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A 61-year-old diabetic woman presented to our hand surgery unit with a swollen wrist. She complained of progressing pain over her right wrist and the adjacent thumb basis for 2 years, together with important limitation of the range of motion.

X-rays and arthro-ct-scan can be seen below and show two different problems: there is a peritrapezial arthritis and an associated radiocarpal arthritis secondary to a SLAC (Scapho-Lunate Advanced collapse) wrist grade II (Watson et al, 1984).

What would your surgical therapy to relieve pain and improve motion be?

1. Trapeziectomy (Hematoma and distraction arthroplasty) + four bone fusion with scaphoidectomy or first row carpectomy
2. Trapeziometacarpal arthrodesis + four bone fusion with scaphoidectomy or first row carpectomy
3. Trapeziometacarpal prosthesis + four bone fusion with scaphoidectomy or first row fusion

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To read more, please visit the SICOT website (accessible to SICOT members only and login is required):
www.sicot.org/?id_page=295
Less than six months remain before the SICOT 2011 XXV Triennial World Congress in Prague, Czech Republic. The scientific programme is now prepared in detail with only a few confirmations of attendance pending. It will be an exceptional meeting due to its size but mostly due to its scientific value. More than 600 free papers and over 700 posters have been selected, covering the main topics in orthopaedics and traumatology.

Among the main advantages of a global and general orthopaedic society such as SICOT is our ability to gather the best expertise and knowledge in the different specialties of our field during the same meeting. Four plenary speakers will update your knowledge in the various topics:

- Christian Gerber: “Partial Rotator Cuff Tears”
- Pierre Hoffmeyer: “Polytrauma: An Evolving Spectrum”
- Frédéric Picard: “Is Computer Assisted Total Knee Surgery Mainstream?”
- James Wright: “Evidence-Based Orthopaedics: What Does That Actually Mean?”

To allow you to explore the cutting edge of your own subspecialties, specialty societies and worldwide experts will be convened.

The hip topic will be strongly represented during sessions organised by the International Hip Society, with invited speakers such as Daniel Berry, Miguel Cabanela, Jean-Pierre Courpied, Philippe Hemigou, Henrik Malchau, Kjeld Soballe, a symposium on hip arthroscopy, an instructional course on the preservation of the hip, and one session during the Educational Day.

Spine will be an important topic with sessions organised by the Scoliosis Research Society (SRS), invited speakers such as Ahmet Alanay, Cody Bünger, Rune Hedlund, Kamal Ibrahim, Keith Luk, S. Rajasekaran, Martin Szepco, George Thompson, among many others who will participate in a symposium on TB infection of the spine and an instructional course on the surgical management of spinal deformities.

Paediatric orthopaedics will be represented, as is now tradition, by the International Federation of Paediatric Orthopaedic Societies (IFPOS) and the International Club Foot study group, with invited speakers such as John Dormans, Patricia Fuchs, Wallace B. Lehman and Ashok Johari providing a symposium on paediatric trauma and an instructional course on the Ponsetti management of the clubfoot.

Trauma will be an important part of the meeting. This year, the SICOT Trauma Committee, chaired by Vilmos Vécsei, will focus on the fractures around the knee with one symposium and three free paper sessions on the same subject.

The topic of the shoulder will also receive special attention with the participation of the European Society for Surgery of the Shoulder and the Elbow (ESSSE).

To keep pace with the current tragic events in the world, a symposium on natural disasters will attempt to help the humanitarian volunteers in their indications for amputation which, with the triage, remains a difficult decision for surgeons.

Many other topics will be covered, including research with a symposium on nanosciences, “How to Write a Paper” organised by the Editor of International Orthopaedics, Marko Pecina, and a global clinical approach with the World Orthopaedic Concern (WOC). This year, also specific areas of the world will be honoured, namely the Chinese Orthopaedic Association (COA) who will deliver five invited lectures, the Russian speaking countries who will chair one session, and, last but not least, the Czech Society for Orthopaedics and Traumatology (CSOT).

It is impossible to mention everything here and I am unfortunately obliged to omit many other important names and features. In total, 62 free paper sessions, 18 symposia, 16 specialty society meetings, 17 instructional courses, and several lunch workshops organised by the industry will answer many questions arising within the field of orthopaedics and traumatology.

