LONDON • ENGLAND

DAILY NEWS
5 JUNE 2014

15TH EFORT CONGRESS – A COMBINED PROGRAMME IN PARTNERSHIP WITH THE BOA

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Featured

Schedule of Events

- **The Great Knee Debate**
  Presenters debate surgical technique, and implant design and shape at 9.00 - 10.15 in the London Auditorium.
- **BOA Presidential Guest Lecture**
  Lord Bernard Ribeiro, CBE, discusses meeting the challenges of reconfiguring 21st century health services at 14.30 - 15.00 in the London Auditorium.
- **The International Healthcare Timebomb**
  Issues crucial to challenges, such as patient safety, workforce size and financial challenges will be discussed at 15.00 - 17.00 in the London Auditorium.

European experts address how simple practices, clean procedures enhance patient safety

Because surgical hand hygiene programme is one of many essential surgical safety steps – including performing right-site surgery on the right patient at the right time – a panel of experts from Europe and the United States discussed it 5 June in a symposium and urged orthopaedic surgeons to adopt an aggressive surgical hand hygiene programme.

Didier Pittet

We have known for years that programmes in orthopaedics that focus on safety can make a difference in patient care, according to **Didier Pittet, MD, MS, CBE,** who spoke during the session at the 15th EFORT Congress — a combined programme in partnership with the BOA. He is the founder of the WHO Clean Care is Safer Care campaign.

Using an alcohol-based hand rub, a practice used at Pittet's hospital since 1994, is needed at the point of care, where orthopaedic surgeons are visiting their patients during rounds or during wound care.

"We still see some surgeons who sort of do it too fast. Today we are doing it in most places with alcohol-based hand rub, which allows [you] to go a little faster than with soap and water, but still needs several steps to be performed appropriately with a volume of alcohol that would be large enough to cover all surfaces appropriately," said Pittet, who is professor of medicine, hospital epidemiologist and director of the infection control programme and WHO Collaborating Centre on Patient Safety at the University of Geneva Hospitals and Clinics, in Geneva.

"It is clear that cleaning hands with alcohol-based hand rub, even if it only takes 20 seconds, is absolutely critical before patient contact, as well as after patient contact, and before contact with clean procedures and following contact with biological fluids, which is rare but can still happen," he said.

Pittet and a colleague observed hand hygiene practices at their hospital in December 1994 and then implemented, over the next 3 years, a hand hygiene programme at the University Hospital of Geneva.

"Our programme actually proved the benefit of switching from soap and water washing to alcohol-based hand rubbing in hospitals, and now this programme has been endorsed by the World Health Organization and the campaign is currently ongoing in 171 of the 194 countries of

*(**Patient safety** continued on page 10)*

'Father of fast-track surgery' calls for more research into ways to improve recovery after THA, TKA

Multidisciplinary teams and focused research into practices that lead to a shorter length of hospital stay are among the strategies that can result in improved safety for patients who undergo total hip arthroplasty and total knee arthroplasty, according to a presenter at the 15th EFORT Congress — a combined programme in partnership with the BOA.

Henrik Kehlet

Henrik Kehlet, MD, PhD, said that the orthopaedic surgeon plays a key role in ensuring early and safe discharge from hospital for patients who have had total hip arthroplasty (THA) and total knee arthroplasty (TKA). Kehlet has authored several papers on the topic of fast-track treatment and is often referred to as the father of fast-track surgery,

The orthopaedic surgeon should focus on the pathophysiology mechanisms that affect their patients and determine from that which strategies will lead to a timely discharge, he said.

"Therefore in every operation – and I will be talking about hip and knee arthroplasty – you have to ask why is the patient in hospital in order to define the patient problems for early recovery," Kehlet said.

*(**Fast track** continued on page 11)*

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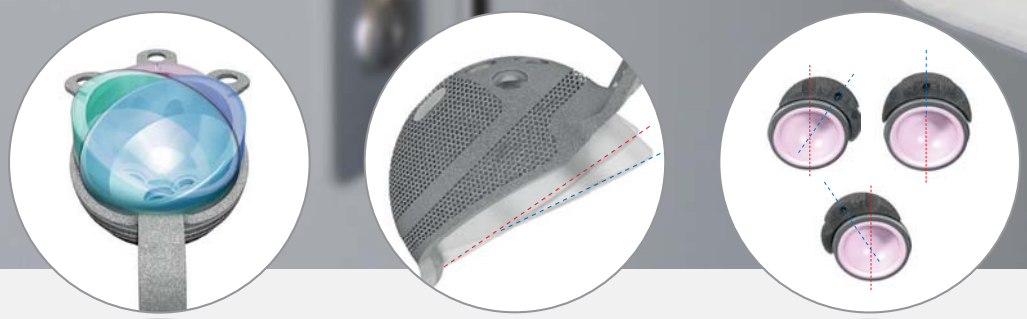

