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► Featured Sessions

EFORT Award Winners Highlight Quality Science
Winners of the Free Paper Award, Allied Professions Award, Trauma Award, Jacques Duparc Awards are featured. . . . page 4

Short-stem Prosthesis Design

Study shows whether short-stem femoral neck preserving total hip arthroplasty led to more favourable biomechanical reconstruction page 6

Educational Resources Available

EFORT.org offers educational courses and EFORT publications. page 7

► Schedule of Events

- **Incidence of Deep Infection in THA**
8.00-9.30
Helsinki Room
- **The Comprehensive Orthopaedic Review Course**
8.30-18.00
London Room
- **EFORT Erwin Morcher Honorary Lecture**
12.30-13.00
Prague Room

Irrigation and debridement can be viable option for selected patients with periprosthetic joint infections

Intervals of more than 20 days between the first and second procedures showed lower odds of success.

Irrigation and debridement for the treatment of hip and knee periprosthetic joint infections is a reasonable option for selected patients and should be performed within a short interval for these patients, according to study results presented here.



Georgios K. Triantafyllopoulos

"Irrigation and debridement for early postoperative and hematogenous infections is related to unfavourable outcomes in patients with obesity for total hip arthroplasty, thyroid disease for total

knee arthroplasty, duration of symptoms of more than 5 days for both and infection with methicillin-resistant Staphylococci for both," Georgios K. Triantafyllopoulos, MD, said at the 16th EFORT Congress.

In a retrospective study, Triantafyllopoulos and colleagues reviewed the clinical characteristics of patients who were diagnosed with early postoperative or hematogenous hip and knee periprosthetic joint infections (PJI) and were treated with single or multiple irrigation and debridement procedures between January 2000 and December 2013. Researchers recorded demographics, infection site and type, duration of symptoms, time from index procedure to irrigation and debridement, pathogen type, comorbidity, interval between serial irrigation and debridements, C-reactive protein levels

and erythrocyte sedimentation rates. The minimum follow-up was 12 months. The researchers identified 154 patients with hip and knee (60 hips and 94 knees) PJI. Mean patient age was 64.3 years.

For patients with hip PJI, the success rate of irrigation and debridement was 70%. Researchers found obesity (BMI=30) correlated

with failure. Patients who had MRSA infections had 96% lower odds of success compared with patients who had non-Staphylococcal gram positive, gram negative bacteria or negative cultures. Patients with duration of symptoms greater than 5 days had 95.2% lower odds of success. The probability of implant retention decreased by 15.7% for each additional day of symptoms.

For patients with knee PJI, the success rate of *(Triantafyllopoulos continued on page 6)*

Diagnose traumatic rotator cuff tears within 3 weeks without waiting for nerve recovery for best patient outcomes

Orthopaedic surgeons should develop specific skills to correctly diagnose traumatic massive rotator cuff tears and ensure these injuries are not missed. Patients who are treated early enough stand the best chances of pain relief and recovery of an acceptable range of motion, according to a presenter at the 16th EFORT Congress.

"The recommendations could be that if you see the patient early, and the patient



Przemyslaw Lubiatowski

is active, and you diagnose the patient well, there is no need to wait for the nerve recovery," Przemyslaw Lubiatowski, MD, of Poznan, Poland, said during a special session organised by the European Society for Surgery of the Shoulder and Elbow.

A late diagnosis – one performed 3 weeks or more post-injury – could prove disabling for a patient, he said.

Degenerative vs traumatic tears

According to Lubiatowski, one of the problems in diagnosing massive rotator cuff tears in patients older than 40 years of age is the traumatic origin of the tear may go undetected. Therefore *(Lubiatowski continued on page 6)*

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16th EFORT Congress
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Investigators report high morbidity in elderly patients after hip fracture fixation

Six months after hip fracture fixation, 17% of elderly patients could walk independently and 12% could climb stairs.

Delayed presentation among elderly patients with hip fractures may negatively affect their ability to walk and increase their rates of morbidity and length of hospital stay postoperatively, according to results of a retrospective study.

David W. Manning, MD, and colleagues analysed the effects of delayed surgery on elderly patients with hip fractures and found these patients see the most benefits from treatment when surgery is undertaken right away.

