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SICOT

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

Newsletter

A special interview with Prof Yamamuro

Abstract deadline: 10 January 2005

In this issue

No. 90
December 2004

Interventions for treating acute Achilles tendon ruptures

Background: There is lack of consensus on the best management of the acute Achilles tendon (TA) rupture. Treatment can be broadly classified into operative (open or percutaneous) and non-operative (cast immobilisation or functional bracing). Post-operative splintage can be with a rigid cast (above or below the knee) or a more mobile functional brace.

Objectives: To identify and summarise the evidence from randomised controlled trials of the effectiveness of different interventions in the treatment of acute TA ruptures.

Search strategy: multiple databases including the Cochrane Musculoskeletal Injuries Group specialised register (to September 2003), reference lists of articles and contacted trialists. Keywords included TA, Rupture, and Tendon Injuries.

Selection criteria: All randomised and quasi-randomised trials comparing different treatment regimens for acute TA ruptures.

Main results: 14 trials involving 891 patients were included. Several of the studies had poor methodology and inadequate reporting of outcomes. Open operative treatment compared with non-operative treatment (4 trials, 356 patients) was associated with a lower risk of rerupture (relative risk (RR) 0.27, 95% confidence interval (CI) 0.11 to 0.64), but a higher risk of other complications including infection, adhesions and disturbed skin sensibility (RR 10.60, 95% CI 4.82 to 23.28). Percutaneous repair compared with open operative repair (2 studies, 94 patients) was associated with a shorter operation duration, and lower risk of infection (RR 10.52, 95% CI 1.37 to 80.52). These figures should be interpreted with caution because of the small numbers involved. Patients splinted with a functional brace rather than a cast post-operatively (5 studies, 273 patients) tended to have a shorter in-patient stay, less time off work and a quicker return to sporting activities. There was also a lower complication rate (excluding rerupture) in the functional brace group (RR 1.88, 95% CI 1.27 to 2.76). Because of the small number of patients involved no definitive conclusions could be made regarding different operative techniques (1 study, 51 patients), different non-operative treatment regimes (2 studies, 90 patients), and different forms of post-operative cast immobilisation (1 study, 40 patients).

Reviewers' conclusions: Open operative treatment of acute TA ruptures significantly reduces the risk of rerupture compared to non-operative treatment, but produces a significantly higher risk of other complications, including wound infection. The latter may be reduced by performing surgery percutaneously. Post-operative splintage in a functional brace appears to reduce hospital stay, time off work and sports, and may lower the overall complication rate. ■

Citation: *Khan RJ K, Fick D, Brammar TJ, Crawford J, Parker MJ. Interventions for treating acute Achilles tendon ruptures (Cochrane Review). In: The Cochrane Library, Issue 3, 2004. Chichester, UK: John Wiley & Sons, Ltd.*

Why join SICOT

It is often asked "Why should I join SICOT? What special benefits can SICOT offer me?" Perhaps a more fundamental question could be "What is the purpose of SICOT?"

Orthopaedic surgeons join their national societies because they are a part of the local fraternity of orthopaedic surgeons. They would like to know more about the work of their colleagues, but the interaction is not only academic or professional, but also social. For international societies, more and more orthopaedic surgeons are joining only the speciality societies that pertain to the speciality that they practise in. They want to be in touch with the cutting edge of their work and, for some, to show others their achievements. There is nothing wrong with that. However, the motivation there is is largely a selfish one.

On the other hand, I submit that orthopaedic surgeons should have a social and societal duty. They have a duty to know and experience what the rest of the world is like as far as musculoskeletal diseases and their treatment are concerned. They have a duty to help in geographical areas less fortunate than their own. It is only through actual personal experience and contact in various parts of the world, with real patient material and orthopaedic surgeons in person, that one can develop an understanding of such problems, hopefully to motivate the humanitarian side of an orthopaedic surgeon.

No other orthopaedic society in the world offers you the unique opportunity of interacting with 105 nations, or being exposed to perhaps more than 100 ways of solving problems. No other forum offers you the opportunity to have a truly worldwide view of how to treat a problematic orthopaedic condition. By being a member of the SICOT family, you can and should influence the direction that orthopaedics and traumatology may take in the future for the world.

