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# SICOT

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

## ■ Newsletter

### SICOT 75th Anniversary Book

SOCIÉTÉ INTERNATIONALE  
DE CHIRURGIE ORTHOPÉDIQUE  
ET DE TRAUMATOLOGIE

75TH ANNIVERSARY

#### In this issue \_\_\_\_\_

- Evidence based orthopaedics 2
- Editorial by Prof Hinsenkamp 3
- Country to country: WHO emergency procedures in district hospitals 5
- On the web: SICOT 75th Anniversary Book 6
- Committee life: Education Committee 8
- Young surgeons: Winners of the Australian SICOT Award 9
- Worldwide news: An interview with Prof Dr Kotz 11

No. 96  
December 2005

# Antibiotic prophylaxis for surgery for proximal femoral and other closed long bone fractures

**Background:** Wound infection and other hospital-acquired infections cause significant morbidity after internal fixation of fractures (osteosynthesis). The administration of antimicrobial agents (antibiotics) may reduce the frequency of infections.

**Objectives:** To determine whether the prophylactic administration of antibiotics in patients undergoing surgical management of hip or other long bone fractures reduces the incidence of wound and other hospital acquired infections.

**Search strategy:** We searched The Cochrane Library, Issue 3, 2000; MEDLINE, EMBASE, LILACS, Current Contents, Dissertation Abstracts, and Index to UK Theses to August 2000. Bibliographies of identified articles were screened for further relevant trials. No language restriction was applied.

**Selection criteria:** Randomised or quasi-randomised controlled trials involving participants: any patients with a hip or other closed long bone fracture undergoing surgery for internal fixation or replacement arthroplasty interventions; any regimen of systemic antibiotic prophylaxis administered at the time of surgery. Outcome measures: wound infection (deep and superficial), urinary tract infection, respiratory tract infection, adverse effects of prophylaxis, economic evaluations.

**Data collection and analysis:** Two reviewers independently screened papers for inclusion, assessed trial quality using an eight item scale, and extracted data. Additional information was sought from two trialists. Pooled data are presented graphically.

**Main results:** Data from 8,307 participants in 22 studies were analysed. In patients undergoing surge-

ry for closed fracture fixation, single dose antibiotic prophylaxis significantly reduced deep wound infection (relative risk 0.40, 95%CI 0.24, 0.67) superficial wound infections, urinary infections, and respiratory tract infections. Multiple dose prophylaxis had an effect of similar size on deep wound infection (relative risk 0.40, 95%CI 0.24, 0.67), but significant effects on urinary and respiratory infections were not confirmed. Economic modelling using data from one large trial indicates that single dose prophylaxis with ceftriaxone is a cost-effective intervention. There are limited data for the incidence of adverse effects, but as expected they appear to be more common in those receiving antibiotics, compared with placebo or no prophylaxis.

**Authors' conclusions:** Antibiotic prophylaxis should be offered to those undergoing surgery for closed fracture fixation. On ethical grounds, further placebo controlled randomised trials of the effectiveness of antibiotic prophylaxis in closed fracture surgery are unlikely to be justified. Trials addressing the cost-effectiveness of different effective antibiotic regimens would need to be very large. ■

**Citation:** Gillespie WJ, Walenkamp G. Antibiotic prophylaxis for surgery for proximal femoral and other closed long bone fractures.

*The Cochrane Database of Systematic Reviews 2001, Issue 1. Art. No.: CD000244*



**T**he celebration of the 75th Anniversary of SICOT in Istanbul will remain an event to remember. Participants from 82 countries attended the meeting. In total 719 oral presentations took place during SICOT sessions and 405 posters were displayed. There were six plenary speakers and 92 invited speakers. SICOT also held its scientific meetings, and speciality day sessions were held by IFPOS, WOC, IAMPARD, ISMISS and the Club Foot Society. In addition, WHO held a session presenting its e-learning tool.

Six of the 10 candidates who took the SICOT Diploma Examination succeeded. For the first time, thanks to the contribution of our German section represented by its National Delegate, Jochen Eulert, the two successful candidates with the highest marks received the German SICOT Fellowship Award. In addition to the scientific programme, Prof Ridvan Ege, Congress President, organised wonderful social events.

