



www.sicot.org

SICOT

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

■ Newsletter

Hong Kong TWC 2008
Abstract submission deadline:
15 January 2008



Photographer: Lisa Jelley, Zero Design

Orthopaedics in Belgium

In this issue

- Evidence based orthopaedics 2
- Editorial by Prof Chadwick Smith 3
- Country to country: Orthopaedics in Belgium 4
- Committee life: SICOT/WOC Committee Activities 6
- On the Web: SICOT Telediagnostic 8
- Worldwide news: IFPOS 9
- Congress news: Hong Kong TWC 2008 - Hotel Accommodation 10

No. 108

December 2007

Background

Bioresorbable implants for musculoskeletal injuries involving bone and ligaments in adults might have significant advantages compared to the conventionally used non-resorbable metal implants because they lead to a gradual transfer of the mechanical load from the implant to the healing bone and do not require a secondary removal operation. Tissue reactions may present a problem and bioresorbable screws are mechanically not as strong as their metal counterparts.

Objectives

To compare bioresorbable implants to non-resorbable implants with respect to functional outcome, wound infections, other complications and reoperation rate, in the fixation of bone fractures or re-attachment of soft tissue to bone.

Search strategy

We searched the Cochrane Musculoskeletal Injuries Group Specialised Register (March 2004), the Cochrane Central Register of Controlled Trials (The Cochrane Library Issue 1, 2004), MEDLINE (1966 to February 2004), EMBASE (1988 to February 2004), BL Inside (to February 2004), SIGLE (to February 2004), the metaRegister of Controlled Trials at <http://controlled-trials.com>, and reference lists of articles.

Selection criteria

Randomised controlled trials (RCTs) and quasi-randomised trials, comparing bioresorbable osteosynthesis with metal osteosynthesis (including titanium and stainless steel implants) were included.

Data collection and analysis

Review authors independently assessed trial quality and extracted data. Data were pooled where relevant

and possible. Sub-analyses for specific type of fractures and for specific type of tissue reactions were performed. Requests for more information were sent to trialists.

Main results

No significant difference between the bioresorbable and other implants could be demonstrated with respect to functional outcome, infections and other complications. Reoperation rates were lower in some of the groups of people treated with bioresorbable implants.

Authors' conclusions

In a selected group of compliant patients with simple fractures, the use of bioresorbable fixation devices might be advantageous. ■

Reference: *The full text of the review is available in [The Cochrane Library](#) (ISSN 1464-780X).*

*This record should be cited as:
Jainandunsing JS, van der Elst M,
van der Werken CC.
Bioresorbable fixation devices for
musculoskeletal injuries in adults.
Cochrane Database of Systematic
Reviews 2005, Issue 2*

Hong Kong TWC 2008

Abstract submission deadline:
15 January 2008



As the end of year approaches, it is customary to contemplate the past year's activities. You can indeed be proud of the efforts of your Executive Committee. We have expanded our outreach activities to several countries in Africa with a goal of 5 education centres in sub-Saharan Africa and encourage young orthopaedic surgeons to join SICOT. We also have the potential to have a new education centre in Cairo, which will be associated with the national library. Our outreach programme is extending to Russia and the Balkans, and we anticipate several new education centres and many new members in that area. It is also our hope that China will allow us to consummate our goals for new members and education centres in China. We should know within a year how many new members will be present from Mainland China and where the education centres will be located.

The most exciting activity over the last three months, however, has been the formation of an International Board of Orthopaedic Surgery, which will provide status for worldwide recognition of our members by offering a true Diploma Certificate, which is registered and numbered. We are working with the World Bank, several ministers of health in developing countries, the State Department of the United States of America, and several diplomatic missions in Europe and Asia. The goal will be to correlate our educational activities with our testing activities to improve the delivery of healthcare. Several diplomatic types are very interested in using our International Board as a "gold standard" for other specialties and we are working hard to solidify this process.

SICOT also worked with the Bone & Joint Decade to present on 14 November 2007 the first of several worldwide interactive educational programmes.

We on the Executive Committee hope that each of you will work on obtaining at least one new member for SICOT. We now have many things to say to the prospective member when he or she asks "what can SICOT do for me"!

