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SICOT

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

Newsletter



A journey to the SICOT Education Centre in Lahore

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Arthroplasties with and without bone cement for proximal femoral fractures in adults

Background: Numerous types of arthroplasties may be used in the surgical treatment of a hip fracture (proximal femoral fracture). The main differences between the implants are in the design of the stems, whether the stem is fixed in place with or without cement, whether a second articulating joint is included within the prosthesis (bipolar prosthesis) or whether a partial (hemiarthroplasty) or total whole hip replacement is used.

Objectives: To review all randomised controlled trials that have compared different arthroplasties for the treatment of hip fractures in adults.

Search strategy: We searched the Cochrane Bone, Joint and Muscle Trauma Group Specialised Register (December 2005), the Cochrane Central Register of Controlled Trials (The Cochrane Library Issue 4, 2005), MEDLINE, EMBASE and the UK National Research Register.

Selection criteria: All randomised and quasi-randomised controlled trials comparing different arthroplasties and their insertion with or without cement for the treatment of hip fractures.

Data collection and analysis: Two review authors independently assessed trial quality, by use of a ten-item checklist, and extracted data.

Main results: Seventeen trials involving 1,920 patients were included. One trial involved two comparisons. Cemented prostheses, when compared with uncemented (six trials, 549 participants), were associated with less pain a year later (16/52 versus 28/52; RR 0.51, 95% CI 0.31 to 0.81) and a tendency to better mobility. No significant difference in surgical complications was found. A comparison of unipolar

hemiarthroplasty with bipolar hemiarthroplasty (seven trials, 857 participants, 863 fractures) showed no significant differences between the two types of implant. Two trials involving 232 patients compared uncemented hemiarthroplasty with a total hip replacement. Both studies reported increased pain for the uncemented prosthesis and one study found better mobility and a lower long-term revision rate for those treated with a THR. Two trials involving 214 participants compared cemented hemiarthroplasty versus total hip replacement. Both trials generally found little difference between prostheses. THR was associated with a slightly longer surgical time but a tendency to better functional outcome in one trial.

Authors' conclusions: There is limited evidence that cementing a prosthesis in place may reduce post-operative pain and lead to better mobility. There is insufficient evidence to determine the roles of bipolar prostheses and total hip replacement. Further well-conducted randomised trials are required.

Citation: Parker MJ, Gurusamy K.
*Arthroplasties (with and without bone cement)
for proximal femoral fractures in adults
(Cochrane Review).*
*The Cochrane Database of Systematic Reviews 2006,
Issue 3.*



Last August, the 100th edition of the Newsletter was distributed to all SICOT members throughout the world. The first issue of the Newsletter was published in October 1985 and its initial function was to remedy the lack of communication between members during the long three-year period between the World Congresses. The advent of the electronic era and the development of the SICOT Portal on the Web markedly changed the way we keep in contact and work together. However, the Newsletter remains the most direct and effective tool of communication for our Society. The look of the Newsletter changed over time following to some extent the same trends of contemporary periodicals. In recent years, improvements in the design and contents including the Evidence based orthopaedics section, the Country to country series of the National Delegates, the Annual Reports of the Committees, and the Young surgeons section enliven the Newsletter. This is the combined result of a joint effort by the Editorial Office, and the members of the Publication and Communications Committee. Accordingly, the content of the Newsletters reflects the progress of our Society and records its main events. Thus, it is a vital chronicle of the most recent history of SICOT.

I would like to thank the staff at the Headquarters in Brussels for the dedication and commitment to the Newsletter.

There is some good news also from the Board of International Orthopaedics: the number of papers submitted for peer-review is steadily increasing. At this stage, there are more than 100 accepted papers waiting for publication. From now on, the peer-review work will be even more selective; subsequently, the overall scientific quality of the published papers will increase, and this will foster the impact of the Journal. I extend my compliments to the Editor and the members of the Editorial Board.

Rocco P. Pitto
Editorial Secretary

Orthopaedic Surgery in Venezuela



In Venezuela, medical studies can be undertaken in the following official universities:

Central University of Caracas (UCV) with 2 medical campuses, one at the Razzetti school located in the University City and the other at the Vargas School located in the north-west of Caracas; Orient University, situated in the eastern part of the country, with different campuses in Barcelona, Cumana, Maturin and Ciudad Bolivar; Andes University (ULA) in Merida and San Cristobal; Carabobo University (CU) in Valencia and Maracay; Center-Occidental University (UCO-LA) (Lisandro Alvarado) in Barquisimeto; Zulia University (LUZ) in Maracaibo, the second most populated city; Francisco de Miranda University (FMU) located in Coro. All of them are government-owned universities.

