



Orthopaedics today®

EUROPE

ote.Healio.com

Schedule of Events ▼

Return To Sports After Surgery For Degenerative Knee
9:00-10:30, Istanbul Room

EFORT Opening Session
12:15-13:00, Vienna Room

Prevention and Treatment of Sports Injuries in Younger Ages
14:45-17:15, Copenhagen Room

FREE PAPERS ▼

Join your colleagues on Friday, 2 June in the Helsinki Room to be a judge in the Free Papers Awards competition.
10:15-11:15 Top trauma papers
11:30-12:30 Top orthopaedics papers

Sports Activities & Orthopaedic Practice chosen as theme of 18th EFORT Congress



Jan Verhaar

EFORT has chosen Sports Activities & Orthopaedic Practice as the main theme for the 18th Annual EFORT Congress in Vienna to help surgeons guide patients back to sports after injury.

"In our modern society, sport is an essential element to maintain health and physical fitness," Jan Verhaar, MD, PhD, EFORT president and chair of the Department of Orthopaedics at Erasmus University Medical Center in Rotterdam, said. "Sport also has many positive psychological and social elements."

Sport participants often sustain acute, traumatic or chronic injuries due to overuse. These patients, as well as those with non-sport-related musculoskeletal conditions, hope to find a path to quick recovery and return to sport as soon as possible.

"We believe all orthopaedic and trauma surgeons see patients who want to be treated for injuries or want to be advised about

their specific musculoskeletal condition and the options or limitations in continuing or starting sports," Verhaar said.

Several symposia presented at the EFORT Congress coincide with this year's theme and cover various orthopaedic specialties.

In the symposium "Prevention and Orthopaedic Management of the Most Frequent Football Injuries," panelists will discuss how to prevent injuries in soccer and how to treat

these injuries effectively. "Football is widely played by more than 270 million players in the world. Unfortunately, like other contact sports, it also carries a significant risk for injuries involving muscles, tendons, ligaments and osteochondral tissues," said moderator Gian Luigi Canata, MD, director of the Centre of Sports Traumatology at Koelliker Hospital in Turin, Italy. "There is growing scientific *(Verhaar continued on page 4)*

EFORT, Grünenthal launch awareness campaign to address postoperative pain

Strong evidence has demonstrated that postoperative pain control after trauma and orthopaedic surgery improves outcomes. EFORT, in discussion with Grünenthal, mutually agreed on the importance of postoperative pain management (POPM). As a result EFORT and Grünenthal have entered into a partnership on POPM within the orthopaedic and trauma community, building on an existing campaign called CHANGE PAIN that Grünenthal already supports.

(Cáceres Palou continued on page 6)



Enric Cáceres Palou

SYMPOSIUM INVITATION

THURSDAY, JUNE 1
AUDITORIUM FLORENCE, 13:15 - 14:45



THE IMPORTANCE OF POST-OPERATIVE PAIN MANAGEMENT AFTER SPORTS INJURIES

CHANGE PAIN®
Taking care of pain





PRESS FOR
HELP...

... OR PRESS
FOR PATIENT-STEERED
**PAIN
RELIEF**

**Zalviso® – the first and only
sublingual patient-controlled
system for post-operative pain**

- Strong and effective pain relief ^{1,2,3}
- Fast onset of action ^{1,4,5,6,7}
- Convenient, safe and efficient route of administration ^{1,8,9}
- Easy to set up and use ^{1,2}



ZALVISO®
SUFENTANIL SELF-MANAGED DELIVERY SYSTEM

1. Melson T et al. Pain Practice. 2014;14:679–88. 2. Ringold FG, et al, Reg Anesth Pain Med 2015;40:22-30. 3. Jove M. et al., Anesthesiology 2015; Jun 16. 4. Scott JC et al., Anesthesiology 1991;74:34-42. 5. Schafer SL, Flood P, The Pharmacology of Opioids. In Geriatric Anesthesiology. New York, NY: Springer Verlag. 2007: Ch. 15, Table 15-1. 6. Lotsch J et al., Anesthesiology 2001;95:1329-1338. 7. Lalovic B et al. Clin Pharmacol Ther. 2006;79:461–79. 8. Willisie SK et al. Clin Ther. 2015;37:145–55. 9. Henry S. Pain Management. In Acute Care Surgery. Philadelphia, PA: Lippincott Williams and Wilkins. 2012: Ch. 14, p. 203.

