GENEVA

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17th EFORT CONGRESS — A COMBINED PROGRAMME IN PARTNERSHIP WITH SWISS ORTHOPAEDICS

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Featured Sessions

Schedule of Events

- **Current Trends in AC Joint Repair**
  8:15 - 9:45
  Istanbul Room
- **Michael Freeman Honorary Lecture**
  12:45 - 13:15
  Geneva Room
- **Patient Satisfaction After TKA**
  17:00 - 18:30
  Madrid Room

Issues related to obese patients who require orthopaedic, trauma surgery call for special attention

Sebastien Parratte

Orthopaedic surgeons see a higher percentage of obese patients in the clinic and hospital vs. the general population. Therefore, they must understand and be prepared to address the increased rates of fractures, total joint arthroplasty dislocation, surgical site infections and other problems among obese patients, according to symposium presenters at 17th EFORT Annual Congress.

Sebastien Parratte, MD, PhD, of Marseilles, France, who moderated, the symposium, said, "If you ask an orthopaedic surgeon, you may not solve the problem of obesity in the world ... especially with our knife. But, we have to take care of these patients. It is a reality. It is a fact. All these patients are going to come and see you. You really have to treat obese patients in trauma cases for everything," Parratte said, noting 10% of patients in Europe today are obese.

Because patients who are obese and are faced with orthopaedic or trauma surgery are at higher risk of more problems than normal weight patients, he recommended they undergo a special presurgical consent process.

Parratte explained that if bariatric surgery is something an obese patient who is a candidate for total knee arthroplasty (TKA) will consider, TKA should then be delayed 2 years after the bariatric surgery.

Tilman Pfitzner, MD, of Berlin, said patients who are obese now constitute a greater part of the population in Europe, and Europe is now trailing the United States only slightly in terms of the extent of its obese population.

"If we look at obesity, it is a little bit more than just the physical problem to get to the joint," he said.

There are trauma risk factors to consider related to obesity, Pfitzner said.

He cited a study in which an increased risk of hip fractures was observed among obese women who were minimally active. Other studies have shown increased risks of calcified tissue and vertebral fractures among patients who are obese.

A patient's absolute weight may not be the only predictor of traumatic fractures. These patients can also have low or normal muscle volume, which affects their fracture risk, according to Pfitzner.

In addition, there are distinct surgical considerations for patients who are obese. Both

*(**Obesity** continued on page 7)*

Outcomes related to pseudotumours, metal ion levels in bilateral resurfacing among MoM hip arthroplasty research

Karl Knahr

"Metal-on-metal is still a problem that is worthwhile to be discussed in its own session," **Karl Knahr, MD,** of Vienna, Austria, said during a free paper session he moderated at the 17th EFORT Congress.

The session included research results of the effects of elevated serum cobalt levels on patients' visual pathways, which was presented by **Timothy Unsworth-Smith, MD,** and risk stratification strategies for patients after metal-on-metal (MoM) hip arthroplasty, which was presented by **Henrik Malchau, MD, PhD.**

Unsworth-Smith and colleagues identified a statistically significant disturbance of retinal electrophysiology among patients with Articular Surface Replacement (DePuy Synthes) hip replacement compared with two control groups.

Dimitris Dimitriou, MD, and colleagues used metal artifact reduction sequence (MARS) MRI for cross-sectional imaging of pseudotumours after MoM hip arthroplasty in 37 hips (32 patients) to determine the natural history of the tumours. The patients' mean age was 56 years.

At a minimum follow-up of 4 years they found four type 2 pseudotumours with evidence on MRI of progression (11%).

"To date this is the largest longitudinal study regarding the natural history of

*(**MoM** continued on page 7)*

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Highly crosslinked polyethylene facilitated use of larger femoral heads in THA

A prospective evaluation showed larger femoral heads in THA prostheses did not increase wear, and no osteolysis was observed on CT scans.

A radiostereometric analysis showed low long-term wear and femoral head penetration that was similar for 28-mm and 36-mm femoral heads used total hip arthroplasty that articulated with highly crosslinked polyethylene acetabular cup liners.

The results of this prospective study will be presented in a primary joint replacement session at the 17th EFORT Annual Congress in Geneva.

