

DOS BULLETIN



NR. 3

APRIL 2006

35. ÅRGANG

FORÅRSMØDET 2006	3
UDSTILLING	6
MØDEOVERSIGT	8
GENERALFORSAMLING	10
BERETNINGER	11
VALG	24
MØDETS INDHOLD	25
SESSIONER	25
ABSTRACTS	39
MØDER I FORBINDELSE MED FORÅRSMØDET 2006 ...	94
DANSK SELSKAB FOR HÅNDKIRURGI	95
DSHK	96
DOTS	97
DANSK BØRNEORTOPÆDISK SELSKAB	98
SAKS	99
MØDER OG KURSER	100

DOS BESTYRELSE

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Betingelser for optagelse i DOS

Alle læger med dansk autorisation kan optages i Dansk Ortopædisk Selskab. Anmodning om indmeldelse skal ske skriftligt eller via DOS's hjemmeside www.ortopaedi.dk, anmodningen skal stiles til bestyrelsen og indsendes sammen med oplysninger om personlige data til sekretæren Bjarne Møller-Madsen.

DOS-Bulletin

Udgiver

Dansk Ortopædisk Selskab

Ansvarshavende redaktør

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Web-page

www.ortopaedi.dk

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DEADLINES FOR NÆSTE BULLETIN

ANNONCER: Torsdag den 5. maj 2006

TEKST: Fredag den 19. maj 2006

DOS FORÅRSMØDET 2006



DOS Forårsmøde 2006

18.-19. maj

På Radisson SAS H.C. Andersen Hotel Odense

**Ortopædkirurgisk afdeling
Odense Universitets Hospital
er i år igen værter ved DOS's forårsmøde**

Her kommer annonce

Ledsagertur

Guidet byvandring i H.C. Andersens Fodspor

Kl. 11:00 Turen starter fra Radisson SAS H.C. Andersen Hotel, receptionen.
Herfra går man på opdagelse i Odenses gader og stræder, der jo udgjorde grundstenene i H.C. Andersens barndoms-univers.

Hør om digterens barndomsoplevelser – f.eks. om hvordan han har leget med kronprinsen i slotsgården – og ikke mindst om, hvordan verden så ud på H.C. Andersens tid.

Selv om Odense har udviklet sig meget siden H.C. Andersen voksede op i byen, står mange af de bygninger han færdedes i, heldigvis stadig intakt den dag i dag.

Kl. 13:00 Frokost på Restaurant Den Grimme Ælling.
Dansk Buffetrestaurant med atmosfære.

Ællingens Frokostbuffet med frie drikkevarer

Stor dansk frokostbuffet med salat, sild og mange lune retter, samt ostebord med kage. Du kan vælge mellem øl, rødvin, hvidvin eller vang. Det du vælger, skænker vi frit lige til kl. 14:00.

Den Grimme Ælling
Hans Jensens Stræde 1
5000 Odense C.
Tlf: 65 91 70 30
www.grimme-aelling.dk

Kl. 14:30 Efter frokost vil der være mulighed for shopping på egen hånd i Odense.

Pris per person kr. 75,00

Udstillere

<i>Udstiller</i>	<i>Stand nr.</i>	<i>Areal</i>
Registrering	1	1 x 3 m
B. Braun Medical A/S	3	1 x 3 m
Biomet Danmark	2	1 x 11 m
dj Orthopedics Nordic A/S	4	1 x 4 m
Robert Fischer ApS	5	1 x 4 m
Genzyme A/S	6	1 x 3 m
GlaxoSmithKline Pharma A/S	7	2 x 5 m
Heraeus Medical Nordic AB	8	1 x 3 m
Karl Storz Endoskopi Danmark A/S	9	1 x 5 m
KEBO Med.	10	1 x 3 m
Medtronic Danmark A/S	11	1 x 4 m
Merck Sharp & Dohme	12	1 x 3 m
Nordic Medical Supply	27	1 x 13 m
Norpharma A/S	28	1 x 3 m
Orthoconcept Scandinavia	13	1 x 5 m
Ortotech	14	1 x 8 m
Osmedic ApS	15	1 x 4 m
Pfizer A/S	16	1 x 3 m
Pro-Meduc A/S	17	1 x 3 m
Protesekompagniet	18	1 x 16 m
Scandinavian Customized Prosthesis as	19	1 x 3 m
Sectra Pronosco A/S	20	1 x 3 m
Smith & Nephews A/S	21	1 x 10 m
Sport Pharma OrtoSupport ApS	22	1 x 3 m
Stryker Danmark	23	1 x 9 m
Swemac Ortopaedics AB	24	1 x 6 m
Synthes A/S	25	1 x 8 m
Viking Medical Scandinavica ApS	26	1 x 4 m

Udstilling



H.C. ANDERSEN KONGRES CENTER
F1 PLAN 1



Mødeoversigt

Torsdag 18.05.06

Room A	Room B
12:00 - 13:00 Frokost	
13:00 - 14:00 Hoftenære frakturer <i>Chairmen: Søren Solgaard og Ole Ovesen</i>	13:00 - 14:00 Overextremitets kirurgi og Frie foredrag <i>Chairmen: Bo S. Olsen og Lars Henrik Frich</i>
14:00 - 15:00 Kaffe og Udstilling	
15:00 - 17:00 Generalforsamling	
19:00 - ? Galla middag	

**Indtegning på bordplan til middagen
slutter torsdag kl. 15:00!!!**

Påklædning: Smoking eller mørk tøj.