Prof John C.Y. Leong
SICOT President

Orthopaedic surgery in Malaysia

Malaysia is a multi-racial society. Geographically it is situated between Thailand and Singapore. It is made up of Peninsular Malaysia and the states of Sabah and Sarawak which are on the large island of Borneo. Kuala Lumpur is the capital and its population is 2.3 million.

Malaysia gained its independence from the British on 31 August 1957 and has developed to become a modern country. It hopes to attain fully developed status by 2020. The per-capita income in 2001 is USD 3,508, the unemployment rate 3.9% and the literacy rate 93.9%.

The country has an equatorial climate with temperatures ranging from 24°C to 34°C. It is a tourist haven with stunning beach resorts, ancient rainforests like the Mount Kinabalu National Park, world renowned dive sites like Sipadan Island and numerous golf courses.

Malaysia is a relatively young country where 44.9% of the population is less than 20 years old. The elderly population (65 years and above) is expected to increase from 3.9% in 2000 to 4.2% in 2005. The life expectancy of males and females is 70.3 years and 75.2 years respectively. The maternal mortality rate is 0.2‰ live births (2001) and the infant mortality rate is 7.9‰ live births (2000). Non-communicable diseases are the leading causes of death.

Health care in Malaysia has seen vast improvements since the country's independence in 1957. Health care is provided by the public and private sectors and non-government organisations. The major provider is the Ministry of Health. By 1996, 90% of the population lived within 5 km of a static health care facility. In 1994, WHO commended the Malaysian health care system as amongst the best in the region and a fitting model for the developing world. In 2001, there were 115 public hospitals and six medical institutions, the former providing 29,123 acute beds and the latter providing 5,551 chronic beds mainly for psychiatric care. There are 224 private hospitals with 9,949 beds (2001) mostly concentrated in urban areas.

In 2002, there were 17,442 doctors practising in the country, 54% of them in the private sector giving a doctor to population ratio of 1:1,400. The government is looking at a target of 1:600 by the year 2020 or earlier.

Historically there is a chronic shortage of doctors leading to an increase in the number of medical colleges to 15 approved public and private colleges in 2004 as compared to only one in 1963. To make up for this shortage of doctors especially in the rural areas, the Ministry of Health in 2002 approved the recruitment of 1,149 foreign doctors. Up to the present date, 647 have started work.

Medicine is the choice profession amongst high school students in Malaysia. The oldest medical college is the University of Malaya Medical Centre and Faculty of Medicine which produced its first graduates in 1969. Its graduates are leading figures in the country including the

University of Malaya Faculty of Medicine and Medical Centre - the oldest Medical College

Dr Kandiah Raveendran | National Delegate of Malaysia

Minister of Health and the Director General of Health.

Orthopaedic surgery began in Malaysia with the appointment of J.P. Cameron as orthopaedic surgeon in Kuala Lumpur. He left to become the first Professor of Orthopaedic Surgery in Singapore. The first Malaysian was A.M. Ismail who did his orthopaedic training at Liverpool in United Kingdom just as many other Malaysian orthopaedic surgeons following him.

The first academic Department of Orthopaedic Surgery was started in 1966 at the Faculty of Medicine, University of Malaya, Kuala Lumpur headed by the late Sir Francis Silva. Silva was the pioneer SICOT member in Malaysia and presented a paper on experimental scoliosis at the SICOT meeting in New York, 1960. In 1989, there were 61 orthopaedic surgeons in Malaysia with a population of 15.6 million. Now with a population of 23.9 million we have more than 350 orthopaedic surgeons.

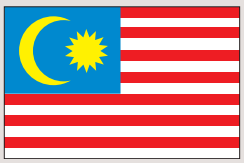
Orthopaedic training in the early years was completely conducted in the United Kingdom. Since 1973, the Fellowship Examination was held regularly in Kuala Lumpur and local trainees became specialists without the need for an overseas stint. In 1978, the first speciality course leading to a degree of MS (Orthopaedics) was started. The four-year course covers all aspects of orthopaedic surgery. Students have also to submit theses and they can only start their course four years after graduation.

With the virtual disappearance of polio, tuberculosis or pyogenic infections, orthopaedics consists of congenital and degenerative conditions. However trauma forms the bulk of the patient load as a result of rapid industrialisation and urbanisation. Subspecialisation is rapidly becoming common in the larger cities.

