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SICOT

Société Internationale de Chirurgie Orthopédique et de Traumatologie
International Society of Orthopaedic Surgery and Traumatology

■ Newsletter

I 4th European SICOT Trainees' Meeting



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No. 91
February 2005

Pre-operative traction for fractures of the proximal femur in adults

Background: Pre-operative traction following an acute hip fracture remains standard practice in some hospitals.

Objectives: To evaluate the effects of traction applied to the injured limb prior to surgery for a fractured hip. Different methods of applying traction (skin or skeletal) were considered.

Selection criteria: All randomised or quasi-randomised trials comparing either skin or skeletal traction with no traction, or skin with skeletal traction for patients with an acute hip fracture prior to surgery.

Main results: Eight randomised trials, mainly of moderate quality, involving a total of 1,349 predominantly elderly patients with hip fractures, were identified and included in the review. Seven trials compared traction with no traction. Although no data pooling was possible, overall these provided no evidence of benefit from traction, either in the relief of pain, ease of fracture reduction or quality of fracture reduction at time of surgery.

One of these trials included both skin and skeletal traction groups. This trial and one other compared skeletal traction with skin traction and found no important differences between these two methods, although the initial application of skeletal traction was noted as being more painful and more costly.

Reviewers' conclusions: From the evidence available, the routine use of traction (either skin or skeletal) prior to surgery for a hip fracture does not appear to have any benefit. However, the evidence is also insufficient to rule out the potential advantages for traction, in particular for specific fracture types, or to confirm additional complications due to traction use. Further, high quality trials would be required to confirm or refute the absence of benefits of traction

Citation: Parker MJ, Handoll HHG. In: *The Cochrane Library, Issue 4, 2004.* Chichester, UK: John Wiley & Sons, Ltd. The full text of the review is available in *The Cochrane Library (ISSN 1464-780X).*

The daily news feed from RheumaWire is now available in the SICOT World portal (<http://www.sicot-world.org>). Portal members are able to read the daily headlines in a box on the left side of the portal homepage (below the e-meetings box), and by clicking on a headline they will jump over the Joint & Bone log-in page and go directly to the full news item. Daily news items include rheumatology as well as orthopaedic topics, media-watch on related pharmacology, reports and interviews.





SIROT, founded during the SICOT Meeting in Kyoto in 1978 as the research part of SICOT and dedicated to advancement of orthopaedic research, is the only real international society on orthopaedics and traumatology for scientists and orthopaedic researchers. The main objects of the Society are to allow researchers in all aspects of orthopaedics to encourage and promote orthopaedic research, to provide a forum for the presentation of their work to an international audience and give them the opportunity to discuss their work with colleagues from all over the world.

The world around us is changing rapidly. Advances in biology, genetics and bioengineering are progressing at an astonishing rate and this basic knowledge is essential to the orthopaedic practice. Without basic research, groundbreaking advances will be lost opportunities for our patients. Scientific research is the fulcrum upon which the future of orthopaedics rests and we have to foster and encourage research. We have to develop the strength of orthopaedic research by recruiting bright young scientists, and educate and support clinician-scientists. We have to continue to allocate a certain proportion of our time, energy and resources to both basic and applied research.

The SIROT meeting precedes the SICOT meeting every year. By meeting jointly with SICOT, we will be able to encourage the integration of basic research and clinical concepts more closely for better clinical applications. We are looking forward to working together with closer cooperation and relationships to promote SICOT/SIROT throughout the world. Orthopaedic surgery is expanding and has an exciting and bright future, but this depends on active, basic research. If you are not already a member of SIROT, we will welcome you as a new member. Please contact Dr Speeckaert, Membership Chairman, whose e-mail address is marc.speeckaert@worldonline.nl.

Se-Il Suk, MD, PhD
SIROT President

Orthopaedics in France



France has the benefit of a long history of surgeons who distinguished themselves in many wars and battles: Agrippa

d'Aubigné, Ambroise Paré, le Maréchal de Bièvres, surgeon to Louis XIV, Baron Larrey, Napoleon's surgeon. Nearer to our own times, there was Ollier, at the end of the 19th century, who described the periosteum healing process, and more recently Mathieu, Jean and Robert Judet, Merle d'Aubigné, Postel, Trillat, Tubiana and Meary, I cannot cite everyone.