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Full-day advanced THR, TKR session features panel of expert physicians

After a successful debut at last year's Congress, the full-day Advanced Course in Total Hip and Total Knee Replacement is included again in the 15th EFORT Congress — a combined programme in partnership with the BOA. The session will be held on Friday, 6 June, and will feature a panel of recognised European experts who will update attendees on the latest techniques, treatments and approaches in primary and revision surgery.

"This full-day session is launching a new partnership amoung EFORT, the European Hip Society and the European Knee Association in order to provide a full specialty day dedicated to hip and knee replacement for which the attendees can specifically register during the annual EFORT meeting," said **Jean-Noel A. Argenson, MD, PhD,** professor and chairman of the Department of Orthopaedic Surgery at Aix-Marseille University, Hôpital Saint-Marguerite in Marseille, France.

The Advanced Course in Total Hip and Total Knee Replacement provides an opportunity for attendees to learn about the latest advances in primary and revision hip and knee replacement from world-renowned orthopaedic experts. The morning session will focus on total hip replacement (THR) and the afternoon session will focus on total knee replacement (TKR).

The course includes 24 presentations, which will cover topics such as selection of appropriate patients and surgical techniques, prevention and treatment of infection and improvement of patient safety.

Topics that will be covered include selection of fixation type and bearings, benefits and drawbacks of different approaches to the joint, treatment of deformities when inserting implants, diagnostics and treatment of deep infection, treatment of periprosthetic fractures, removal of well-fixed implants and presentation of complicated primary and revision cases.

"This new specialty Advanced Course in Total Hip and Total Knee Replacement full-day format during the annual EFORT Congress will have the goal of meeting the orthopaedic community's expectations in the field of hip and knee arthroplasty," Argenson said.

The THR presentations will explore the latest approaches, issues and considerations, including cemented vs. cementless stems, dislocation of total hip arthroplasty, metal-on-metal follow-up information and evaluation for revisions. Additional topics include best prostheses for fractures, thromboembolic prophylaxis and bleeding, and the improvements in and risks of mini-incisions and short stems.

The TKR sessions will address topics including the latest approaches to planning arthroplasty revision and its results, the issue of bone loss and strategies for prevention and diagnosis of infection.

"The surgical technique discussion for the knee session will specifically focus on the extensor mechanism and patella issues, as well as the use of intramedullary stems of the femoral and tibial side," Argenson said. "Finally, the difficult problem of knee replacement infections will be addressed, including prevention, diagnosis and treatment options."

The Advanced Course in Total Hip and Total Knee Replacement will be held on Friday, 6 June from 9.00 - 18.30 in the Lisbon Auditorium. ■

Topics that will be covered:

- Selection of fixation type and bearings
- Benefits and drawbacks of different approaches to the joint
- Treatment of deformities when inserting implants, diagnostics and treatment of deep infection
- Treatment of periprosthetic fractures
- Removal of well-fixed implants
- Presentation of complicated primary and revision cases

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BOA revalidation programmes featured at EFORT

As part of the combined partnership between EFORT and the British Orthopaedic Association (BOA) at this year's EFORT Congress, the BOA will host a series of courses to assist with revalidation in an effort to ensure that physicians' skills are up-to-date.

In the United Kingdom, physicians are required to revalidate their license to practice every 5 years, a process that includes attending continuing professional development courses pertaining to the physician's specialty, as well as courses in areas outside of his or her specialty. In an effort to simplify this process, the BOA has created a comprehensive revalidation programme. The courses aim to create standards of care for physicians in the United Kingdom and ensure that a physician's education and skills remain up-to-date across the entire field of orthopaedics.

"The level required to revalidate is the level required to get on the medical register in the first place," said **David Limb,** honourary secretary of the BOA and a consultant in orthopaedic trauma at Leeds Teaching Hospital in England. "So it's almost taking [physicians] back to their final qualifications and running them through current practice in areas of surgery. It isn't about the cutting-edge research. It's about covering the basic facts that are important for patient safety and making sure that those are properly up-to-date."

The British Orthopaedic Association can be found at stand 01b in the exhibition area.

The BOA revalidation sessions are open to all attendees of the Congress and provide an opportunity for surgeons outside of the United Kingdom to experience the revalidation programme.