In 1967, the Malaysian Orthopaedic Association was formed to cater for the increasing number of orthopaedic surgeons. The ASEAN (Association of South-East Asian Nations) was formed in 1984. In 1962, the WPOA, now the APOA (Asia Pacific Orthopaedic Association) was formed in Manila and is the biggest orthopaedic association in this region. It recently held a successful triennial meeting in Kuala Lumpur in September 2004.

Malaysia has been a member of SICOT for several years but competition from the regional societies and the high cost of subscription has deterred many from joining. I hope to increase membership before the SICOT/SIROT 2005 XXIII Triennial World Congress in Istanbul.

The practice of orthopaedic surgery in Malaysia is of high quality with all current innovations being easily available. However, what is lacking is the zest to do research and publish papers in international journals mainly due to the relative shortage of orthopaedic surgeons. ■



- **Country name:** Malaysia
- **Population:** 23.9 million (2002)
- **Capital:** Kuala Lumpur (population 2.3 million)
- **Size of country:** 329,758 km²
- **Languages:** Malay, English
- **Type of government:** Parliamentary monarchy

- **No. of doctors:** 17,442 (2002)
- **No. of orthopaedic surgeons:** about 350
- **No. of medical schools:** 15
- **No. of SICOT active members:** 9

Kuala Lumpur

Behind the scenes in Havana

Dr Eric Tortosa

Orthopaedics and Traumatology Trainee
Rafael Hernandez Regional Hospital
Chiriquí, Republic of Panama
Associate Member, SICOT

A conference reporter's story

I became an associate member of SICOT in 2002 at the Triennial World Congress held in San Diego, California. Back then, I was impressed by having met people from so many different parts of the world, including such giants in the orthopaedic world as Prof Maurice Müller, Prof Robert Bruce Salter, Prof Augusto Sarmiento, Prof Alf Nachemson, and many others. If I thought I was impressed then, I had no idea what the future had in store.

This year I had the honour and the privilege to be selected by the Young Surgeons Committee of the Society and the Bone and Joint Decade Organisation to attend the Annual International Conference in Havana, Cuba as one of two Conference Reporters, chosen from among applicants from all over the world. We were to cover the different sessions on several speciality areas, interview the presenters and do a small piece on their lectures. From the very beginning, I was most impressed by the diligence and professionalism from all the organisers and their staff. They were most accommodating and helpful.

In Havana, I had the pleasure to meet my coordinator for this project, Dr Cyril Toma, and my fellow reporter, Dr Philipp Funovics, both from Austria. It was quite an experience to meet them both and have the chance to work with them.

The quality of the sessions and presenters was first rate. It is one thing to attend a great lecture, yet another having to interview the speakers afterwards. It was a very rewarding experience. Once again, I was honoured to meet such personalities as Prof Alvarez Cambras, Mr Geoffrey walker, Prof Franz Burny, Dr James Waddell, Dr Morris Duhaime, and Prof Rocco Pitto. But also, I had the opportunity to meet with other fellow trainees from Cuba and all around the world. I am sure the new friendships I found will last a lifetime.

Being a part of SICOT is to partake of living history. It has not only stimulated and inspired me to strive ahead but has also made me immensely proud to belong to a truly international organisation.

Finally, I would like to thank my Austrian friends, Dr Cyril Toma and Dr Philipp Funovics. Also, the New Zealand delegation for having adopted me as an honorary member. And last, but not least, Ms Sara Martin at the Bone and Joint Decade Organisation. I hope to see you all again next year in Istanbul. ■

The Conference Reporter scheme is a collaboration between the SICOT Young Surgeons Committee, chaired by Dr Cyril Toma, and the Bone and Joint Decade. The team of two reporters consisted of Dr Philipp Funovics from the Department of Orthopaedics at the Vienna Medical University and Dr Eric Tortosa from the Department of Orthopaedics at the Rafael Hernandez Regional Hospital in Panama. Both reporters were directed on site by Dr Cyril Toma, also from Vienna.

For more information on the coverage of the SICOT/SIROT 2004 Third Annual International Conference visit our link "Online Reports & Conference Reporters" on the SICOT World portal (http://www.sicotworld.org).

