010, was without doubt a success with regards to attendance and its scientific programme. More than 8,000 active participants registered for the congress. This was due not only to the merger of two major congresses in Europe (EFORT and SECOI), but also to increasing recognition of this congress by European surgeons as well as international participants.

EFORT is in particular giving members from smaller nations a platform to present new studies. The federation has seen growing participation rates from these countries recently to present new research. "Typically the share of attenders from smaller countries, such as Ireland or Switzerland, is quite large compared with larger countries that have their own strong congresses," states Régine Brühlweiler from EFORT Central Office.

Prof. Dr. Enric Cáceres Palou, Chairman of Local Organising Committee, summarises: "Attendees could focus on a wide range of activities and events this year.

Reducing mortality rates: Optimising the treatment of fractures in the elderly

The importance of fractures in the elderly is rapidly growing. Still there are a lot of unsolved problems in surgery and care. Prof. Dr. Jes Bruun Lauritzen, chairman of the EFORT Instructional Course "Fractures of the elderly" which will be held in September in Copenhagen, discusses surgery problems, new techniques and a highly successful new hip-fracture-programme which reduces the mortality rate in patients.

Prof. Bruun Lauritzen, why has the treatment of fractures in the elderly become so important in recent years?

Bruun Lauritzen: With significant changes in population, we now face new challenges in dealing with diseases. Fractures in the elderly will surely be one of the major problems due to the demographic development. These injuries often induce a long stay in hospital, with many people occupying beds for long periods and the mortality rate is very high. The current death rate of hip fracture patients averages 15%, to 25%; the mortality that follows hip fracture in patients at nursing homes is at 40%. So at the end of the day advances in treatment will not only be medical, but a socio-economic issue.

What problems do orthopaedists face in this particular field of surgery?

Bruun Lauritzen: The treatment options do not always alleviate the loss in physical functions and many fractures pose unsolved problems in surgery and care. Take for example displaced neck fractures of the femur, comminuted and displaced fractures in the proximal humerus, elbow and distal radius and not to forget periprosthetic fractures around knee or hip arthroplasties. There are also problems with rehabilitation as it is often threatened by concurrent neuromuscular and chronic diseases. So there is a lot of work to be done.

Are you going to cover all these topics at the EFORT Instructional Course in Copenhagen?

Bruun Lauritzen: Yes, we focus on these matters with a broad panel of experts. Experts from EFORT and ESTES will demonstrate the latest techniques and treatment options. This is why the workshops are so important, they are part of the educational programme to obtain the adequate operation skills and techniques. There is also going to be a video transmission of a live operation that will be carried out by television professionals, and of course we are going to discuss the "optimized hip fracture programme," that we run in our hospital.

What is so special about the "optimized hip fracture programme"?

Bruun Lauritzen: We initiated this project in 2004. It is a special programme for hip fracture patients pre- and post-surgery. When a patient arrives in the emergency area with a suspected hip fracture, initially we apply a femoral nerve catheter with bupivacain. The catheter is the core element of the programme – it has to stay for 10 days. We can very accurately regulate the doses of medication with it. This is important because studies have proven that patients receive on average 30% more morphine than necessary. The catheter is inserted by an anaesthesiologist, and the orthopaedic surgeon will be the first to see the patient after X-ray documentation of the fracture.

What is the advantage for the patients?

Bruun Lauritzen: Hip fracture patients are relieved from their pain immediately and can be operated on sooner. Another benefit is that the fast and short period before surgery is reduced to six hours instead of thirteen hours, with an actual non-drink ing period of two hours before surgery. That is also a major improvement regarding the corporal and mental state of the patients. Without food and drink, they are weak and dehydrated before the operation, which is not good. Now, they can receive fluids, proteins and electrolytes until shortly before surgery, which minimizes the risk of complications and mortality. The medical data is proving us right, with the programme we have reduced the complications and mortality significantly. We have also improved rehabilitation and duration of hospital stay – without going into details right now. What do you personally like most about IC courses?

Bruun Lauritzen: Honestly, I just like the idea of orthopaedic surgeons and trauma surgeons coming together and exchanging their experiences, especially during the workshops. It is important to learn from each other and to put the newly-learned procedures into practice. One participant cannot implement a whole hip fracture programme in his department alone, but maybe he can motivate his colleagues to have discussions about making improvements. That’s a good thing.

More information on: www.efort.org/e/copenhagen/2011

Largest EFORT Congress ever!

EFORT holds its next Congress in Copenhagen, Denmark on 1-4 June 2011. The abstract submission deadline is 15 September 2010. Visit the congress homepage at www.efort.org/copenhagen2011.

