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SICOT

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

■ Newsletter

A new inexpensive Telediagnostic Network



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No. 98
April 2006

Closed suction surgical wound drainage after orthopaedic surgery

Background: Closed suction drainage systems are frequently used to drain fluids, particularly blood, from surgical wounds. The aim of these systems is to reduce the occurrence of wound haematomas and infection.

Objectives: To evaluate the effectiveness of closed suction drainage systems for orthopaedic surgery.

Search strategy: We searched the Cochrane Musculoskeletal Injuries Group specialised register (May 2001), MEDLINE (1996-May 2001) and references from articles.

Selection criteria: All randomised or quasi-randomised trials comparing the use of closed suction drainage systems with no drainage systems for all types of elective and emergency orthopaedic surgery.

Data collection and analysis: Both reviewers independently assessed trial quality, using a nine item scale, and extracted data. Wherever appropriate and possible, the data are presented graphically.

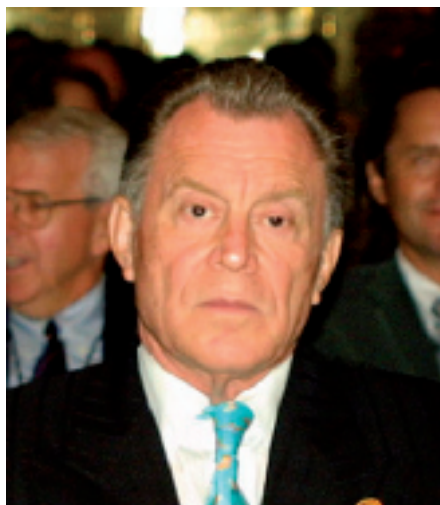
Main results: 21 studies involving 2,772 patients with 2,971 wounds were included in the analysis. The types of surgery involved were hip and knee replacement, shoulder surgery, hip fracture surgery, spinal surgery, cruciate ligament reconstruction, open meniscectomy and fracture fixation surgery. Many of the studies had poor methodology and reporting of outcomes. Pooling of results indicated no difference in the incidence of wound infection, haematoma or dehiscence between those allocated to drains and the un-drained wounds. There was a tendency to an increased risk of re-operation for wound complications in the group with drains (relative risk (RR) 2.25, 95% confidence intervals (CI) 0.95 to 5.33), but due

to the small numbers of cases involved definite conclusions cannot be made for this outcome. Blood transfusion was required more frequently in those who received drains (RR 1.41, 95% CI 1.10 to 1.80). The need for reinforcement of wound dressings (RR 0.22, 95% CI 0.13 to 0.40) and bruising around the operation site was more common in the group without drains.

Authors' conclusions: There is insufficient evidence from randomised trials to support or refute the routine use of closed suction drainage in orthopaedic surgery. Further randomised trials are required before definite conclusions can be made. ■

Citation: Parker MJ, Roberts C. Closed suction surgical wound drainage after orthopaedic surgery. *The Cochrane Database of Systematic Reviews 2006 Issue 1 Copyright © 2006 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.*

We are pleased to announce that it is possible to find every article on "evidence based orthopaedics" published in the newsletter on the SICOT portal now hosted by Bone and Joint Decade. You can read more about it in the section "On the web", on page 7.



The Executive Committee (EC) has promised an open approach with regular communication between Brussels and each member country. Here are advances that we have made since the last EC meeting in Istanbul:

1. Efficient reorganisation. We are reorganising the delivery of services to SICOT members and the organisation of conferences. This should be completed by the mid spring of 2006. It is our intention to have each Annual International Conference (AIC) focus on a single subject and attract not only international supporters but a broad participation by local and regional surgeons. Each year SICOT expenses considerably exceed income and this will be improved to bring the difference as close to zero as possible.

2. International affiliations. It is our working plan to affiliate more closely with other organisations to continue what Prof Kotz and the founders of our organisation started. That is to maintain SICOT as the most pre-eminent international organisation in education in orthopaedic surgery. We also intend to increase our working relationship with local orthopaedic societies in the area of our AIC. These affiliations will take the same organisational format that we have used with the Orthopaedic Research and Education Foundation and the Maurice Müller Foundation.

3. Membership stimulation. I have urged that each member of SICOT should attempt to recruit one member per year. If that request bears fruit, all of the financial and organisational problems of SICOT will immediately disappear!