**Der fremsendes billetter til frokosterne,
men ikke til middagen.**

Frokostbilletterne skal afleveres til betjeningen.

Mødeoversigt

Fredag 19.05.06

Room A	Room B
09:00 - 10:30 Børneortopædi og fodkirurgi <i>Chairmen: Johnny Frøkjær og Bjarne Møller-Madsen</i>	09:00 - 10:30 Rygkirurgi og Grundforskning <i>Chairmen: Benny Dahl og Ming Ding</i>
10:30 - 11:30 Kaffe og Udstilling	
11:30 - 12:30 DOS – Honorary Lecture: ”PET af skelettet: Det er der mange ben i” <i>Professor Albert Gjedde</i>	
12:30 - 13:30 Frokost	
13:30 - 15:00 Tværfagligt traumesymposium: ”Modtagelse og primær behandling af svært tilskadekomne i Danmark” <i>Dansk Ortopædisk Traumeselskab</i>	13:30 - 15:00 Hoftealloplastik <i>Chairmen: Søren Overgaard og Jens Stürup</i>
15:00 - 16:00 Kaffe og Udstilling	
16:00 - 17:00 Postersession <i>Chairmen: Henrik Echardt, Stig Jespersen og Michael Nielsen</i>	16:00 - 17:00 Knæ- og Idrætstraumatologi <i>Chairmen: Gert Kristensen, Claus Emmelut</i>
17:00 - 17:15 Uddelinger: <i>Per Kjærgaard- Andersen</i>	

Dansk Ortopædisk Selskabs Generalforsamling

Torsdag den 18. maj 2006 kl. 15:00

Der indkaldes hermed til Generalforsamling med følgende

DAGSORDEN

- 1) Valg af dirigent
- 2) Formandsberetning
- 3) Udvalgsberetninger
 - a) Uddannelsesudvalget
 - b) UEMS
 - c) Beretning fra arbejdsgrupper og øvrige udvalg
 - DRG
 - NIP
 - Godkendelse af Referenceprogrammer:
 - Behandling af scafoideum frakturer
 - Primær hoftealloplastik
- 4) Beretning fra Fagområderne
- 5) Valg
- 6) Kassererens beretning
 - a) Regnskab
 - b) Kontingent 06 - 07
- 7) Dansk Ortopædisk Selskabs Fond
 - a) Regnskab
- 8) Eventuelt

Bestyrelsen

Formandens beretning til generalforsamlingen i Dansk Ortopædisk Selskab den 18. maj 2006

Medlemstallet i Dansk Ortopædisk Selskab øges fortsat og vi har nu i alt 784 medlemmer. Bestyrelsen byder velkommen til følgende nye medlemmer:

Esben Svitzer Yates Madsen,
Asger Rosenkilde Mortensen,
Ole Gade Sørensen,
Samir Sarvan,
Klaus Folkmar,
Lena Christina Rohlen,
Berit Camilla Skov Jørgensen,
Thomas Kragh Petersen,
Stig Storgaard Jakobsen,
Lene Dremstrup,
Jørgen Baas,
Per Gorm Jørgensen,
Martin Rasmussen,
Allan Birk Jørgensen

Anette Langager Høgh
Wisam Nafie Youssef
Jawaid Ahmed
Lene Aagaard meldgaard
Anders Ditlev Jensen
Karen Anna Mygind
Henrik Eckardt
Finn Amorsen Christensen
Jörg Dominik Adam
Mogens Haug
Sead Hasific
Nis Nissen
Manfred Wittenberg

Vort medlemmer Jørgen Munck, Jørgen Kjølbye, Erik Rostgaard Christensen, Stig U. Sørensen og Mogens W. Hornsnæs er desværre afgang ved døden.

Selskabets møder:

Forårsmødet i Ålborg var velbesøgt både til de videnskabelige sessioner, symposiet om lumbal diskuskirurgi og til DOS Honorary lecture, som blev afholdt af professor Flemming Besenbacher, der i en meget spændende forelæsning fortalte om Nanoteknologiens mulige betydning for ortopædkirurgien. Afdelingen i Ålborg var vært ved en festlig gallamid-dag med flot underholdning. Generalforsamlingen var flyttet til om torsdagen for at samle så mange deltagere som muligt, og denne ændring bibeholdes.

Efterårsmødet i København havde rekordstor tilmelding og var også selskabets 60 års jubilæumsmøde. I den anledning havde bestyrelsen besluttet i stedet for at afholde den vanlige Guildalforelæsning at afholde et "Guildal Memorial Symposium", hvor uddrag af selskabets historie blev fremført af flere af selskabets ældre medlemmer (læs: elefanter) under fin ledelse af Steen Bach Christensen.

Tak til alle for deres deltagelse. Symposiet har medført forslag om, at selskabet opretter et egentligt "historieudvalg" og bestyrelsen arbejder videre med denne tanke.

Mødets andet symposium var også et jubilæumsmøde, idet Dansk Hoftealloplastik Register kunne fejre 10 års jubilæum, og styregruppen havde sammensat et interessant program om sådanne registres muligheder, hvor blandt andet Leif Havelin netop nåede frem fra Norge for at fortælle om erfaringerne fra det norske register.