"The most unique finding we identified was delay in presentation to surgical care not only lengthened hospital stay on the front end, as one would imagine, but it added hospital time on the back end. It actually significantly lengthened the time from surgery to discharge," Manning told *EFORT Congress Daily News*. "Unnecessary delay for surgery is associated with trends for increasing morbidity, and decreasing value for the care of the hip fracture patients. Delay of care should be avoided whenever possible. Ideally surgery for hip fracture occurs within 48 hours."

Wait and discharge times correlated

The retrospective study Manning and colleagues conducted is among the top papers scheduled to be presented at the 16th EFORT Congress. They used the 2011 American College of Surgeons – National Surgical Quality Improvement Program (ACS-NSQIP) to collect data from more than 258 hospitals in 43 U.S. states.

The investigators created triads of less than 24 hours to surgical intervention, 24 hours to 48 hours to surgery, and greater than 48 hours until surgery and matched patients within them by surgery type, gender, age and American Society of Anesthesiologists class.

In the database there were 2,904 subjects with 968 fractures in each triad. When researchers analysed the time to discharge and delay to surgery for each patient they found a significant correlation between wait-time that was greater than 48 hours and an increased time from surgery to discharge ($P < 0.001$), according to results of the study.

Delay to surgery at issue

"As the value proposition permeates through all of medicine, including geriatric fracture care, it is pretty clear that

from our study the value of surgical care for hip fracture goes down with unnecessary delay to surgical care by increasing associated costs of hospital stay without any benefit in surgical quality," Manning

said in the interview.

Overall, complications do not increase with early surgical intervention in a comorbidity-adjusted population of elderly hip fractures, according to the study data. Furthermore, adjusted and unadjusted models used showed there was no correlation between overall 30-day mortality rates ($P = 0.316$) or readmission rates ($P = 0.593$) with wait times.

Reference:

Manning DW. Paper #2218. Was presented 27 May at: The 16th EFORT Congress; 27-29 May 2015; Prague.

Source info:

David W. Manning, MD, can be reached at Department of Orthopaedic Surgery, Northwestern University Feinberg School of Medicine, 303 E. Chicago Ave., Chicago, IL 60611 USA; email: dmanning@nmff.org.

Disclosure:

Manning reports no relevant financial disclosures.

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EFORT Award Winners Highlight Top Science at Congress

The planning committee behind the 16th EFORT Congress believes that "a congress is always as good as its presentations." With that in mind, each year the EFORT Award Committee reviews all of its high-quality papers and poster submissions and selects the top submissions for a series of awards.

Free Paper Awards

The EFORT Award Committee selects the three best presentations to receive the EFORT Free Paper Award. Recipients of this award receive a certificate to commemorate their selection as well as a financial reward: €3,000 for gold; €2,000 for silver, and €1,000 for bronze. This year's winners are:

GOLD

Philippe Hernigou, MD, PhD

Paper Title: Ceramic-Ceramic Versus Contralateral Ceramic-Polyethylene in Patients Younger Than Thirty: A 30-Year Follow Up

SILVER

Martijn Te Stroet, MD, Radboud University Nijmegen Medical Centre, Nijmegen, Netherlands

Paper Title: Acetabular Revision With Bone Impaction Grafting And A Cemented Polyethylene Cup; Comparison Of The Kaplan-Meier Analysis To The Competing Risk Analysis in 62 Revisions After 25 to 30 Years Follow-Up

Research Description: Bone impaction grafting (BIG) is an attractive biological method of reconstruction since it can restore bone loss. This study reports the outcome of 62 acetabular BIG revisions combined with a cemented polyethylene cup after 25 to 30 years follow-up. After this long follow-up the commonly used Kaplan-Meier (KM) analysis introduces an amount of bias by ignoring the competing events (i.e., death). Therefore, the researchers additionally performed a competing risk (CR) analysis.

Acetabular BIG revisions provide acceptable clinical results at over 25 years, with 72.1% survival for the endpoint revision for aseptic loosening at 27 years. The KM analysis overestimates the probability of revision surgery severely due to ignoring competing risks, with an 92.5% overestimation of failure for aseptic loosening with KM compared to CR at 27 years. CR analysis is a suitable alternative.