4. Expand the outreach programmes of SICOT. We have been active with both our members and our money in disasters such as in Pakistan and we hope to increase these efforts.

5. Outreach programmes. There are 25 million crippled children around the world who are not receiving appropriate care. Through the interaction of donors, we hope to be a central agency for supporting local orthopaedic surgeons. There are also plans in place to send some children to orthopaedic centres in different parts of the world.

Best regards,

Chadwick F. Smith
SICOT President

Orthopaedic surgery in Denmark



The history of orthopaedics in Denmark originates in initiatives by the Reverend Hans Knudsen (1813-1886),

who established the Disability Foundation in 1872 leading to development of orthopaedic hospitals organised according to “the Copenhagen system”, with a close collaboration between doctors, brace makers and social service. The first “orthopædische anstalt” was founded by watchmaker J. P. Langgaard (1811-1890). He established the five-bed institution under medical supervision to treat scoliosis with stretch and corrective plasters. Chief physician Andreas George Drachmann (1810-1892) is considered to be the first orthopaedic surgeon in Denmark, although it was Johan Christian Stark (1799-1873) who conducted the first orthopaedic procedure. Hermann Slogmann (1860-1929) established the first modern orthopaedic clinic in Copenhagen. Founders of orthopaedic surgery in Denmark were Poul Guildahl (1882-1950), Ove Berntsen (1885-1952) and P. G. K. Bentzen (1891-1974). In 1935 a classic orthopaedic hospital with 200 beds was opened in Copenhagen and in 1940 another hospital was founded in Aarhus. In 1957 Arne Berthelsen (1910-1971) was appointed as the first professor



Egeskov Castle, one of Europe's best preserved Renaissance castles

of orthopaedics in Denmark (Copenhagen) followed immediately by Prof Ejvind Thomassen (1908-1988) in Aarhus.

Requirements for orthopaedic specialisation were established in 1917 which apart from internship included three months employment at a neurology clinic, six months at a polyclinic of neurology; two years as assistant doctor at the Foundation of Disability and two years as assistant doctor at a general surgical department or at a large county hospital. The first organisation for orthopaedic surgeons was initiated in 1927. Later, in December 1945, this association founded the Danish Orthopaedic Society (DOS) with the aim of securing clinical and scientific development of the orthopaedic speciality. By 1953, the chairman of DOS, Ejvind Thomassen, suggested that all surgical departments treating extremities should be headed by an orthopaedic surgeon. In Denmark the Anglo-American system, including both classical ortho-

paedics and traumatology, became an official surgical speciality. In the mid 1980s, Professor Otto Snep-pen, Aarhus, described ten subspeciality groups to stimulate the development of orthopaedics. However, the National Health Board of Denmark only acknowledges orthopaedics as one speciality. In spite of that, independent societies for hand surgery, paediatric surgery, spine surgery, hip and knee arthroplasty, shoulder and elbow surgery and trauma have arisen. But until 1979, DOS remained a subsection of the Danish Surgical Society. Since 1971, the Danish Orthopaedic Society Bulletin has disseminated information to its members.

Today the Danish Orthopaedic Society has 800 members. It holds meetings in the major cities of Denmark and a meeting in Copenhagen. At present there are five orthopaedic professorships in Denmark (Jes Bruun Lauritzen and Bjarne Lund in Copenhagen, Søren Overgaard in Odense, Cody Bün-ger and Kjeld Søballe in Aarhus). The Society implements its policies via a five-member Executive Committee and a five-member Educational Committee. They meet on a regular basis during the year. The subspeciality groups also gather at the two annual meetings of DOS and contribute to subspeciality

symposia and educational activities. Our goals are:

1. to secure the interests of our patients, members and the interests of the orthopaedic specialities;
2. to ensure that patients and orthopaedic surgeons have the full advantage of existing treatment options;
3. to ensure that a sufficient number of orthopaedic surgeons are being educated;
4. to guarantee quality and effectiveness of orthopaedic treatment in Denmark;
5. to assure a good contact among relevant specialities whether political, scientific or public, with the general aim of improving the function of the Society.

Denmark has achieved international recognition for the large number of randomised studies on spine surgery, as well as cohort studies from the Danish Hip Registry.