Udover disse indlæg samt de videnskabelige sessioner var såvel referenciprogrammet om skafoideumfrakturer, som det reviderede program om primær hoftealloplastik til mundtlig høring.

Dagen før DOS mødet afholdt uddannelsesudvalget med stor succes de første workshops for vordende ortopædkirurger, se UDDU-beretning.

Det er med stor glæde at bestyrelsen har noteret et stigende antal tilmeldinger af abstrakts til såvel forårs- som efterårsmøderne. Den videnskabelige kvalitet er høj, men alligevel har det af pladsmæssige grunde været nødvendigt at afvise enkelte tilmeldinger. For at give flest mulige lejlighed til at præsentere deres videnskabelige arbejder har det også været nødvendigt at dublere flere af sessionerne, og medlemmerne kan således være nødt til at træffe et valg mellem forskellige sessioner. Tilmeldinger af abstrakts til de videnskabelige sessioner kan nu udelukkende foretages elektronisk, og linket på hjemmesiden lukkes automatisk ved fristens udløb.

Bestyrelsen skal fortsat henstille til at posterforfatterne opholder sig ved deres poster i en del af kaffepauserne, hvor der er gode muligheder for diskussion med medlemmerne.

Også vore samarbejdspartnere i industrien har prioriteret vore møder højt, og vi har besvær med at skaffe den fornødne plads til udstillingerne. Af hensyn til planlægningen af udstillingen, som er et svært puslespil at få til at gå op, er det vigtigt, at tilmeldingsfristen overholdes, og der vil i fremtiden ikke blive dispenseret fra denne frist.

Det har de seneste år været således, at forårsmøderne på skift har været afholdt i Odense, Ålborg og Århus. Dette har væsentligst været betinget af manglende faciliteter andre steder. Der er dog de senere år bygget adskillige nye kongrescentre i andre byer, og såfremt andre afdelinger end ovennævnte har lyst til og mener at kunne være værter for et forårsmøde kan selskabets sekretær kontaktes.

Bestyrelsens møder:

Bestyrelsen holder fortsat møde ca. 1 gang om måneden, og afholdt desuden igen i januar det årlige internatmøde med uddannelsesudvalget samt møde med repræsentanter for de ni fagområder.

Det er bestyrelsen opfattelse, at disse møder er vigtige og i samråd med fagområderne vil disse møder blive udvidet til 2 årlige møder.

Referater fra såvel disse møder som bestyrelsens møder er tilgængelige på selskabets hjemmeside, og medlemmerne opfordres til at holde sig løbende orienteret om selskabets aktiviteter.

Selskabet har nu fået en fast web-master, idet den tidligere kasserer Klaus Hindsø er blevet ansat til at varetage denne funktion. Bestyrelsen vil tilstræbe, at referater m.v. hurtigt videresendes til web-masteren, således at medlemmerne ad denne vej løbende holdes orienteret om selskabets aktiviteter.

DOS Bulletin:

DOS Bulletin udkommer som tidligere 6 gange om året, men kan også læses elektronisk på selskabets hjemmeside (www.ortopaedi.dk). Vore samarbejdspartnere i industrien annoncerer flittigt i Bulletinen, men bestyrelsen ser også gerne indlæg fra medlemmerne. Bestyrelsen har haft overvejelser om ændring af Bulletinens layout, men har foreløbig besluttet ikke at ændre på dette.

Referenceprogrammer:

Ved generalforsamlingen sidste år vedtoges referenceprogrammet vedrørende knæets ligamentskader med forbehold for afsnittet om tromboseprofylakse. Bestyrelsen fik generalforsamlingens tilladelse til, efter korrektion af programmet, at godkende dette, og det har bestyrelsen gjort. Referenceprogrammet er nu i sin godkendte form tilgængeligt på hjemmesiden.

Som ovenfor anført var referenceprogrammerne om skafoideumfraktu-

rer og revisionen af programmet om primær hoftalloplastik til høring ved efterårsmødet i København. Af tidsnød blev høringerne kortvarige, og såvel styregruppe som bestyrelse havde da gerne set, at der var mere tid til disse høringer. Det er dog af tidsmæssige grunde næppe muligt at ændre på dette, og det er derfor vigtigt at medlemmerne anvender hjemmesiden, hvor der elektronisk er mulighed for at diskutere indholdet med styregruppen og fremkomme med rettelsesforslag lige ind til kort før programmernes vedtagelse på generalforsamlingen.

Begge programmer findes nu i reviderede versioner på hjemmesiden, og styregrupperne er klar til at modtage kommentarer.

Udover disse to programmer har bestyrelsen taget initiativ til, at der udarbejdes et referenceprogram om lumbal spondylodese med Finn Bjarke Christensen som formand for styregruppen samt at referenceprogrammet om hoftenære frakturer revideres. Claus Munk Jensen har påtaget sig opgaven som formand for styregruppen. Forslag til disse programmer vil komme i høring ved selskabets efterårsmøde.

Mange af selskabets medlemmer er efterhånden involveret i udarbejdelsen af referenceprogrammerne, og sådan bør det også være. Jeg skal her benytte lejligheden til at sige medlemmerne tak for dette arbejde.