Chadwick Smith
SICOT President

Orthopaedics in Belgium

Prof René Verdonk | SICOT National Delegate of Belgium



SICOT Belgium is an umbrella organisation. When requested by the SICOT Head Office in Brussels, most members will participate in teaching around the world. Specific and specialised expertise is available at many levels of knowledge and sharing this expertise has become second nature to the Belgian members.

Many subspecialty societies exist, and are very active both inside and, by association, also outside Belgium. These international societies focus on specific anatomic regions to confront orthopaedic pathological conditions to develop new techniques and therapies.

They gather regularly in Belgium and have great success both scientifically and socially.

In Belgium, there are seven medical faculties offering the specialised diploma in Orthopaedic Surgery and Traumatology. After passing the diploma in Medicine, which lasts seven years, this specialisation becomes accessible and it involves a further six years of study: two years in general surgery and four in orthopaedic surgery and traumatology. The examinations at the various universities include defending a thesis at the end of the six years, sitting written examinations, and taking oral examinations in front of the National Board of Orthopaedic Surgery which is com-

posed of faculty members of each university.

Belgium chaired the Eurospine Congress in Brussels in October 2007 and welcomed in excess of 1,700 participants from all over the world. One of the speakers was top-class athlete Marc Herremans, who became paraplegic after a sports accident. He took the stand before more than 1,000 spine surgeons, sharing his experience and feelings with the audience. He promoted his new challenge for the future as he established the foundation “To Walk Again” designed to help people with spinal cord injuries. It was a most emotional moment at a well-attended scientific meeting.



Grand Place in Brussels (Photographer: Georges Lycke)





Dinant (© Photographer: Bernhard Sonderhuesken)

2008 will bring more orthopaedic surgeons to Belgium. Geert Declercq from Antwerp will chair the SECEC international congress in Bruges (18-20 September 2008). It is for the first

also being confronted with incapacitating upper limb problems. The medieval city of Bruges will also host the 3rd European Advanced Course on Knee Arthroplasty on 11-13 June 2008, concerning problems in implant surgery. Divergent views still exist with regard to indications and surgery. Just take the minimally invasive approach issue and your meeting can start right now. Bruges plus orthopaedic surgery...it will turn out to be a formula for success. Indeed, beware of Bruges, you may very well fall in love with it! ■



The Belfry of Bruges
(Photographer: Tim Bekaert)



The Atomium in Brussels
(Photographer: Hélène de Jaham)

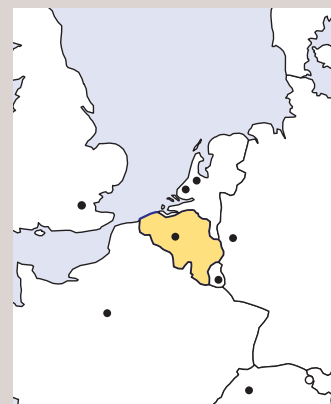
time that this European shoulder society convenes in Belgium. Clearly the interest in shoulder pathology now equals the fascination with the knee and hip, the more so as the geriatric patient is

- ▶ **Capital:** Brussels
- ▶ **Official languages:** Dutch, French, German
- ▶ **Type of government:** Federal parliamentary democracy under a constitutional monarchy
- ▶ **Size:** 30,528 km²
- ▶ **Population:** 10,400,000
- ▶ **Population growth rate:** 0.12% (2007 est.)
- ▶ **Birth rate:** 10.29 births/1,000 population (2007 est.)
- ▶ **Death rate:** 10.32 deaths/1,000 population (2007 est.)
- ▶ **Life expectancy at birth (total population):** 78.92 years

Source: *The World Factbook*

- ▶ **No. of orthopaedic surgeons members of national societies:** 600
- ▶ **No. of physicians:** 46,268 (2002)
- ▶ **Total expenditure on health as percentage of gross domestic product:** 9.7 (2004)
- ▶ **No. of hospital beds (per 10,000 population):** 53.0 (2005)