DOS International relationships

DOS is a member of the Nordic Orthopaedic Federation (NOF), which is comprised of Iceland, Norway, Sweden, Finland, Holland and Denmark. NOF meets every third year for the exchange of scientific information. Denmark is a founding member of EFORT. DOS is closely related to ISPO, founded by Knud

Jansen, who organised a triennial meeting in Copenhagen in 1975. A major Danish contribution to SICOT has been made by the Editor of "International Orthopaedics", Dr Kjeld Skou Andersen, he has raised the impact factor of the Journal to truly international levels. DOS has a leading role in many international subspecialty societies. The Nordic collaboration has been centred on the highly esteemed "Acta Orthopaedica Scandinavica", which is headed by a board composed of members from the Nordic countries. The present Editor is Anders Rydholm from Lund, Sweden.

The main goals for the future of

orthopaedics in Denmark and Scandinavia have been identified by Prof Lars Lidgren who initiated the Bone and Joint Decade. These goals have spread to the world; among is evidence-based treatment. This is of major importance. Other goals are the exponential development of medicine, the employment of new techniques in molecular biology, nanomedicine and material science via multidisciplinary research teams. SICOT is the true global forum of orthopaedic surgery to facilitate this development.

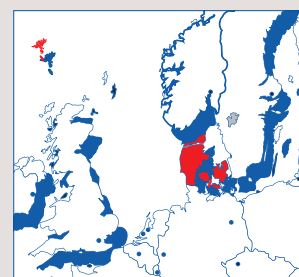
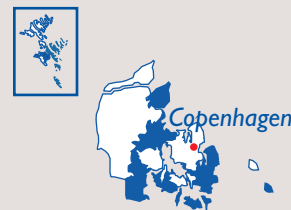
See the homepage:

<http://www.ortopaedi.dk>



- ▶ **Country name:** Denmark
- ▶ **Location:** south of Scandinavia, Northern Europe
- ▶ **Population:** 5.2 million inhabitants
- ▶ **Capital:** Copenhagen
- ▶ **Size of country:** 44,000 km²
- ▶ **Language:** Danish
- ▶ **Type of government:** parliamentary monarchy
- ▶ **No. of doctors:** 29.1/10,000 in 2002
- ▶ **No. of hospital beds:** 41/10,000 in 2002
- ▶ **No. of orthopaedic surgeons:** 800, covering both orthopaedics and trauma
- ▶ **No. of SICOT active members:** 6

(WHO sources)



A new inexpensive Telediagnostic Network

Ir Jean-Charles de Longueville | Founder and CTO of Hellea sprl



In November 1997, Prof Maurice Hinsenkamp, then Treasurer of SICOT, began studying in his laboratory the feasibility of establishing an inexpensive Telediagnostic network that could be used by developing countries. The workstations would be developed and supplied by SICOT to countries hosting a SICOT Education Centre.

At the SICOT/SIROT XXI Triennial World Congress in Sydney, in April 1999, the project was first presented to the members of the SICOT International Committee, attended by the National Representatives of all the member countries. They decided to pursue the development of the network at least until the SICOT/SIROT XXII Triennial World Congress in San Diego in 2002. The Executive Committee also decided to include a dedicated server in the project architecture. The project was then presented to all SICOT members at a booth in the exhibition hall adjoining the Congress.

At the SICOT/SIROT XXIII Triennial World Congress in Istanbul, in September 2005, the project switched from the preliminary phase of a network of 23 SICOT Telediagnostic centres to

the production phase which included all National Representatives as new users in the process.

This tool is designed to enable a health care practitioner (in this case, an orthopaedic surgeon) to transmit a medical file containing a number of images (X-rays, CT scan, etc.) from a distant location to a medical secretariat located in Brussels.

Once the file has been received in Brussels, it is immediately reviewed to determine the speciality concerned. An e-mail is then sent to a specialised consultation centre participating in the project. At that centre, a highly qualified orthopaedic surgeon examines the file by surfing on the Telediagnostic website and issues an opinion or offers advice to his colleague, which is added to the file on the site. The person who submitted the file can then consult the opinions by surfing on the site.

New release, new paradigm suited for more simultaneous users

After a full year of development, the SICOT Telediagnostic team is proud to introduce the brand new system to all National Representatives.

From now on, the behaviour of

the Telediagnostic application is like a forum where one can post topics representing medical cases or reply to posted ones. The poster may add as many pictures to the topic as he wants. In addition to the users already running the system, we extended the user base to all National Representatives of SICOT.