Inspektorordningen:

Inspektorordningen er blevet udvidet med et antal yngre læger, og det ser ud til at tilbagemeldingerne efter inspektion nu kommer hurtigere end tidligere. Det er også glædeligt at notere, at der kun er få ting i afdelingerne, som kræver større ændringer, og bestyrelsen tager dette til indtægt for, at uddannelsen i afdelingerne fungerer ganske godt.

Inspektorerne lægger megen tid og energi i inspektorarbejdet, og det er glædeligt at vi ikke, som f.eks. kirurgerne har haft problemer med at rekruttere inspektorer. Tak for det.

De landsdækkende ortopædkirurgiske databaser:

Som ovenfor nævnt havde Dansk Hoftealloplastik Register 10 års jubilæum i efteråret, og dette blev fejret ved et særligt symposium. De hoftekirurgiske afdelinger er flittige til at melde tilbage, hvilket naturligvis er en betingelse for validiteten af rapporterne. Det kniber mere for knæalloplastikregisteret, hvor det er oplyst, at et meget betydeligt antal alloplastikker ikke registreres i databasen. Styregruppen vil gøre en indsats for at få databasen opdateret vel vidende, at arbejdet er stort, men

nødvendigt. Skal databasen have nogen værdi må tidligere års alloplastikker ”findes frem” og registreres.

De ortopædkirurgiske databaser er nu samlet i Kompetencecenter Vest i Århus, og der er foretages desuden løbende registrering af skulderalloplastikker, bækkenosteotomier, korsbåndskonstruktioner, diskusprolapsoperationer, og flere er på vej.

Fagområderne:

Bestyrelsen og uddannelsesudvalget har igen i januar afholdt det årlige møde med repræsentanter for de 9 fagområder. Ved disse møder orienterer formanden for DRG-udvalget om aktiviteterne dér (se nedenfor), og status for målbeskrivelser og andre uddannelsesforhold drøftes. Ved mødet i januar blev status vedrørende den kommende regionalisering gennemgået af repræsentanter for de 5 regioner. Status omtales lidt nærmere nedenfor.

Som omtalt sidste år prioriterer bestyrelsen samarbejdet med fagområderne meget højt, og af samme grund finder bestyrelsen, at der fortsat skal afsættes tid ved generalforsamlingen til, at de enkelte fagområder får lejlighed til kort at redegøre for hvad der ”rører sig” på området. Efter aftale med fagområderne vil mødeaktiviteten med bestyrelsen blive udvidet til 2 årlige møder, det ene muligvis på internatbasis.

I det forløbne år har bestyrelsen haft et særligt samarbejde med et par af fagområderne: Interessegruppen for rygkirurgi har sammen med bestyrelsen deltaget i et møde i Sundhedsstyrelsen i forbindelse med Sundhedsstyrelsens bekymring omkring den udbredte anvendelse af diskusproteser. Sundhedsstyrelsen har efter dette møde udtalt, at der bør oprettes en løbende landsdækkende registrering af disse operationer, og bestyrelsen har anmodet rygselskabet om at initiere dette arbejde.

Dansk Selskab for Hofte- og Knæalloplastik (DSHK) har henvendt sig til bestyrelsen i forbindelse med ibrugtagning af en ny knoglecement, og bestyrelsen har sammen med DSHK kontakttet Lægemiddelstyrelsen og Sundhedsstyrelsen med henblik på vejledning omkring dette spørgsmål. I en tilsvarende problemstilling har de to selskaber korresponderet angående brugen af de såkaldte Hip resurfacing proteser. Sundhedsstyrelsen har svaret, at man anser behandlingen for foreløbig at være under udvikling, og at brugen kun bør finde sted i forbindelse med anmeldte videnskabelige forsøg.

Bestyrelsen har i den forbindelse haft en mere generel drøftelse af sin holdning til ibrugtagning af ny behandling. I 1995 afholdt selskabet en konsensuskonference foranlediget af Boneloc-sagen. Det blev den gang besluttet, at ibrugtagning af nye hofteproteser kun kan finde sted dersom der foreligger solid dokumentation for protesens anvendelighed eller dersom ibrugtagningen er et led i en videnskabelig undersøgelse. Det er bestyrelsens holdning, at denne holdning fortsat bør gælde, og at konsensusbeslutningen udmærket kan generaliseres til andre områder end hoftealloplastikkirurgi. Denne holdning er helt i overensstemmelse med Sundhedsstyrelsens.

Sundhedsstyrelsen har tidligere udgivet en vejledning angående ibrugtagning af ny behandling, som kan findes via Sundhedsstyrelsens hjemmeside.

DRG udvalget:

Formanden for DRG udvalget gennem mange år Svend Erik Østgaard har ønsket at trække sig som formand for udvalget, og har samtidig foreslået at udvalget får en lidt tættere tilknytning til bestyrelsen. Bestyrelsen takker Svend Erik Østgaard for det store arbejde han har udført, og er glad for at han fortsætter som menigt medlem af udvalget.