Source: *World Health Organization*



SICOT/WOC Committee Activities

A role model for training programmes

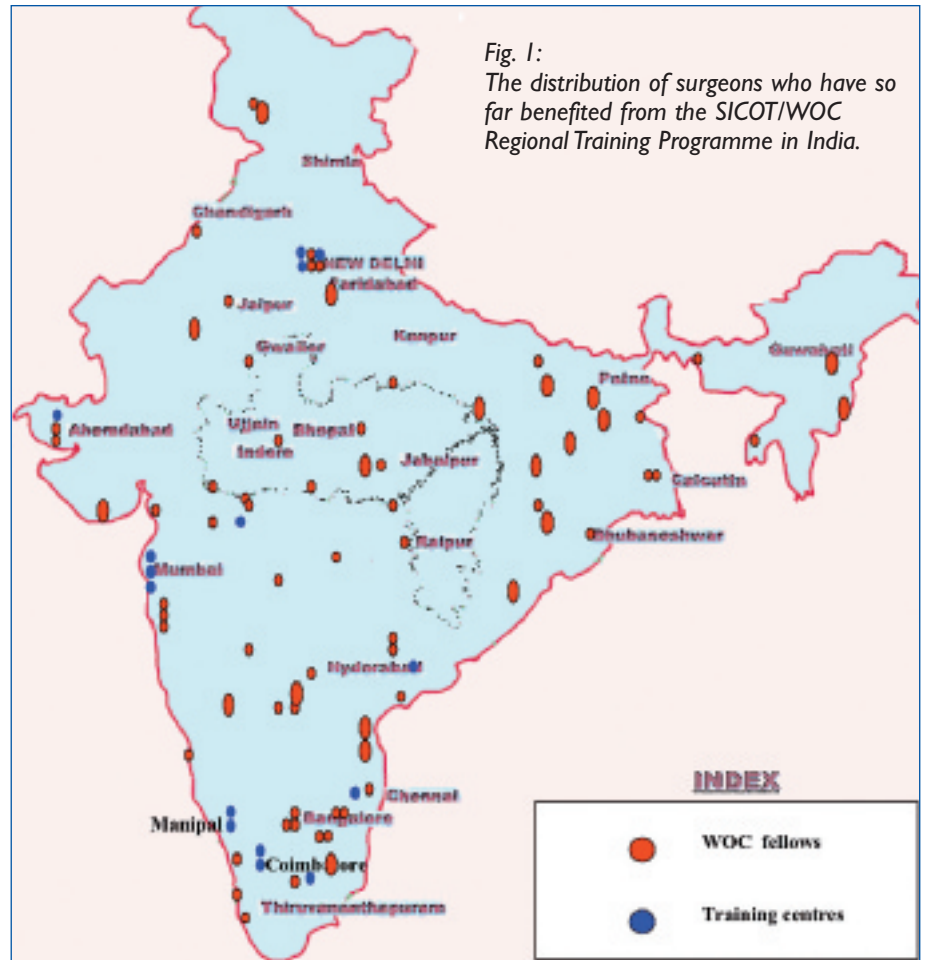
Dr S. Rajasekaran | SICOT/WOC Committee Chairman & President of the World Orthopaedic Concern, UK



The SICOT/WOC Committee has focused its activities on education and practical training of surgeons around the world. These activities have centred on funding fellowships for travel and stay of young surgeons at 'Centres of Excellence' in their academic areas of interest. The highlight of these fellowships has been to provide excellent practical and hands-on training at low cost. Overseas fellowships are usually expensive and not more than one or two surgeons can benefit from them. To overcome this hurdle, a 'Regional Training Fellowship Programme' was started in India - a concept proposed by Prof T.K. Shanmugasundaram, Past President of WOC-International. The SICOT Foundation has donated three instalments of USD 7,500 amounting to a total of USD 22,500 towards the establishment of this programme. A fellowship applicant chooses the mentor and the institution at which to be trained and the specific area of interest. WOC will then liaise with the chosen mentor and make it possible for the surgeon to travel to that centre for a specified period of time. In most centres, the mentors will also arrange for either free or subsidised accommodation to reduce cost.