Apart from this exceptional scientific programme, our Czech colleagues have prepared wonderful social events to welcome you to Prague from 6 to 9 September 2011.

Do not forget to register before 15 May to benefit from reduced registration fees, which will be especially low for SICOT members.

Maurice Hinsenkamp
President Elect & Chairman of the Congress Scientific Advisory Committee
Aiming to distribute knowledge in orthopaedics and traumatology and to promote, foster and develop teaching and education at international level, SICOT has created a new initiative: a friendship-guided, short-term, low-budget, on-site training opportunity.

The applying fellow and the person in charge of this programme at the host institution must be members of SICOT. Belonging to the same SICOT international orthopaedic network, both members will have a common basis which will increase the efficiency of the learning and teaching relationship.

The hosting orthopaedic departments are well recognised in their country and cover several subspecialties.

The applicant should have finished his/her residency. Exceptionally, doctors at the end of their residency may also apply.

The length of the stay should be between 2 and 6 weeks. Free accommodation is mostly offered by the host centres, but it is also covered by SICOT at a reasonable price. Travel expenses (economy class) of up to EUR 1,000 will also be reimbursed by SICOT.

On the recommendation of the National Representative of SICOT, the Executive Committee of SICOT has selected a certain number of well-known host institutions.

At the moment, the following centres are ready to receive SICOT Fellows:

- Ghent University Hospital - Ghent, Belgium
- University Hospital Motol - Prague, Czech Republic
- Aarhus University Hospital - Aarhus, Denmark
- Assiut University - Assiut, Egypt
- Bad Neustadt Shoulder Centre - Bad Neustadt, Germany
- Clinic of Hand Surgery, Rhön-Klinikum - Bad Neustadt, Germany
- Orthopaedic University Clinic (Friedrich-Alexander University) - Erlangen, Germany
- Klinik für Unfall-, Hand- und Wiederherstellungs chirurgie - Homburg, Germany
- Klinikum Neumarkt - Neumarkt, Germany
- Orthopaedic Hospital König-Ludwig-Haus, Julius-Maximilians University - Würzburg, Germany
- St. George County Hospital, Centre for Musculoskeletal Disorders and Trauma - Székesfehérvár, Hungary
- Tejasvini Hospital (SSIOT) - Mangalore, India
- Leiden University Medical Centre - Leiden, Netherlands
- Children's Hospital of Philadelphia - Philadelphia, United States

Together with the host institution, a dedicated SICOT Committee will select the most suitable candidates among the applicants.

Details regarding how and where to apply can be found on the SICOT website: www.sicot.org/?id_page=334

We trust that this training programme will provide an excellent opportunity for education and manual skills training and might further offer the participant the possibility to create his/her own international scientific and professional network.

**SIGNEL**

SICOT invites all its members to visit its new electronic learning programme, the SICOT Global Network of Electronic Learning (SIGNEL).

This programme includes:

- a monthly educational “Case of the Month”;
- a monthly “Article of the Month” taken from the SICOT journal “International Orthopaedics”;
- reviewed articles provided for this programme;
- selected oral presentations from SICOT meetings;
- free educational material from the internet;
- free educational material from the industry;
- free educational material from scientific journals, societies, and so on;
- open access to selected electronic publications.

All contributions are categorised, thus allowing the user to find easily what he/she is looking for. It is open to everyone via the following link: www.sicot.org/?id_page=390 or by clicking on SIGNEL in the main menu on the SICOT website. Insert the keyword or topic you would like to read more about, then simply click on “QUICK SEARCH” and you will find a list of videos, articles and so on, which can each be selected with a click of the mouse. You can also go to “Advanced Search” for more options. It’s that simple!

The material currently available is only the beginning. From time to time, please have a look to see what has been added. The SICOT Head Office would also welcome any comments or proposals at hq@sicot.org. We hope you will find this new learning programme useful and practical.
Abha is the capital of the Asir province in the south of Saudi Arabia, 2,270 m (7,500 feet) above sea level, approximately 1,000 km south of the Saudi capital, Riyadh. The 4th Saudi Orthopaedic Association (SOA) International Conference, combined with the SICOT Trainees’ Day, took place in this beautiful city and was hosted by the King Khalid University. The event was attended by about 450 participants and 40 international speakers. The SOA continued its tradition of remembering those who have served the orthopaedic community in the country. Their efforts were acknowledged with trophies which were presented to them by the SOA President.