The Istanbul meeting included SICOT administrative sessions. During the period of Prof John Leong's Presidency, the Society has evolved into a very modern organisation. As Secretary General, I was very proud to present him with a sculpture by François Kovacs, who found his inspiration in the microstructure of bone.

After six years as our Treasurer, Dr Thami Benzakour left the Executive Committee but he will be President of the Fifth Annual International Conference to be held in Marrakech in 2007. For the next triennium, Dr Chad Smith succeeds Prof Leong as SICOT President and Prof Dr Patricia Fucs, from Brazil, becomes our Treasurer.

One month after our return from Istanbul, we heard directly from our Pakistan National Delegate, Prof Syed Awais, about the disastrous earthquake in his country. As he was in charge of coordinating the trauma care, we have a unique chance through him to direct the help of SICOT to the right place by offering individual help of volunteer orthopaedic surgeons, funding, equipment, etc. If you can help, please see the section Country to country series on page 4, where you will find more information.

Maurice Hinsenkamp  
Secretary General

# Report on the Assiut University SICOT Training Fellowship

## Dr P. Kavoo Kilonzo

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The travel was well organised and coordinated by Prof Galal Zaki Said, in charge of the Assiut University SICOT Training Fellowship. The air ticket was sent to me in advance and I was received personally at the airport on arrival.

Regarding the training itself, we were taken round the hospital and introduced to the staff members by the chairman of the department. The hospital is big and the unit is well organised. Good facilities are available and advanced equipment is always in good working order. All subspecialties are well developed and active.

The availability of senior staff members is admirable and their willingness to teach was remarkable. On Wednesdays a departmental clinical meeting took place to review all difficult cases, both those which had already undergone an operation and those waiting for care. This was a very good learning period. Among the many conferences we attended were the following: microsurgery and reconstruction, spine, hip, arthroscopy

and unicompartmental knee arthroplasty.

Coming to the staff itself it must be said that all members were cooperative and took care of my interests and went out of their way to teach me and make me feel at home.

The efficiency of handling skeletal trauma is what I am trying to implement at my hospital. The experience I obtained in all subspecialties is very useful to me and to the institution in which I am working.

The accommodation was adequate, except that air conditioning of the rooms would have made them more comfortable if I may say. But the university organised two tours

for us. One to the North of the country and the other to the South. These were very exciting and I saw and learned a good deal about the country and its people.

Finally I would like to address my thanks to Prof Galal Zaki Said for the offer and facilitation as well as his wisdom in starting this very useful programme. Also for taking so much trouble to communicate with me and for being a good host and teacher as well as for his words of encouragement and wise counsel.

I would like to thank the chairman and staff of the department for their good company and teaching. The Assiut University administration has also to be thanked for being a good and generous host and for providing such a good learning environment. Finally, I would like to thank the governments and citizens of Egypt and Kenya for creating a peaceful environment in the two countries. ■

## Earthquake in Pakistan

Pakistan has been hit by an earthquake. Prof Awais has been asked to coordinate the trauma care services. If you would like to help him please get in touch with him: Prof Awais, King Edward Medical College, University of the Punjab, 8 – Golf Lane GOR-I, Lahore, Pakistan, tel. +92 42 9200913, fax +92 42 7212227, mobile +92 333 4348716. He would also be happy to receive funding (account holder: SICOT Pakistan, account number IBAN: BE36 001469752181 with Fortis Bank, Montagne du Parc, 3, 1000 Brussels, Belgium, BIC/SWIFT: GEBABEBB).

# Emergency and essential surgical care at the first referral healthcare facility

Country  
to  
country  
series

Each year one million people lose their lives because of road traffic accidents and more than half a million women die from pregnancy-related complications. In these situations the ability to apply the correct emergency clinical procedures at the first referral level healthcare facilities is vital. For women in low- and middle-income countries, the leading causes of death are haemorrhage, hypertension, sepsis, abortion and obstructed labour. Often these conditions require life-saving, basic surgical and anaesthetic care that cannot be postponed until the patient can be transferred to a higher level of health facility.

Many first referral level health facilities in developing countries have no specialist surgical teams. The quality of emergency and essential surgical care is often constrained by inadequate basic equipment such as oxygen and intravenous fluids, or inadequate training to perform simple but vital interventions.