France has also a long tradition of social programmes. It was just after World War II that De Gaulle created social security for every worker. This system, established in 1946, continued to evolve. It allows workers, through unions and company owners together to be in charge of the management of this system. They pay for it. The government has some power but it is limited to the status of personnel, or where a hospital should be sited. For the last seven years, local regional agencies have been in charge of the latter decisions.

The health system consists of high-level quality care for everybody and this is almost free of charge. Health care cost in France represents nearly 9% of the gross national product. Patients with serious illnesses



Lariboisière Hospital, Paris

or needing extensive surgery are totally covered. Patients with lesser risk conditions (influenza, outpatients, ...) are partially covered up to 65%. The remainder can be reimbursed by personal private insurance (60% of the people have such cover). Curiously, a patient still has the choice between being treated in a private clinic or a public hospital. If patients go to a public hospital for major surgery (e. g. total joint replacement) they will pay only 10 EUR a day, which can be paid by a private insurance if they have it. If patients prefer a private clinic, they will not have to pay unless the surgeon has an agreement with social security, which means that the surgeon has to accept the fixed rate for the service. The surgeon can ask for a higher fee, in which case the patient must pay the difference

or his private insurance company pays it.

In public hospitals full-time surgeons are allowed to have private patients, however the rules are very strict: never more than one third of their activity. They can charge private patients a contract fee. Private and public patients are mixed without noticeable differences regarding rooms, nurses or facilities. The waiting list is reasonable: three months for a total hip or knee replacement.

A limit on the cost of implants has been fixed by the Ministry. Discussion took place among the Ministry, the surgeons and the companies because the fees for some implants were too low, for ankle prostheses for instance. Political pressure is being exerted to close some ineffective hospitals as well as some private cli-

tics to reduce the places available for treatment. This happens under the authority of the Regional Agency for Hospitalisation. This agency also introduced managed care, quality control that is now coming into effect, resulting in accreditation protocols for hospitals to treat emergencies, obstetrics and surgery.

Emergency care

Our system for organisation of emergencies is rather unique. In my department I have a contract with the administration of Paris hospitals, one of the largest hospital organisations in the world. It has 36 hospitals and 25,000 beds, to do at least 50% of the department's trauma activity.

Covering the whole territory there is also the SAMU (*Service Ambulance Médicalisée d'Urgence*), which is a full medical system with an anaesthetist travelling in the ambulance. It is like a mobile intensive care unit. The policy is complete primary care. A central coordinator tells the driver where the patient should be taken. Once in the selected hospital, the intensive care unit calls for each speciality, including orthopaedics.

Orthopaedic surgeon training

French education is not the same as in other countries but I suspect that in the end, the surgeons produced are equivalent. After public school,

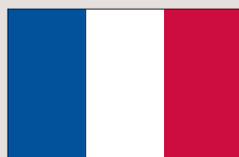
concluded by this French specificity called the *baccalauréat*, everybody can enter a medical school. But at the end of the first year, there is a competitive examination in which only one student in 10 succeeds. The number of medical students, now around 6,000 in each year, is established annually by the government.

The students have to complete six years of general medical training with two additional years if they want to become general practitioners (GP), or five years if they want to become surgeons. Usually they spend two more years as assistants to have the title of CCA (*Chef de Clinique*). The majority of the trained surgeons go to private clinics. It is usual to concentrate on subspecialties such as spine, hand and foot surgery or sports medicine and so on. The number of surgeons in training is currently decrea-

sing, mainly due to poor income and various other pressures such as difficulty in providing emergency care and litigation. On the other hand more women are in medicine.