After medical studies have been completed, the graduate must do one year of rural medicine and then go to an accredited hospital to receive trauma training. A specialty must be done in an accredited certified hospital and lasts for three years. These hospitals either belong to universities, the Social Security Institute (IVSS), the Government, or the Municipalities. Very few are private. Training consists mainly of trau-

ma and adult orthopaedics with little paediatric orthopaedics. After ending the three-year training, the graduate can either apply for a certified subspecialty in Hand Surgery or Paediatric Orthopaedics or do a one- or two-year Fellowship in, among other things, Arthroscopy, Foot and Ankle, Spine, or Emergency Trauma. Due to its proximity, most graduate orthopaedic surgeons go to the United States for Fellowships and a smaller number go to Europe. Thus, in terms of specialist training, the influence of the United States is more important than that of Europe.

The number of orthopaedic surgeons registered at the “Sociedad Venezolana de Cirugía Ortopédica y Traumatología” (SVCOT), the national Trauma and Orthopaedic Society, is 1,606, according to last year’s records. SVCOT has different grades of membership. There are



An Andean valley

387 Adherent members, who are residents or starting to practise; 1073 Effective members, who have had less than six years in practice; 276 Associate members, with more than six years in practice; 93 T titular members, with more than 12 years in practice and after having presented work in a General Assembly; 36 Honorary members, who are awarded this membership according to their curriculum after outstanding practice; and finally 70 Jubilee members, who are retired orthopaedic surgeons and traumatologists.

In 1997, the population with some form of insurance reached 15,665,235 (65% of the total population). 57% of them belonged to the IVSS. The National Health Ministry (MSSD) takes care of about 80% of the population. Despite the fact that public hospitals should theoretically be capable of offering sufficient health services, part of the population relies on being treated at private hospitals or clinics for reasons such as long waiting lists, unsatisfactory treatments, overcrowded hospitals, lack of certain medication and surgical items, inoperative X-ray machines, laboratories, etc. These are problems outside doctors’ control. Thus, qualified specialist work can be found in both the public and private health sector or only in private practice.

Prof Federico Fernandez-Palazzi |
First Vice President of SICOT and National Delegate of Venezuela



Colonial style Catholic church in Falcon state

Accidents and violence caused 12.5% of the total number of deaths in 1999. In the same year, accidents occupied fourth place in causes of death (7.5%), with a mortality rate of 32.8 per 100,000 inhabitants. The sex ratio of mortality due to accidents was 320 males per 100 females. In 1989, the rate was 39.5 per 100,000. Traffic accidents, which represented 60% of all causes of death, were the third cause of death for males and sixth for females. In 1999, suicides and homicides represented 5% of all deaths, ranking seventh in causes of death and fourth in causes of male mortality (78.4%). The mortality rate for homicides and suicides was 11.7 per 100,000 inhabitants in 1998 and 16.9 in 1999. The population most at risk was men from 15 to 44 years of age (430.2 per 100,000). In the first trimester of 2000, homicides and suicides were the fifth cause of death, 83% (7,908) being homicide cases. In 1999, it was 76% (5,860 cases).

When there is a trauma of any kind, multiple fractures, accidents, firearm wounds – which occurs very often on weekends – fires, road accidents, etc., the patient is brought to an emergency hospital that is usually overcrowded. If possible, the patient will receive an initial medical evaluation. If surgery is required but can possibly be postponed, the patient is admitted to a hospital ward until the surgery can be performed.

Thus, emergency hospitals, but also the referral hospitals, are mostly filled with patients needing urgent surgery that has been delayed. As a result, less elective surgery is performed and creates a long waiting list. This is the main reason why people at present choose to attend private practice... but what the future will offer... we do not know!!