For these same sized femoral heads coupled with previous generation polyethylene liners, the wear rates were significantly different, according to **Audrey Nebergall, BS**, who is scheduled to present the findings today at 17:00-18:30 in Munich Room. The larger heads were associated with greater wear than what was seen with the smaller sizes. However, the larger head sizes in those articulations offered patients increased total hip arthroplasty (THA) stability and a decreased risk of THA dislocation, without an increased risk of wear-related osteolysis.

Next-generation polyethylene

"Larger head sizes are preferable, generally. With this highly crosslinked polyethylene (HXLPE), we are now able to use large head sizes to get the desired stability and range of motion that we would like without having to worry about increased wear, which is fantastic," Nebergall said.

Nebergall and colleagues studied 12 patients who underwent THA with Longevity Highly Crosslinked Polyethylene (Zimmer Biomet) that articulated with either a 28-mm or 36-mm femoral head. Six patients in each head-size group agreed to return for a 13-year evaluation of their hip using radiostereometric analysis and CT scans.

The results showed the 13-year mean ± standard error steady state wear was 0.05 ± 0.02 mm, and there was no significant increase in wear over time between the groups. In addition, CT scans of each patient taken at final follow-up showed no evidence of osteolysis from wear particles, Nebergall said.

Decreased osteolysis observed

"We got CT scans because we wanted to have a closer look at what was happening with the bone around the implant because osteolysis was such a devastating problem that compromised the survival of THA in the past, with conventional polyethylene. We only had 12 patients in the study, but all of them showed no evidence of osteolysis, which is a major victory compared to previous generations of polyethylene," she said.

One weakness of the study is it did not have a control group of patients who received femoral heads with conventional polyethylene liners for comparison, he said. However, compared to results in the literature for osteolysis associated with the conventional polyethylene for THA, Nebergall said there is a significant improvement in osteolysis rates with the newer polyethylene liners.

"We are encouraged. This is a vast improvement over conventional polyethylene," she said.

This study is in press, according to Nebergall, and highly crosslinked polyethylene has proven itself as a suitable alternative to conventional polyethylene, both due to decreased incidence of osteolysis and the ability to use larger head sizes without risking increased wear.

Reference:

Nebergall AK, et al. *J Arthroplasty.* 2016;doi:10.1016/j.arth.2016.02.076.

Nebergall A, et al. Paper #1579. To be presented 3 June at 17:00-18:30 in Munich Room at 17th EFORT Annual Congress—A combined programme in partnership with swiss orthopaedics; 1-3 June 2016; Geneva.

Source info:

Audrey Nebergall, BS, can be reached at Harris Orthopaedic Laboratory, Massachusetts General Hospital, 55 Fruit St., Boston, MA 02114, USA; email: anebergall@mgh.harvard.edu.

Disclosure:

Nebergall reports no relevant financial disclosures.

Education, training to continue long after EFORT Congress

Although the EFORT Congress may be coming to an end on Friday 03 June, the opportunities for advanced training and education in orthopaedics and traumatology have only just begun, with several more symposia planned for 2016.

FORTE Summer School

During 22 to 26 August, the Federation of Orthopaedic Trainees in Europe (FORTE) will hold the FORTE Summer School in Faro, Portugal. The conference offers residents throughout Europe an opportunity to take a break from their workplace activities while enabling some time for studying. It features two different courses: one a general review course for younger residents, and the other an exam preparation course for residents in their last years of training.

According to FORTE President **João F.F.B. Vide, MD,** of the orthopaedics department at the Hospital Particular do Algarve in Portugal, both courses will explore the main areas of orthopaedics and trauma, but the main difference is that the general course will provide content as instructional lectures, whereas the exam course will provide multiple choice questions and case-based discussions with live voting.

João F.F.B. Vide

"A whole week to make an annual review is a great opportunity for any resident who wants to give a big boost to their knowledge," Vide said. "We are gathering experts, subspecialty societies, national societies and residents from all over Europe, so networking at many different levels will be possible in a unique way with this event."