The fact that the majority of the world's poor live in rural areas with limited access to these facilities is a serious challenge to public health. Furthermore the economic costs and consequences of traffic injuries are enormous. Two simple and cost-



effective measures can drastically reduce the incidence of death and disability due to injuries from road traffic accidents, violence and from complications of pregnancy. The first measure is to increase the availability of trained personnel. The second is to ensure that certain inexpensive yet essential equipment is available at the first referral healthcare facility.

The Unit named “Clinical Procedures” (CPR) in the WHO Department of Essential Health Technologies (EHT) assists countries to achieve a safe and reliable level of health services in a variety of health technologies through its Basic Operational Frameworks. CPR is focusing on activities that will have a sustainable impact on the safety and quality of emergency and essential surgical services at the first referral level, through training to deal safely and promptly with emergency and essential surgical procedures.

Furthermore, WHO developed an e-Learning tool kit on Integrated Management on Emergency and Essential Surgical Care (IMEESC), based on the WHO manual “Surgical Care at the District Hospital” (<http://www.who.int/surgery>). This tool targets policy-makers and health-care providers and provides guidance on WHO recommendations for minimum standards on emergency and essential surgical care in trauma, obstetrics and anaesthesia at first-referral level healthcare facilities.

The WHO IMEESC tool is being introduced in countries through WHO training workshops, in collaboration with Ministries of Health, for use in the development of policy, training curriculum, emergency equipment lists for resuscitation, needs assessment, and as teaching tools (video, self learning), best practice protocols on clinical procedures safety (in disasters, HIV infection prevention, resuscitation, trauma, anaesthesia, obstetrics). ■

For contact: Dr Meena Nathan Cherian, WHO, Medical Officer, Clinical Procedures, Essential Health Technologies, [cherianm@who.int](mailto:cherianm@who.int).





# Celebrating SICOT 75th Anniversary Book

Prof Charles Sorbie | SICOT Past President



SICOT is a “Society”, an association of individuals with a common profes-

sional interest, intended to promote learning. Perhaps the earliest version of a “Society” was created in Alexandria by Ptolemy I in 300 BC. The Middle Ages saw a flourishing of societies, especially in Italy. In more recent times, highly regarded, prestigious societies, such as the Royal Society, were formed. With good leadership and the passage of time a society can earn a position of respect and become a model for academic and scientific excellence. SICOT is one such society.

Although still relatively young at 75, it seems appropriate to mark SICOT's 75 years of existence with a book that tells the interesting story of its birth and development. Notable societies keep pace with modern thinking, technology and contemporary trends. Their members are leaders of thought and anticipate the future. Ours is a society of professionals with an interest in subjects that are driven by advances in technology. While well positioned to

respond to change and spread the new knowledge as it becomes known, it is sensible for us to celebrate our past.

The 75th Anniversary Book tells the story of SICOT as far as its records show. Past and present staff have done a good job in preserving our archives which are housed in the basement of Rue Washington, 40 in Brussels. It was from these archives of print and photo that the book was compiled.

To the Book, context of events and photos of people who made the news, have been added. The first letter that promotes the idea of an international society was written by Dr Robert Lovett of Boston to Dr Vittorio Putti of Bologna and Dr Hans Spitzky of Vienna. It is clear from its content that these three had had prior discussions on the formation of a society. Lovett's letter was sent in 1913 and is among Putti's papers in Bologna at the Instituto Rizzoli.

The Great War ended further development of the Society until the Founders, encouraged by a few far sighted individuals to make the Society a reality, met in Paris on 10 October 1929. There were, of

course, many bumps on the road to creating the Constitution, but these are common to any international undertaking. Very few of the Founders spoke French or English. Laborious translations were required but problems were solved with good will. The Founders overcame all difficulties in less than two days.

The Anniversary Book relives these early times with warmth and describes the remarkable developments since then that have led to SICOT becoming the “Global” Society for Orthopaedic Surgery and Traumatology that it is today. It is now supported by members from 105 countries. The Book describes the origins of our Journal, “International Orthopaedics”, SIROT, the Newsletter, the Tele-diagnostic System, the SICOT Diploma Examination, the Centre for Education among other advances and provides a record of all its world Congresses.

Although not Harry Potter or the Da Vinci Code, it is well worth a read on a cold winter's night or even on a hot summer day! ■



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# 75<sup>TH</sup>



The Education Committee met on Friday 2 September 2005 in Istanbul and discussed the following items.