Conclusion

As in every country, there is much pressure for costs to be contained. Even if the government wants to mimic the British or the Canadian system, which is less expensive, by introducing the GP as a gate control, it is not the case for now. Three years ago the World Health Organisation compared the health care systems of the world with regard to quality, expense and access for people. France appeared at the head of the list, followed by Switzerland and some Scandinavian countries, with the USA ranked 27th. ■



- ▶ **Country name:** France
- ▶ **Location:** towards the Western border of the European Union
- ▶ **Population:** 65 million
- ▶ **Capital:** Paris



- ▶ **Surface area:** 544,435 km²
- ▶ **Language:** French
- ▶ **Type of government:** democratic republic



- ▶ **No. of doctors:** 300,000
- ▶ **No. of medical schools:** 33
- ▶ **No. of orthopaedic surgeons:** 2,500 (1/25,000), about 1,000 in hospitals or private clinics. Trauma surgeons attend public hospital. For elective surgery 60% go to private clinics, 40% to public hospitals.
- ▶ **No. of SICOT active members:** 71

14th European SICOT Trainees' Meeting in Budapest



Dear Friends!

It is a great pleasure for us to invite you to the 14th European SICOT Trainees' Meeting this year in Budapest. The topics of the meeting give us the chance to update our knowledge of the most important fields of orthopaedics and trauma surgery in childhood.

It is our sincere hope that many trainees from different parts of Europe will attend our meeting. In addition to assessing the professional qualities of the lectures there will also be a variety of social programmes including a boat cruise on the Danube to experience the beauties of Budapest and to continue the professional discussions while having some pleasant wine tasting and friendly conversation.

We are looking forward to welcoming you to Budapest in 2005.

Professor Dr M. Szendrői

SICOT National Delegate for Hungary

Registration Fees

Early rate: before 31 March 2005

Fee for SICOT members/trainees	150 EUR
Fee for orthopaedic surgeons	200 EUR
Fee for accompanying persons	100 EUR

Standard rate: after 31 March 2005

Fee for SICOT members/trainees	200 EUR
Fee for orthopaedic surgeons	250 EUR
Fee for accompanying persons	100 EUR

On-site rate:

Fee for SICOT members/trainees	250 EUR
Fee for orthopaedic surgeons	300 EUR
Fee for accompanying persons	150 EUR

Registration Fees include

- attendance at the Meeting
- printed material
- opening reception
- coffee and lunch
- sightseeing tour for accompanying persons

Scientific Information

Wednesday, 4 May

Arrival

Thursday, 5 May

Registration

Lunch

Lectures

Banquet dinner

Friday, 6 May

Lectures

Lunch

Lectures

Social programme

and dinner

Saturday, 7 May

Lectures

Lunch

Social programme
and dinner (optional)

Sunday, 8 May

Departure

Congress Information

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E-mail: assziszt@chello.hu

For more information visit our website
<http://www.sicot.org/?page=tmbudapest>

SICOT/SIROT 2005 XXIII Triennial World Congress

On the web

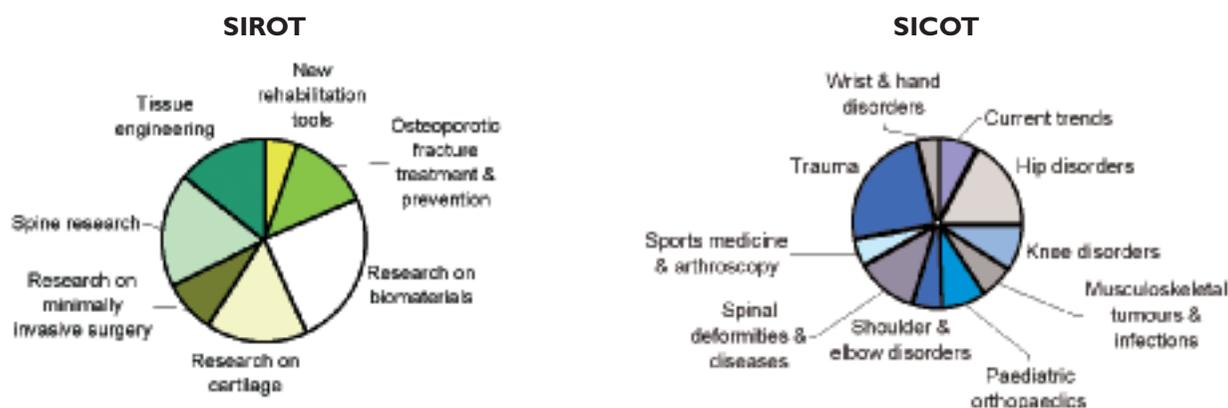
Deadline for abstract submission: 10 January 2005