The industry exhibition held during this conference caught the attention of major orthopaedic companies worldwide, showing the latest advances in orthopaedic instruments, as well as hosting workshops.

The southern region has a unique status as an endemic area of sickle cell disease where patients present with different manifestations, among which avascular necrosis of the femoral head at a young age. A regional research centre has been established which follows these patients and collects data to keep a registry that is updated to find new ways of treating these patients. Also traffic accidents, due to a tough landscape in this region, represent a major challenge and call for a national registry and an improvement in the service through high standard trauma centres.

The Asir region is considered an important tourist destination in the Arabian Gulf due to its mild weather in the summer, with the temperature never exceeding 25°C, and pleasant winter weather due to the humidity index. The organising committee prepared a social programme which would reflect the hospitality of the Saudis and show the special folklore of the Asir region.

The SOA and King Khalid University are very grateful to all those guests who travelled from far away to take part in this Conference.
SICOT has realised that young surgeons are its future. Several steps have been taken in the last few years to start the change and incorporate young surgeons in SICOT activities and decision-making. This was initiated by the creation of the Young Surgeons Committee (YSC), for which active young members were recruited.

As a part of SICOT’s new direction in renewing its blood, the YSC members have all been included in SICOT’s committees. We’re now members of the Trauma Committee, Education Committee, Congress Scientific Advisory Committee, SIGNEL and SIGNED (which represent the educational section of SICOT).

The YSC initiated the Fun Night in 2008 in Hong Kong, which was a great success and since then it has been an integral part of SICOT meetings. The Fun Night is a night of partying where members have fun, meet, socialise and make friends, realising the global theme of SICOT.

This year an Educational Day is being held for the first time. This educational course concerns a specific topic, this year the Hip. The role is to educate doctors preparing for specialist examinations, on the latest and most up-to-date information on this topic, with an aim to have a different topic each year. Vikas Khanduja has done a great job in organising the course by choosing the lecture topics and inviting a great faculty. Young surgeons will qualify for a discount if attending both the educational day and the SICOT meeting.

SIGNEL (SICOT Global Network of E-Learning) has recently been launched on the SICOT website. This includes audio/video presentations from previous meetings which can be watched online as if attending the meeting. This idea was created by Prof Jochen Eulert, and the massive effort is being headed by members of the YSC team, Fatih Kucukdurmez, Peter Yau and Emmanuel Audenaert.

Hitendra Doshi, our YSC member from Singapore, has actively promoted SICOT and expanded his country’s membership to become the National Delegate last year. He was also the driving force behind the NUHS/SICOT Trauma Fellowship Award for SICOT members in the Asia Pacific region.

Besides the active members mentioned above, Nanjundappa Harshavardhana was one of the first SICOT doctors to volunteer to go to Haiti for 3 weeks after the devastating earthquake last year.

Moreover, all the YSC members have been involved in peer reviewing of SICOT abstracts, judging the best oral paper and best poster awards, and this year will be involved as moderators, scientific meeting organisers, and the faculty on the educational day.

SICOT is going interactive! Join us on Facebook. The SICOT group will publish the newsletter, news, suggestions, and topic and case discussions from members. Share information with friends, news on a new fellowship, or a course. Give feedback on what you want to see at the SICOT meeting in Prague, and what you enjoyed in Gothenburg.

The SICOT Alumni has been created to include the YSC, all previous fellows and awardees of SICOT. This will provide close communication and benefits for these active members. I ask all qualified candidates to email the Head Office to join the Alumni (awards@sicot.org).

I would like to end this brief outline by inviting all active SICOT young surgeons to join the YSC and contribute to SICOT with their ideas, suggestions and interactive roles. We plan to expand the YSC two- or even threefold this year and hopefully more in the following years. Our members will be the new blood in SICOT and will take on the new roles in the organisation. We are the future of SICOT.

E-mail me to join the YSC (hatemgalal@yahoo.com) and join us on Facebook to start the “takeover”...!