Zalviso® Prescribing Information Refer to the Summary of Product Characteristics (SmPC) before prescribing. **Presentation:** Sublingual tablets (3 mm diameter, orange-coloured flat-faced) containing 15 micrograms (mcg) sufentanil (as citrate). **Indication:** Zalviso is indicated for the management of acute moderate to severe post-operative pain in adult patients. **Dosage and method of administration:** To be administered in a hospital setting only. To be prescribed by physicians who are experienced in the management of opioid therapy, particularly opioid adverse reactions such as respiratory depression. Zalviso is to be self-administered by the patient in response to pain using the Zalviso administration device. The Zalviso administration device delivers a single sufentanil 15 mcg tablet, on a patient-controlled as needed basis, with a minimum of 20 mins (lockout interval) between doses, over a period of up to 72 hours (the maximum recommended treatment duration). For sublingual use only. The tablet will dissolve under the tongue and should not be crushed, chewed or swallowed. Patients should not eat or drink and minimise talking for 10 mins after each dose. A maximum of 3 doses (45 mcg) can be delivered in one hour. **Elderly:** No special population studies performed. Safety and efficacy in elderly patients similar to that observed in younger adults. **Hepatic/renal impairment:** Limited data available. Administer with caution in moderate to severe hepatic or severe renal impairment. **Paediatric population:** No safety and efficacy established in children below 18 years. **Contraindications:** Hypersensitivity to active substance or any excipients. Significant respiratory depression. **Special warnings and precautions:** **Respiratory depression:** Sufentanil may cause respiratory depression. Respiratory effects should be assessed by clinical monitoring. Those with respiratory impairment or reduced respiratory reserve are at higher risk. Respiratory depression can be reversed by opioid antagonists. **Intracranial pressure:** Use with caution in patients susceptible to cerebral effects of CO₂ retention (e.g. increased intracranial pressure or impaired consciousness). May obscure the clinical course of patients with head injury. Use with caution in patients with brain tumours. **Cardiovascular effects:** May produce bradycardia. Caution in patients with previous or pre-existing bradyarrhythmias. May cause hypotension, especially in hypovolaemic patients. **Impaired hepatic or renal function:** Duration of sufentanil activity may be prolonged in patients with severe hepatic and renal impairment. Monitor for overdose in moderate to severe hepatic impairment or severe renal impairment. **Abuse potential and tolerance:** Potential for abuse; consider where concern of misuse, abuse or diversion. **Gastrointestinal effects:** May slow gastrointestinal motility. Use with caution in risk of ileus. May cause spasm of the sphincter of Oddi; use with caution in biliary tract disease, including pancreatitis. Other: Ensure patients have been appropriately instructed on how to operate the Zalviso administration device. Consider patient's ability (visual or cognitive) to use the device appropriately. **Excipients:** Contains colouring agent sunset yellow FCF Aluminium Lake (E110). **Interactions:** **Cytochrome P450-3A4 (CYP3A4) enzyme:** Primarily metabolised by CYP3A4. Ketoconazole can significantly increase systemic exposure to sufentanil. Similar effects with other potent CYP3A4 inhibitors cannot be excluded. Alter dosing frequency to compensate for change in efficacy/tolerability associated with increased exposure. **Central nervous system (CNS) depressants:** Concomitant use of CNS depressants including barbiturates, benzodiazepines, neuroleptics or other opioids, halogen gas or other non-selective CNS depressants (e.g. alcohol) may enhance respiratory depression. **Monoamine oxidase (MAO) inhibitors:** Discontinue MAO inhibitors 2 weeks before Zalviso treatment. **Others:** Interaction with other sublingually administered products or products intended to dilute/establish an effect in the oral cavity were not evaluated. **Avoid simultaneous administration.** **Pregnancy, lactation and breastfeeding:** Not recommended during pregnancy and in women of childbearing potential not using contraception. Breastfeeding not recommended when sufentanil is administered. **Driving and using machines:** Sufentanil has a major influence on the ability to drive and use machines, patients should not drive or operate machinery if they experience somnolence, dizziness or visual disturbance while taking, or after treatment with Zalviso. Only drive and use machines if sufficient time has elapsed after the last administration of Zalviso. **Undesirable effects:** **Very common (≥1/10):** Nausea, vomiting, pyrexia. **Common (≥1/100, <1/10):** Confusional state, dizziness, headache, sedation, heart rate increased, blood pressure increased, blood pressure decreased, respiratory depression, constipation, dyspepsia, pruritus, involuntary muscle spasms, muscle twitching, urinary retention. **Other important undesirable effects:** Hypersensitivity, ataxia, apnoea, anaphylactic shock, convulsions, coma, respiratory arrest, drug withdrawal syndrome. **Overdose:** Symptoms may range from hypoventilation to respiratory arrest depending on individual sensitivity. Other symptoms that may occur are loss of consciousness, coma, cardiovascular shock and muscle rigidity. Administer oxygen; attention should be given to obstruction of airways and the necessity of assisted or controlled ventilation. Should administer opioid antagonist (e.g. naloxone) in respiratory depression. **Legal classification:** POM, CD (Schedule 2). **Marketing Authorisation holder:** Grünenthal GmbH, Zieglerstraße 6, 52078 Aachen, Germany. **Date of preparation:** February 2016.