"I never had expected that I should receive this award. It is a great honour, and I am very happy to receive at this moment, when I am finishing the last pieces of my PhD project."

BRONZE

Deepak Bushan Raina, Lund University, Sweden

Paper Title: A Biphasic Apatite/Sulphate Bone Substitute, Cerament Induces Bone In A Skeletal Muscle Cell Line

Research Description: This research focuses on tissue-engineered biomaterials and their performance in regenerating bone. The researchers are developing innovative ceramic and polymeric platforms for delivery of bone active proteins and drugs that can modulate and enhance bone healing. At EFORT, Raina and colleagues are reporting on the osteoinductive potential of a novel biphasic ceramic material (Cerament). Their study shows that the material can guide mesenchymal cells towards osteogenic lineages in a local environment with native bone active proteins. This leads to significant bone regeneration without having to use bone anabolic agents. The clinical translation is illustrated explaining a mode of action.

"As a young researcher in the beginning of my research path I am honoured to get the EFORT award. On behalf of all co-authors, I can convey that we are encouraged and will continue to work on regenerating bone and cartilage in our lab in Lund, Sweden."

Allied Professions Award

The EFORT Allied Professions Award committee has selected the best presentation to receive the EFORT Allied Professions Award. The winner is given a certificate during the Congress and receives a €500 stipend. This year's winner is:

Charlotte Trolborg, Research Nurse, Denmark

Paper Title: Time to Definitive Fixation of Hip Fractures: A look At Outcomes Based Upon Delay

Research Description: Since 2002, patients having a total hip replacement (THR) at Vejle Hospital, Denmark, have followed a fast-track concept. Patients were informed of an expected length of stay (LOS) between 2 and 4 days. Organisational changes in 2013 resulted in a reduction of number of beds at the ward and this called for new interventions to meet this challenge. Data from the hospital's local database showed no difference between patients discharged at day 1 and day 2 after surgery regarding gender, age, civil status, ASA or BMI. This inspired the

researchers to change their expectation to LOS from 2 to 4 days till 1 day and investigate the effect on LOS and patient satisfaction. They found that it is possible to reduce LOS after THR by changing the preoperative information about expected LOS while at the same time maintaining high patient satisfaction.

"I am honoured and pleased with the attention that the award leads to. The award is recognition of a well-functioning interdisciplinary team at the Orthopaedic Department at Vejle Hospital. A department that has a culture for investigating interventions scientifically with awareness for patients' safety and satisfaction."

Trauma Award

The EFORT Trauma Award is selected from the 30 best scored poster and 20 best scored free paper abstracts submitted to the Congress. The recipient receives a certificate of achievement and a grant of €1,000. This year's winner is:

Nikolaos A. Stavropoulos, MD, PhD, and colleagues

Paper Title: Time to Definitive Fixation of Hip Fractures: A Look At Outcomes Based Upon Delay

Research Description: Morbidity and mortality after hip fracture in the elderly is often influenced by non-modifiable comorbidities. Time-to-surgery is a modifiable factor that may play a role in postoperative morbidity. This retrospective study investigates outcomes and complications in elderly hip fracture surgery as a function of time-to-surgery. Time-to-surgery of greater than 48 hours is associated with an increased total length of stay, including an increase in surgery-to-discharge time, without medical benefit. This project highlights the fact that early surgery for hip fractures is not associated with increased complications and that early surgery minimises costly hospital stays.

"Receiving the award is a great honour. I want to mention that the recognition belongs to my co-authors and predominately to our senior author, the head of the adult reconstruction division of the orthopaedic surgery department, Northwestern University, Feinberg School of Medicine at Chicago, Professor David W. Manning, MD."

Jacques Duparc Awards

Each year the 10 best-rated poster abstracts submitted to the Congress are highlighted with the Jacques Duparc

Award, in honour of the Federation's first president. Each recipient receives a grant of €1,000. This year's winners are:

Rajpal Singh Nandra, Health Education West Midlands, and colleagues

Paper Title: If Your Lump Is Bigger Than A Golf Ball And Growing, Think Sarcoma

Research Description: This paper is a retrospective analysis of patients referred to the bone tumour service for assessment of a new soft tissue lump. The study investigated the predictive power of both patient variables and tumour characteristics when calculating the risk of malignancy. The researchers found that if the tumour is larger than a golf ball and growing, clinicians should think of sarcoma.