Members of the Young Surgeons Committee:
- Hatem Said (Chairman)
- Emmanuel Audenaert
- Hitendra Doshi
- Mikhail Gerasimenko
- Nanjundappa S. Harshavardhana
- Vikas Khanduja
- Monika Kremer
- Fatih Kucukdurmez
- Jacob Munro
- Peter Yau
I would like to thank SICOT for awarding me the Danish Travelling Fellowship, which has been a valuable learning opportunity. I received an email from Linda Ridefjord from the SICOT Head Office informing me that I had been selected for the Danish Travelling Fellowship for three months under the tutelage of Prof. Cody Bünger, Chief of Spine Surgery at the Aarhus University Hospital in Denmark. I was very excited and started planning for my journey and making travelling arrangements. I received appreciable support from Prof. Bünger’s secretariat.

I started my fellowship on 16 August 2010. Very good arrangements for my accommodation had been made. When I reached the department, I received a warm welcome from Prof. Cody Bünger and his team of four senior spine surgeons. From the second day onwards, I was given the opportunity to scrub up and help in the operations as first assistant. Operating with Prof. Bünger was an amazing experience; like a dream come true. I assisted him in corrective operations on congenital, neuromuscular, adolescent, degenerative scoliosis and severe kyphotic deformities. He trained me on the application of growth rods, pedicle screw insertions in deformed spines, spinal hooks, and various techniques of spinal deformity correction such as rod rotation, vertebral rotation and various spinal osteotomies. I also had the opportunity to assist him in Transforaminal Lumbar Interbody Fusion (TLIF) and Anterior Lumbar Interbody Fusion (ALIF), 360-degree fusion of degenerative lumbar spine. I also learned CT-guided computer navigation with O-Arm which was frequently used to put pedicle screws in deformity correction, such as scoliosis, kyphosis and lumbar fusion operations.

I also had the opportunity to participate in the experimental operations such as disc replacement, and anterior and posterior instrumentation on an animal spine. I attended research meetings in the laboratory which were of high standard and certainly increased my interest in research and academics. During the fellowship, I attended the SICOT Annual International Conference in Sweden with Prof. Bünger and his large research group.

I was also fortunate to have the opportunity to scrub up frequently with Dr. Ebbe Stender Hansen, senior spine surgeon, who is excellent in decision-making, a clever surgeon and a great teacher. I also had the privilege to assist other senior spine surgeons in a variety of spinal operations.

The weather in Aarhus was very good. The city of Aarhus is surrounded by the sea and green forests that bring a fresh and healthy breeze. Danish people are very honest, helpful and friendly. I made many new friends and had a great time with them. I experienced warm and generous hospitality, which I will remember throughout my life. I also had the privilege of visiting Prof. Bünger’s village and farmhouses. We drove to the seaside, where we visited a castle and had a pleasant dinner. It was a wonderful experience and I felt at home away from home.

The SICOT Danish Travelling Fellowship was a great learning experience for me. It optimised my surgical skills and broadened my knowledge not only of spine surgery but also of other people and their cultures. I now feel more confident and able to handle new challenges in the field of spine surgery and hope to be an efficient and reliable professional serving mankind. I am fortunate to have had the privilege of continuing my spine training as a clinical fellow for one year with Prof. Bünger and Dr. Stender Hansen.

I would like to thank Prof. Cody Bünger for his kind support. He is a good teacher, a surgeon with magic hands, and a wonderful human being. I strongly recommend that young surgeons apply for the prestigious SICOT Danish Travelling Fellowship in order to optimise their surgical skills and enhance decision-making in all a wide variety of spine ailments.
There are many different ways of reducing the incidence of complications. One of them might be answering the question “Is the patient fit for surgery?” or another “Is he fit for this particular procedure or is a second option more appropriate?”. Being aware of this vital point will certainly reduce the surgeon’s, if not the patient’s, suffering. Prolonged morbidity or even mortality results from poor patient selection all over the globe.

Surgeons need to be direct in answering questions, to acknowledge the limits of their understanding and to encourage specialist consultation when the clinical situation warrants it. They also need to create a therapeutic climate in which patients and their families feel free, when necessary, to express their concerns about treatment or to request a second opinion.

Unfortunately, surgeons are notoriously variable in their ability to assess and predict complications in their patients prior to surgery. Education is, of course, integral to the good treatment of any illness, but this is especially true when the remedy to the illness involves surgery.