How to submit an abstract on-line for SICOT/SIROT 2005 XXIII Triennial World Congress Istanbul

Go to http://www.sicot.org, click the link of the congress and proceed as follows:

Step 1 of 5: Abstract details

Enter the following data:

- contact e-mail
- abstract title
- body of the abstract (maximum 250 words)
- presentation (oral or poster)
- fellowship (are you applying for one? Yes/No)
- topic of the conference.

The fields marked with * are mandatory. Remember to click "Continue".

Step 2 of 5: Fill in First author's details

Once again fill in all mandatory fields marked with * and feel free to complete the other fields: title of the First author, first name, phone, mobile and fax. Then click "Continue" to enter the next screen.

Step 3 of 5: Manage co-authors

A button "Edit" allows you to modify the details of the First author but please note this First author can never be deleted. A second button "Add Author" allows you to enter co-authors if any. If there are no co-authors click "Continue".

Up to four co-authors may be added and, unlike First author, may be deleted. When five names have been entered the button "Add Author" disappears. If you wish to modify the details of a co-author click "Edit author". If you wish to remove a co-author's name click "Delete author".

Step 4 of 5: Check submission

Visualise your abstract summary and modify it if necessary. Click "Back to Text" or "Back to Authors" depending on the part you want to edit. Click "Finish" when you are satisfied with your abstract summary.

Step 5 of 5: Your abstract has been successfully submitted

Congratulations!
Your abstract has been successfully submitted. You will receive a confirmation e-mail.

If you wish to submit another abstract click "Submit another Abstract". If you wish to consult the SICOT web pages click "Go to Homepage". If you wish to end this session just close this window.

Report of the Planning and Development Committee

Dr Chad Smith | Chairman, Planning and Development Committee

It is as Chairman of the Planning and Development Committee that I am pleased to submit this report, but also as President-Elect as well as Chairman of the SICOT Foundation.

The Planning and Development Committee has been very active in the year 2004. We are most optimistic for the prospects of SICOT. The SICOT/SIROT 2004 Third Annual International Conference held in Havana was an outstanding success in many respects: socially, educationally and economically. The second year of The International Orthopaedic Board Exam, now known as the SICOT Diploma Examination, was very well received and for this highly successful endeavour we should give strong credit to Mr Tony Hall and Prof Charles Sorbie. The SICOT Foundation continues to expand its endeavours and become more wealthy in terms of outreach programmes, money and ideas for expansion. We have a new highly successful relationship with the Orthopaedic Research and Education Foundation as well as with the Maurice Müller Foundation. It is important to add that we are currently working on a strong relationship with the largest charitable foundation in the world, the Bill & Melinda Gates Foundation.

Although SICOT is the largest and most generous outreach association in the world in terms of orthopaedics and traumatology, as SICOT expands its base, increases its membership and increases its wealth we, as members of SICOT, will be able to extend our influence and provide better services to developing countries which are much in need of our care. The key word here is the expansion of the SICOT membership. If each individual in SICOT will obtain one new member in the year 2005, we can double the effectiveness of our organisation in terms of service, education, research and scientific endeavour.

The HYPERGUIDE continues to be a highly successful educational tool. We are excited that this may lead to a better Internet outreach programme with world participation from all members including those from developing countries.

The "watch word" for the year 2005 from The Planning and Development Committee is:

1. Remember the Bone and Joint Decade: there is still much work to be done on road trauma;
2. Each Member To Get One New Member!
3. Plan to present a paper at the SICOT/SIROT XXIII Triennial World Congress to be held in Istanbul, from 2 to 9 September 2005;
4. Support the SICOT Foundation with at least as much money as you pay in dues.

Planning and Developpment Committee

Chairman:
Dr Chadwick F. Smith

Members:
Assoc Prof Dariush Gouran Savadkoohi
Prof Keith Dip-Kei Luk
Prof Galal Zaki Said
Prof Laurent Sedel
Prof Dr Miklos Attila Szendroi
Assoc Prof Tomas Trç
Dr René Verdonk

Australian SICOT Award SICOT/SIROT 2004 Third Annual International Conference

The SICOT/SIROT 2004 Third Annual International conference, held in Havana from 26 to 29 September, commenced with the Trainees Meeting, an opportunity for orthopaedic registrars and student researchers to present their work at an international platform. Our papers were on the use of CT-assisted osteodensitometry in the evaluation of bone remodelling in patients with joint replacement surgery.