EFORT thanks abstract reviewers

We would like to express our sincere gratitude to all abstract reviewers who were involved in the 18th EFORT Congress abstract review process

Aare Martson.....Estonia	Emad SaweresUnited Kingdom	Klaus A. Siebenrock.Switzerland	Petri VirolainenFinland
Åke Karlbom.....Sweden	Emanuel GautierSwitzerland	Konstantinos Malizos.....Greece	Philip SellUnited Kingdom
Alain FarronSwitzerland	Emre Acaroglu.....Turkey	Luc Favard.....France	Philippe HernigouFrance
Alexandre Lädermann...Switzerland	Enric Cáceres Palou.....Spain	Luigi ZagraItaly	Philippe Rosset.....France
Alexandre Rochwerger.....France	Enrique Gómez Barrera.....Spain	Marek Synder.....Poland	Pierre Lascombes.....Switzerland
Ana PintoPortugal	Eva BaurGermany	Marino Delmi.....Switzerland	Pietro Ruggieri.....Italy
Andrea Angelini.....Italy	Fares Haddad.....United Kingdom	Mariusz BonczarPoland	Plamen Kinov.....Bulgaria
Andrea Ferretti.....Italy	Florian Gebhard.....Germany	Marko Bumbasirevic.....Serbia	Pol Rommens.....Germany
Anne Lübbecke Wolff...Switzerland	Francesco BenazzoItaly	Martin Krismer.....Austria	Radovan Mihelic.....Croatia
Antonio CartuchoPortugal	Francisco ForriolSpain	Maurilio Marcacci.....Italy	Ralph Sackers.....Netherlands
Ariane Gerber Popp....Switzerland	George MacherasGreece	Michael Benson...United Kingdom	Reinhard Windhager.....Austria
Bernd GrimmNetherlands	Giorgio Maria Calori.....Italy	Michael Hirschmann...Switzerland	Rihard TrebšeSlovenia
Bjarne Møller-Madsen....Denmark	GiulioMarcheggianiItaly	Michel BonninFrance	Rob G. H. H. Nelissen ..Netherlands
Bo OlsenDenmark	Gösta UllmarkSweden	Miklós SzendrőiHungary	Robert GrimerUnited Kingdom
Brynjólfur Jónsson.....Sweden	Hakan Omeroglu.....Turkey	Morten Schultz Larsen....Denmark	Roger Emery.....United Kingdom
Carlo Luca Romanò.....Italy	Haluk BerkTurkey	Narunas Porvaneckas....Lithuania	Roland BeckerGermany
Carlos Torrens.....Spain	Hannu AroFinland	Nico VerdonschotNetherlands	Samuel AntuñaSpain
Carsten PerkaGermany	Heinz Winkler.....Austria	Nicola Baldini.....Italy	Sandro FucenteseSwitzerland
Cécile Batailler.....France	Henrik HustedDenmark	Nicolaos MaroudiasChypre	Siegfried HofmannAustria
Cecilia RogmarkSweden	Holger Jahr.....Germany	Nicole Schmelzer-Schmied.....Switzerland	Søren OvergaardDenmark
Christian CandrianSwitzerland	Jacek KruczynskiPoland	Nikolaos Gougoulis.....Greece	Stefano ZaffagniniItaly
Christian DelaunayFrance	Jacques Menetrey.....Switzerland	Nikolaos Kanakaris .United Kingdom	Stephen R. Cannon ..United Kingdom
Christos Garmavos.....Greece	Jaroslav CzubakPoland	Nuno GomesPortugal	Theofilos KarachaliosGreece
Claus Varnum.....Denmark	Jean-Christophe BelFrance	Oliver Marin-Peña.....Spain	Thomas IlchmannSwitzerland
Claus Munk Jensen.....Denmark	Jean-Noël Argenson.....France	Oliver Borens.....Switzerland	Thomas WirthGermany
Darko AnticevicCroatia	João Vide.....Portugal	Önder Aydingöz.....Turkey	Ulrich Stöckle.....Germany
David LimbUnited Kingdom	Johan Kärrholm.....Sweden	Ove FurnesNorway	Werner Siebert.....Denmark
Dominik C. MeyerSwitzerland	Jordi TeixidorSpain	Pedro Caba.....Spain	Willem SchreursNetherlands
Domizio Suva.....Switzerland	Josep Muñoz Vives.....Spain	Per Kjaersgaard-Andersen .Denmark	Xavier CrevoisierSwitzerland
Eduardo Garcia-ReySpain	Keith TuckerUnited Kingdom	Peter GebuhrDenmark	Xavier Martin.....Spain
Eleftherios Tsiridis.....Greece	Kemal Aktuglu.....Turkey	Peter Giannoudis...United Kingdom	Yalim Ates.....Turkey
Elke ViehwegerFrance	Klaus Kirketerp-Møller....Denmark		Yves Tourné.....France