Revalidation Sessions

Thursday, 5 June
9.00 – 18.30
Lisbon Auditorium

Friday, 6 June
17.00 – 18.30
Berlin Auditorium

The sessions include lectures, case-based discussions and interactive audience and faculty debate about the current trends and standards in the various orthopaedic specialties. Attendees are encouraged to attend sessions outside of their specialty because the sessions are designed to cover the general scope of a specialty.

"It would be beneficial for [physicians] to attend these sessions if there are areas in which they practice that are not their main clinical interests, because [physicians] tend to neglect those areas of their practice," Limb said. "So the revalidation sessions are there to make sure that you are not only up-to-date and a good doctor in your area of prime interest, but also up-to-date across the field in which you practice. And, of course, that's different for every surgeon."

The BOA revalidation sessions also align with the patient safety theme of this year's EFORT Congress because the courses ensure that a physician's skills are up-to-date, which decreases the risk that a patient will be mistreated.

"[Patients] want [a physician] who is up-to-date and fit to practice across the general breadth of the specialties [and has the ability to] deal with their initial management, as well as know what they can handle themselves and what they [should] pass on," Limb said. "I think it is essential. And the revalidation and relicensing of doctors in the United Kingdom was exactly that — it was driven by patient safety." ■

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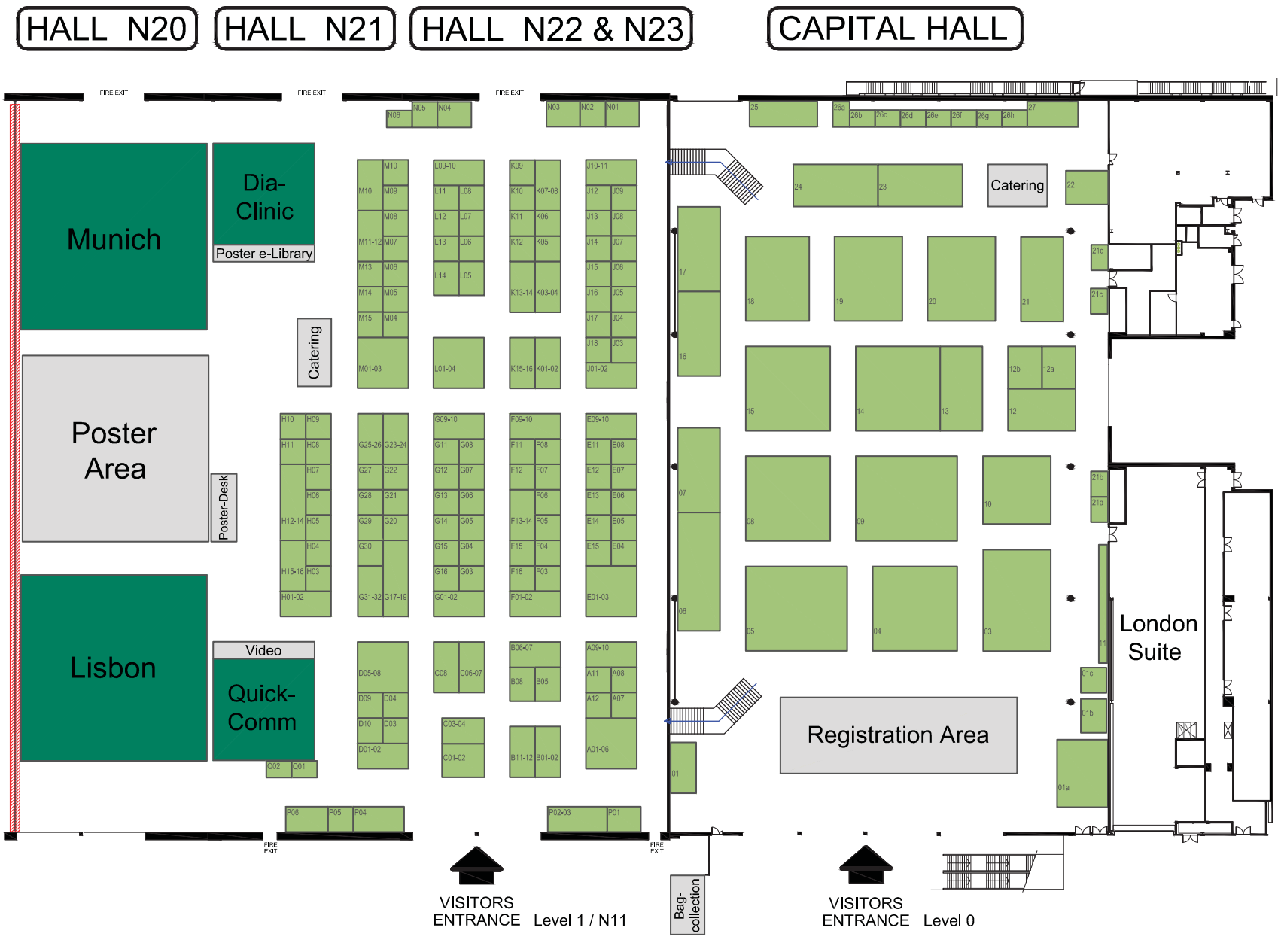