At the time this goes to press more than 1,200 submissions have been received from over 650 authors eager to present their scientific work at our upcoming triennial meeting. All of the 1,200 submissions have been made on line and, although the line opened in Sep-

tember 2004 during the conference in Havana, it is to be noted that 80% of the Istanbul papers have been submitted after 1 January 2005. As a result, the SICOT system for abstract submission has been seriously tested and, to our great satisfaction, it has responded

beautifully. We just marvelled while watching Istanbul abstracts flowing in live, from every corner of the world and melting into the SICOT database in a great show of the true internationalism of SICOT.

Distribution of topics



Distribution of preferred presentation types

	Oral	Poster	Any
SICOT	51%	18%	31%
SIROT	39%	28%	33%

Among the abstracts received this particular one caught the eye

“...I am leaving with a mobile field hospital to Banda Aceh tomorrow morning with the Australian Army as a Reservist Orthopaedic Surgeon. Banda Aceh is

evolving to be the most seriously affected area with more than 80,000 deaths alone. The damage is both from the earthquake which was very close and also the following tsunami. I have no idea what we will find when we get there or when I will be back...”

The author is Dr Brett Courtenay, St. Vincent's Clinic, Darlinghurst, SICOT's National Delegate of Australia. Dr Courtenay is one among several SICOT members who are acting now in the region, proffering emergency relief and perpetuating the spirit of SICOT.

The CSAC, a watchdog for tradition of excellence?

Chadwick F. Smith, M.D. | Chairman,
Congress Scientific Advisory Committee



SICOT is famous for its educational activities and outreach programme. At the heart of the educational

process is the veracity of the material that is presented. We have been blessed in SICOT to have a tradition of excellence that extends back to 1929 and makes this Orthopaedic and Traumatological Association the second oldest in

The role of the CSAC

The Congress Scientific Advisory Committee (CSAC) aims at making all necessary recommendations to the Board of Directors and to the International Council concerning the SICOT Congress Scientific activities and the Annual International Conferences.

The CSAC is chaired by the President-Elect of SICOT. It consists of the Congress President, a member of his committee, the Immediate Past President, the next Congress President, Conference Presidents and the Past Conference President. This membership is established by the President and is subject to the approval of the Board of Directors.

the world and the oldest, large International Orthopaedic and Traumatological Association extant.

The Congress Scientific Advisory Committee is charged with maintaining excellence while encouraging participation. It is the role of the President-Elect to be Chairman of this Committee and the detailed workings of the Committee are important. The correlation of outstanding plenary speakers, excellent verbal presentations, and appropriate scientific poster presentations is always challenging.

We encourage participation from all qualified participants. If the paper is worthy, but requires rewording, the Committee assists the author in the rewriting of the work. We attempt to have a correlation between the dynamic and

outstanding plenary speakers, the excellent verbal presentations, and the challenging poster presentations.

The stimulus of debates (especially when there is a winner!) and symposia are important aspects of the Congress Scientific Advisory Committee's work. A little known point that the ordinary participant might not discern is that it is as important to have preparatory discussion as it is to have outstanding presentations.

The Congress Scientific Advisory Committee encourages your participation, comments, and assistance. We hope that we are the "watchdog" to maintain the tradition and excellence of SICOT in worldwide continuing orthopaedic education. ■

Congress Site Advisory Committee

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Prof Galal Zaki SAID

Prof Laurent SEDEL

Mr Geoffrey WALKER (liaison with WOC)

WOC-SICOT Regional Training Fellowship at Ganga Hospital, Bangladesh

Young
surgeons



Dr Mohammed Iqbal Qavi, MS (Ortho)

Assistant Professor

Dept. of Orthopaedic Surgery

Dhaka Medical College Hospital

Dhaka, Bangladesh

Ganga Hospital is a 140 bed specialised hospital. It comprises three departments: Orthopaedic Surgery; Hand, Plastic and Microsurgery; Anaesthesiology. The hospital receives patients from all over India and from surrounding countries. About 200 patients are seen at the Outpatient Department (OPD) daily. There are five operating theatres and a well-equipped Intensive Care Unit under the supervision of the Department of Anaesthesiology.