- ▶ **Country name:** Venezuela
- ▶ **Capital:** Caracas (over 5,000,000 people)
- ▶ **Location:** north coast of South America
- ▶ **Population:** 26,128,898 (13,127,351 males and 13,001,547 females; 93% urban and 7% rural)
- ▶ **Age structure:** under 14: 34.04%; 15-64: 61.51%; above 65: 4.44%)
- ▶ **Size of country:** 916,446 km²; formed of 23 states, one Capital District and one Federal Dependency consisting of 311 islands
- ▶ **Population density:** 28.93 inhabitants per km²
- ▶ **Growth rate:** 17.22 per 1,000 population
- ▶ **Birth rate:** 22.31 per 1,000 population
- ▶ **Death rate:** 5.89 per 1,000 population
- ▶ **Infant mortality rate:** 16.82 per 1,000 live births
- ▶ **Ethnic features:** 67% mixed origin, 21% white, 10% black, and 2% Indian
- ▶ **Religion:** 92% Catholic
- ▶ **Official language:** Spanish
- ▶ **No. of doctors:** 48,000
- ▶ **No. of orthopaedic surgeons registered at SVCOT:** 1,606
- ▶ **No. of hospital beds:** 9 per 10,000 population
- ▶ **No. of medical schools:** 12
- ▶ **SICOT active members:** 8





Much has happened since Dr Chadwick F. Smith, then Congress President and now President of SICOT, asked me in February 2002 to organise a programme on technology applications to orthopaedic surgery for the SICOT/SIROT 2002 TWC. Dr Wayne H. Akeson, then President of SIROT and now Chairman of the SICOT/SIROT Research Commission, Dr Smith and I met in Los Angeles in April of the same year. On 2 July, orthopaedic surgeons and information technologists from the University of Southern California (USC), Stanford University, University of California - San Diego (UCSD), and University of California - Los Angeles (UCLA), formed the California Orthopaedic Research Network (CORN). On 29 August, Dr Akeson moderated a symposium, entitled "Internet2 Applications to Orthopaedic Surgery", which later led to the formation of the Orthopaedic Surgery Working Group (OSWG) of Internet2 on 28 October. Internet2 appointed Dr Smith as Chairman of OSWG. Members of OSWG and CORN organised a live telecast, at 11.0 megabits per second, of hand surgery from an operating room at UCLA and virtual hand surgery from SUMMIT, Stanford University, for an audience attending the Fall 2002 Internet2 Member Meeting in Los Angeles and a group of medical students attending the Visualization Portal at UCLA. During the AAOS Annual Meeting that was held on 5 February 2003, Dr Smith announced the planned expansion of CORN throughout the Western Hemisphere. On 12 September 2003, members of OSWG and CORN presented a symposium, entitled "Internet2 Applications to Orthopaedic Surgery," at the Second SICOT/SIROT AIC in Cairo, where they also met with representatives of the Egyptian University Network, the Library of Alexandria, and the National Training Institute.



Arthrex sponsored the live telecast of arthroscopic shoulder surgery at Columbia University Medical Center (photographer: Jan Zanetis, Tandberg USA)

Progress at this point was halted as there were several missing pieces of the puzzle which only appeared in 2005. In April, the World Bank joined Internet2. In July, David Gray on behalf of the Global Development Learning Network (GDLN) for the Latin American and Caribbean Region (LAC) signed a Memorandum of Understanding with Dr Florencio Utreras, Executive Director of CLARA (Internet2 of Latin America). Internet2, CLARA and GDLN/LAC presented a programme from Washington, D.C., to several countries in South America in October and then met on 10 November to form the e-Health Task Force, which aimed to create ten programmes to be transmitted to Latin America as a pilot series entitled "Delivering Healthcare Programs to Latin America via Internet2, CLARA and GDLN". The fourth programme, entitled "Infusing Information Technology into Orthopaedic Surgery", was presented at the Fourth SICOT/SIROT Annual International Conference in Buenos Aires on 24 August 2006. It marked the formation of the Orthopaedic Research and Education Network of the Americas (ORENA), which includes orthopaedic surgeons, radiologists,

information technologists and educators at research universities in the Western Hemisphere.

The Global Forum on Road Traffic Trauma began on 5 December 2006 and on the following day Dr Louis U. Bigliani moderated a live telecast of two arthroscopic shoulder surgeries from the operating rooms at Columbia University to 16 cities on four continents, including a conference room in Cairo, as part of the Annual Meeting of the Egyptian Orthopaedic Association. Dr Hatem Galal Said moderated this telecast from Cairo.