The major change in this regard is that we abandoned the previous user base to switch to the regular SICOT one. This means that a practitioner now uses his normal ID number and password on <http://www.sicot.org/>. For any question related to your ID number and/or password please write to hq@sicot.org as usual.

It is foreseen that in future the access to the SICOT Telediagnostic application will include all members of SICOT.

We will be very pleased to receive any feedback from you at telediag@sicot.org.

To find the complete list of the Telediagnostic centres in the world please refer to page 8.

New features in the member area of SICOT website

On the web

Recently two new features have been added to the member area of the SICOT website (www.sicot.org): a link to the SICOT Journal “International Orthopaedics” and a link to the Bone and Joint Decade portal in which SICOT participates.

The first link to the Journal allows the SICOT member to have access to the Journal on-line and to find the newly published articles more easily. He can now consult the articles without having to wait for the Journal to be sent to him and also go through the different issues of the Journal and find any article he might need.

The second link gives the SICOT member the opportunity to enter the BJD/SICOT portal and to see all the material posted by SICOT and the Bone and Joint Decade.

How to access these links through the member area of SICOT website?

Follow these steps:

- 1) Type the link www.sicot.org in your browser.
- 2) Click on “Members” in the upper menu.
- 3) Click on “Log in”.
- 4) Then click “I agree” at the bottom of the legal notice.
- 5) Insert your ID member and your password (if you do not have them send an e-mail to hq@sicot.org).
- 6) Click on the button “Submit”.

You have now entered the SICOT member area.

How do I access “International Orthopaedics” on-line?

Find the link entitled “[Online access to International Orthopaedics](#)” at the bottom of the page and click on it.

How do I access the BJD/SICOT portal?

Find the last link entitled [Online access to the SICOT World portal hosted by Bone and Joint Decade](#).

If you are not registered for the portal yet, just follow these steps:

- 1) Click on the link dedicated to the portal.
- 2) Go to the upper right part of the screen. Caution! The homepage of the portal can not be seen as a whole on the screen. You need to use the arrow at the bottom of the screen and to go to the right.
- 3) In this upper right part click on “Create personal account”
- 4) Insert the requested data. Caution! Several boxes are allocated to one address under the following denomination: Address 1, 2, 3 and 4.
- 5) Then click on the button “Submit”. Now your account has been registered.
- 6) An e-mail will be sent to your e-mail address with a provisional password.
- 7) Once you have received your password go the upper right part of the homepage of the portal (steps 1 and 2) and click on “Login”.
- 8) There enter your e-mail address and password and click on “Login”.

You are now entering the BJD/SICOT portal.



The Telediagnostic centres in the world

Århus, Denmark

Århus Universitetshospital,
Orthopaedic Department
Prof Cody Bünger, President Elect of
SICOT

Assiut, Egypt

Orthopaedic Department,
Assiut University Teaching Hospital
Prof Galal Zaki Said, Vice President,
National Delegate
Prof Abdel-Khalek H. Ibraheim
Prof Karam-Allah Ramadan
Prof Essam El-Sherief
Prof Maher El-Assal
Prof Kamal El-Gaafary
Prof Mohammed Anwar
Prof Maged Mostafa
Dr Mohammed Gamal
Dr Hassan M. Ali
Dr Tarek Al-Gammal
Dr Faysel F. Adam
Dr Moatez El-Sabrout
Dr Ahmed AbdelAal
Dr Hesham El-Kady
Dr Osama Farouk
Dr Khalid Mostafa
Dr Mohammed El-Sharkawi
Dr Yasser Imam

Brussels, Belgium

Hôpital Erasme,
Université Libre de Bruxelles
Prof Maurice Hinsenkamp, responsible
for the SICOT Telediagnostic

Budapest, Hungary

Semmelweis University,
Medical Faculty, Orthopaedic Department
Prof Miklós Szendrői, National Delegate
Dr András Vajda
Dr Imre Antal

Casablanca, Morocco

Zerktouni Clinic
Dr Thami Benzakour
Dr Lemseffer, National Delegate

Charleroi, Belgium

CHU de Charleroi, Site Hôpital Vésale,
Université Libre de Bruxelles

Prof Sabri El Banna, medical files dispatcher

Dakar, Senegal

Grand-Yoff Hospital
Prof El Hadij Ibrahima Diop, National
Secretary

Douala, Cameroon

Hôpital Laquintinie
Dr Jean Gustave Tsiagadigui

Fort-de-France, Martinique

Centre Hospitalier Universitaire de
Fort-de-France
Prof Jean-Louis Rouvillain
Dr Choukry Dib