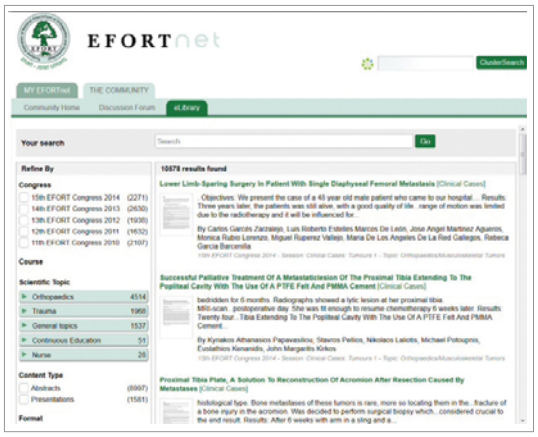
EFORT launches Europe's largest orthopaedic eLibrary

EFORT has launched its eLibrary, a new online resource centre, at the 15th EFORT Congress — a combined programme in partnership with the BOA.

The resource centre allows access to abstracts and audio presentations from the 2010–2014 EFORT Annual Congresses, as well as presentations from the most recent EFORT Advance Training Programme courses.

The eLibrary contains more than 10,000 documents, and using high performing faceted filtering, users can easily narrow down searches and find relevant educational material within seconds.

For more information, please visit www.efortnet.org. ■



Posterior arthrodesis for Lenke 5C AIS associated with excellent curve correction and patient satisfaction

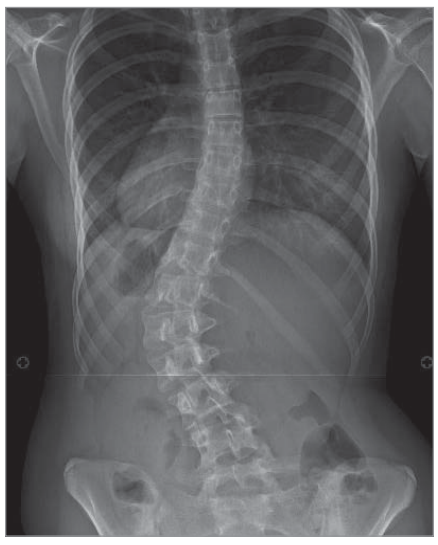
There may be several advantages to correcting Lenke 5C thoracolumbar/lumbar adolescent idiopathic scoliosis with posterior spinal arthrodesis rather than the more traditional method of anterior spinal arthrodesis, investigators found in a study scheduled to be presented on Thursday, 5 June at the 15th EFORT Congress – a combined programme in partnership with the BOA.

Simon Benedict Roberts, MRCS, and colleagues at the Scottish National Spinal Deformity Centre in Edinburgh conducted the largest study of its kind investigating outcomes after posterior spinal arthrodesis (PSA) for the treatment of Lenke 5C thoracolumbar/lumbar adolescent idiopathic scoliosis (AIS) and used a novel unilateral segmental correction technique

Roberts said in an interview prior to the EFORT Congress that the study had also identified five radiographic parameters that correlated with the need for distal extension of PSA beyond the caudal Cobb level and used these parameters to develop a predictive equation surgeons can use to reliably inform lowest instrumented vertebra selection.

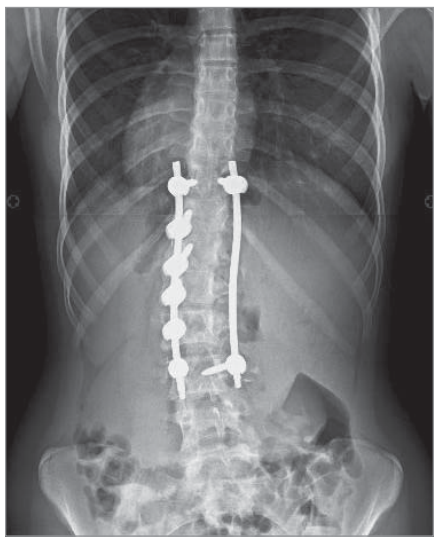
He said there are three main takeaways from the study results.