Dr Hatem Galal Said: “[...] Two simultaneous surgeries were being performed, one on arthroscopic rotator cuff repair and the other on arthroscopic shoulder instability repair. The session lasted two hours and the cameras interchanged between the operating rooms. [...] The quality of the video and audio transmission was very good, so no operative details were missed. This kind of live interaction brought many benefits at very little cost to a large group of doctors. We look forward to many more sessions using the same technology to deliver orthopaedic education all around the world.”

Also on 6 December, Prof Charles Sorbie, Chairman of the SICOT Education Committee, Dr Joseph Bosco from NYU-HJD and Dr Smith were among



Dr Louis U. Bigliani moderating the arthroscopic shoulder surgery from the videoconference room, as seen on a Tandberg 6000 Videoconference System (photographer: Jan Zanetis, Tandberg USA)

the participants in a forum on international orthopaedic education.

Prof Charles Sorbie: “I was pleased to be able to communicate directly and clearly with my colleagues in other countries in real time. It was like seeing them across a table. [...] While there is an important knowledge bank available on the Internet at existing sites, the value of direct communication with colleagues and teachers is immense as it allows discussion and debate. The possibilities for using Internet2 to raise the quality of surgical care across the globe now exist in many forms but I am sure that this is only the beginning of what will be achievable as we learn about its full potential. [...]”

With the completion of the ten programmes, Internet2, CLARA, GDLN (World Bank) and SICOT agreed to operate ORENA in order to generate 50 healthcare programmes throughout Latin America and the Caribbean. On behalf of Dr Smith, Mr Gray, Dr Utreras, and Dr Michael McGill of Internet2, I invite not only members of SICOT, but also members of other orthopaedic associations, to help ORENA meet its goal in Latin America. Expansion of ORENA has already begun with programmes having been sent to Pakistan, India, Egypt and China. Among the participating institutions in the United States and Canada are USC, UCLA, Stanford, UCSD, Johns Hopkins Medical Institute, Columbia University, the National Library of Medicine, Indiana University - Purdue University Indianapolis, the University of Toronto and Queen’s University (Kingston). ■

Additional information can be found at:

<http://health.internet2.edu/WorkingGroups/OrthopaedicSurgery.html>

and

<http://www.firstmile.us/events/conf/spr06/agenda.php>

Dr Thami Benzakour | Chairman of the Finance Committee



The present "SICOT Finance Committee" was appointed in Istanbul in September 2005. This committee is composed

of five statutory members: Prof Maurice Hinsenkamp as SICOT Secretary General, Prof Patricia Fucs as SICOT Treasurer, Prof Rocco P. Pitto as Editorial Secretary, Prof Jean-Pierre Courpied as Editor of the International Orthopaedics Journal and Prof Cody Bünger as President Elect. The three additional members appointed among the SICOT National Representatives are Prof Bartolome T. Allende, Prof Keith D-K Luk and Prof Gershon Volpin.

The role of the Finance Committee, as indicated in the Constitution and bylaws, is to review the financial implications and consequences on the treasury of all activities and projects of the Society and to assess the budgets of SICOT, the SICOT Foundation, and the SICOT Conferences and Congresses. The committee also has to review the use of funds, the investments and the transactions, as well as making recommendations to the Board of Directors and to the International Council.

Procedures: the Finance Committee is used to working closely

with the SICOT Head Office to keep itself informed of major business developments and to improve the quality of reporting and financial control as recommended by the International Council.

The first Finance Committee meeting was held in Buenos Aires before the 2006 Annual International Conference. Referring to our agenda, we reviewed the SICOT annual statements for 2005 and the SICOT budget for 2007.

For the 2006 Treasury report, we had to look into the Society's financial accounts and statements which KPMG had previously audited for 2005.

Globally, the result for 2005 was a profit of EUR 24,875; and the total balance sheet represented EUR 2,306,839. The operating results and the total revenues had improved. However, the expected operating surplus was not reached. Thus, SICOT has been unable to continue investing in initiatives to improve membership.

Meanwhile, the congress activities contributed to a reduction of the operating deficits. Thus, without any congress activity, the global operating deficit would have been EUR 134,210 higher. This amount represents the difference between the congress income and the congress expenditure.