Orthopaedic Convention for Eastern Europe

Taking place from 03 to 05 November in Poznan, Poland, the Orthopaedic Convention for Eastern Europe will cover the essential knowledge in the most important orthopaedic fields, said **Leszek Romanowski, MD, PhD,** of the traumatology, orthopaedics and hand surgery department of the Poznan University of Medical Sciences, Poland. These fields, he said, will include paediatrics, the spine and foot, hip and knee replacement, trauma, and the upper extremity.

"[The convention] will focus on recent knowledge and solutions in these fields, providing core knowledge from leading experts," Romanowski said. "The attendees will have the possibility to meet theory and practice at one place and in a single timeline, thus having an option to review knowledge in all fields of orthopaedics without compromise."

Romanowski added that the conference is particularly designed to provide a meeting ground for eastern and western orthopaedic knowledge at a reasonable cost (€150). "Having in mind that Poznan is still an easy and affordable place to travel and stay, this will be the best opportunity to receive recent, high-quality knowledge at a very low cost," he said.

EFORT Fora

In addition, eight EFORT Fora symposia will be held throughout the remainder of 2016. Launched in 2002, EFORT Fora represents a series of opportunities for attendees to expand their knowledge in a variety of hot topics in orthopaedics and traumatology during annual congresses of member National Societies. Each year, EFORT holds around 10 European Fora, all under the supervision of Fora Chair **George A. Macheras, MD,** head of the orthopaedic department at the KAT Hospital in Athens, Greece.

For more information on the dates, topics and locations of the EFORT Fora, visit www.efort.org/education/efort-fora.

Disclosure:

Romanowski and Vide have no relevant financial disclosures.

Swiss orthopaedics anticipates added exposure in partnership with EFORT for its annual congress

The Swiss Society of Orthopaedic Surgery and Traumatology, known as swiss orthopaedics, was founded in 1942 and represents the interests within Switzerland for orthopaedics and traumatology at the national and international levels.

Alain Farron

Alain Farron, MD, of Lausanne, Switzerland, has been president of swiss orthopaedics for the past 2 years. His term ends in June 2016. He told *Orthopaedics Today Europe* the organization has a long history and its members have had considerable influence on the progress of musculoskeletal medicine worldwide during the years.

Developed congress program with EFORT

Swiss orthopaedics held a general assembly meeting during the EFORT Congress.

"We participated in the congress scientific program development," Farron said, and noted there were corresponding social program and combined activities.

"We also had our [Maurice Edmond Müller] MEM Honorary Lecture on the first day, 1 June, given by Werner Müller," he said.

Maurice E. Müller, MD, for whom the lecture is named, was a pioneering Swiss orthopaedist who developed the AO system for operative treatment of fractures in the 1960s. Farron considers him one the most influential members of swiss orthopaedics.

Swiss orthopaedic surgeon **Werner Müller, MD,** is emeritus professor at the University of Basel and emeritus head of the orthopaedic clinic at Kantonsspital Bruderholz in Switzerland, and was a cofounder of the European Society of Sports Traumatology, Knee Surgery and Arthroscopy.

New pricing procedures

Officers and members of swiss orthopaedics are also focused on the pricing of surgical procedures in Switzerland, which recently needed to be changed.

"We had to create a completely new system for dealing with pricing the procedures. It is a big challenge for many people because it has to do with money," Farron said, noting the process involves working with government systems, manufacturers and other medical societies in Switzerland.

Instruction

In addition, swiss orthopaedics is involved with issues related to the number of surgeons in the country and the effect that has on teaching musculoskeletal medicine at the post-graduate level.

"Now, in 2016, the problem is we have probably, in some locations, too many surgeons and it could have an effect on the quality of the process and it has an effect on the quantity. Probably if you have too many surgeons, you could have too many procedures. We are looking for a system to regulate the number of surgeons who want to teach. This is not so easy," according to Farron.

One way swiss orthopaedics has tried to address this problem is by creating networks in Switzerland that will provide information about the ideal number of surgeons to teach. But, he said, that has not been easy.

"Interests are not the same for everybody. It is probably one of the challenges for our society," Farron said.

However, after the number of orthopaedic surgeons who need to be trained is identified, he said the goal is to create a system of regulation that focuses on how many orthopaedic surgeons are needed nationwide and how to best teach them.