## Education Centres

The Chairman reviewed the protocol for the location and costs of an Education Centre. Prof Awais described the success of the Education Centre in Lahore, Pakistan. It was opened in January 2004 and has been very active since then. While SICOT provided the motive, the protocol, a Telediagnostic Centre and textbooks, it was the drive of Prof Syed Awais that made it possible. This Centre has the fundamental requirements to be successful: a library, new computers, access to the Internet, a Telediagnostic Centre, a Skills Lab, a reading lounge, a seminar room and a lecture theatre. Prof Awais informed the Committee that 74 events have already taken place at the Centre. There have been four small courses given for family physicians on musculoskeletal disorders. It has a regular Journal Club, trauma meetings and provides five paramedic courses each month.

Discussion took place on setting standards for training and Prof Awais felt that it would be helpful if two international faculty professors could visit Lahore each year on accreditation surveys. A suggestion was made for SICOT to develop a "Quality Assurance Cell", a group that would provide helpful criticism through visits to such centres.

Prof Sorbie reminded the Committee of the Canadian SICOT Scholarship, which permits travel costs for a visiting professor each year to view the function of an orthopaedic unit and prepare a critical report with recommendations for improvements.

## Educational Objectives Manual

The SICOT Educational Objectives Manual for orthopaedic training has been approved by 14 universities in

Pakistan as a guide for orthopaedic training. It requires updating, however, and a number of individuals with specialist knowledge will be invited to review the Manual in order to publish a new one.

The National Delegate of Kenya, Dr Prakash Heda, described the situation in Nairobi and asked that Prof Awais and others from SICOT help to set up a training programme in Nairobi.

## International Federation of Paediatric Orthopaedic Societies (IFPOS)

Prof Morris Duhaime, the Canadian National Delegate, asked support for a member of IFPOS to be appointed to the Congress Scientific Advisory Committee (CSAC). The Education Committee gave his suggestion its full support.

## The SICOT Diploma Examination

Prof Keith Luk wondered if it would be possible to hold the SICOT Diploma Examination each year somewhere in Asia. The SICOT Diploma Examination is setting important standards of knowledge. It is based on multiple-choice questions (MCQ) derived from the HYPERGUIDE, an Internet based orthopaedic education system. All candidates are given passwords to the HYPERGUIDE in the six months prior to the Examination. The MCQ in the Exam are chosen from over 3,000 questions in the HYPERGUIDE MCQ bank. The oral part of the Examination is conducted by 16 to 20 examiners, lasts for two hours and standardised cases are presented with the help of computer monitors.

Dr Eduardo Zamudio, National Delegate of Chile, is currently studying the possibility of using the SICOT Diploma Examination as a standard setting Examination throughout Chile.

The next SICOT Diploma Examination will take place in Buenos Aires at the SICOT/SIROT Fourth Annual International Conference. ■



# Comments of the three Australian SICOT Awardees

Young  
surgeons



## Dr Tudor Nedelcu

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I am one of the three recipients of the Australian SICOT award handed out in Istanbul, at the SICOT/SIROT 2005 Triennial World Congress. I am a resident orthopaedic surgeon in Romania, at the Emergency Hospital for Children "Grigore Alexandrescu", Bucharest. Late in 2004 I joined SICOT. This was a wise decision that I made during my one-year research fellowship in Vienna, at the General Hospital. And at the end of my research, I submitted an abstract

to the SICOT/SIROT 2005 Triennial World Congress. After the acceptance of my abstract I started to look for funding for my trip in Istanbul. Searching the SICOT website, I discovered the Australian SICOT award, for which I could qualify, as I was less than 40 years old, still a trainee, and a fresh SICOT member.

I applied and it was the happy answer: I was one of the winners. My resume contributed very much in being granted this prize. I went to Istanbul, made my first oral presentation at such an important congress, and at the end of the congress I received my diploma directly from the President of SICOT, Prof John C.Y. Leong. This award gave me the opportunity to listen to a large number of great presentations, to meet interesting people and to visit a beautiful city. ■



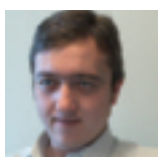
## Dr Shubhranshu Mohanty

King Edward VII Memorial Hospital  
Parel, Bombay, India

I was happy to receive the Australian SICOT Award for 2005, which aims at visiting a developing country or promote young surgeons' activities. I had the opportunity to visit Vietnam to conduct the "First Ho Chi Minh Arthroplasty Course" from 17 to 19 August 2005 at Ho Chi Minh City. This was the first Total Joint Replacement course of its kind held in a developing country. I saw a lot of post war victims suffering from secondary arthritis with instability in the knee due to malunited fractures. Vietnamese surgeons were very

keen to learn more about knee biomechanics and replacement surgery. A workshop on bone models and surgical demonstrations made the course very lively as well.