Gdansk, Poland

Orthopaedic Department of Medical
University of Gdansk
Prof Mazurkiewicz
Dr Mariusz Treder

Havana, Cuba

Prof Alvarez Cambras, National Delegate
Dr Tony Castro

Hong-Kong, China

University of Hong Kong
Prof John C.Y. Leong, Immediate Past
President of SICOT

Kingston, Canada

Kingston General Hospital,
Queen's University at Kingston
Prof Charles Sorbie, Past President of
SICOT

Kinshasa, Congo

Hôpital N'galiena
Prof Panda, National Delegate

Lahore, Pakistan

Allama Iqbal Medical College,
Department of Orthopaedic Surgery,
Jinnah Hospital
Prof Syed Muhammad Awais, National
Delegate

London, United Kingdom

Mr Anthony Hall, ex Secretary General
of SICOT

Ludhiana, India

Prof Aggarwal

Montreal, Canada

Hôpital Sainte-Justine
Université de Montréal, Université
McGill
Dr Morris Duhaime

Nairobi, Kenya

Parklands Ambulatory Surgical Centre
Dr P. M. Heda, National Delegate
Dr Peter F. Hagembe, FRCS (Nairobi
Hospital)

Port-au-Prince, Haiti

Centre Hospitalier de la rue Berne
Dr Jean-Philippe Duverseau, National Se-
cretary
Dr B. Nau

São Paulo, Brazil

Santa Casa de São Paulo,
Departamento de Ortopedia e Trauma-
tologia
Prof Patricia Fucs, Treasurer of SICOT

Vienna, Austria

Allgemeines Krankenhaus Wien Univer-
sitätskliniken,
Orthopädie, Universität Wien
Prof Rainer Kotz, Past President of SI-
COT
Prof Martin Dominkus

Vientiane, Laos

CTOV : Mittaphab Hospital,
Orthopaedic Department
Dr Tavanh Manivong

Yaounde, Cameroon

Clinique Chirurgicale de Yaoundé
Dr Jean-Rodolphe Minyem, National
Secretary
Dr Jean Bahebeck

Orthopaedic trauma care in the former Transkei, South Africa

Young surgeons



Tim MS Millar MRCS (Eng)

Clinical Research Fellow,
Wrightington Hospital,
Lancashire, United Kingdom
tmsmillar@hotmail.com



Charles CP McConnachie, MD

Professor of Orthopaedics and Chief
Specialist, Bedford Orthopaedic Centre,
Umtata, South Africa
ammsa@intekom.co.za

South Africa today faces a dual epidemic of increasing trauma and HIV rates resulting in significant morbidity and mortality and placing heavy strain on an already over prescribed health system. The Bedford Orthopaedic Centre (BOC) is situated in Umtata, at the heart of the former homeland of Transkei in the Eastern Cape of South Africa serving a population of about 4 million people.

It currently has 200 beds. The theatres are equipped with a good supply of implants and there are few limitations on the management of orthopaedic trauma. It is a government-financed hospital but heavily reliant on equipment donations and volunteer surgeons, anaesthetists and physiotherapists. One of the main difficulties faced by the staff is the great distances the patients have to travel to reach the nearest clinic, thus often getting to the Centre in a critical state due to delay in treatment.

The main aim of this study was to evaluate the main cause for the high trauma workload presenting to the BOC and to look at the length and reasons for delay in treatment. Over a four-month period in early 2005, a prospective study was

performed on trauma related admissions to the male adult (age 13 and older) orthopaedic ward at the BOC. Patients with spinal injuries and those who underwent outpatient fracture manipulation were excluded.

During this period 398 male patients, age range 13 to 86 years, were admitted to the male orthopaedic ward. 357 (90%) of these patients were admitted with trauma related injuries and 41 patients (10%) with “cold” orthopaedic conditions that required surgery. The majority of trauma was as a result of the high road traffic accident rate (52%), assaults (24%), falls (9%), gunshot wounds (7%) and sport related trauma (8%).

25% of the trauma patients presented 7 to 14 days after their initial injury while 6% presented more than 14 days after their initial injury. Fracture of the femoral shaft was the most common reason for admission, diagnosed in 60 patients, 42 of these required operative fixation, while 18 were treated with skeletal traction. Hand injuries were seen in 51 patients whilst tibia fractures and forearm injuries were seen in 41 and 36 patients respectively.