Attendees will help decide award winners on Friday



Jan Verhaar

This year the EFORT board has organised a special award session highlighting the free papers that have received the highest ratings by the reviewers, and the audience will participate in the selection process.

"For many years, EFORT has awarded the best papers at their meetings because EFORT has the ambition to present the most recent and most valuable scientific developments in well-presented papers. This year we had many papers submitted and, happily, EFORT is supported by a large group of excellent European orthopaedic and trauma surgeons who have carefully evaluated all of them," Jan Verhaar, MD, PhD, EFORT president said.

The EFORT board agreed that a good paper at a medical congress should not only have excellent scientific content, but also it should be presented so attendees are given the essential information in the time allotted. Traditionally, EFORT awarded only the quality of the science, but going forward, it will include the quality of the presentation as well.

"The quality of the presentation can be best evaluated by the audience, and for that reason, we will ask the audience to vote this year. At the end of the session, using the congress mobile app and the voting feature, delegates can choose out of the 6 papers presented, the one which they consider has the most outstanding content and has been put forward in the best way. The three free papers getting the most votes will receive the gold, silver and

bronze awards," Verhaar said.

This free paper award competition will be divided into two sessions, one for trauma and one for orthopaedics. The papers will cover different subspecialties in trauma and orthopaedics. These two sessions will take place on Friday, 2 June, in the Helsinki Room, the trauma one taking place from 10:15 to 11:15 followed by the orthopaedic one from 11:30 to 12:30.

"I hope all attendees appreciate this new award format and many will participate. Everyone coming to the sessions will be a judge which is exciting. The success of this new session format depends on our attendees. I hope together we can make it a tradition."

Disclosure:

Verhaar reports no relevant financial disclosures.

Vienna city guide

Austria's largest city, Vienna, is known as the City of Music and has been the home of influential musicians such as Ludwig van Beethoven, Wolfgang Amadeus Mozart, Antonio Vivaldi and many others.

The streets are lined with historic architecture, grand palaces and cafes that feature world-renowned cuisine. While in Vienna, be sure to visit some of its top attractions.

St. Stephan's Cathedral

The multi-coloured tile roof of St. Stephan's Cathedral is one of the most recognisable symbols of Vienna. A spiral staircase (of 343 steps) leads to a stunning view of the city in the 450-foot-high tower. Inside,



visitors can spend hours viewing the detailed richness in the highly decorated interior and inspect carvings by Anton Pilgram from the 16th century. Address: Stephansplatz 3, 1010 Wien, Austria.

Prater Park

Only a 10-minute stroll from Messe Wien Congress Centre, Prater Park is home to a historic amusement park, planetarium, several jogging paths, green park areas, fine restaurants and beer halls. It is host to many fes-

tivals year-round. Get a bird's-eye view of the city while aboard the historic giant Ferris wheel, which was the world's tallest Ferris wheel from 1920 until 1985.