Orthopaedists who impacted the specialty

Farron said some of the other surgeons who had a positive impact on orthopaedic surgery in the country, and on swiss orthopaedics, were **Placide Nicod, MD,** who was the organization's second president in 1944. Nicod performed some of the first orthopaedic procedures in the country.

Norbert Gschwend, MD, is a past president from Zurich. According to Farron, Gschwend, who was a cofounder of the European Society for Surgery of the Shoulder and Elbow. made important contributions to swiss orthopaedics in the 1970s.

Farron, who is a specialist in shoulder and elbow surgery, also said **Christian Gerber, MD,** who was swiss orthopaedics president in 2010, is a leader internationally and helped established clear indications for shoulder arthroplasty.

The Swiss have also made world-famous contributions in foot and ankle surgery and children's surgery, in which, Farron said, "we have changed the general environment."

In June 2016, **Bernhard Jost, MD,** will become president of swiss orthopaedics. The society's next annual meeting is scheduled for 28 to 30 June 2017 in St. Gallen, Switzerland.

Reference:

www.swissorthopaedics.ch

Source info:

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Disclosures:

Farron reports he receives a salary from swiss orthopaedics. Menetrey reports no relevant financial disclosures.

Pressure sores were a modifiable risk factor for infection in neck of femur fractures

Investigators identified a five-fold increased rate of infection among patients with a neck of femur fracture who underwent hemiarthroplasty compared to patients who underwent internal fixation with a dynamic hip screw, based on results of a poster presented at 17th EFORT Annual Congress.

Richard J. Holleyman, MBBS, MSc, MRCS, and colleagues found 39 patients (1.4%) developed a deep periprosthetic infection up to 1 year after surgery among 2,822 patients they studied who sustained a femoral neck fracture, were admitted to their institution, underwent surgery between January 2009 and June 2015, and had complete data available. Overall, 2,052 women and 770 men with a mean age of 81.3 years were included in the study. Most patients were American Society of Anesthesiologists grade 2 or 3. Overall, 65% of the patients underwent hemiarthroplasty and 35% of patients underwent internal fixation.

Holleyman said the rate of deep infection he and his colleagues found in this series of patients is comparable to what has been reported at other centres in the United Kingdom.

Patient factors related to infection

"We used a statistical model (stepwise multivariate regression) to study patient and surgical factors predicting development of infection. We found that treatment with hemiarthroplasty was associated with a five-fold increase in the risk of developing deep infection as compared to internal fixation (1.9% vs. 0.4%). Among patient factors, only the presence or development of pressure sores on or during admission was significantly associated with an increased (three-times) risk of development of deep infection," Holleyman said in an interview.

In addition to studying the link between patient-related factors and infection, the investigators analysed the types of isolated pathogens that grew out in the infected cases. The isolated pathogens they found included nine cases of coagulase-negative *Staphylococcus*, five cases of methicillin-sensitive *S. aureus*, four cases of *Proteus mirabilis* and two cases of MRSA.

Growth of mixed pathogens occurred in 16 cases, based on data in the poster abstract.

Extended hemiarthroplasty surgical time

"The increased rate of infection observed in hemiarthroplasties is also in agreement with similar, large volume studies and is likely related, intuitively, to the longer surgical procedure and more extensive exposure in these operations," Holleyman said.

Concerning the relationship between pressure sores and the risk of infection, he said, "Pressure sores are seen in more than 4% of all hip fracture admissions and may lead to deep infection both by spread through the blood stream or local propagation. We believe they represent an important modifiable risk factor and further work is now underway to reduce the incidence and progression of pressure sores at our institution."

The authors are also investigating the impact of blood transfusion and preventative strategies, like high-dose dual antibiotic cement, for hemiarthroplasties.

Reference:
Holleyman RJ, et al. Poster #3003. To be presented at 17th EFORT Annual Congress – A combined programme in partnership with swiss orthopaedics; 1-3 June 2016; Geneva.

Source info:
Richard J. Holleyman, MBBS, MSc, MRCS, can be reached at Northumbria Healthcare, Newcastle Upon Tyne, 7-8 Silver Fox Way, North Shields NE27 0QJ, United Kingdom; email: r.holleyman@googlemail.com.

Disclosure:
Holleyman reports no relevant financial disclosures.