"Firstly, Lenke 5C thoracolumbar/lumbar adolescent idiopathic scoliosis can be effectively treated by posterior spinal fusion using pedicle screw instrumentation and a unilateral correction technique. Secondly, the need for extension of the fusion distal to the caudal Cobb level is best guided by five preoperative radiographic parameters," Roberts said. "Finally, you can incorporate these five parameters into a predictive equation that has an 81% accuracy rate to determine the need for extending a fusion distally or not. This provides supportive and objective information for optimal surgical planning."



Shown is a preoperative postero-anterior radiograph of the spine of a patient with primary thoracolumbar scoliosis and a compensatory thoracic curve.

Source: Roberts SB



This is the same patient's spine 2 years after posterior spinal arthrodesis. It shows the unilateral segmental pedicle screw correction between the end vertebrae of the thoracolumbar scoliosis.

Source: Roberts SB

The need to correctly determine the lowest instrumented vertebra, Roberts said, is important for the preservation of the distal motion segments and to prevent postoperative spinal imbalance.

For the study, Roberts and colleagues reviewed prospectively collected data for patients treated by **Athanasios I. Tsirikos, FRCS, PhD,** between November 2006 and August 2011. There were 72 patients who met the inclusion criteria and were followed up for 2 years postoperatively. All patients were diagnosed with thoracolumbar/lumbar AIS and treated with PSA using a unilateral convex segmental pedicle screw technique, according to the abstract.

The mean thoracolumbar/lumbar curve correction was 80%. Subjects also completed SRS-22 questionnaires during the 2-year follow-up to determine their satisfaction, mental health, pain and function. According to the study, PSA using a unilateral convex segmental pedicle screw technique is as effective as anterior spinal arthrodesis and may have some added benefits. For example, the posterior approach results in a more cosmetic sear compared to the anterior approach, Roberts said.

"The unilateral correction technique achieved an excellent curve correction and spine balance, and there was no loss of correction over the 2 years follow up," Roberts said. "The method had a high patient satisfaction rate and low complication rates; this was encouraging."

Roberts said he awaits other surgeons using this novel technique and using the new formula postoperatively to determine the need to extend a fusion distally or not, and whether they have similar results in terms of its predictive value.

"It will be interesting to see other surgeons correcting this curve type using the unilateral correction technique and seeing it develop and perhaps become more common," he said. ■

Reference:

Roberts SB. Paper #14-2552. Presented at: 15th EFORT Congress – a combined programme in partnership with the BOA; 4-6 June, 2014. London.

Source info:

Simon Benedict Roberts, MRCS, can be reached at University of Edinburgh, Department of Orthopaedic Surgery, Edinburgh, United Kingdom; email: simonroberts100@hotmail.com.

Disclosure:

Roberts has no relevant financial disclosures.

New EFORT textbook provides comprehensive education for surgeons

A new comprehensive EFORT textbook *European Surgical Orthopaedics and Traumatology,* which covers the research and surgical management of all major orthopaedic and traumatological conditions, has launched at the 15th EFORT Congress — a combined programme in partnership with the BOA.

The authors are recognised international authorities, including surgeons, scientists, biomedical engineers and allied health professionals who are active at congresses and workshops, as well as in universities and hospitals, across the world. The textbook is edited by **George Bentley, MD,** EFORT past president and professor of orthopaedic surgery.

"My aims in doing this were to produce something that was European on behalf of EFORT and to produce something that would be an educational database for EFORT, which we don't really have," Bentley said.

This reference textbook serves as a source of education and guidance in surgical practice for established surgeons and trainees. Although the textbook is intended for all health care professionals involved in orthopaedics, it is especially beneficial for those preparing for post-graduate surgical examinations and the European Board of Orthopaedics and Traumatology Examination.

The emphasis throughout the textbook is on the application of current knowledge and research to clinical problems. Chapters cover information related to the basic science, diagnosis, special investigations, preoperative planning, operative procedures, possible complications, rehabilitation and patient outcomes for conditions, diseases and injuries across the spectrum of orthopaedics. The didactic text is complemented by abundant illustrations that highlight the essentials of each clinical scenario.

"It's meant to be a general book," Bentley said. "There are a lot of excellent specialist books on the hip, knee, or spine, but this attempts to embrace those [topics] and, in particular, to cover the total management of the surgical patient."

The textbook will be sold as a single multivolume book. Each volume will contain the front matter, such as the contents list and contributors list, and the last volume will contain the subject index.