Therefore, it seems obvious that

"organizing meetings remains a viable activity for SICOT; and with cautious and thrift management, it represents a reliable source of much needed income".

The portfolio of EUR 1,268,298 invested over the last four years is aimed at ensuring protection from market fluctuations. Our reserves are quite stable at EUR 1,840,489.

The 2007 operating budget aims at restoring the financial balance and containing costs. More detailed information can be found in the reports of the Treasurer and the Secretary General.

In conclusion, the Finance Committee's task is to analyse the income strategy, working methods and staffing policies, as well as other trends and issues to avoid any deficit and to ensure a healthy SICOT financial state. ■

The recommendations of the Finance Committee members:

- 1. Reduce operating expenses**
 - > Head Office
 - > Revisit travel subsidies
 - > Revisit presidential dinner subsidies
- 2. Increase income**
 - > Reduce risk and increase return by engaging other banks for our investment
 - > Increase membership
 - > Ensure a positive balance for all scientific meetings through strict budgetary control

Hospital under fire: the experience of the Western Galilee Hospital in Israel

Prof Gershon Volpin | National Delegate of Israel



Western Galilee Hospital of Nahariya is located in northern Israel, about 10 kilometres from the border with Lebanon. We serve 450,000 residents of the Western Galilee, 50% of whom are Jews and 50% are Muslims, Christians and Druze.

Over the past 30 years, our hospital has been threatened many times by rockets launched into northern Israel.

Four years ago, we constructed a new surgery building and underneath it an underground hospital. The underground hospital has a capacity of 450 beds and an underground network of roads enables ambulances to access the hospital facilities. Most of the underground facilities are also protected against biological and chemical warfare with an elaborate air filtering system.

When the war started on 12 July 2006 and the rockets began falling, all patients were evacuated to the underground hospital within three hours. During the month-long war, 800 rockets fell on Nahariya alone and several fell in the fields surrounding our hospital.

On 28 July, a rocket hit the fourth floor of the surgery wing, causing severe damage to the ophthalmology department, leaving a gaping hole in the wall and destroying patients' rooms and medical equipment. The damage was estimated at about USD 200,000. Fortunately, there were no injuries since all patients and medical staff had been evacuated to the underground facilities.

Despite the constant sirens and attacks, we managed to continue with routine medical and surgical care. About 2,400 patients were admitted to our hospital during that month. Some of the orthopaedic patients were elderly people who had fallen while running to shelters and had to be admitted to hospital with various types of injuries.

1,858 patients were treated by the hospital staff during the month-long war. All patients were transferred from ambulances or helicopters to special trauma emergency rooms, according to the severity of the injury. 947 of them (about 51%) had symptoms of psychological trauma and were treated in a special emergency room, separated from the physically injured patients. The remaining patients had various degrees of injuries as follows: 839 patients had mild injuries such as shrapnel lacerated wounds of the body or closed simple fractures of limbs; 42 patients had moderate injuries such as open comminuted fractures of limbs, extensive soft tissue injuries, amputation of limbs; and 18 patients had multiple trauma including chest and abdominal injuries, vascular and head injuries. Some had associated compound fractures of limbs. Twelve patients, two of them from the same family, died of rocket injuries.

For contact:
volpinger@yahoo.com



Patients being treated in the underground hospital

A journey to the SICOT Education Centre at the King Edward Medical University in Lahore

Prof Maurice Hinsenkamp | Secretary General



After the inauguration of the SICOT Education Centre in Lahore in January 2004 and in addition to all the activities organised

locally by Prof Dr Syed Awais, I wanted to give significant support to this centre using Institutional Grants and at no additional cost to SICOT. The most accessible source for me was the Ministry of Cooperation in Belgium which promotes cooperation between universities in Belgium and universities in developing or emergent countries. After two years of negotiation, the project was finally accepted and, within the next four years, 14 six-month scholarships will be attributed to postgraduate students of orthopaedic surgery at the Orthopaedic Department of Erasmus Hospital – Brussels University; and four scholarships for PhD students who will be able to share their work with partner universities. Also, a National Bone and Tissue Bank will be created at the King Edward Medical University (KEMU). Altogether, a grant of EUR 361,000 was attributed to the four-year programme.