Exhibitor List: Company Name (Booth Number)

3D Systems B3-27
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aap Implante C1-03
ABIMO - Brazilian Medical Devices Manufacturers B4-06a
Acumed LLC B1-17
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Wright C1-08
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Ziehm Imaging A2-11
Zimmer Biomet B2-03
ZipLine Medical Inc C2-09

Vienna to host 18th EFORT Annual Congress

EFORT will head to Austria for the 18th EFORT Congress 31 May to 02 June 2017.

Due to Vienna's rich history, culture, and diversity, the city has earned several nicknames including "the City of Music" and "the City of Dreams." In 2015 Vienna was recognized as a top "Knowledge City." It is home to nine public universities, seven opera houses including the famed Vienna State Opera, as well as a great number of international corporation headquarters.

The 2017 congress will be held in the Messe Wien Exhibition & Congress Center, which is centrally located. The attractive hall is within walking distance to many fine hotels and restaurants, and is a 10-minute walk from Stadtpark.

The theme of the Vienna 2017 meeting will be Sports Activities & Orthopaedic Practice. This theme has been chosen because sport and fitness activities influence almost all orthopaedic surgeons in their practices. Highlighted meeting sessions will cover topics including sports activities after total hip arthroplasty; hip trauma and sport; and sports expectations after knee surgery.

EFORT will present the prestigious EFORT Free Paper Award, Jacques Duparc Award, EFORT Allied Professional Award, Trauma Award, and new for 2017, an award for the best work under the theme of bone repair (supported by Medtronic). The abstract submission system can be accessed through the EFORT Congress portal at www.efort.org/vienna2017 starting 15 September 2016.

We look forward to seeing you next year for the 18th EFORT Annual Congress.

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***Obesity**, continued from page 1*

patient positioning and approach are more critical in these cases.

"We have an increased 90-day mortality in obese patients. We have increased risk of complications, like pulmonary embolism, and we have a problem of lower survival in these patients," Pfitzner said.

Sebastien Lustig, MD, PhD, of Lyon, France, who discussed how obesity affects patients who undergo total hip arthroplasty (THA), noted that regarding anesthesia, added intubation and ventilation problems can ensue.

Obese patients are also at higher risk of thromboembolism.

"But, when you look at the recommendation for anti-coagulation, for these patients the recommendation is standard. We do not have to change what you usually do," Lustig said.

However, "what is crucial for these patients is the mechanical prophylaxis."

To avoid hip dislocation in THA, he proposed increasing neck offset and decreasing cup abduction.

Aseptic loosening rates are five times higher among obese patients after THA vs. normal weight patients. In addition, orthopaedists should be aware of an increased risk of wound healing in patients who are obese, according to Lustig.

"Obese patients should not be denied to have hip replacement solely on their BMI," he said.

Reference:
Parratte S, et al. Symposium: Obesity in orthopaedics and trauma surgery. Presented at: 17th EFORT Annual Congress—A combined programme in partnership with swiss orthopaedics; 1-3 June 2016; Geneva.

Disclosures:
Lustig reports he is a paid consultant and presenter/speaker for Tornier. Parratte reports no relevant financial disclosures. Pfitzner reports he is a paid consultant to DePuy Synthes.

***MoM**, continued from page 1*

pseudotumour in asymptomatic patients. Some pseudotumours do not progress," Dimitriou said.

An increased cystic wall thickness and atypical fluid signals were present on MRI in the progressive tumours, he noted.

"The important message for this study is not all symptoms for type 1 pseudotumours require revision. It is important to systematically evaluate the MoM patients. A routine MRI follow-up may not be indicated in asymptomatic MoM patients with a low-grade pseudotumour and no further clinical changes," Dimitriou said.

Gulraj S. Matharu, BSc, and colleagues studied bilateral hip arthroplasty with Birmingham Hip Resurfacing (Smith & Nephew) and Corail-Pinnacle (DePuy Synthes) MoM hips in 235 patients. They found significantly higher ion parameters in patients with adverse reactions to metal debris (ARMD) vs. patients without ARMD.

"This is the largest study we are aware of assessing limits for ion metal thresholds in bilateral hip patients," Matharu said.