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New National Member Societies of EFORT

At the General Assembly meeting in Madrid, 1 June 2010, two new national member societies have been elected:

- Kosova Society of Orthopaedics and Trauma Surgeons – KSOTS
- Croatian Orthopaedic Society – CrOS

EFORT counts now 42 national member societies from 39 member countries!

Portrait of the Kosova Society of Orthopaedics and Trauma Surgeons – KSOTS

Kosovo is located in the Balkan Peninsula, with the territory of 11.000 km2 (6,875 square miles) and over 2 million inhabitants. Its capital, Pristina, has about 500,000 inhabitants.

There are 1.3 doctors per 1,000 head of population who work in Kosovo. Before the 1990s Kosovo was part of Yugoslavia, so the Kosovan orthopaedic surgeons were incorporated in federation activities. In 1985 the XV Yugoslav Orthopaedic and Traumatology days, which was a great organisation, were held in Pristina.

From 1990 through 1999, the majority of doctors were jobless and a parallel system of health was maintained because of political problems. After the war conflict in 1999, treatment of war injuries and their consequences was the main activity in our orthopaedic hospitals and departments.

In the effort to increase the number and quality of the orthopaedic work force in Kosovo, on 15 April 2000, the Society of Orthopaedics and Trauma Surgeons was officially founded in Pristina and today has more than 60 members. The main objective of this association is to promote the advancement of science, arts and practice of orthopaedic surgery and allied science.

With the increasing number of orthopaedic surgeons over the years, the association recognized the need to ensure overall development of our members in various aspects of practice. Many measures have been taken, especially over the past five years, to provide opportunities to achieve this aim. To encourage continuing medical education (CME) among members, the Summer School for Orthopaedic and Trauma in June 2003 was organized. Starting last year, under the umbrella of the KSOTS, various subspecialty groups were formed that coordinate training activities for orthopaedic surgeons interested in these fields by providing teachers and teaching materials.

On 13 May through 15 May 2010, the 1st Congress of the Kosova Society of Orthopaedics and Trauma Surgeons was held with 200 participants, 120 works from 10 countries. The number of orthopaedic surgeons in this country, Kosova Society of Orthopaedics and Trauma Surgeons will try to make sure that the quality of medical care will be maintained. We also hope that with regional and international cooperation, development of subspeciality fields will be enhanced.

Current President: Prof. Dr. Cem Bytijet
Vice President: Dr. Seladign Bihojuku
Secretary: Dr. Osman Zhuri
Treasurer: Dr. Arben Tolaj

Portrait of the Croatian Orthopaedic Society – CrOS

The Croatian Medical Association (CMA), founded on 26 February 1874, is a non-governmental organization of physicians whose purpose is to promote the health protection of the citizens, professional and scientific practice, to foster medical ethics and to protect the interests of their profession. The CMA is the head professional and scientific organization of physicians in Croatia.

Our Croatian Orthopaedic Society (CiOS), founded in 1930, is one of about 150 professional societies of the CMA. At present CiOS accounts about 210 orthopaedic surgeons and residents of orthopaedic surgery, which is more than 95% of total number of orthopaedic surgeons in the Republic of Croatia. Membership is voluntary, with the transparancy of the activities, and democracy in decision making, at the national level. To serve the orthopaedic profession and science as well as our patients for a whole century is a reason to be proud, but at the same time a demanding commitment to lifelong improvement.

The Croatian Orthopaedic Society is liable for all major issues regarding orthopaedics in the Republic of Croatia. The Croatian Ministry of Health must consult us when approving or establishing new reference medical centers in the field of orthopaedics. In the process of giving professional titles to the physicians practicing orthopaedics and performing orthopaedic surgery, our society must give its expertise.

The Croatian Orthopaedic Society is in charge of creating educational programmes for the orthopaedic surgery residency and subspecialties; it is regularly consulted regarding undergraduate and postgraduate students’ education, and court of law experts and mentors could be elected only according to CiOS recommendation. Since 1996, the CMS has been an associate member in the UEMS Section of Orthopaedics and EBOT. Finally, in 2010 we became a full National Member Society of EFORT.

In other words, CiOS is the acknowledged professional society in the field of orthopaedics, orthopaedic surgery, and bone and joint surgery in general in Croatia. We regularly have meetings, symposia, education courses and a national congress every 4 years. Members of the society are active in publishing both professional and scientific articles in appreciated journals, and they are active in international congresses, in particular EFORT and COE congresses.

In 2008, the CMA celebrated “A Hundred Years of Orthopaedic on Croatian Territory” in time of the Croatian orthopaedic congress with international participations. We are waiting for all of you in the next congress year 2012!