The conference gave us the opportunity to meet researchers from different nations who have worked on our subjects of interest such as osteodensitometry and computer navigated surgery. We also learned about research done in other countries that could be implemented in a New Zealand setting. It was an extremely instructive event for us and further stimulated our interest in orthopaedic surgery and research.

At the Closing Ceremony of this conference, Dr Graydon, Dr Munro and I received the Australian SICOT Award for our contribution to orthopaedic research in this region. We would like to thank SICOT Australia for the establishment of this award and for choosing us as its recipients this year. The Australian Award will motivate young orthopaedic researchers in our region and it will also financially assist them to attend SICOT meetings overseas.

Salil Pandit
Medical Student
School of Medicine, Auckland

Andrew Graydon
Orthopaedic Registrar
Starship Children's Hospital, Auckland

Jacob Munro
Orthopaedic Registrar
North Shore Hospital, Auckland

Consult the page "Opportunities" on http://www.sicot.org for more information on SICOT Awards.

SICOT Awards for SICOT/SIROT 2005 XXIII Triennial World Congress, Istanbul

NAME	ENTITY	FINANCIAL SUPPORT	DEADLINE
Abdel Hay Masshour/SICOT Award	Prof Abdel Hay Masshour	USD 1,000	1 April 2005
Australian SICOT Award	Australian section of SICOT	AUD 3,000	28 February 2005
Japanese SICOT Award	Japanese section of SICOT (JOTF)	Airfare	1 April 2005
Marcela Uribe Zamudio Award	SICOT	Up to USD 2,000	28 February 2005
Maurice E. Müller/SICOT Award	Maurice E. Müller Foundation	CHF 12,000	Deadline over (15 October 2004)
SICOT BH Ahn Award of Korea	Korean section of SICOT	USD 3,000	28 February 2005
SICOT Oral Presentation Award	SICOT	EUR 500	10 January 2005
SICOT Poster Award	SICOT	EUR 500	10 January 2005
SICOT/SIROT Award	SIROT	USD 2,000	Deadline over (15 October 2004)

Prof Yamamuro in a special interview

Why did you want to become an orthopaedic surgeon?

About 50 years ago, I decided to choose orthopaedic surgery as my lifelong speciality because orthopaedic surgery then seemed to have a more interesting future than any other medical speciality. In the past SICOT consisted of well-established orthopaedic surgeons as members counting rather a small number coming mostly from developed countries in the world. Therefore up to 30 years ago in Japan it was considered prestigious to be a member of SICOT. For this simple reason I became a member in 1974. But after joining SICOT I had much more joy than expected by exchanging scientific knowledge at SICOT congresses, travelling around the world to attend them and making many real friends all over the world.

You were President of SICOT from 1993 to 1996. Why did you apply for this position?

I did not apply for the Presidency of SICOT. The Officer Nominating Committee recommended me to the International Council. My nomination was really a big surprise to me.

What will you remember from this time?

After the nomination I asked many of the members of the International Council why they voted for me and so I learned that SICOT was coming to a turning point to change its character. SICOT before that time had actually been organised under the balance of two big geographical groups, Europe and America, or two big language groups, French and English but it seemed that the time was coming close to break through this historical regime. Thus I realised that my job as President was to take as many groups as possible into SICOT from the Third World to dilute the influence of the two big groups in order to make SICOT into a real world organisation.

Do you think your country has something special to bring to SICOT?

Maybe a large number of members and scientific contributions of high quality.

You played an important part in the prevention of congenital dislocation of the hip in children. Can you tell us more about this?

Japan was notorious for a high incidence of congenital dislocation of the hip. The incidence including dislocation, subluxation and dysplasia was over 5% of all children before 1970. Introduction of prenatal and postnatal preventive measures all over the country in 1975 reduced the incidence dramatically to about 0.3%. Thus developmental dysplasia of the hip which is mainly caused by environmental factors has almost disappeared but real congenital dislocation in which genetic factors are involved is still remaining in a small number now.

You have been working in research in biomaterials. What was your purpose in doing this?

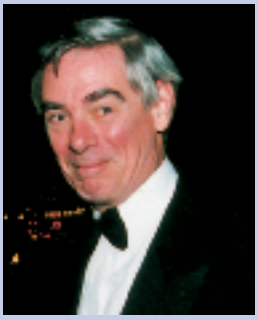
Firstly to prepare an artificial bone that unites chemically to the living bone, so that any bone defect in the body can be repaired with it without using much autograft or allograft, and secondly to make the prosthesis surface bioactive so that the prosthesis binds directly to bone minimising loosening between them.