There are also many academic and research activities in the centre. Ganga Hospital is a popular centre of teaching and conducts regular courses in orthopaedic and para-orthopaedic. The centre is recognised for post-graduate training in orthopaedic surgery and super-speciality training in spine surgery by the National Board of Examinations. Regular teaching programmes include clinical demonstrations, journal club, lectures, seminars and symposiums. There is a very good library with a good collection of books and journals and Internet facility round the clock.

Research work includes preparation of a thesis by every postgraduate student. Both consultants and postgraduate students regularly participate and present papers in national and international conferences. The centre also organises regular regional, national and international conferences. In addition, Ganga Hospital has a number of community service programmes that include free treatment to physically deformed children, round the clock emergency first aid care and an ambulance service from peripheral road accident centres, an accident insurance scheme and a 24-hour blood bank for all hospitals of the region.

When I arrived at Ganga Hospital I was incorporated into one of the hospital units under Dr S. Rajasekaran. I began participating in the OPD, operation theatre (OT) and ward rounds. Work began at 7 am with classes for postgraduate students. The morning classes were followed by outpatient attendance and OT. OPD and OT continued till 6 to 8 pm. All consultants and postgraduate students

participated in ward rounds. They began around 8 pm and continued up to 10 pm. This routine was followed six days a week. At weekends only emergency patients were admitted.

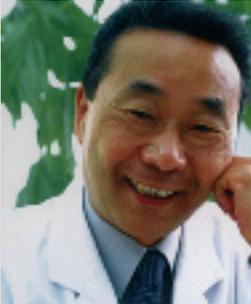
My participation was mainly that of observer status. However I was allowed to assist in the operative cases and hence I could participate in cases of particular interest to me.

During my stay I had the opportunity to attend IOACON 2003, the Indian Orthopaedic Conference, at Chennai. This was a three-day conference attended by about 3,500 orthopaedic surgeons from all over India and other countries. I also attended the Hand Surgery Conference and Workshop held at Ganga Hospital organised by the Department of Hand Surgery and Microsurgery.

The spectrum of pathology and the facilities for treatment of a region are similar. By participating in this Regional Training Programme one has the opportunity to learn to treat problems one faces in one's routine work. Regional Training Programmes of this kind help orthopaedic surgeons of neighbouring countries to interact and exchange their knowledge. This undoubtedly leads to the improvement of orthopaedic service in one's own country. ■

■ IFPOS Third Congress

Dr Seok Hyun Lee | IFPOS President



The Third Congress of the International Federation of Paediatric Orthopaedic Societies (IFPOS) was held in conjunction with the Annual Congress of the Brazilian Society from 2 to 6 September 2004 in Bahia Othon Palace Hotel, Salvador,

Brazil. It was preceded by a one-day course on the Modern Approach to Clubfoot.

The Congress was a large gathering with participants from numerous countries coming from the five continents. Scientific papers presented were of a high standard, mostly focused on children's spine, hip and feet even though every corner of the growing skeleton was addressed. The local hosts headed by Congress President, Prof Patricia Fucs, and Secretary General, Dr Carlo Milani, were superb in their way of managing the scientific programme and

entertaining international participants. The current President, Dr Morris Duhaime (Montreal, Canada), and the First President, Dr Henri Bensahel (Paris, France), were there as founders of the Federation. The city, Salvador, whose heart was designated as a Historical Monument by UNESCO in 1985 for its beautiful colonial architecture offered lots of fun to foreigners.