The project got underway in July 2006 when two postgraduate students from Lahore started their training in Brussels. The second event includes the arrival of two

PhD students, one in orthopaedic surgery and one in engineering. Selection of the candidates still needs to be done. It was within the framework of this project that my present mission to Lahore was organised. I landed in Lahore on 5 December 2006 at 4.55 a.m. and, after a short rest, Prof Dr Syed Awais and I were interviewed by one of the main Pakistani TV networks, namely ARY One.

The interview was immediately followed by the founding meeting of the Multidisciplinary Interuniversity Research Group (MIRG) which will promote and enforce interdisciplinary cooperation in the field of Orthopaedic Research. The first task of this new group will be to select the PhD students who will work on improving the technique of external fixation developed locally by Prof Dr Syed Awais and study the incidence of different frame configurations on bone healing.

The evening was devoted to a video conference arranged by the Higher Education Commission of Pakistan and Internet2, which gathered several universities from around the world. The topic was traffic trauma, prevention, triage and treatment. On the same evening, I was invited to a dinner by Mr Ikram Rana (former Health Minister of Punjab) at the Gymkhana Club.

The next morning, at the invitation of the Dean, Prof Dr Muhammad Arfi Butt, one of the founding members of the MIRG, I gave a lecture on biomaterials and the evolution of orthopaedic implants at the Institute of Chemical Engineering and Technology.

After visiting Lt Gen Arshad Mahmood, Vice-Chancellor of the University of the Punjab and co-signatory of the scholarship programme, we went to the SICOT Education Centre where Prof Dr Syed Awais, who was recently promoted Pro-Vice-Chancellor of his University, introduced his different educational and training programmes and evaluation procedures in orthopaedic surgery.

The centre appears to be very active and well attended not only by orthopaedic students and specialists from Pakistan and the neighbouring countries but also by other related scientists. We were also introduced to the team of very active social workers led by Mr Ghiasuddin, also known as Mr Babajee, who makes the impossible happen for many of the poorest patients who cannot afford expensive treatment. Since its establishment, the SICOT Education Centre in Lahore has each year hosted on average 126 lectures for undergraduate students of the local faculty, 18 lectures/seminars for postgraduate residents from

a visiting faculty, 13 courses for the professional development of nurses and paramedics, and six workshops on different topics, which lasted between one day to two weeks and were aimed at postgraduate students. The Education Centre is also hosting evaluations of postgraduate residents (formative conducted by the department and summative conducted by the university). Through its computer network of 18 terminals, library, museum and skill centre, the centre is also providing basic requirements for the department to provide good training and clinical services. During this initial period of three years, the centre has not only been visited each year by experts from different universities in Pakistan but also by experts from Europe, United States, Canada, Afghanistan, India, Bangladesh, Nepal and Iran.

In the afternoon, there was another video conference organised by Internet2 on shoulder arthroscopy, which was moderated by Dr Louis Bigliani, our National Delegate for the United States. Afterwards, we met with Prof Dr Muntaz Hassan, Vice-Chancellor of the King Edward Medical University, another co-signatory of the scholarship programme.

After an enjoyable supper with Prof Naseer M. Aktar, former Head of the Orthopaedic Department at

KEMU and the father of modern orthopaedic surgery in Pakistan, a new Internet2 forum was held on International Orthopaedic Education and SICOT Education Centres. The SICOT officers were especially well represented by Prof Charles Sorbie as the moderator in Kingston, Dr Chadwick Smith in Los Angeles, Prof Galal Zaki Said and Dr Hatem Galal Said in Cairo, and Prof Dr Syed Awais and myself in Lahore.

On the third day, we were welcomed by the Governor of Punjab, Lt Gen Khalid Maqbool, who has been a strong supporter of the project since the early days. He is actively promoting training in orthopaedic surgery as well as education and research in the health sciences, as improving the socio-economical development of Pakistan and the well-being of the population are major issues. Following the meeting, we drove to Islamabad with Prof Dr Syed Awais, at the invitation of Prof Dr Muktar Ahmed, member of the operations and planning at the Higher Education Commission (HEC), to discuss a huge new project to establish a Federal University of Health Sciences in Islamabad.

In the evening, after a short visit to the family of Dr Jamshed (a trainee presently in Belgium), Prof Dr Syed Awais and I were invited by the Ambassador of Belgium, Mr Goffin, for an enjoyable dinner with Prof

Muktar Ahmed (HEC) and Mr T. Bargfrede from the European Union.