Are you still active in research?

No but I read a lot on research and give lectures at

WOC UK activities

Kenneth Tuson | WOC President



The International Organisation of WOC is made up of many autonomous regional bodies. The organisation is growing and recently the Bangladesh chapter has been resurrected and the Sri Lanka chapter has been formed. This short article is to describe some of the activities of WOC UK.

Inevitably the activities of WOC UK tend to be concentrated on those parts of the world which are English-speaking. The main project that WOC UK supports includes Chris Lavy's unit in Malawi. This has now been recognised by the Specialist Advisory Committee on Higher Surgical Training in the UK as one in which UK Specialist Registrars can be trained. This has given great kudos to the unit and it goes from strength to strength, a new hospital having been recently built.

John Jellis has now retired as Professor of Orthopaedic Surgery in Zambia but visitors from the UK, particularly Hillary Robinson, the present Chairman of WOC UK, are regular contributors to the teaching programme there.

The Editor of the WOC Newsletter, Mike Laurence, along with other colleagues, particularly David Jones from the Hospital for Sick Children Great Ormond Street and Professor Bob Owen, has been responsible for supporting "orthopaedic camps" in Nepal.

A recent proposal from Nepal for modern orthopaedic training for traditional bone setters in village communities is being supported by WOC UK.

There are other projects with which we are involved in such diverse countries as South Africa, Indonesia, India, Cambodia.

WOC UK was established to relieve sickness and to preserve and protect health, particularly in under developed countries, by the provision of orthopaedic medicine and the development of orthopaedic and para-orthopaedic services for the public benefit. ■

For more information on WOC activities in the United Kingdom please visit the website of the organisation's British division http://www.wocuk.org or just contact Mr Kenneth Tuson at the following e-mail address: k.tuson@nuffield-woc.freeserve.co.uk. Feel free also to visit http://www.worldorthopedicconcern.org, the World Orthopaedic Concern international site, or http://www.worldortho.com/woc.html to download the WOC newsletters.

many scientific meetings by invitation.

I have heard about the "university of the air". Can you tell us more about this?

It is an open university in Japan having about 200,000 students and distributing curricula through the satellite over the country. I served as the Director of its Kyoto Branch for three years until 2001 and retired at the age of 70. ■

SICOT / SIROT 2005

XXIII World Congress

2-9 September 2005 - Istanbul, Turkey

Abstract deadline: 10 January 2005

SIROT/SICOT Combined

		in EUR
Member	Early fee [1]	650
	Normal fee [2]	750
	Late fee [3]	1000
Non-Member	Early fee	850
	Normal fee	950
	Late fee	1200

SIROT

Member	Early fee	280
	Normal fee	380
	Late fee	450
Non-Member	Early fee	380
	Normal fee	480
	Late fee	600

SICOT

Member	Early fee	480
	Normal fee	580
	Late fee	700
Non-Member	Early fee	680
	Normal fee	780
	Late fee	900

(1) prior to 30 December 2004

(2) 30 December 2004 till 31May 2005

(3) after 31 May 2005

Registrar/Trainees SIROT/SICOT Combined

Early fee	275
Normal fee	360
Late fee	450

Registrar/Trainees SIROT

Early fee	125
Normal fee	170
Late fee	210

Registrar/Trainees SICOT

Early fee	215
Normal fee	270
Late fee	310

Nurses

Normal fee	180

Accompanying persons

SIROT/SICOT	240
SIROT	60
SICOT	180

Congress secretariat: SICOT aisbl
Rue Washington 40 - b.9 • 1050 Brussels, Belgium
Fax: +32 2 649 86 01 • **E-mail:** info@istanbul.sicot.org
Website: http://www.sicot.org

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Editorial Department

Editorial Secretary: Prof Rocco P. Pitto
External Affairs: Nathalie Pondeville

Rue Washington 40-b.9, 1050 Brussels, Belgium
Phone : + 32 2 648 68 23 - Fax : + 32 2 649 86 01
E-mail : edsecr@sicot.org - Website : http://www.sicot.org