Schönbrunn Palace

Commissioned in the late 17th century during the height of the Baroque period,



the Schönbrunn Palace developed into an extravagant imperial summer residence over the course of the 18th century. The historically significant 1,441-room palace is open to the public and provides visitors with numerous tours that give a sense of what opulent life was like for the imperial monarchy. Address: Schönbrunner Schloßstraße 47, 1130 Wien, Austria.

Mozarthaus

Although Wolfgang Mozart lived at numerous addresses in Vienna, his first-floor apartment at Domgasse number 5, the only apartment belonging to him which has survived to this day, is especially grand and exuberant. Mozart composed one of his most popular operas at this apartment – The Marriage of Figaro. The apartment can be found right behind St. Stephan's Cathedral. Address: Domgasse 5, 1010 Wien, Austria.

Schönbrunner Gardens

Schönbrunner Gardens has been open to

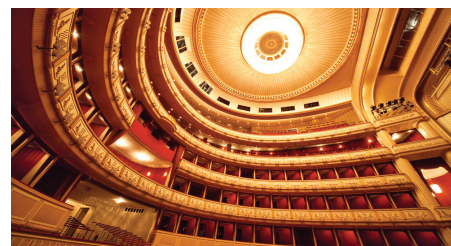
the public since 1779 and is a part of the Schönbrunn Palace estate. Visitors can enter and stroll the grounds for free (some attractions require admission tickets for a fee). The beautifully landscaped grounds feature sculptures, fountains, lush gardens and magnificent natural views that can be enjoyed on foot or on a mini-train hop-on-hop-off tour. Address: Schönbrunner Schloßstraße 47, 1130 Wien, Austria.

Tiergarten Schönbrunn (Vienna Zoo)

While roaming the grounds at Schönbrunn, visitors can explore the oldest existing zoo in the world. More than 700 species of animals can be found at the zoo including pandas, elephants and Siberian tigers. There is also a rainforest house and arctic polarium. Address: Mxingstraße 13b, 1130 Wien, Austria.

Vienna State Opera House

Located in the city centre, Vienna State Opera was constructed in the 19th century and is one of the most famous musical venues in the world. The opera house presents



numerous ballet performances, concerts and operas throughout the year. Visitors can take a guided tour or purchase standing-room tickets for performances 80 minutes before shows begin. Address: Opernring 2, 1010 Wien, Austria.

(Verhaar, continued from page 1)

evidence that preventive measures could reduce the incidence of injuries and keep a higher percentage of players healthy."

In the symposium "Orthopaedics & Trauma Surgery in the World of Formula 1," panelists will discuss the often unaddressed topic of the athletic level of drivers and their common injuries. "Every other sport may cause some specific type of acute and chronic injuries, and Formula 1 racing is not an exclusion," said moderator **Fatih Kucukdurmaz, MD**, associate professor in the Department of Orthopaedics and Traumatology at Bezmialem Vakif University in Istanbul. "This symposium may show the limited awareness about the ath-

letic performance of Formula 1 drivers among physicians."

In "Complex Case Discussion: Return to Sport Activities after Orthopaedic & Trauma Surgery in Obese Patients," panelists will address the need to advise obese patients who want to return to sport activities, as well as the importance of combining exercise with a better diet. Other symposia that represent the Congress's theme include "Return to Sports after Surgery for Degenerative Knee," "Management in Knee Injuries in Professional Alpine Skiers" and "Anterior and Posterior, Acute, Chronic and Sports-Related Sternoclavicular Dislocations." Several free papers and general dis-

cussions will also address the theme.

Verhaar hopes Congress attendees will come away from these sessions realising the importance of sport activity involvement for many orthopaedic patients. He recommended attendees actively contribute to the discussions by asking critical questions of the speakers and sharing their own personal experiences.

"The success of our meeting is also dependent on that highly valued interaction," he said.

Disclosures:

Canata, Kucukdurmaz and Verhaar report no relevant financial disclosures.

SYMPOSIUM INVITATION

THURSDAY, 1 JUNE

AUDITORIUM FLORENCE, 13:15 - 14:45

THE IMPORTANCE OF POST-OPERATIVE PAIN MANAGEMENT AFTER SPORTS INJURIES

Chair: Prof. Per Kjaersgaard-Andersen

Co-Chair: Prof. Enric Cáceres Palou

13:15 - 13:40 **Principles of appropriate pain management after surgery due to sports injuries**
Prof. Per Kjaersgaard-Andersen

13:40 - 14:05 **Pain and recovery – what do we know from THA and TKA**
Prof. Henrik Kehlet

14:05 - 14:30 **Why should orthopedic surgeons worry about post-operative pain management? – Introducing an awareness campaign**
Prof. Enric Cáceres Palou

14:30 - 14:45 **Q & A**

>Ouch!