The advantages of the programme are the following:

- The centre of training is usually within the same country and hence the travel expense is minimised.
- Being in the same country, there is no legal hindrance for the trainee to participate actively in the clinical work and also assist during surgeries.
- The pathology and the facilities available in the training



The advantages of the programme are the following:

- The centre of training is usually within the same country and hence the travel expense is minimised.
- Being in the same country, there is no legal hindrance for the trainee to participate actively in the clinical work and also assist during surgeries.
- The pathology and the facilities available in the training

centre usually match those chosen by the trainee.

- In most instances, hands-on training is possible with active supervision by the mentor.
- A friendly and close relationship can be formed between the trainee and the mentor and, being from the same region, it allows continued guidance whenever the trainee requires assistance later in practice.

Fig. 2: The distribution of surgeons from overseas who have so far benefited from the SICOT/WOC Regional Training Programme.

More than 90 surgeons from India and eight from overseas (Fig. 1 and 2) so far have been trained in this programme. The overseas surgeons are Dr Sirag and Dr Birhanu Ayana from Ethiopia, Dr Suriyanto from Indonesia, Dr Aung Swe from Burma, Dr Md.Iqbal Qavi from Bangladesh, Dr Zeng Zhoe from China, Dr Sivaguru Jeyamanohara from Sri Lanka and Dr Fred Otsyeno from Kenya. Other regions of WOC notably WOC-UK and WOC-Holland have supported the travel of doctors from Ethiopia and Indonesia to be trained in India.



The individual cost of the training programme has been remarkably small, amounting to less than USD 200 per candidate. The SICOT/WOC regional training programme stands as a role model for future training programmes around the world. ■



SICOT/WOC travelling fellow Dr Fred Otsyeno, Kenya, with Dr S. Rajasekaran, WOC President & Dr Andrew Keith Thompson (Overseas Visiting Fellow)

Mr Jean-Charles de Longueville | Telediagnostic Technical Project Leader
Prof Maurice Hinsenkamp | SICOT Secretary General



Mr Jean-Charles de Longueville



Prof Maurice Hinsenkamp

After the technical deployment phase, this is a good time to assess the state of development of the SICOT Telediagnostic. The first step was completed: a tool was designed and built. The second step was achieved: a reasonable amount of Education Centres were fully equipped in developing countries. The third step was done: all SICOT members now have access to this tool.

The already enrolled members have allowed us to reach the critical mass of users needed to provide an appreciable value to all networking tools. Let us, therefore, start using it to its full potential. It will become an exceptional and unique tool to disseminate orthopaedic knowledge, skill and expertise.

All you have to do is point your web browser to <http://telediag.sicot.org> and log in with your SICOT member username and password. The tool should be self-explanatory. For any questions about it and its use, please send an e-mail to telediag@sicot.org.

SICOT Telediagnostic should become an education tool available in every Orthopaedic and Trauma academic centre where SICOT members are involved. For instance, submitted cases will be presented and discussed every week at the staff meeting of the Orthopaedic Department at Erasme Hospital (Brussels).

Sabri El Bana, Head of the Orthopaedic and Trauma Department in Vesal Hospital (Charleroi), will continue to dispatch your specific cases for specialised advice to expert centres all over the world. Such worldwide consultation has an inestimable value and this is offered to all SICOT members. The Bone Tumour team of Rainer Kotz in Vien-

na is a good example of this international expertise.

The pioneering users, Thami Benzakour in Casablanca and Syed Muhammad Awais at the King Edward Medical University in Lahore, have understood well this educational dimension.

The large community of SICOT members represents a unique thesaurus of science and knowledge in orthopaedics. SICOT Telediagnostic is just one tool which allows us to unite our efforts to get our questions answered, but like all networking tools, the more it is used the more it will sustain value...

Need help with diagnosing or managing a case?

SICOT can help. The Telediagnostic service is a free online facility provided to all SICOT members. If you have a difficult case to diagnose or manage, we can help.

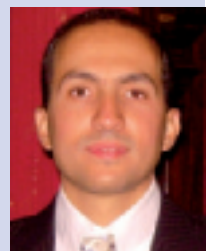
Simply log in to the member's area on the SICOT website, and choose Education from the menu on the left-hand side and then SICOT Telediagnostic, or log in to <http://telediag.sicot.org> with your SICOT username and password.