The way back to Lahore at night on the Grand Trunk Road was an interesting experience, as improving the road infrastructure is a preliminary step in preventing traffic trauma before starting to educate the population. We ended the "day" with a late discussion with Prof Dr Syed Awais on the programme for PhD students.

On the last morning, at the invitation of the Governor, I visited the University of Health Sciences in Lahore, while Prof Dr Syed Awais flew to Kathmandu for the Orthopaedic Association of the South Asian Countries (OASAC) Meeting. I took my flight back to Brussels that afternoon.

In conclusion, I believe the SICOT Education Centre in Lahore sets a prime example for other initiatives aimed at improving orthopaedic surgery in Pakistan. It should be the profile for future SICOT Education Centres as well as the flagship centre for the advancement of health science, research and treatment.

Obviously, all this could not have happened without the dynamism and inexhaustible energy of Prof Dr Syed Awais, our National Delegate for Pakistan. I thank him very much for his warm hospitality. ■

Fifth SICOT/SIROT Annual International Conference 2007 Marrakech, Morocco

PROVISIONAL PROGRAMME AT A GLANCE*

Time	AMBASSADORS ROOM	FES 1 ROOM	FES 2 ROOM	KARAM I ROOM	EXHIB. HALL	
Wednesday, 29 August 2007						
18.30	OPENING CEREMONY and WELCOME COCKTAIL					
Thursday, 30 August 2007						
08.00-10.00	Adult Hip Disorders	Sports Medicine	Spine: SRS / SICOT	SIROT	P O S T E R S	
10.00-10.30	P L E N A R Y L E C T U R E : Lars LIDGREN (Sweden)					
<i>Coffee Break</i>						
11.00-12.30	Hip Joint Replacement	Sports Medicine	Spine: SRS / SICOT	Bone Healing		
<i>Lunch / Workshop / SICOT General Assembly in FES 1 ROOM</i>						
14.00-15.30	Hip Trauma	Sports Medicine	Spine: SICOT	SICOT / SIROT Research Commission		
15.30-16.00	P L E N A R Y L E C T U R E : Laurent SEDEL (France)					
<i>Coffee Break</i>						
16.30-17.30	Hip Trauma	Internet2 in Orthopaedics	Spine: SICOT	SICOT / SIROT Research Commission		
Friday, 31 August 2007						
08.00-10.00	Paediatrics SICOT / IFPOS	SICOT / SMACOT Trainees Meeting: General Orthopaedics / Trauma	Foot	Osteoporosis	P O S T E R S	
10.00-10.30	P L E N A R Y L E C T U R E : Lowell GILL (USA)					
<i>Coffee Break</i>						
11.00-12.45	Paediatrics SICOT / IFPOS	SICOT / SMACOT Trainees Meeting: General Orthopaedics / Trauma	Ankle	Bone Loss / Non-union		
<i>Lunch / Workshop</i>						
13.45-15.30	Paediatrics SICOT / IFPOS	SICOT / SMACOT Trainees Meeting: Knee	Bone Tumours	Shoulder / Elbow / Hand		
15.30-16.00	P L E N A R Y L E C T U R E : Tomihisa KOSHINO (Japan)					
<i>Coffee Break</i>						
16.30-17.30	Paediatrics SICOT / IFPOS (ends at 18.00)	SICOT / SMACOT Trainees Meeting: Knee	Bone Tumours	General Orthopaedics / Trauma		
Saturday, 1 September 2007						
08.00-10.30	Road Traffic Injuries	SMACOT Symposium: Ankle Trauma	Adult Knee Disorders	Navigation	P O S T E R S	
<i>Coffee Break</i>						
11.00-12.30	Road Traffic Injuries	SMACOT Symposium: Ankle Trauma	Symposium: Current Status of TKA (ends at 12.00) Knee	Mini Invasive Surgery		
<i>Lunch / Workshop</i>						
14.00-15.30	Best Free Papers	Infections	Knee Arthroplasties	Neurology in Orthopaedics		
15.30-16.15	CLOSING CEREMONY					

* at 24 January 2007

NB - Times are subject to change

For more information, please visit:

http://www.sicot.org

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