A COMPANION TO YOUR
PATIENT'S SURGICAL JOURNEY

Visit us on www.mysurgicaljourney.com

Join the community: Become an EFORT Fellow

When the EFORT Academy was launched in Berlin during the 13th EFORT Annual Congress 2012, the new concept to support and promote clinical practice and basic musculoskeletal research was presented. The EFORT Academy offered a fellowship affiliation which was open internationally to all surgeons, physicians, researchers and other health care providers of orthopaedics and musculoskeletal trauma.

One of the objectives was the EFORT Academy would initiate and pilot training and research, and evaluate all of the scientific, educational and publication activities that require EFORT approval. It would also make recommendations on the grants and fellowships awarded by EFORT.

With the further strengthening of the EFORT governance structure these objectives are currently taken care of by dedicated committee teams.

If you add to this the way health care organisations will interact with healthcare professionals in future, the time health care providers can devote to educational activities and how the resources are available, the timing was optimum for some changes.

We ran an extensive survey last year to

find out how to better serve orthopaedic and trauma surgeons in their career pathways. After 6 months surveying more than 1000 people, the results showed that the top 3 fields are:

- Endorsing and establishing European wide standards of learning and opportunity irrespective of country of origin (eg, curriculum, accreditation and assessment)
- Publishing best practice European guidelines
- Recognising research, innovations and procedures of the best European (and global) standards and communicating/sharing them to all EFORT members

Thus, any future EFORT membership base must recognize itself, notably through joint support between EFORT and the national society to achieve its goals and mission.

When being asked if they had the opportunity to tailor make member benefits, full access to orthopaedic and traumatology online scientific libraries, preferential registration fees to the EFORT Annual Congresses complemented by access to otherwise restricted peer journals and publications ranked the top of the offerings.

Today, EFORT is pleased to announce the

launch of an EFORT individual membership programme with registration possible as of 1 October 2017.

It is open internationally, European wide by adding up in exclusive benefits for members and non-members of the EFORT National Member Societies categorized as European 1st and 2nd degree. It also encourages affiliation from young orthopaedics and traumatology students & residents globally.

In brief, the EFORT Individual Membership Programme's main objective is to sustain the vision of EFORT, to harness and build on the professional capacity of our Federation by driving scientific agenda, harmonising education and treatment, encouraging knowledge-sharing and exhibiting an unimpeachable level of integrity. This peer network, which is an extension of the former EFORT Academy, where orthopaedic surgeons and other health care leaders meet, strives to raise the priority of musculoskeletal diseases and injuries on the European health agenda.

You are invited to become an individual member of EFORT. Ask for the brochure or visit booth A-21 to tell us which profile best fits your professional situation.

(Cáceres Palou, continued from page 1)

"The evaluation of pain and its treatment is fundamental in daily practice," Enric Cáceres Palou, MD, PhD, FRC, EFORT immediate past president and chair of the Autonomous University of Barcelona, said. "The orthopaedic surgeon plays a major role in this topic. CHANGE PAIN aims to understand the needs of patients and develops solutions to improve the management of pain. The final objective will be to increase knowledge and create a platform for excellent clinical practice."

The main objectives of the CHANGE PAIN awareness campaign are to generate a better understanding of the physician's perspective of post-operative pain management, increase communication on the topic among EFORT members, publish the results of research projects on the topic and communicate findings scientifically in the media.

According to Cáceres, it is well known that post-operative pain control influences surgical outcomes, including healing, possibility for mobilisation, functional restoration and reintegration into the workforce. In a follow-up to a study published

in 2010, Cáceres found the results of spine surgery improved for patients with good control of postoperative pain.

Orthopaedic surgeons are instrumental in controlling postoperative pain as they have the most contact with the patient, he said. They oversee the surgery and the patient's recovery on the ward. "Although the close collaboration between professionals dedicated to the treatment of pain, including anesthesiologists and pain clinic physicians, is fundamental, we must raise awareness among surgeons and involve them in the decision making of their patients on an issue as important as postoperative pain control," Cáceres said.