The textbook, published by Springer, consists of seven volumes with 10 sections, 258 chapters, 4,916 pages and approximately 3,400 figures. More information on how to order can be found on the Springer website, www.springer.com. ■

European Surgical Orthopaedics and Traumatology

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Volume 6: Ankle and Foot

Volume 7: Musculoskeletal Tumours

Speaker: Trauma has socioeconomic challenges, costs

Trauma is a worldwide disease that must be addressed like other leading causes of death, according to a presenter at the 15th EFORT Congress – a combined programme in partnership with the BOA.

Edward J. Harvey

"Trauma is a low hanging fruit. It has the biggest bang for the buck because rather than looking at all the processes, if we just got people to wear these two things [seatbelts and helmets], then we do way more than every cancer publication in the past 10 years. We still haven't been successful at doing it," **Edward J. Harvey, MD, MSc, FRCSC,** said.

He said trauma is a disease hiding in plain sight and carries a huge economic burden on society in terms of mortality, morbidity and lost productivity. He said three leading causes of death globally are from injuries, and trauma is increasing in rank compared with other causes of death. However, he said, other medical problems, such as cancer, cardiovascular disease and respiratory ailments, are seen as more important in terms of research funding.

According to the World Health Organization's Global Status Report on Road Safety 2013 report, 1.24 million road traffic deaths occur every year and is the top cause of death for people between the 15 years to 29 years old. The five major risk factors of trauma are speed, alcohol, helmets, seatbelt usage and use of child restraints. Only 111 countries have comprehensive seatbelt laws covering all car occupants, which covers 4.8 billion people or 69% of the world's population. Fifty-nine countries have comprehensive urban speed laws. While 35 countries have passed laws that cover all five risk factors, this only reflects about 7% of the world's population. Road safety and risk factor data sets are incomplete in almost every country, Harvey said.

Harvey said societal concepts need to change. The Canadian Orthopaedic Trauma Society (COTS) is currently working to build better trauma research programme trials in an effort to make societal changes through better research. In Canada, trauma accounts for more potential years of life lost than any other health-related problem, including cardiovascular diseases, cancer and diabetes. It has an annual health care cost to Canada of $19.8 billion, of which $10.72 billion is in direct hospital costs and $9.06 billion is in lost productivity and premature death.

Orthopaedic surgeons, he said, need to redesign relationships with government and industry. He spoke about the experiences of the COTS as they work at the national level to build better trauma research programme trials and make a societal change through better research.

"We needed to change the processes so we decided we were going to optimise research programmes to change the processes," he said.

Information is paramount, and targeted or even hidden money has to be found Harvey said. The COTS has made university-level changes in musculoskeletal research, provincial changes in data management and research priorities. They looked for funding for national programmes, established advocacy programmes, international support and partnerships and had industry involved as early partners.

Reference:

Harvey EJ. Trauma: The silent epidemic. Presented at: The 15th EFORT Congress – a combined programme in partnership with the BOA. 4-6 June, 2014; London.

Source info:

Edward J. Harvey, MD, MSc, FRCSC, is a professor of surgery, Hornstein Chair in Surgical Excellence and director of Orthopaedic Trauma Service at McGill University in Montreal.

Disclosure:

Harvey receives institutional support from DePuy Synthes, Zimmer and Stryker.

Surgeons urged to review MRI scans to better detect meniscal tears

MRI scans proved to be about 90% sensitive, specific and accurate in a retrospective analysis of a single-surgeon series of 112 patients with suspected meniscal tears who underwent knee arthroscopy, had MRI scans and a diagram of knee pathology done by the surgeon at arthroscopy, according to a presenter at the 15th EFORT Congress — a combined programme in partnership with the BOA.

Simon Chambers

In their study, **Simon Chambers, MBBS,** and colleagues, found problems with the associated MRI reports, including false positives and negatives for meniscal tears that may have led to patients having unnecessary surgery or delayed surgery.

"Our recommendations are that reporting should be done by a musculoskeletal radiologist skilled in musculoskeletal problems to try and avoid these errors. We also recommend that the surgeon reviews the images himself," Chambers said in his presentation.

Chambers and colleagues conducted the study to determine the accuracy of knee MRI scans in their unit at Queen Elizabeth Hospital, in Gateshead, United Kingdom, which are typically performed for ligament or chondral damage and meniscal tears.

"One hundred twelve patients had MRI scans, which is less than 47%, which fits with our previous recommendations that not everybody needs knee MRIs," Chambers said.

The results showed 64 meniscal tears on arthroscopy among 66 patients with MRI scans that mentioned a meniscal tear for two false positives.