Moreover, the award enabled me to attend the SICOT/SIROT 2005 Triennial World Congress in Istanbul. I could attend the plenary lectures, which enlightened me about the recent advances in different subspecialties in Orthopaedics. The guest lecture and symposia were of high standard. I presented a paper and poster in SIROT and a paper in SICOT. It gave me an opportunity to present my work on the international podium. I enjoyed visiting Istanbul, the city with a great history and scenic beauty. ■



## Dr Cezar Costin Ciohodaru

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There is a need for new investigation techniques such as microCT for research, to understand better how the internal mechanisms of the bone are working. At the Congress in Istanbul, this year, we have seen some interesting papers originating in the micro universe of the body. ■

# ■ IFPOS at the SICOT/SIROT 2005 Triennial World Congress

Dr Seok Hyun Lee | IFPOS President

The International Federation of Paediatric Orthopaedic Societies (IFPOS) has been an active participant in SICOT activities in the past few years. This year, without exception, IFPOS organised two programmes at SICOT/SIROT 2005 Triennial World Congress which took place from 5 to 9 September in Istanbul, Turkey.

1. The Fourth International Clubfoot Congress: three previous congresses were held in 1990, 1996, 2002 and all coincided with SICOT Triennial World Congresses. This year's Congress was scheduled on 5 and 6 September, a programme of one and a half day. There were 61 abstracts which were accommodated in 15 sessions, and more than 150 participants came from all continents. One of the important aspects we discussed was a global view of how to solve the problems of clubfoot in underdeveloped countries, especially Africa, including early non-operative treatment and bracing.

2. Paediatric speciality day: IFPOS was asked by SICOT organisers to take charge of the Paediatric Speciality Day on 7 September. Prof H. Bensahel, toge-



*IFPOS Board meeting during SICOT/SIROT 2005 Triennial World Congress in Istanbul*

ther with Prof H. Ömeroglu, President of Turkish Paediatric Society, set up the four Symposia which fulfilled the Paediatric Speciality Day. Out of the four Symposia, two were devoted to Traumas in Children and the two others to Orthopaedics. The topics were Fractures of the Distal End of Humerus, Fractures of the Shaft of Femur, Legg-Calve-Perthes Disease and Angular and Rotational Deformities of the Lower Limb.



## ■ SICOT 2006 Trainees' Meeting in Argentina

Dr Bartolome Allende Jr. | Trainees' Meeting President



The Young Surgeons Committee (YSC) is pleased to host the 2006 Trainees' Meeting in Buenos Aires on 23 August as a forerunner to the SICOT/SIROT Fourth Annual International Conference.

SICOT Trainees' Meeting will be co-organised by the YSC. Two key topics have been chosen: Open fractures and Degenerative hip disease. Our guest speakers include Dr Clive Duncan from Canada, discussing Peri-prosthetic Fractures, Prof Laurent Sedel from France looking at Articulating

Surfaces in Joint Arthroplasty and Dr Joseph Schatzker presenting insights to Biomechanics of Plate Osteosynthesis.

Beyond that, Buenos Aires is one of the most exciting cities in all of America and we assure you that the social programme will not disappoint you.

Abstracts should be submitted via the SICOT website (<http://www.sicot.org/?page=buenosaires>), and the deadline is 15 February 2006. ■

For contact: [bartojr@sanatorioallende.com](mailto:bartojr@sanatorioallende.com)

# ■ An interview with SICOT Past President, Prof Dr Kotz

Worldwide  
news



**You were President of SICOT from 1999 to 2002. Why did you want to become President?**

It was not my idea to become SICOT President, I was proposed by Prof Zamudio because I did not want to accept the post of Treasurer. Furthermore the National Delegates wanted me to play a role in the Society and therefore, they voted for me.