Upload the details of the case and some pictures. These cases are forwarded to specialised SICOT surgeons all over the world, who will review them, and suggest the best line of management.

A small forum is present on each case on the website, for other members to provide their opinion, and share in the decision-making.

So log in now to SICOT Telediagnostic and upload your case. If you are a senior surgeon and willing to join the expert surgeon team, please contact the SICOT Head Office to add your name and speciality.

Dr Hatem Said
Young Surgeons Committee Chairman



International Federation of Paediatric Orthopaedic Societies (IFPOS)

Worldwide
news

Prof Nando de Sanctis | IFPOS President
Prof Henri Bensahel | Coordinator of IFPOS



Prof Nando de Sanctis



Prof Henri Bensahel

Children's Orthopaedic Surgery became a recognised specialty in the second half of the XX century. Despite such relative youth, it has great potential for growth.

Due to its nature, Henri Bensahel thought, during the 1970s, that paediatric orthopaedists from across the world should be able to get together. He took the initiative to create the European Paediatric Orthopaedic Society (EPOS) in 1981. After rapid growth, it became equivalent to the North American society (POS-NA). More recently, the paediatric section of the Asia-Pacific Orthopaedic Association (APOA) and the Latin American societies (SLAOTI) were created. In the nineties, the idea came to both of us to create IFPOS. After some difficulties we founded it in Prague, in April 1996. The world society of children's orthopaedics was born.

Its members are national societies or study groups. The majority of paediatric orthopaedic societies in the world are affiliated to it. Together

with them, the four international societies mentioned above became affiliated to IFPOS.

To avoid increasing the number of annual meetings, it was decided that IFPOS meetings would be triennial and combined with the meeting of another international society. The first meeting was combined with the EPOS meeting in 1998, in Madrid, Spain. Henri Bensahel was elected the first President of IFPOS.

The evolution of IFPOS was rapid and it soon became well known. More and more people attended its triennial meetings. By the Sendai (Japan) meeting with APOA, and the Salvador de Bahia (Brazil) meeting with SLAOTI we concluded our first stage. The fourth meeting was held this year with EPOS in Sorrento (Italy). During this meeting, Nando de Sanctis was elected President. The next meeting will be held in Asia, namely Seoul, Korea, in 2010.

In the meantime, relations between IFPOS and SICOT have become closer and closer. An open and frank relationship has been created. It allows paediatric orthopaedists to draw nearer to SICOT, by attending its meetings more often. During the Istanbul meeting of SICOT, it was decided that our organisation would join SICOT during its Annual Inter-

national Conferences. Hence, in 2006, in Buenos Aires, the IFPOS Day was held. We joined also the Marrakech (Morocco) Conference this year. Both were successful.

A true coalition has occurred and IFPOS is currently in charge of the paediatric scientific sessions of SICOT. It could be considered as the paediatric section of SICOT.

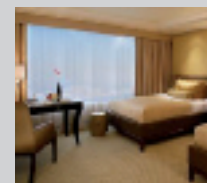
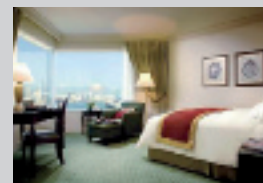
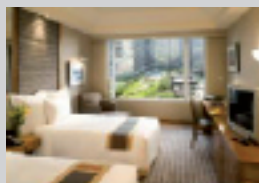
This good relationship is beneficial to both societies. The Hong Kong meeting will be witness to a true and deep relationship while cooperation is currently being developed. IFPOS will attract to Hong Kong a large number of paediatric orthopaedic surgeons thanks to the high standard of its scientific sessions. The Scoliosis Research Society (SRS) will organise a paediatric half-day session following the IFPOS Day. At the same time, the fifth congress of the International Club Foot Study Group (ICFSG) will be held.

This synergy will enhance the worldwide reputation of orthopaedic surgery, of which paediatric orthopaedics is a major component, for the improvement of our clinical community in the future. ■



International Federation of Paediatric Orthopaedic Societies

Hong Kong TWC 2008 Hotel Accommodation



All congress hotels are ideally located in the neighbourhood of the Hong Kong Convention and Exhibition Centre (HKCEC) in Wanchai and nearby districts. They are also conveniently located along major public transport routes. Please indicate your choice on the Hotel Reservation Form on the SICOT website and return it with the appropriate payment to the “International Conference Consultants Ltd.” (the Official Local Agent).