Through the joint partnership and alongside the existing CHANGE PAIN awareness campaign, EFORT and Grünenthal hope to increase knowledge, communicate best practices and position EFORT as the best-practice expert in the field. "The campaign's function will be to recognise the experts in this field, listen to their opinions and disseminate the teachings that can improve daily clinical practice and the health of our patients in post-

operative pain control," Cáceres said.

As part of a strategic plan outlined a year ago, EFORT also plans to develop guidelines for post-operative pain control, Cáceres said.

The campaign will be visible on the EFORT website and through e-learning. A series of 12 stories planned for publication in *Orthopaedics Today Europe* will also address major issues around post-operative pain management as part of the campaign.

Grünenthal is also sponsoring a satellite symposium during the EFORT Congress titled, "The Importance of Postoperative Pain Management after Sports Injuries," on 1 June 2017, from 13:15 to 14:45.

Cáceres is hopeful the campaign will be successful in effectively communicating to EFORT members and increasing knowledge on the topic among the orthopaedic community. However, "the main goal is to decrease postoperative pain in patients," he said.





Disclosure:

Cáceres reports no relevant financial disclosures.

EFORT Individual Membership Programme

www.efort.org/membership



	International	European 1 st	European 2 nd	Young
Exclusive membership benefits				
Preferential EFORT annual congress fee	✓	✓	✓	✓
Fast track registration at the EFORT annual congress	✓	✓	✓	
Access to the full EFORT scientific e-library on EFORTnet	✓	✓	✓	✓
Article processing charges for EFORT Open Reviews waived	✓	✓	✓	✓
Preferential rates and advanced notifications for EFORT Educational Programmes		✓	✓	✓
Potential to shape future topics of your interest for the EFORT Newsletter Orthopaedics Today Europe		✓		✓
Opportunity to serve as an EFORT Board or Committee Member (special requirements to meet according to EFORT statutes)		✓		
Complimentary access to the EFORT Comprehensive Review Course during the annual congress (subject to availability and pre-registration)				✓
Preferential rate for the EBOT Exam (subject to acceptance of the application documents)				✓



WHY WATCH
TIME
 PASS BY ...

... WHEN YOU CAN RECEIVE
TIMELY
 PAIN RELIEF

Zalviso® – the first and only sublingual patient-controlled system for post-operative pain

- Strong and effective pain relief ^{1,2,3}
- Fast onset of action ^{1,4,5,6,7}
- Convenient, safe and efficient route of administration ^{1,8,9}
- Easy to set up and use ^{1,2}



ZALVISO®
 SUFENTANIL SELF-MANAGED DELIVERY SYSTEM

1. Melson T et al. Pain Practice. 2014;14:679–88. 2. Ringold FG, et al, Reg Anesth Pain Med 2015;40:22-30. 3. Jove M. et al., Anesthesiology 2015; Jun 16. 4. Scott JC et al., Anesthesiology 1991;74:34-42. 5. Schafer SL, Flood P, The Pharmacology of Opioids. In Geriatric Anesthesiology, New York, NY: Springer Verlag, 2007: Ch. 15, Table 15-1. 6. Lotsch J et al., Anesthesiology 2001;95:1329-1338. 7. Lalovic B et al. Clin Pharmacol Ther. 2006;79:461–79. 8. Willisie SK et al. Clin Ther. 2015;37:145–55. 9. Henry S. Pain Management. In Acute Care Surgery. Philadelphia, PA: Lippincott Williams and Wilkins. 2012: Ch. 14, p. 203.