Patients and their family members should be encouraged to write down any question they have, as many individuals are intimidated once they find themselves in a doctor’s office. Any information that is given orally to patients should be repeated as often as necessary. In addition, it is vital to observe the patient and his family’s response to the information given. The patient psyche and behaviour prior to surgery is never the same after the development of complications and after poor or even unexpected results. Some patients are looking for the impossible; they have reached a state of disbelief in reality. Some jobs or the fear of losing a job in the future may adversely affect the patient’s behaviour.

Bear in mind that there are many parameters to be considered to achieve the goal of proper patient selection. Patient’s fitness for surgical procedures is divided into physical and psychological fitness. Physical or organic fitness is either related to the locally matching of that surgical procedure and the patient’s general or local condition is necessary.

Fitness for surgery can only be achieved at a high profile level, i.e. prolonged and clear interview, probing of the patient’s psyche, and critical evaluation of the physical and mental status.

So many questions in the surgeon’s mind should be answered before drawing the specific map of treatment. The surgeon should be fully aware of the evidence based procedures for curing a particular pathology, and whether he is the one to choose which is which for this specific lesion depending on solid scientific basis.

Some surgical procedures are a one-way valve or a river with no end. They may affect or even destroy some vital patient’s desires or lead to functional disability. The question here; is the patient ready to accept this drastic change? Is he able to cope with the new style of life? Is he ready to tolerate complications? And how patient is he? Next, but equally or probably more important than the pathological process, is the psychological status.

Being aware that psychological background will help greatly, it is vital to stabilise the personality prior to surgery. Some patients are marginally adjusted with definite risk of worsening after any surgical procedure no matter how minor it is. It cannot be said that the surgeon is blameless because of time shortage; he is guilty by the sin of omission or commission.

Patient understanding of the procedure, his/her particular requirements, willingness to co-operate and follow instructions, his/her awareness of the seriousness of the condition, financial and social status, are all vital points to be considered to ensure a trouble-free and successful outcome.

No two patients are alike, and there is individual variation in response to the same pathology or procedure. Some patients are nice, polite, very co-operative, or even lovely. Others are trouble makers, for little or no reason; they try to make something from nothing. Probably, they are inherently trouble makers, because of their family background. It is therefore vital to have some ideas about the family circumstances. The family plays a major role in ameliorating or intensifying the patient’s response to complications. It is of great value to clarify the expected complications and, more importantly, to interpret the patient’s response to the possible complication or bad outcome. We have to learn how to read eyes and brains rather than planning a procedure depending on the patient’s verbal reply. Searching for any odd intention in the patient’s mind is vital. Surgeons should be fairly sure that there is no trace of compensation neurosis. In an emergency situation the selection is out of order.

Despite all the years of my surgical experience, I cannot deny falling into the trap of wrong patient selection many times. It seems it is not an easy art to learn but here I may say confidently “complications can be avoided to a great extent only by applying the policy of a high degree of patient selection; it will protect you from nightmares, because it is one of the golden rules in surgical practice”.

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*Thamer A. Hamdan*

SICOT National Representative of Iraq
Dean of Basrah College of Medicine - Basrah, Iraq
Special thanks go to the following members of the Scientific Board who kindly gave their time to review the abstracts submitted for the SICOT 2011 XXV Triennial World Congress to be held in Prague, Czech Republic, from 6 to 9 September 2011.

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Kelvin W.K. YEUNG (Hong Kong)
Jie ZHAO (China)

Important note to authors of accepted abstracts

The presenting author of an accepted abstract (oral and e-poster) must register and pay the congress registration fee by 15 June 2011 to have his/her abstract included in the Final Programme. The Congress Secretariat will not check if co-authors have registered. Abstract submitters can change the presenting author of an abstract through the abstract submission system, by clicking on the link in the confirmation email received after submitting the abstract.

Presenting authors are kindly requested to insert their abstract number(s) on the registration form and to check that their FAMILY name and GIVEN name(s) have been inserted in the corresponding field and spelled in the same way as on the abstract submission form. For example, if “Smith” has been inserted as the Family Name on the abstract submission form, please ensure that “Smith” has also been inserted as the Family Name on the congress registration form.