The problem is the delay in arrival for treatment. Another factor to take into consideration is that the patients were either previously treated in a rural hospital or by their village healer and only when treatment had failed were they referred to the BOC.

This study has highlighted the need for further funding

required to support the BOC orthopaedic trauma service. We also draw attention to the specific problems encountered when treating a mainly rural population including the difficulties that arise from the treatment of delayed trauma.



*The Bedford Orthopaedic Centre,
Umtata*

■ An interview with Frank Horan



You were Associate Editor of “International Orthopaedics” and you left that job to become the Editor of the British Volume of the Journal of Bone and Joint Surgery (JBJS). Can you tell us why?

I was Associate Editor for the English language part of “International Orthopaedics” from 1982 and had been the Chairman of the Editorial Board for a number of years. I had started doing editorial work for the JBJS in 1978. I had been a member of the Editorial Board of the JBJS and was asked to come back as an Associate Editor. I became the full time Editor in 1998. It is not really possible to do such a job and have commitments to another journal.

In 2002 you were made an Honoured Member of SICOT. How did you feel about it?

I was delighted. I think that I am the only living person from the United Kingdom to have such an honour, although I think that there have been several other Englishmen made “Membres d’Honneur” in the past.

You were Medical Director at the Princess Royal Hospital at Haywards Heath, near Brighton. How did you come to this post and what will you remember from this time?

I had been associated with the organisation of the management side of the hospital since I first went there

in 1976. Changes were made in the structure of the Health Service and I was asked to be Medical Director. This was not a task that I was particularly keen on, but in the end I enjoyed it considerably and I think that I was able to contribute to the overall success of the hospital.

You have now retired but you still have a medicolegal practice. What exactly do you do through this activity?

I am not fully retired. I spend half of the week with the JBJS. I have had a medicolegal practice for many years. It involves producing reports for people who have been injured in accidents to assist their lawyer in pursuing their claims in the courts.

I have been told that you were always interested in Sports Medicine and were medical officer to a basketball team for a while.

I have been involved in Sports Medicine for many years. I was the doctor to the England and Great Britain basketball teams for about 20 years and a member of the Olympic Medical committee during this time. I have been associated with professional cricket for much of my life.

Indeed, I know that you are a very keen cricketer and belong to a cricket team. What do you find attractive in this sport?

It is simply because I have always played and loved the game. I suppose that it is an essentially English game and I am an Englishman!

Why did you become a member of SICOT?

At the suggestion of my friend and mentor Lester Lowe who, at that time, was Associate Editor of “International Orthopaedics”. When the Journal started he had asked me to help him edit the manuscripts. ■

What is ISMISS?

ISMISS means “International Society for Minimal Intervention in Spinal Surgery” and is based in the USA. Its first President was Pariz Kambin from 1990 to 1993 and the current President is Hallet H. Mathews (2005-2008). The names of the other Presidents of ISMISS are: Hwan Yung Chung, Immediate Past President (2002-2005), Pierre Benazet (1999-2002), Mario Brock (1996-1999) and Adam Schreiber (1993-1996). The year of affiliation of

ISMISS to SICOT was 1990, the year in which the Society was founded. The number of its members is 250 and they are spread among 18 nations. ISMISS has several branches all over the world: for example, the American Branch, the European Branch and the Asian Branch. Each branch has five to six meetings a year, one Annual Congress and one Triennial World Congress.

Dr Hwan Yung Chung
ISMISS Immediate Past President

AIC Buenos Aires

Programme at a glance

	Room Atlantico B+C	Room Atlantico C	Room Quebracho	Room Pacifico A	Room Buen Ayre	Foyer Pacifico
Wednesday, 23 August 2006						
Morning	Trainees' Meeting: Fracture Free papers					Posters
Afternoon	Trainees' Meeting: Hip Free papers					
Evening 18.30 - 20.00				Opening ceremony		
Evening 20.00 - 22.30					Welcome cocktail	

Thursday, 24 August 2006

Morning	SIROT meeting Free papers	New trends in Osteosynthesis sponsored by AO Foundation	Free papers	Bone loss – Surgical Reconstruction	“How to”: Osteotomies around the hip	Posters
Afternoon	SICOT/SIROT Combined Non union Free papers	Foot and Ankle	Free papers	New trends in Open fracture	“How to”: Osteotomies around the knee	