DRG-udvalget har til opgave at være Sundhedsstyrelsens kontaktorgan til Dansk Ortopædisk Selskab. Udvalget skal rådgive Sundhedsstyrelsen i spørgsmål vedrørende DRG takster herunder oprettelse af nye behandlingskoder og takster herfor. DRG udvalget vil i fremtiden bestå af 6 medlemmer, som udpeges af bestyrelsen. Næstformanden i DOS er automatisk medlem af udvalget. Udvalgets øvrige medlemmer sidder i 4 år, og genudpegning kan finde sted. Udvalget vælger selv sin formand, som aflægger rapport ved DOS generalforsamling, og desuden orienterer ved bestyrelsens årlige møde med fagområderne.

DRG-udvalget har løbende tæt kontakt med fagområderne.

Såfremt en afdeling ønsker en ny DRG takst oprettet rettes henvendelse til DRG udvalgets formand, og såfremt oprettelsen af en ny takst kræver oprettelse af nye koder kontaktes Sundhedsstyrelsens enhed for informatik. DRG udvalgets formand orienterer det relevante fagområde mhp. passende rådgivning og indhentning af kommentarer fra fagområdet. Disse medsendes til Sundhedsstyrelsen. Herefter vil ændringerne blive implementeret, men denne procedure kan tage op til 1½ år. Når taksten endeligt skal fastsættes er det DRG styregruppen, der har beslutnings-

kompetencen. Såfremt der er tale om en allerede iværksat behandling, kan der anmodes om en midlertidig takst. Processen herfor er beskrevet på DRG enhedens hjemmeside: http://www.sst.dk/upload/planlaegning_og_behandling/drg/procedure%20for%20budgettakster_v2_28.09.2004.pdf

DOS Fonden:

DOS Fonden vil igen i år uddele et stort beløb til gavn for den videnskabelige aktivitet, og vi har igen i år modtaget flotte donationer fra flere af vore leverandører både til uddannelse og forskning. Bestyrelsen skal her igen benytte lejligheden til at takke herfor. Ansøgninger til fonden fremsendes elektronisk til bestyrelsen via hjemmesiden, hvor ansøgningsfrister samt betingelser for at opnå støtte fremgår.

Ved de seneste uddelinger har bestyrelsen bemærket, at flere af legatmodtagerne ikke er til stede ved uddelingen, og endda ikke en gang har sørget for at en substitut kan modtage tildelingen. At modtage et pænt beløb til en rejse er faktisk en ære, og bestyrelsen vil i fremtiden insistere på, at legatmodtageren møder op eller ved gyldigt forfald sørger for at en anden kan modtage checken. I modsat fald vil beløbet gå tilbage til fonden.

Kirurgisk forum:

Kirurgisk forum, som er et fællesudvalg med repræsentanter for alle ”skærende” specialer, men med størst repræsentation fra Dansk Kirurgisk Selskab (DKS) og DOS, har i det forløbne år afholdt sine vanlige to møder. Traumeudvalget med Kjeld Hougaard som formand har færdiggjort traumemanualen og den er godkendt af Kirurgisk Forum. En stor tak til Kjeld Hougaard for det meget store arbejde, som har resulteret i et flot produkt, som nu også Sundhedsstyrelsen har vist interesse for. Den færdige manual kan findes på DKS’ hjemmeside.

Den fremtidige akutbetjening har også været emne for det første af en række møder i Lægeforeningens regi. Jævnfør den aktuelle debat i dagspressen ønsker man at mindske antallet af akutberedskaber og en klar lægelig visitation. Ledelsen af de kommende akutcentre kan i fremtiden blive genstand for diskussion, idet andre specialer gerne overtager denne ledelse. Det er bestyrelsens holdning, at skadestuerne repræsenterer et fortrinligt rekrutteringsområde for fremtidige ortopædkirurger, og at vi dersom ledelsen overtages af andre specialer taber stillingsmasse, og

dette kan vi ikke være interesserede i.

Kirurgisk forum har drøftet betimeligheden i at fortsætte disse møder. Det er såvel DOS' som DKS' opfattelse, at en løbende kontakt mellem selskaberne er hensigtsmæssig, specielt nu hvor regionaliseringen står for døren. Kirurgisk forum vil således fortsat mødes 2 gange årligt.

NOF:

DOS var i juni vært ved mødet mellem bestyrelserne i NOF. Ved dette møde blev det besluttet at arbejde videre med en optagelse af Estland, således at NOF på sigt vil komme til at bestå af de nordiske lande samt Holland (optaget 2004) og som nævnt også Estland. Yderligere udvidelser er ikke planlagt.

Planlægningen af NOF mødet i Oslo i juni skrider fint frem, det videnskabelig program er spændende og bestyrelsen skal opfordre medlemmerne til at deltage i Oslomødet. Som omtalt sidste år vil Bjarne Møller Madsen overtage posten som generalsekretær ved generalforsamlingen i Oslo.

EFORT:

Efortmødet 2005 blev afholdt i Lissabon 4. – 7. juni. Der var en ganske pæn dansk deltagelse, også som foredragsholdere og ved postersessionen. Den videnskabelige kvalitet var generelt acceptabel.

Næste møde finder sted i 2007 i Firenze.