Register before 15 May 2011 and benefit from reduced registration fees! Registration can be done via the SICOT website: www.sicot.org/?id_page=370.
Prague TWC 2011
Plenary Speakers

Cody E. Bünger (Denmark)
Presidential Lecture

Prof Cody Bünger graduated in 1975 from the University of Aarhus in Denmark. He showed an early interest for orthopaedic research and became in 1982 Chairman of the Orthopaedic Research Group at Aarhus University, which today is the base for the Orthopaedic Research Laboratory at Aarhus University Hospital. He completed his doctoral thesis in 1987, became appointed Professor of Orthopaedic Surgery in 1992 and Head of the Department for Spine Surgery at Aarhus University Hospital that same year. In 1995 he was appointed Peter Moll Professor of Orthopaedic Surgery at the University of Cape Town in South Africa, and the following year he became full professor at Aarhus University and visiting professor at the Henry Ford Hospital in Detroit.

Among many chairmanships, Prof Cody Bünger has been President of the Danish Orthopaedic Society, Nordic Spinal Society, Scandinavian Scoliosis Society, and Scandinavian Orthopaedic Research Society, and is currently president of both SICOT and the Nordic Orthopaedic Federation. In 2004 he was knighted by the Danish Queen for his achievements.

Prof Bünger has been very active in the field of research and has directed many multidisciplinary research projects within the field of orthopaedics covering all aspects from tissue engineering and applied science to clinical trials and cost-effectiveness studies. His main focus has been spinal deformities including scoliosis, spinal metastasis, intervertebral disc disease, spinal fusion, and bone and disc regeneration. He has published more than 285 scientific papers and delivered more than 120 invited guest lectures. He is the main supervisor of 53 PhD and doctoral theses and 37 Master theses. He is currently running 7 randomised prospective studies.

Christian Gerber (Switzerland)
Partial Rotator Cuff Tears

After medical school at the University of Bern, Yale and San Diego, Dr Christian Gerber started his residency in general surgery and traumatology at the Hospital of Davos and then underwent a residency in orthopaedic surgery at the University of Bern (Prof R. Ganz). He later undertook fellowships in foot, tumour and paediatric orthopaedics in Paris, France. However, during his fellowship at the University of Texas in San Antonio (Dr C.A. Rockwood) his main interest became shoulder surgery, a subspecialty in which he was more and more active upon his return to Bern. Later on, he was appointed Chairman of the Department of Orthopaedics at the Hospital of Fribourg and also assumed the Chair of the Department of Orthopaedics at the University of Zurich.

After several publications in knee surgery, he devoted his academic activities mostly to shoulder surgery, focusing mainly on problems related to the rotator cuff and to arthroplasty. He is the only four-time Charles S. Neer Award winner and he became a Kappa Delta laureate for his contributions to rotator cuff disease in 2007. His curriculum vitae includes more than 300 scientific contributions and he has been awarded an Honorary Fellowship of the Royal College of Surgeons of Edinburgh.

Dr Gerber served as President of the European Society for Surgery of the Shoulder and the Elbow (ESSSE) from 1995 to 1998 and is currently the President of the Swiss Society of Orthopaedics and Traumatology.
Pierre Hoffmeyer (Switzerland)
Polytrauma: An Evolving Spectrum

A University of Geneva graduate in Medicine, Dr Pierre Hoffmeyer spent his two first years of residency at the Vancouver General Hospital for his general surgery training. He then returned to Geneva where he completed his orthopaedic training in the Orthopaedic Service headed successively by Professors W. Taillard and H. Vasey. He was an Austrian Swiss German Travelling Fellow in 1988. He then did a fellowship at the Mayo Clinic in Rochester where he worked with Drs Cofield, Morrey and Chao in the Orthopaedic Department and in the Biomechanics Laboratory. Back in Geneva he received his Privat Docent in 1993 and became Professor and Chair of the Division of Orthopaedics of the University Hospitals of Geneva in 1998. He is also Director of the Department of Surgery.

Over the past years, Dr Hoffmeyer has published numerous book chapters and over two hundred papers in foremost journals of the specialty, including International Orthopaedics, JBJS American and British, Journal of Shoulder and Elbow Surgery, Journal of Biomechanics, Journal of Biomaterials, Injury, Clinical Orthopaedics or Revue de Chirurgie Orthopédique. He sits on the editorial board of many major journals.

He is currently Immediate Past President of the Swiss Society of Orthopaedics and Traumatology, on the Board of Directors of the AO Foundation, and Vice-President of EFORT. He is a member of many national and international specialty societies. Dr Hoffmeyer is the current SICOT National Delegate for Switzerland.