At the Board Meeting, Dr Seok Hyun Lee (Seoul, Korea) took over the chair as President for three years until 2007. Dr K. Kuo (Taipei, Taiwan) and Dr D. Aronsson (Vermont, USA) will work with him as Secretary General and Treasurer respectively for the next three years. It was announced that the next Congress to take place in 2007 would be held in Naples to the joy of Prof N. De Sanctis from the host city. Bidding for Congress 2010 in Seoul by Korean delegates was also accepted. ■



Orthopaedic surgeons needed for three-week volunteer position in Ethiopia

Orthopaedic surgeons are needed as volunteers at Black Lion Hospital in Addis Ababa, Ethiopia. Assignments are three weeks in length, with four weeks preferred. Volunteers will work to strengthen the capacity of the Department of Orthopaedics to improve the level of orthopaedic care provided at the hospital and to strengthen the capacity of the department to undertake training and research in orthopaedics. There is a special need for paediatric surgeons and hand surgeons.

Volunteers ideally should have teaching experience and be willing to participate in all forms of clinical teaching including formal lectures on selected topics. Clinical responsibility will not be required. For more information, please contact Kate Fincham at k.fincham@hvousa.org. Please tell Kate that you learned of the opportunity through the International Center for Orthopaedic Education.

What is ICOE?

International Center for Orthopaedic Education is a free, web-based service which acts as a clearing house for many types of postgraduate educational and volunteer opportunities all over the world. International Center for Orthopaedic Education, 6300 North River Road, Suite 505, Rosemont, IL 60018-4263, USA. Telephone: +1 (847) 318-7358, fax: +1 (847) 318-7339, e-mail: icoe@aoassn.org, website: <http://www.icoe.aoassn.org>.

■ An interview with former Secretary General, Mr Anthony Hall



Why did you want to become Secretary General (SG) of SICOT?

I have been with SICOT

since 1973. After becoming National Delegate in 1991, the opportunity arose to apply for the post and I found it very challenging.

What is the best thing you think you have achieved during the time you were SG?

Many things happened during this time. The first President that I served was Takao Yamamuro. His vision was for SICOT to be available to everyone in the world and thought that the best way to achieve that was for the Society to meet in any country in the world. I could see a financial disadvantage of doing that because it is not easy to make any funds for the Society if meetings are held in difficult places where less delegates are likely to attend. It seemed to me that the Society needed a big income from the Triennial Congresses and we should hold these in places where we were sure of success. The other thing that I thought we needed to do was to organise the meetings ourselves.

From 1978 until 1984 I was on the Organising Committee of the London 84 SICOT Meeting and realised that the problems that we had to solve had already been solved by another country in the years before. Central organisation of meetings would make the whole process more efficient. In London we had to select papers very strictly because we had limited lecture room space. By selecting high quality papers the congress was better. This led me to believe that it was important to do the scientific selection centrally as well. Clearly the people who host the congress in their country must not only be responsible for the social arrangements but also be involved in the selection of the scientific papers. This is easier if they are part of a team of people who become very professional. One of the things I did not achieve was a solution to the problem of membership dues. Whereas to many in Europe, the UK and North America, the membership dues are quite small, to some in many other countries the fees are more than a month's salary, which makes it difficult for them to afford membership.

What will you remember from the time you were SG?

Happy days in wonderful countries, wonderful people, really.

What is the role of SICOT?

To try to keep all countries in the world up to date with the latest information on trauma and orthopaedics and to try to keep everyone as knowledgeable as possible about the specialised subjects. Its subsidiary role is to maintain the entente between all these nations.

What is the strength of SICOT?

The strength of SICOT is that it is a global organisation. If everybody could afford it, any orthopaedic surgeon in the world could be a member of SICOT. The weakness is that unfortunately, partly due to currency fluctuations and the economic strength of countries, it is not easy for some people to afford membership.

How do you perceive the role of SG?

The SG must carry out the wishes of the Executive Committee and communicate with the officers on any problems as they arise in the Society. The other part is public relations and diplomacy. ■

SICOT / SIROT 2005 XXIII World Congress

2-9 September 2005 - Istanbul, Turkey



**75th Anniversary
1929-2004**

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in Istanbul!*

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