"Implant-specific thresholds were more effective for identifying ARMD than fixed thresholds and this is a clinically important finding," he said.

References:
Dimitriou D, et al. Paper #57. Matharu G, et al. Paper #633. Unsworth-Smith T, et al. Paper #3. All papers presented at: 17th EFORT Annual Congress—A combined programme in partnership with swiss orthopaedics; 1-3 June 2016; Geneva.
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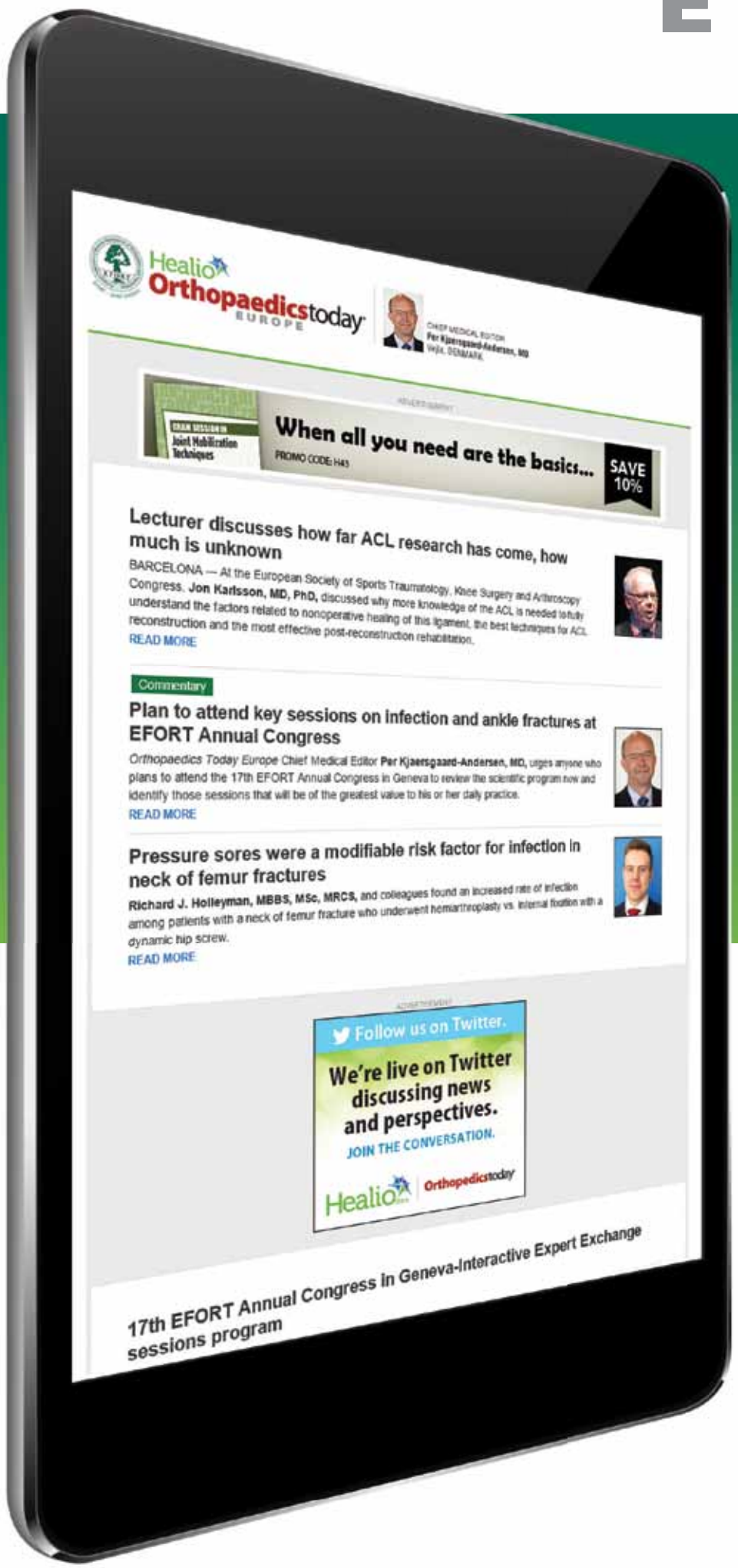

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