"The award recognises the quality of this particular research project, which evolved through the foresight and clinical excellence of the senior authors."

Chang-Wug Oh, MD, PhD, Kyungpook National University Hospital, Korea, and colleagues

Paper Title: Malalignment After Minimally Invasive Plate Osteosynthesis In Distal Femoral Fractures

Research Description: Minimally invasive plate osteosynthesis (MIPO) is a preferred operative technique for distal femoral fractures with the advantage of bony union, but malalignment is a common complication of MIPO. To evaluate the incidence and causes of malalignment after MIPO in distal femur fractures, the researchers checked the coronal, sagittal, and rotational comparison study using the radiographs and CT scan in 138 patients. They found that alignment in coronal and sagittal planes was satisfactory over 90%. However, the incidence of rotational malalignment was up to 42.3% of unsatisfactory results (over 8°), regardless of fracture pattern, associated injury, or reduction techniques. Intraoperative check is very important to reduce the complications of rotational malalignment.

"I am deeply honoured to receive the Jacques Duparc Award at EFORT 2015. I would like to dedicate this award to my colleagues of our department, with their excellent cooperation. This award provides me encouragement for further success in the scientific work as well as trauma patient care."

James P. Waddell, University of Chicago, and colleagues

Paper Title: The Effect Of Tranexamic Acid On Transfusion Rates, Length Of

Hospital Stay In Total Joint Arthroplasty

Research Description: This research was a collaborative program between the department of surgery and the department of anaesthesia around the use of tranexamic acid in a protocol-driven fashion such that all patients undergoing elective joint replacement surgery receive the drug. By using a protocol the researchers were able to ensure that all patients received the drug and, furthermore, demonstrate a significant effect in terms of improved patient outcomes. This is an ongoing program monitored on a regular basis. The take-away message from their research is that the use of this drug is safe, has a positive effect on patient outcomes and hospital costs.

"I am honoured to receive this award. This is a multi-disciplinary team that did this research and I think this was important in the success of the research project."

**Sudsayam Manuwong, MD,
Thammasart University Hospital,
and colleagues**

Paper Title: Periarticular Multimodal Drug Injection Is Better Than Single Anaesthetic Drug In Controlling Pain After TKA: A Double-Blinded RCT

Research Description: Periarticular multimodal drug injection became more popular in the last decade, but some surgeons and anaesthesiologists still question whether clinicians should use multiple or single drug. This study compared these two options using a double-blind, randomised, controlled trial. The researchers found that multimodal drug injections provide better pain control in the first 4 hours postoperation, reduce overall morphine consumption, and extend the duration of first request for analgesic drug for approximately 2 hours. The researchers recommend using multimodal drug injection instead of single anaesthetic drug injection.

"This award encourages us as researchers and clinicians to continue our research studies to improve quality of care for our patients."

**Rahel Bornemann, MD,
Universitätsklinikum Bonn,
Germany, and colleagues**

Paper Title: Temperature Distribution During Radiofrequency Ablation

Research Description: Radiofrequency ablation (RFA) of metastatic lesions has been shown to be effective in bone. However, spine anatomy presents challenges for minimally invasive treatment of vertebral body lesions. Articulating bipolar devices, like the

STAR Tumor Ablation System (DFINE), have extensible electrodes for navigation and thermocouples that permit real-time monitoring of the ablation zones to determine a new option to control spinal RFA procedures. The STAR Tumour Ablation System is an innovative bipolar radiofrequency device built for targeted ablation of spinal malignant lesions.

"I'm really very proud to get this award and feel with the research our clinical team made and the results we found out very well accepted from the

scientific committee of the EFORT. This keeps me very motivated to invest in further research for our patients besides daily clinical practice."