He is married to Susanne and has three children, Céline, Francis and Alix, and two grandchildren, Aelia and Baptiste. He enjoys travelling, culture, sailing and skiing.

Frédéric Picard (France)
Is Computer Assisted Total Knee Surgery Mainstream?

The basic research of Dr Picard and his colleagues at the University of Grenoble in the nineties have been the fundaments for the technical constructions of the first routine CT free knee navigation system for TKA. Without his research and clinical input, the implementation of this new technology would not have been possible.

His original research and contributions have placed him at the top of the international community of researchers in the area of CAOS.

He has shown an outstanding ability to translate surgical technique in three-dimensional procedure. His opinion is sought by others who are working on developing other computer-assisted surgical systems. He has been recognised as a “Lead User Developer of Radical Innovation in the Field of Medical Equipment Technology”. He also initiated one of the first books on computer assisted orthopaedic surgery - “Computer Robotic Assisted Hip and Knee Surgery” - published by the Oxford University press.

Dr Frédéric Picard received MD and master degrees in Grenoble University in France. He worked in Chicago (NWU) with David Stulberg, in Pittsburgh with Anthony DiGioia (CMU), in Paris (Ecole Centrale Paris/“Centrale Santé”). He is a Consultant Orthopaedic Surgeon at the Golden Jubilee National Hospital in Glasgow (Scotland) and has established a clinical research unit in which his team has produced significant research work on computer assisted knee and hip surgery.

In 2009 in Boston (United States), he received the Muller award, the highest recognition in Computer Assisted Surgery.

James Wright (Canada)
Evidence-Based Orthopaedics: What Does That Actually Mean?

Dr James G. Wright, as Chief of Perioperative Services at The Hospital for Sick Children in Toronto, Canada, is responsible operationally for six surgical divisions (Cardiovascular, General, Neurosurgery, Orthopaedic, Plastic and Urology) and five departments (Anaesthesia, Critical Care, Dentistry, Ophthalmology and Otolaryngology). The Perioperative Services staff is engaged in highly complex clinical care, basic and clinical research, undergraduate and post-graduate education and numerous administrative responsibilities. Dr Wright is also the Surgeon-in-Chief, Department of Surgery.

Dr Wright is a Senior Scientist in the Child Health Evaluative Sciences Program. Research in this program focuses on the systematic study of characteristics of health and disease and outcomes of treatment modalities in children. Dr Wright’s research has focused on the development of measures to evaluate surgical therapy, randomised clinical trials, and evaluating unmet need and disparity in the use of orthopaedic procedures. Dr Wright is holder of the Robert B. Salter Chair of Paediatric Surgical Research. He has more than 170 peer-reviewed publications, including publications in Lancet, Science, New England Journal of Medicine, Journal of the American Medical Association, and the British Medical Journal. In addition to his hospital and administrative activities, he is the Associate Editor for the Evidence Based Orthopaedic Section of the American Journal of Bone and Joint Surgery and Chair of the Research Council for the Pediatric Society of North America.

Dr Wright is active in resident education, having won the Robert B. Salter Excellence in Orthopaedic Education Award in May of 1997 and, since 1994, he has served or is currently serving as primary or secondary supervisor for more than 30 MSc or PhD students.
Tours in Prague

Panoramic Prague
(with headphones in 22 languages)
5 September 2011
16:00 - 2 hours

Grand Sightseeing Tour
& Prague Castle
& Boat Trip
9 September 2011
14:00 - 3.5 hours

Grand Sightseeing Tour
& Prague Castle
& Charles Bridge
6 September 2011
11:15 - 3.5 hours

Evening River Cruise
(with dinner & sightseeing tour)
6 September 2011
18:30 - 4 hours

Tours outside Prague

Český Krumlov
UNESCO
8 September 2011
08:45 - 10 hours

Karlovy Vary
& Moser Factory
7 September 2011
08:45 - 9.5 hours

Konopiště
& Karlštejn Castles
8 September 2011
09:00 - 8.5 hours

Terezín Memorial
7 September 2011
09:00 - 5 hours

For more information about these tours and how to book, please go to: www.sicot.org/?id_page=415

More information about Prague TWC 2011 is available on the SICOT website: www.sicot.org