"Thirty-seven reports showed no tear, of which four were found to actually have a tear at arthroscopy so these were false negative results," Chambers said.

He said positive MRI results led to surgery for a meniscal tear at 18 weeks and a report of no meniscal tear was associated with surgery delayed through 33 weeks.

Musculoskeletal radiologists should review the scans of patients with suspected meniscal tears based on these results because they have a greater likelihood of picking up on key issues, Chambers said.

"False positives are a concern because they could cause unnecessary surgery. False negatives, as we have seen, may be associated with a delay in surgery," he said.

Reference:

Chambers S. Paper #640. Presented at: 15th EFORT Congress — a combined programme in partnership with the BOA; 4-6 June, 2014; London.

Source info:

Simon Chambers, MBBS, can be reached at Queen Elizabeth Hospital, Queen Elizabeth Ave., Gateshead, Tyne and Wear NE9 6SX, United Kingdom.

Disclosure:

Chambers has no relevant financial disclosures.

*(**Patient safety**, continued from page 1)*

the United Nations," he said.

Among the other presentations, **Frederick M. Azar, MD,** president of the American Academy of Orthopaedic Surgeons (AAOS), presented information on the effectiveness of his organization's wrong-site surgery prevention programme introduced in 1997. AAOS is the guest nation for this year's EFORT Congress.

Pierre Hoffmeyer, MD, who co-moderated the session with **Manuel Cassiano-Neves, MD,** president of EFORT, said, "The AAOS has been a leader in wrong-site surgery and surgical checklists."

Reference:

Pittet D. Symposium: Patient safety — Clean care is safe care. Presented at: 15th EFORT Congress — a combined programme in partnership with the BOA; 4-6 June, 2014; London.

Source info:

Didier Pittet, MD, MS, CBE, can be reached at Rue Gabrielle-Perret-Gentil 4, 1205 Geneva, Switzerland.

Disclosure:

Pittet has no relevant financial disclosures.

Study shows asymptomatic bacteriuria is an independent risk factor for PJI

Asymptomatic bacteriuria is an independent risk factor of prosthetic joint infection, particularly due to gram-negative microorganisms, and preoperative antibiotic treatments did little to reduce the rate of prosthetic joint infection in these cases, according to a study presented at EFORT on Wednesday, 4 June.

"In some ways, the results were better than we ever hoped. Not only were we able to say there was a significant link between the two, but we also were able to say that not only does it increase your risk of prosthetic joint infection, we were able to support previous studies that said that antibiotic treatment was ineffective in reducing that risk," **Jonathan Quayle, MD,** said in an interview prior to the EFORT Congress.

"We were able to see that patients with asymptomatic bacteriuria (ASB) are susceptible to a particular kind of bacteria — the gram-negative bacteria. We are now considering what is the link? We proved association; we proved that there is a link between the two, so now what is the next step for us? That is what we ultimately have to ask, what is it that ultimately causes this and how can we reduce that. We know treating it doesn't make a difference, it is just a marker for increased risk of PJI," he said.

Antibiotic treatment has no effect

Quayle and colleagues enrolled consecutive total hip arthroplasty or total knee arthroplasty candidates in a prospective observational multicentre study from January 2010 to December 2011, which involved 2,497 patients in all. Sixty-three percent of patients were women and the average age of patients was 68 years. The minimum follow-up was 12 months.

For all patients a urine sample was cultured regardless of dipstick results and patients with ASB were identified. Preoperative antibiotic treatment was determined on an individual basis, so it was not mandatory or randomised.

The results showed an overall ASB prevalence of 12.1%; 16.3% in women and 5% in men. The overall PJI rate was 1.7%. The PJI rate was significantly higher in the ASB group at 4.3% than in the non-ASB group at 1.4%. Also, based on the results in the ASB group, there was no significant difference in PJI rates when patients were treated (3.9%) or not treated (4.7%) with antibiotics.

Economic effects examined

The study results, Quayle said, have already had interesting economic effects.

"It has led to change of practice with patients with symptoms of urinary infection. As they no longer have treatment with antibiotics, we do not have to do the routine screening anymore. This has saved us time and money," Quayle said.

ASB is an independent risk factor for PJI particularly secondary to gram-negative microorganisms and antibiotic treatment did not reduce the rate of PJI, according to Quayle.

More measures need to be determined to reduce the infection rate further.

"We have now got a handle on a marker for PJI. We can now track down what is causing it, we have a chance of reducing PJI," Quayle said. ■

Reference:

Quayle J. Paper #14-671. Presented at: 15th EFORT Congress – a combined programme in partnership With the BOA; 4-6 June, 2014; London.