Friday, 25 August 2006

Morning	Pediatrics Orthopaedics/ IFPOS	Sports Medicine	Free papers	Non-Union	“How to”: Spine	Posters
Afternoon	Pediatrics Orthopaedics/ IFPOS	Sports Medicine	Free papers	Polytrauma	“How to”: Upper extremity (Trauma)	

Saturday, 26 August 2006

Morning	External fixation sponsored by Orthofix	Cervical Spine	Free papers	Infections	“How to”: Shoulder arthroplasty	Posters
Afternoon	Free papers (selected)	Hand	Free papers	Hip	“How to”: Foot	

Deadline for normal fee registration for SICOT/SIROT 2006 Fourth Annual International Conference: **31 May**. Special rates for doctors from Latin America!

Please register on <http://www.sicot.org/?page=buenosaires>

Invited speakers (at March 1st, 2006)

Dr M. Akkari, Brazil
Dr B. L. Allende, Argentina
Dr Ch. Allende, Argentina
Dr V. Allende, Argentina
Dr G. Arce, Argentina
Dr D. Aronsson, USA
Dr R. Assumpção, Brazil
Dr M. Ayerza, Argentina
Dr J. Barla, Argentina
Dr A. Barquet, Uruguay
Prof H. Bensahel, France
Dr E. Bersusky, Argentina
Prof Dr P. Biberthaler, Germany
Prof P. Boileau, France
Dr R. Buckley, Canada
Prof C. Bünger, Denmark
Dr M. A. Buttaró, Argentina
Dr M. E. Cabanela, USA
Dr A. Cagnoli, Uruguay
Dr J. C. Cagnone, Argentina
Dr H. F. Caloia, Argentina
Dr R. Cerruti, Argentina
Dr S. L. Côrtes da Silveira, Brazil
Dr J. Couto, Argentina
Dr P. De Carli, Argentina
Dr J. de la Garza, Argentina
Dr A. De Los Rios, Paraguay
Dr M. De Prado, Spain
Prof N. De Sanctis, Italy
Dr H. Del Sel, Argentina
Dr J. P. Dormans, USA
Dr M. Duhaime, Canada
Dr Ch. Duncan, Canada
Dr P. Dungal, Czech Republic
Prof D. Fernandez, Switzerland
Dr A. Fernandez Dell'Oca, Argentina
Dr F. Fernandez Palazzi, Venezuela
Dr G. Fiks, Argentina
Dr E. Forlin, Brazil
Dr J.-P. Franceschi, France
Dr J. S. Franco, Brazil
Dr D. Fronteira, Argentina

Prof Dr P. Fucs, Brazil
Prof Ch. Gaebler, Austria
Dr P. Gonzalez, Argentina
Dr F. Grill, Austria
Dr P. Guillen Garcia, Spain
Dr A. Gupta, USA
Dr E. Honda, Brazil
Prof Dr R. I. P. Kotz, Austria
Dr J. Lara, Chile
Prof S. Lee, Korea
Prof J. C.Y. Leong, Hong Kong
Dr J. Macia, Argentina
Dr A. Macklin Vadell, Argentina
Dr R. Mardones, Chile
Prof B. Marré, Chile
Dr R. Mattar Jr, Brazil
Dr C. Milani, Brazil
Dr G. H. Mohtadi, Canada
Dr F. Motta, Uruguay
Dr L. Munhoz da Cunha, Brazil
Dr D. L. Muscolo, Argentina
Dr P. Neira, Argentina
Dr F. Niño Gómez, Argentina
Dr G. Pagenstert, Switzerland
Dr A. Pérez Castillo, Chile
Dr F. Piccaluga, Argentina
Prof R. P. Pitto, New Zealand
Dr L. A. Poitevin, Argentina
Dr C. Price, USA
Prof Dr K. J. Prommersberger, Germany
Dr P. P. Ribeiro Baptista, Brazil
Prof G. Z. Said, Egypt
Dr F. Salas, Argentina
Dr J. M. Sanchez Azabache, Peru
Dr C. Santili, Brazil
Dr S. Schachter, Argentina
Prof J. Schatzker, Canada
Prof L. Sedel, France



Dr E. Segal, Argentina
Dr D. Sepulveda, Chile
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