**Bartolomé Luis Allende,
MD, University of Cordoba,
Argentina, and colleagues**

Paper Title: Femoral Nerve Block Versus Periarticular Injection In Primary Total Knee Arthroplasty

Research Description: This research was a prospective, randomised study comparing spinal anaesthesia plus peripheral nerve

block vs. spinal anaesthesia plus local analgesic cocktail in total knee arthroplasty. Both groups reported similar outcomes regarding all variables measured. Spinal anaesthesia plus local analgesics is the researchers' treatment option for pain control in total knee arthroplasty.

"It is a great honour to receive such an important recognition from the EFORT committee. Prof. Duparc came to our University in Cordoba, Argentina in 1983, and it is very important for us to receive this award."

(Award winners, continued on page 7)



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Short stem prosthesis did not lead to better joint offset during THA

Investigators who studied femoral neck preservation and other factors affected by total hip arthroplasty performed with a short-stem prosthesis vs a full-length uncemented prosthesis found the short-stem design offered no statistically significant differences in biomechanical reconstruction of the hip.

The study, which was selected as a top paper to be presented at the 16th EFORT Congress in Prague, was conducted by orthopaedic surgeon **Jakob Van Oldenrijk, MD, MSc**, of Amsterdam, and colleagues. They sought to determine if short-stem femoral neck preserving total hip arthroplasty (THA) led to a more favourable biomechanical reconstruction.

However, none of their findings led the investigators to conclude short-stem implants were any better for patients.

"We could not confirm this type of stem could create better joint reconstruc-

tion. We did see an increase in femoral offset ratio in both the conventional group and the short-stem group," Van Oldenrijk told *EFORT Congress Daily News*.

Short-stems had same outcomes

The randomised, controlled clinical trial, which is registered at the Dutch Trial Registry, included 142 patients and 142 hips that were randomly selected to receive the short-stem Collum Femoris Preserving THA prosthesis (Waldemar LINK GmbH; Hamburg) or the conventional Zweymüller-type Alloclassic prosthesis (Zimmer Inc.; Warsaw, Ind., USA) straight THA stem. Patients were blinded to the stem they received throughout the 5 years of follow-up.

Researchers measured the femoral offset of the stems, which was the perpendicular distance between the longitudinal femoral axis and the hip joint

center of rotation, as well as the offset of the patients' contralateral hip. They then compared these measurements to confirm that each patient's anatomy was reconstructed properly.

"We also measured the height of the center of rotation, varus, valgus and leg length discrepancy to see if there were differences between the two groups. We did not find any significant differences. It is always disappointing, but it is also a very relevant finding. If you make a claim, you expect it to be proved, so it is very relevant when it is not," Van Oldenrijk said.

Functional outcomes of interest

"What we did find, the offset ratio was increased using both of the stems and only decreased in a very small percentage. That is a very relevant finding. Both of the stems were able to recreate the leg

length adequately," Van Oldenrijk said.

The offset was increased in 62% of patients in the short-stem group and in 50% of patients in the conventional group. The offset was decreased in 11% of patients in the short-stem group and in 10% of the conventional group. Neither of these differences, however, were statistically significant, Van Oldenrijk said.

Reference:

Van Oldenrijk J. Paper #2905. Was presented 27 May at: The 16th EFORT Congress; 27-29 May 2015; Prague.

Source info:

Jakob Van Oldenrijk, MD, MSc, can be reached at Nuffield Orthopaedic Centre, Oxford University Hospitals, Oxford, United Kingdom; email: jakobvanoldenrijk@gmail.com.

Disclosure:

Van Oldenrijk has no relevant financial disclosures. See the full study for a list of all other authors' relevant financial disclosures.

(Triantafyllopoulos, continued from page 1) irrigation and debridement was 55.3%. Researchers found thyroid disease and duration of symptoms were independent risk factors. Patients with MRSA infections had 96.8% lower rate of success compared with PJI with negative cultures. Patients with duration of symptoms greater than 5 days had 94.6% lower odds of success. The probability of implant retention decreased by 7.5% for each additional day of symptoms.

Overall, 23 patients (11 hips and 12 knees) were treated with second or third irrigation and debridement procedures. Implant retention was achieved in 10 patients. Triantafyllopoulos said that intervals of more than 20 days between the first and second irrigation and debridement procedures were associated

with 97.4% lower odds of success. Additionally, patients who had multiple irrigation and debridement also had a higher prevalence of peripheral arterial disease.