Source info:

Jonathan Quayle, MD, can be reached at the Frimley Park Hospital, Portsmouth Rd., Frimley, United Kingdom; email: jonathan.quayle@gmail.com.

Disclosure:

Quayle has no relevant financial disclosures.

PERSPECTIVE

This article is a most useful addition to the literature. A knowledge that the treatment of asymptomatic bacteriuria (ASB) by current protocols is ineffective in prevention of surgical site infection is useful indeed. More useful, however, is the association the group found between ASB and subsequent periprosthetic infection rate. This was most striking with rates being three times higher in the ASB group. The researchers have essentially found a high risk group that can be easily identified preoperatively. These subsequent infections appear to be linked to gram-negative microorganisms although not specifically those isolated in the urine of those patients. We still do not know how to prevent infection in this high-risk group and to some extent this study does raise more questions than answers, but it certainly moves us forward in the understanding of surgical site infection.

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Disclosure: Reed has no relevant financial disclosures.

(Fast track, continued from page 1)

Kehlet discussed the evidence that supports the need to manage various problems associated with an extended hospital stay after THA and TKA. These problems include pain, dizziness, weakness, lack of an organised discharge strategy, reduced ambulation, anaemia, cognitive dysfunction and loss of muscle function.

According to Kehlet, a study of his published in *Lancet* in 2013 showed median hospital stays in Europe for THA and TKA range from 4 to 11 days. Although he focused on safety issues and surgical management during his presentation rather than the economic aspects of adopting fast-track surgical protocols, Kehlet said, "You save a lot of money if you do the fast-track approach."

Kehlet also discussed pain management. "We have to strive for dynamic, balanced anaesthesia if we want to improve outcome and recovery. That is a prerequisite and that is the first factor you have to look at."

He said physicians interested in fast-track techniques for the increased safety of their patients who undergo THA and TKA should be aware there is sufficient evidence a multidisciplinary team approach to blood and anaemia management, as well as transfusions, supports fast-track protocols. Haemostasis should be optimised and blood loss and bleeding minimised, he said.

In terms of whether prehabilitation — intense exercise prior to surgery — supports fast-track hospital discharge, Kehlet said, "In my opinion the data are inconclusive and it is a waste of money."

Rehabilitation and early strength training after discharge following THA and TKA probably does not work. "The randomised trials are negative," he said, noting that is probably because a few hours of exercise daily are unable to counteract the changes associated with a general lack of activity postoperatively.

Reference:

Kehlet H. Patients safety in fast-track treatment in THR & TKR. Presented at: 15th EFORT Congress — a combined programme in partnership with the BOA; 4-6 June, 2014; London.

Source info:

Henrik Kehlet, MD, PhD, can be reached at Rigshospitalet Copenhagen University, Section for Surgical Pathophysiology and the Lundbeck Foundation Centre for Fast-track Hip and Knee Replacement, Blegdamsvej 9, 2100 Copenhagen, Denmark; email: henrik.kehlet@rh.regionh.dk.

Disclosure:

Kehlet is a member of the Biomet Rapid Recovery advisory board and has received benefits for personal or professional use.

Comprehensive review course to prep attendees for EBOT Exam

EFORT will offer a full-day Comprehensive Review Course (CRC) on Thursday, 5 June, to prepare attendees for the European Board of Orthopaedics and Traumatology (EBOT) Examination.

The interactive CRC Forum aims to provide every specialist with pertinent information and broaden the participants' orthopaedic horizon. Orthopaedic experts from around the world will present in five major areas: lower extremity, upper extremity, spine, paediatrics and basic science.

Domizio Suva, MD, orthopaedic surgery service at Geneva University Hospitals, in Switzerland, will lead the elbow pathologies course during the CRC Forum.

"My topic about elbow pathologies is an overview of current elbow diseases that every orthopaedic surgeon should know about," Suva said. "I will use as many illustrations as possible in order to make the session clear and interesting."

The CRC Forum was created to provide information needed for the EBOT Exam, and it remains a constant component of the EFORT Congress. As the popularity of the EBOT Exam continues to grow, this course will offer attendees an opportunity to learn from leading experts in the field.

Section 1, the written portion of the EBOT Exam, will be offered at various training centres across Europe on 17 June, and Section 2, the oral portion, will be offered in Vienna, Austria, on 4-5 October.

Registration for the CRC Forum is currently closed, but registered attendees are encouraged to bring laptops or tablets for participation in the interactive forum. ■

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