Dansk Medicinsk Selskab (DMS):

DMS er paraplyorganisation for alle de videnskabelige selskaber, og DOS' bestyrelsesmedlemmer er også medlemmer af DMS' repræsentantskab. DMS er af Sundhedsstyrelsen blevet anmodet om at udpege 3 repræsentanter til det kommende vigtige udvalg for den fremtidige specialeplanlægning, og DOS' bestyrelse har indstillet den afgående formand til DMS. Der er i skrivende stund ikke truffet nogen afgørelse om deltagerne, idet alle specialer (39 i alt) har indstillingsret. Det forlyder, at det ortopædkirurgiske område vil blive et af de første specialer, som skal drøftes. Sundhedsstyrelsen har tidligere tilkendegivet, at der vil blive indhentet behørig faglig rådgivning, så det håber vi på, og bestyrelsen vil til den tid atter trække på den ekspertise vore fagområder besidder.

Strukturreformen:

Ved forårsmødet i Ålborg sidste år arrangerede bestyrelsen et møde for medlemmerne med repræsentanter for Sundhedsstyrelsen (Kjeld Kjeldsen), amterne (Bent Hansen), lægecheferne (Per Østergaard Jensen) samt formanden for DMS (Jens Chr. Djurhuus). Desværre var det kun få af selskabets medlemmer, der nåede frem til mødet onsdag eftermiddag. Ved mødet opfordrede såvel Bent Hansen som Jens Chr. Djurhuus til at specialerne selv gik i gang med at søge at få indflydelse på den kommende planlægning. Bestyrelsen har efterfølgende haft kontakt med alle vore fagområder og har bedt disse om at pege på en række kolleger fra hver region, som i påkommende tilfælde vil stille sig til rådighed med faglig rådgivning. Listen er fremsendt til de relevante myndigheder og bestyrelsen har da også modtaget enkelte positive svar, men ingen konkrete anmodninger om rådgivning. Ved fællesmødet med fagområderne i januar gennemgik vi status i de 5 regioner. Initiativerne i regionerne har været lidt forskellige, men væsentligst af beskrivende karakter, og der er ikke i nogen af regionerne truffet beslutning om f. eks. sammenlægninger af afdelinger eller lignende ændringer.

Fremtidige tiltag:

Ved fællesmødet med uddannelsesudvalget i januar drøftedes den fremtidige strategi for selskabet. Bestyrelsesmøderne anvendes som oftest til at planlægge selskabets årlige to møder, det videnskabelige program, generalforsamling samt de øvrige møder som bestyrelsen deltager i. Det kan derfor være svært at nå en diskussion af selskabets fremtid. Som det fremgår ovenfor finder bestyrelsen at samarbejdet med fagområderne fungerer godt, og vil derfor øge denne mødeaktivitet. Bestyrelsesmedlemmerne har mange opgaver, og bestyrelsen har overvejet at foreslå at bestyrelsen udvides med den afgående formand, således at man som i mange andre selskaber har en ”past president”. En sådan udvidelse vil kræve en vedtægtsændring, og bestyrelsen hører gerne generalforsamlingens mening om dette spørgsmål.

Bestyrelsen vil endvidere forsøge at være mere udfarende ved blandt andet at udsende pressemeddelelser om f.eks. prisuddelinger, æresforelæsere samt andre højdepunkter i selskabet. Hjemmesiden vil blive udvidet (er allerede i gang) med relevante links til f.eks. stillingsopslag, patientforeninger og lignende. Bestyrelsen arbejder endvidere på at oprette DOS sponsorerede fellowships. Sådanne fellowships kan søges af med-

lemmer under uddannelse til forskning eller erhvervelse af specielle færdigheder ved ophold på en anden institution. Opholdets varighed vil være op til 3 måneder og beløbsrammen op til 100.000 kr. Disse fellowships vil blive opslået, når de juridiske forhold er afklarede.

Som det turde være alle bekendt er der en stigende del af vore medlemmer, som arbejder i såvel offentlige som private hospitaler og klinikker. Bestyrelsen har følt sig usikker på om disse ”dobbelte” ansættelser kan repræsentere et problem, og om det er et anliggende for Dansk Ortopædisk Selskab. Spørgsmålet har været drøftet på mødet med fagområderne og holdningerne er forskellige. Der kan dog næppe være tvivl om, at det store antal ”lette” patienter, som behandles i private klinikker kan medføre, at uddannelsesstederne kommer til at mangle et tilstrækkeligt antal patienter, som er egnede til oplæring af yngre kolleger. Og uddannelsen er fortsat et af selskabets kerneområder. Måske skal man så til at se på den mulige uddannelseskapacitet i de private klinikker.

Mine to år som selskabets formand er nu gået, og tiden er gået hurtigt. Jeg skal takke for den tillid medlemmerne har vist mig ved at lade mig lede selskabet, og samtidig også takke mine kolleger i bestyrelsen for det spændende og konstruktive samarbejde.

Også i uddannelsesudvalget er der udskiftning og jeg vil på bestyrelsens vegne takke Claus Hjort Jensen og udvalgets formand Søren Overgaard for det kæmpearbejde de har udført.

Også en tak til industrien for det gode samarbejde, og held og lykke med det fremtidige arbejde til den nye bestyrelse.

Den skriftlige formandsberetning er afsluttet den 4. april 2006.