Zalviso® Prescribing Information Refer to the Summary of Product Characteristics (SmPC) before prescribing. **Presentation:** Sublingual tablets (3 mm diameter, orange-coloured flat-faced) containing 15 micrograms (mcg) sufentanil (as citrate). **Indication:** Zalviso is indicated for the management of acute moderate to severe post-operative pain in adult patients. **Dosage and method of administration:** To be administered in a hospital setting only. To be prescribed by physicians who are experienced in the management of opioid therapy, particularly opioid adverse reactions such as respiratory depression. Zalviso is to be self-administered by the patient in response to pain using the Zalviso administration device. The Zalviso administration device delivers a single sufentanil 15 mcg tablet, on a patient-controlled as needed basis, with a minimum of 20 mins (lockout interval) between doses, over a period of up to 72 hours (the maximum recommended treatment duration). For sublingual use only. The tablet will dissolve under the tongue and should not be crushed, chewed or swallowed. Patients should not eat or drink and minimise talking for 10 mins after each dose. A maximum of 3 doses (45 mcg) can be delivered in one hour. **Elderly:** No special population studies performed. Safety and efficacy in elderly patients similar to that observed in younger adults. **Hepatic/renal impairment:** Limited data available. Administer with caution in moderate to severe hepatic or severe renal impairment. **Paediatric population:** No safety and efficacy established in children below 18 years. **Contraindications:** Hypersensitivity to active substance or any excipients. Significant respiratory depression. **Special warnings and precautions:** **Respiratory depression:** Sufentanil may cause respiratory depression. Respiratory effects should be assessed by clinical monitoring. Those with respiratory impairment or reduced respiratory reserve are at higher risk. Respiratory depression can be reversed by opioid antagonists. **Intracranial pressure:** Use with caution in patients susceptible to cerebral effects of CO2 retention (e.g. increased intracranial pressure or impaired consciousness). May obscure the clinical course of patients with head injury. Use with caution in patients with brain tumours. **Cardiovascular effects:** May produce bradycardia. Caution in patients with previous or pre-existing bradyarrhythmias. May cause hypotension, especially in hypovolaemic patients. **Impaired hepatic or renal function:** Duration of sufentanil activity may be prolonged in patients with severe hepatic and renal impairment. Monitor for overdose in moderate to severe hepatic impairment or severe renal impairment. **Abuse potential and tolerance:** Potential for abuse; consider where concern of misuse, abuse or diversion. **Gastrointestinal effects:** May slow gastrointestinal motility. Use with caution in risk of ileus. May cause spasm of the sphincter of Oddi; use with caution in biliary tract disease, including pancreatitis. Other: Ensure patients have been appropriately instructed on how to operate the Zalviso administration device. Consider patient's ability (visual or cognitive) to use the device appropriately. **Excipients:** Contains colouring agent sunset yellow FCF Aluminium Lake (E110). **Interactions:** **Cytochrome P450-3A4 (CYP3A4) enzyme:** Primarily metabolised by CYP3A4. Ketoconazole can significantly increase systemic exposure to sufentanil. Similar effects with other potent CYP3A4 inhibitors cannot be excluded. Alter dosing frequency to compensate for change in efficacy/tolerability associated with increased exposure. **Central nervous system (CNS) depressants:** Concomitant use of CNS depressants including barbiturates, benzodiazepines, neuroleptics or other opioids, halogen gas or other non-selective CNS depressants (e.g. alcohol) may enhance respiratory depression. **Monoamine oxidase (MAO) inhibitors:** Discontinue MAO inhibitors 2 weeks before Zalviso treatment. **Others:** Interaction with other sublingually administered products or products intended to dilute/establish an effect in the oral cavity were not evaluated. Avoid simultaneous administration. **Pregnancy, lactation and breastfeeding:** Not recommended during pregnancy and in women of childbearing potential not using contraception. Breastfeeding not recommended when sufentanil is administered. **Driving and using machines:** Sufentanil has a major influence on the ability to drive and use machines, patients should not drive or operate machinery if they experience somnolence, dizziness or visual disturbance while taking, or after treatment with Zalviso. Only drive and use machines if sufficient time has elapsed after the last administration of Zalviso. **Undesirable effects:** **Very common (≥1/10):** Nausea, vomiting, pyrexia. **Common (≥1/100, <1/10):** Confusional state, dizziness, headache, sedation, heart rate increased, blood pressure increased, blood pressure decreased, respiratory depression, constipation, dyspepsia, pruritus, involuntary muscle spasms, muscle twitching, urinary retention. **Other important undesirable effects:** Hypersensitivity, ataxia, apnoea, anaphylactic shock, convulsions, coma, respiratory arrest, drug withdrawal syndrome. **Overdose:** Symptoms may range from hypoventilation to respiratory arrest depending on individual sensitivity. Other symptoms that may occur are loss of consciousness, coma, cardiovascular shock and muscle rigidity. Administer oxygen; attention should be given to obstruction of airways and the necessity of assisted or controlled ventilation. Should administer opioid antagonist (e.g. naloxone) in respiratory depression. **Legal classification:** POM, CD (Schedule 2). **Marketing Authorisation holder:** Grünenthal GmbH, Zieglerstraße 6, 52078 Aachen, Germany. **Date of preparation:** February 2016.