We are expecting a great number of delegates to be flying to Hong Kong for this World Congress. You are advised to make your hotel reservation well in advance. Reservations will be taken on a first come, first served basis.

For group bookings, please write to “International Conference Consultants Ltd.” at sicot@icc.com.hk.

• Renaissance Harbour View Hotel

(main congress hotel, within the same complex of HKCEC)

Address: 1 Harbour Road, Wanchai, Hong Kong

Room rate per room per night:

Superior Harbour View:

HKD 2,100 / USD 270

HKD 2,250 / USD 289 (with 1 breakfast)

HKD 2,400 / USD 308 (with 2 breakfasts)

Superior Garden View:

HKD 1,700 / USD 218

HKD 1,850 / USD 238 (with 1 breakfast)

HKD 2,000 / USD 257 (with 2 breakfasts)

• JW Marriott Hong Kong

Address: Pacific Place, 88 Queensway, Hong Kong

Room rate per room per night:

Deluxe Mountain View:

HKD 2,200 / USD 282

HKD 2,400 / USD 308 (with 1 breakfast)

HKD 2,600 / USD 334 (with 2 breakfasts)

• Conrad Hong Kong

Address: Pacific Place, 88 Queensway, Hong Kong

Room rate per room per night:

Superior City View:

HKD 2,450 / USD 315

HKD 2,650 / USD 340 (with 1 breakfast)

HKD 2,850 / USD 366 (with 2 breakfasts)

• Grand Hyatt Hong Kong

(within the same complex of HKCEC)

Address: 1 Harbour Road, Wanchai, Hong Kong

Room rate per room per night:

Grand Harbour View:

HKD 3,600 / USD 462 (with 1 breakfast)

HKD 4,000 / USD 513 (with 2 breakfasts)

Grand Room:

HKD 3,000 / USD 385 (with 1 breakfast)

HKD 3,400 / USD 436 (with 2 breakfasts)

• Marco Polo Hongkong

Address: Harbour City, 13 Canton Road, Kowloon

Room rate per room per night:

Deluxe (Standard Floor):

HKD 1,600 / USD 206 (Single) and

HKD 1,800 / USD 231 (Double)

HKD 1,700 / USD 218 (with 1 breakfast)

HKD 1,900 / USD 244 (with 2 breakfasts)

• Marco Polo Gateway

Address: Harbour City, 13 Canton Road, Kowloon

Room rate per room per night:

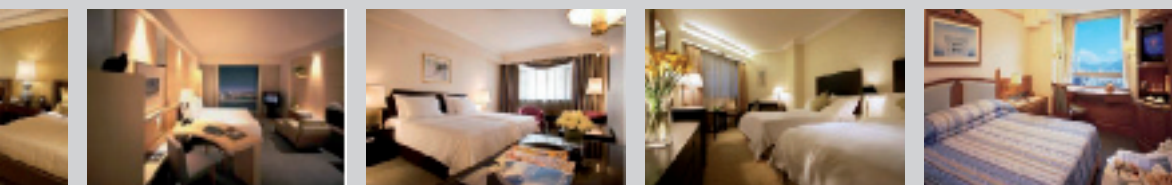
Deluxe (Standard Floor):

HKD 1,500 / USD 193 (Single) and

HKD 1,700 / USD 218 (Double)

HKD 1,600 / USD 206 (with 1 breakfast)

HKD 1,800 / USD 231 (with 2 breakfasts)



• **Novotel Century Hong Kong**

Address: 238 Jaffe Road, Wanchai, Hong Kong

Room rate per room per night:

Standard:

HKD 1,050 / USD 135

HKD 1,140 / USD 147 (with 1 breakfast)

HKD 1,230 / USD 158 (with 2 breakfasts)

• **Harbour View International House**

Address: 4 Harbour Road, Wanchai, Hong Kong

Room rate per room per night:

Premier Harbour View:

HKD 1,100 / USD 141

HKD 1,180 / USD 152 (with 1 breakfast)

HKD 1,260 / USD 162 (with 2 breakfasts)

Premier:

HKD 1,000 / USD 129

HKD 1,080 / USD 139 (with 1 breakfast)

HKD 1,160 / USD 149 (with 2 breakfasts)

• **Empire Hotel Hong Kong**

Address: 33 Hennessy Road, Wanchai, Hong Kong

Room rate per room per night:

Standard:

HKD 800 / USD 103

HKD 880 / USD 113 (with 1 breakfast)

HKD 960 / USD 123 (with 2 breakfasts)

• **The Charterhouse**

Address: 209-219 Wanchai Road, Wanchai, Hong Kong

Room rate per room per night:

Superior:

HKD 750 / USD 97

HKD 820 / USD 106 (with 1 breakfast)

HKD 890 / USD 115 (with 2 breakfasts)

• **Novotel Century Harbourview**

(will be renovated and renamed "Hotel Jen" in March 2008)

Address:

508 Queen's Road West, Western District, Hong Kong

* Free scheduled shuttle between hotel and subway station / Airport Express Station / Wan Chai Ferry Pier (near HKCEC).

Room rate per room per night:

Standard:

HKD 700 / USD 90

HKD 805 / USD 104 (with 1 breakfast)

HKD 910 / USD 117 (with 2 breakfasts)

• **Ramada Hong Kong**

Address: 308 Des Voeux Road West, Hong Kong

* Free scheduled shuttle between hotel and subway station / Airport Express Station.

Room rate per room per night:

Superior:

HKD 640 / USD 82

HKD 680 / USD 88 (with 1 breakfast)

HKD 720 / USD 93 (with 2 breakfasts)

• **Island Pacific Hotel Hong Kong**

Address: 152 Connaught Road West, Hong Kong

* Free scheduled shuttle between hotel and subway station / Airport Express Station.

Room rate per room per night:

Harbour View:

HKD 580 / USD 75

HKD 670 / USD 86 (with 1 breakfast)

HKD 760 / USD 98 (with 2 breakfasts)

The prevailing exchange rate is approximately
USD 1.00 = HKD 7.80.

Payment is in terms of Hong Kong dollar.

Please contact "**International Conference Consultants Ltd**" for hotel reservations:

SICOT/SIROT 2008 XXIV Triennial World Congress

Official Local Agent

International Conference Consultants Ltd.

Unit 301, The Centre Mark

287-299 Queen's Road Central

Hong Kong

Tel.: +852 2559 9973

Fax: +852 2547 9528

E-mail: sicot@icc.com.hk

More detailed information at
<http://www.sicot.org>

Registration fees SICOT/SIROT 2008 XXIV Triennial World Congress 24 - 28 August 2008 Hong Kong



Online registration for Hong Kong TWC 2008 is now open!

Registration fees in EUR*	Early fee (until and including 15 February 2008)	Normal fee (between 16 February and 31 May 2008)	Late/on-site fee (after and including 1 June 2008)
SICOT/SIROT XXIV TWC (24-28 August 2008)			
SICOT/SIROT members	420	495	670
Non-members	570	670	895
Trainees (registrars)	135	170	240
Accompanying persons	210	240	315
Nurses	75	95	145
SIROT meeting only (24 August 2008)			
SIROT members	185	215	285
Non-members	245	285	375
Trainees (registrars)	85	100	135
Accompanying persons	45	55	70
SICOT meeting only (25-28 August 2008)			
SICOT members	340	400	540
Non-members	460	540	720
Trainees (registrars)	60	80	125
Accompanying persons	130	150	195

* exclusive of Belgian VAT

There are special rates for participants from mainland China, Hong Kong, and Macau.

To submit an abstract for the Hong Kong TWC 2008, please go to <http://www.sicot.org>

Editorial Department

Editorial Secretary: Prof Rocco P. Pitto

External Affairs: Linda Ridefjord

Rue Washington 40-b.9, 1050 Brussels, Belgium

Tel.: +32 2 648 68 23 - Fax: +32 2 649 86 01

E-mail: edsecr@sicot.org - Website: <http://www.sicot.org>