Søren Solgaard

Formandens skriftlige beretning

**Uddannelsesudvalget, Dansk Ortopædisk Selskab
Generalforsamlingen d. 18. maj 2006, Odense**

I forbindelse med sidste generalforsamling afgik *Sajida Afzal*, mens *Marianne Vestergaard Lind* blev valgt. Udvalget konstituerede sig herefter:

Søren Overgaard, formand og ansvarlig for målbeskrivelser

Marianne Breddam, A-kursus-ansvarlig

Claus Hjort Jensen, CME-ansvarlig og UEMS-repræsentant

Finn Bjarke Christensen, E-kursus-ansvarlig

Michael Nielsen, bestyrelsesrepræsentant

Marianne Vestergaard Lind, kursist-repræsentant

Micael Haugegaard fortsatte som hovedkursusleder og har deltaget i udvalgets møder. Mødereferater findes på DOS' hjemmeside.

Speciallægeuddannelse

Sundhedsstyrelsen godkendte målbeskrivelsen for den nye speciallægeuddannelse i efteråret 2003. Den var blandt andet udarbejdet på grundlag af 3 måneders forskningstræning. Efter beslutning om at forskningstræningen skulle nedprioriteres til 20 dage (10 kursusdage og 10 dage til "forskning") har Uddannelsesudvalget forslået Sundhedsstyrelsen at "Akademiker-rolle" justeres samtidig med at der udarbejdes mål for forskningstræningsmodulet. Efter nogen betænkningstid har Sundhedsstyrelsen svaret positivt på vores henvendelse og en mindre revision er undervejs. Den vil kunne findes på vores hjemmeside med tilhørende portefølje så snart godkendelse foreligger (www.ortopaedi.dk).

Uddannelsesudvalget har haft en korrespondance med Sundhedsstyrelsen og de regionale uddannelsessekretariater omkring afholdelse af specialespecifikke forskningstræningskurser i lighed med det der allerede afholdes. Imidlertid har det ikke været muligt af vinde fodslag blandt disse instanser, hvorfor der ind til videre vil blive arrangeret separate ikke specialespecifikke forskningstræningskurser i alle tre regioner.

Specialespecifikke kurser (Tidligere A-kurser)

En ny række specialespecifikke kurser er iværksat i 2006. Kurserne er lagt om, således at de er fagområde specifikke. Da fagområderne ikke

fylder lige meget rent uddannelsesmæssigt i henhold til målbeskrivelsen samt at nogle områder kan dækkes af flere fagområder, er varigheden af de enkelte kurser ikke ens. Fagområderne har været inddraget i omlægningen, og vi håber at kursusrækken vil blive en succes.

Kurserne er placeret med henblik på at opnå nogenlunde geografisk ligevægt regionerne imellem samtidig med at vi har valgt kompetente kursusledere. Herudover har det været hensigten at lægge nogle kurser udenfor universitetshospitalerne i overensstemmelse med Sundhedsstyrelsen og det Nationale Råds intentioner.

Sundhedsstyrelsen har barslet med aflønning af delkursuslederen, men der foreligger endnu ikke nogen endelig afklaring omkring dette.

Vi vil gerne takke alle delkursusledere for deres store arbejde i forbindelse med afholdelse af kurser i 2005 samt ikke mindst alle underviserne.

E-kurser

Det sidste år har været uden afholdelse af E-kurser, hvilket dels skyldes at et planlagt kursus blev aflyst og dels at fagområderne nu selv begynder at afholde kurser udenfor DOS regi. Denne udvikling kan vi ikke have noget imod, men har gjort at den fremtidige strategi for E-kurser går imod tværfaglige emner. Det står alle frit for at henvende sig til formanden eller den E-kursusansvarlige omkring mulighed for afholdelse af kursus.

Fagområderne

DOS har tidligere defineret 9 fagområder: Traumatologi, rygkirurgi, skulder- og albuekirurgi, håndkirurgi, knæ- og hoftekirurgi, børneortopædi, idrætstraumatologi, fod- og ankelkirurgi, tumor-amputations- og infektionskirurgi. Uddannelsesudvalget har sammen med bestyrelsen i det forløbne år faciliteret processen omkring udarbejdelse af beskrivelserne af fagområderne (bortset fra tumor-amputations- og infektionskirurgi), der nu foreligger og kan hentes via fagområdernes hjemmesider eller via DOS hjemmeside.

Rekruttering og workshop

Til de sidste to ansøgningsrunder til hoveduddannelsesstillingerne har der været henholdsvis 31 kvalificerede til 16 stillinger samt 26 til 17 stillinger, og alle stillinger er blevet besat. Umiddelbart må dette bestegnes som

tilfredsstillende, men der er fortsat mange ansøgere med ganske lille videnskabelig erfaring, hvorfor vi fortsat skal tilskynde at vores turnus- og introduktionslæger motiveres til at udføres forskning i afdelingerne.

Med henblik på rekruttering til vores fag, har der for første gang været afholdt workshops i DOS regi for turnus og introduktionslæger i forbindelse med årsmødet. I alt 30 personer heraf 3 stud. med'er deltog i workshoppen, der var delt op i to seancer. Én med osteosyntese som hovedtema og én med knæ-artroskopi. Industrien deltog som sponsorer (Stratec og NMS). Workshoppen var en stor succes og vil blive gentaget til efterårsmødet i København.

CME (Continuous medical education)

Der er fortsat ikke krav om CME-registreringen, men opnåelse af 150 point over 3 år, svarende til 150 timer, er internationalt anerkendt. Kurser og kongresser kan fortsat CME akkrediteres af vores CME-ansvarlig. Akkrediteringskatalog kan findes på hjemmesiden.