Reference:

Triantafyllopoulos GK. Paper #3582. Presented at: The 16th EFORT Congress; 27-29 May 2015; Prague.

Source info:

Georgios K. Triantafyllopoulos, MD, can be reached at Hospital for Special Surgery, 535 East 70th St., New York, NY 10021 USA.; email: yotriad@hotmail.com

Disclosure:

Triantafyllopoulos reports no relevant financial disclosures.

(Lubiatowski, continued from page 1)

it is important for orthopaedic surgeons to learn to distinguish between tears of a traumatic nature and tears of a degenerative origin.

Haematoma seen on ultrasound imaging, he said, is nearly always suggestive of a traumatic massive rotator cuff tear.

A way to rule out a degenerative tear in these cases is with a scan of the patient's opposite shoulder. Normally both of the patient's shoulders will show the same extent of degenerative changes on MRI, Lubiatowski said.

Anterior dislocation

Lubiatowski defined the "terrible shoulder triad" and the "unhappy shoulder" as one that is anteriorly dislocated, with a rotator cuff tear and a brachial plexus tear.

"It might be underestimated," he said, noting the condition does occur based on reports in the literature, and surgeons have to be aware of it.

The axillary nerve is affected in 60% of these patients. Therefore, it is important to diagnose nerve injuries early. Electromyography studies are helpful and will show the level of the lesion and any nerve involvement. They can also be useful for post-accident monitoring of the patient, Lubiatowski said.

For patients whose massive traumatic rotator cuff tears are diagnosed late, once the nerve recovers, a latissimus dorsi transfer may be possible. However, according to Lubiatowski,

should the nerve not recover and there is no chance of a nerve revision, then conservative treatment or shoulder arthrodesis are the only treatment options.

"If there is no recovery or prospect for successful nerve revision, and the patient has low demand, then conservative treatment is an option because the options are limited," Lubiatowski said. "However, if the patient seeks some improvement, then shoulder arthrodesis is also an option."

He discussed a patient of his who presented late with an irreparable traumatic massive rotator cuff tear and underwent successful shoulder fusion, but said shoulder fusion should be done only in patients with a stable shoulder.

Reference:

Lubiatowski P. Traumatic massive rotator cuff tears and shoulder unhappy triad. Presented during the SECEC - European Society for Surgery of the Shoulder and Elbow session: The 16th EFORT Congress; 27-29 May 2015; Prague.

Source info:

Przemyslaw Lubiatowski, MD, can be reached at Rehasport Clinic, Department of Traumatology, Orthopaedics and Hand Surgery, University of Medical Sciences, in Poznan, Poland; email: p.lubiatowski@rehasport.pl.

Disclosure:

Lubiatowski reports he is a consultant and presenter for Smith & Nephew.



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page connects members to industry periodicals, websites and communities.

Visit the Education & Courses page on EFORT.org for a complete list of EFORT publications including the EFORT textbook, *European Surgical Orthopaedics and Traumatology*; EFORT IL books; the EFORT *EOTR Journal*, and EFORT book series.

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Consult EFORT's White Book for training and curricula programmes across Europe for orthopaedic and trauma surgeons. These country-specific qualifications are submitted by EFORT European Orthopaedics member societies and continuously updated.

The screenshot shows the EFORT.org homepage. At the top right is the EFORTnet login section with fields for Email Address, Password, and a Sign In button. Below the login section is a navigation menu with categories: Home, About Us, Congress, Event Calendar, Education & Courses, Academy, Fellowships & Awards, EU Activities, and News. The main content area features a large banner for the 16th EFORT Congress in Prague, Czech Republic, from May 27-29, 2015. A sidebar on the left lists navigation options: Advanced Training Programme (ATP), e-Resources, EFORT Publications, EFORT Fora, and EFORT White Book. Below the banner, there is a section for 'LATEST INFORMATION FROM EFORT' with links to EFORT Congress 2015, May 2015 issue of OTE, Textbook, EBOT Exam, and EFORT Open Reviews. A social media widget for #EFORT2015 is also visible.

Go to Education & Courses on EFORT.org to view offerings in the education platform – courses, fora and e-Resources, which includes a 12,000+ document digital library.