**Is there anything you did not achieve as President?**

No, I think I achieved a lot. I established the annual conferences, which was one of my primary goals. It is not really as big as the triennial congresses but it is growing. Then, together with the Bone and Joint Decade, I established the SICOT World portal, which represented a very important step forward for SICOT. And then the most important thing was to keep SICOT as the only world organisation for orthopaedics. We had a breakfast of international presidents at one meeting of the AAOS and Dr D'Ambrosia proposed to convert it into a world Society of International Presidents of Orthopaedic Societies. After several meetings I

managed to halt this and SICOT could stay as the only world organisation for Orthopaedics.

**What are you most proud of?**

This is the fact that we stay as the only world Society.

**What advice would you give to a candidate for the Presidency?**

I would advise him to take enough time for the post. A President you cannot reach or who has not enough time to think about the Society and create new ideas is not the right one.

**You are a specialist in bone tumours. Why did you choose this speciality?**

I think that it is a challenge to cure patients who are sentenced to death. That was a challenge for me to try to give life to these patients. When I started 80% of the patients died. Now 80% survive. It was also due to a surgical teacher of mine, an excellent surgeon, who left for another place, so my chief said to me: "If you want to stay at the clinic you have to treat the tumour cases". And I did so.

**You are known as the creator of the "modular prosthesis". Can you tell us more about it?**

Yes. One part of the treatment of bone tumour patients is to save their lives. The other part is to save their leg. In 1975 I implanted a knee prosthesis. It was the first time that this was done. And because it was very difficult at this time to provide patients with customised prosthesis, I thought it might be better to build the prosthesis while the surgeon himself would be in the operating room. And because it is much easier to treat patients when the surgeon has everything in stock, this system became very successful and was always closely linked to my name.

**In October 2004 you were awarded the Lexer Prize by the German Orthopaedic Association for innovative surgery and reconstructive activities.**

Yes, it is a very prestigious award. Lexer himself was the first who transplanted a knee joint in man. It was the first allograft and therefore this prize was dedicated to innovative surgery. I think I received it because the modular reconstruction system fulfills the idea of Lexer. ■

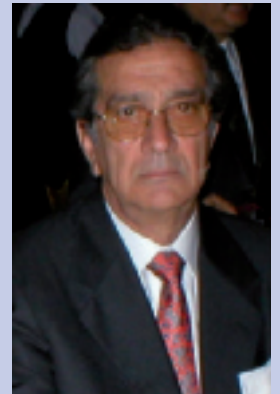
**Abstract submission** on line: <http://www.sicot.org/?page=buenosaires>

No faxed or e-mail submissions please!

**Deadline** for abstract submission: **15 February 2006**



*It is with great pleasure that we invite you to the SICOT/SIROT Fourth Annual International Conference which will be held in Buenos Aires on 23-26 August 2006. In the past Latin America has hosted several SICOT meetings, but this will be the first SICOT AIC in the region and the local organisers, the SICOT Office and Sorelcomm are putting in every effort to make it the orthopaedic event of the year. The Trainees' Meeting with which the AIC will start will give young doctors, residents and registrars a fantastic opportunity to present their work and discuss it with their international colleagues and to listen to the most renowned international speakers. An attractive social programme is being put together which will offer you an exciting introduction to Buenos Aires and Argentina. We look forward to seeing you there!*



Bartolome T. Allende, Conference President

## Awards granted at the Closing Ceremony

### The Australian SICOT Award

The three prizes of AUD 3,000 each are to help deserving young surgeons to attend a SICOT meeting. Deadline for application: 28 February 2006.

### The German SICOT Fellowship Award

This award will be given to the two successful candidates with the highest marks following the annual SICOT Diploma Examination.

### The Lester Lowe SICOT Award

Trainees under the age of 35 are eligible. The prize money is up to USD 1,000. Deadline for application: 1 April 2006.

### The SICOT Oral Presentation Awards (10)

The three best oral presentations are granted EUR 500

each only to abstract submitters. Deadline for application: 15 February 2006.

### The SICOT Poster Awards (10)

The three best posters are granted EUR 500 each only to abstract submitters. Deadline for application: 15 February 2006.

### The SICOT Trainees Best Paper Award

Trainees under the age of 40 are eligible. The prize is free membership of SICOT for three years. Only for abstract submitters. Deadline for application: 15 February 2006.

More details on <http://www.sicot.org/?page=schol>

**How to join SICOT? Complete the application form:**  
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