(Award winners, continued from page 5)
Marta Cuenca Llavall, MD,
Hospital del Mar, Barcelona,
and colleagues

Paper Title: Is Above-Elbow Cast Better Than Below-Elbow Cast For Orthopaedic Management Of Distal Radius Fracture? A Randomised Study

Research Description: To the researchers' knowledge there is no other prospective study that compares distal radius fractures treated conservatively. Their research conclusion was that above-elbow cast is not better than below-elbow cast in terms of loss reduction, according to instability and functional criteria. Once a good reduction is achieved, no matter if the clinician has immobilized the elbow, antebrachial cast is good enough to maintain reduction of distal radius fracture.

"It is a great honour to receive this award and it underlines the scientific value of this work. It is an important motivation to go on with clinical investigation and research."

Łukasz Łapaj, Poznań University of Medical Sciences, Poznań, Poland

Paper Title: A Simple Method Of Isolation Of Polyethylene Debris From Periprosthetic Tissues Using Silicon Wafer Deposition

Research Description: This research focused on isolation of polyethylene debris from periprosthetic membranes of failed arthroplasties. The researcher

developed a new protocol that involves centrifugation and deposition of wear particles on a silicon wafer. The new method is simple, inexpensive and allows for an easy evaluation of particles using electron microscopy.

"For me this award is very inspiring. It shows that no matter how difficult the research seems, if you are stubborn, willing to learn from your failures and try really hard, you can overcome all obstacles and achieve your goal."

Joon Woo Kim, MD, PhD,
Feinberg School of Medicine

Paper Title: Loosening Of The Iliosacral Screw Used In Pelvic Ring Injury

Research Description: Iliosacral screw fixation has been commonly used for stabilization of the posterior ring in unstable pelvic fractures. However, loosening of the screw may develop with or without re-displacement of the fracture, and there is a paucity of published information regarding the incidence of and factors affecting iliosacral screw loosening. This study was undertaken to evaluate the incidence of iliosacral screw loosening and to identify predictive factors. The researchers found that although iliosacral screw fixation is a reasonable method for posterior pelvic ring stabilization, cases with vertical shear (VS) injuries are prone to screw loosening, especially when combined with zone II sacral fracture. Accordingly, the researchers recommend that alternative fixation methods should be considered in patients with VS injury. Furthermore, to reduce

the incidence of screw loosening, efforts should be made to fix the screw to the anterior one-third region of the S1 body.

"It is my honour to win such a great award. I'd like to thank EFORT for recognising the efforts we made with this research."

Saggah Tarek Shalabi, Royal Derby Hospital, United Kingdom, and colleagues

Paper Title: Early Effective Analgesia For Traumatic Rib Fractures: Is Timing A Priority?

Research Description: This research investigates whether the length of time taken to establish effective analgesia has a significant effect on the incidence of pneumonia and length of critical care and hospital stay in patients sustaining

rib fractures. The researchers findings demonstrated that early effective analgesia (less than 12 hours) resulted in a lower incidence of pneumonia, and shorter critical care and hospital stay when compared to late analgesia. This research showed that the speed to establish effective analgesia, rather than the mode, is one of the most essential determinants for prevention of pneumonia and good recovery in rib fracture patients. The researchers recommend "acting early" in this group of patients in order to deliver effective analgesia at the earliest stage.

"It is truly an honour to receive this recognition and award from EFORT. It has motivated me to pursue further research in this field. I would like to dedicate this award to the research team and to all those who supported us during this study."

The advertisement for NOVAGENIT DAC features a blue and white color scheme. At the top, it says 'DAC® DEFENSIVE ANTI-BACTERIAL COATING'. Below this, a text box encourages visitors to learn more about DAC properties and applications at the ADLER ORTHO booth #2/42. The central part of the ad shows a close-up of a surgical instrument being coated with a hydrogel. Text below the image reads 'THE HYDROGEL BARRIER AGAINST INFECTIONS. Compatible with any cementless prosthetic implant and trauma device'. At the bottom, the NOVAGENIT logo is displayed, along with a QR code and the website www.novagenit.com. A small text at the bottom left mentions funding from the European Union Seventh Framework Programme.

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