CME 150 CME point over 3 år er et godt argument overfor vores arbejdsgivere med henblik på at sikre den nødvendig efteruddannelse, der bør være til rådighed for speciallægen.

Forum for uddannelsesansvarlige overlæger

Som noget nyt afholdes der i forbindelse med dette forårsmøde i Odense et møde, hvor det er hensigten, at der skal skabes et forum for uddannelsesansvarlige overlæger, der kan mødes og diskutere relevante emner indenfor uddannelsen af speciallæger.

Formanden for uddannelsesudvalget vil gerne benytte lejligheden til at takke af efter en række spændende år i DOS regi, hvor der er sket en række nyudviklinger ikke mindst tilblivelsen af en ny speciallægeuddannelse. DOS er et vigtigt organ for dansk ortopædi, der skal holde os på sporet indenfor såvel det uddannelsesmæssige som det videnskabelige. Strategien for udviklingen af selskabet skal derfor rettes mod emner, der skaber den bedste udvikling indenfor disse kerneområder.

Held og lykke til det kommende uddannelsesudvalg og den kommende bestyrelse.

Søren Overgaard
Formand for Uddannelsesudvalget, DOS

Valg

Ved DOS Generalforsamling 2006 afholdes valg:

Bestyrelse:

Formand **Søren Solgaard** er på valg - kan ikke genvælges.
Bestyrelsen indstiller næstformand **Cody Bünger** til ny formand

Næstformand **Cody Bünger** er på valg – Kan ikke genvælges
Bestyrelsen indstiller **Per Kjærsgaard-Andersen** til ny næstformand

Uddannelsesudvalg:

Søren Overgaard er på valg - Kan ikke genvælges
Bestyrelsen og uddannelsesudvalget indstiller **Thomas Lind**
til den ledige plads

Klaus Hjort Jensen er på valg – kan ikke genvælges.
Bestyrelsen og uddannelsesudvalget indstiller **Niels Wisbech Pedersen**
til den ledige plads.



Torsdag den 18. maj 2006

13:00-14:00 Lokale A

Foredrags session: Hoftenære frakturer

Chairmen: Søren Solgaard og Ole Ovesen	Side
The Impact of Surgical Complications on Length of Stay after Hip Fracture Surgery. <i>Henrik Palm, Nicolai Bang Foss, Michael Krashennikoff, Henrik Kehlet, Peter Gebuhr.</i>	40
The integrity of the lateral femoral wall is critical for post-operative results after trochanteric fractures. <i>Henrik Palm and Steffen Jacobsen.</i>	41
Short term mortality in hip fracture patients admitted during weekends and holidays. <i>Nicolai B Foss, Henrik Kehlet</i>	42
Anaemia impedes functional mobility after hip fracture surgery. <i>Nicolai B Foss, Morten T Kristensen, Henrik Kehlet</i>	43
Cost Effectiveness Analysis of Systematic Prophylaxis of Fractures in Patients with Recent Proximale Femur Fracture and Osteoporosis – Results of a Markov Analysis. <i>Jesper Ryg, Palle Mark Christensen, Jeppe Gram, Søren Overgaard, Kim Brixen, Jan Sorensen</i>	44
Osteoporosis by DXA and Vertebral Fractures are Highly Prevalent in Patients with Proximal Femoral Fractures. Results from a Fracture Discharge Program. <i>Jesper Ryg , Annie Gam-Pedersen , Per Grinsted , Jeppe Gram , Jan Sørensen , Søren Overgaard , Kim Brixen</i>	45

Torsdag den 18. maj 2006

13:00-14:00 Lokale B

Foredrag: Overextremitets kirurgi og frie foredrag

Chairmen: Bo S. Olsen og Lars Henrik Frich	Side
Intraarticular bupivacaine as postoperative pain treatment in wrist joint arthroscopy. <i>Torben Bæk Hansen and Inge Agergaard Jacobsen</i>	46
Acute/subacute MRI-scan of wrists suspekt of fracture of the scaphoid bone. <i>Stig Krarup Petersen</i>	47
Amputation of the upper limb extremity. A follow up 1992-2001. <i>Søren Larsen, Ann Ulsrod Madsen, Anders P. Højlund</i>	48
Shoulder arthrodesis and below-elbow amputation for the flail arm following complete posttraumatic brachial plexus palsy (PBPP). <i>Kurt Simesen and Bjarne Lundgaard</i>	49
Surgical correction for cerebral palsy in the upper extremity. <i>Alice Ørts og Henrik A. Schrøder</i>	50
Triage nurse requested x-ray reduces waiting time in the emergency department. <i>Jens Ole Storm, Gitte Boier</i>	51

Fredag d. 19. maj 2006

09:00-10:30 Lokale A

Foredrags session: Børneortopædi og fod-ankel kirurgi

Chairmen: Johnny Frøkjær og Bjarne Møller-Madsen Side

Results of subtalar arthroscopy with soft tissue distraction. 52

Johnny Frøkjær & Jens U. Wester

Use of retrograd intramedullary nail as salvage procedure in patients with severe ankle disorders. 53

Karina Liv Hansen, Claus Wendtland Henriksen og Johnny Frøkjær

Surgical correction of the rheumatoid forefoot. 54

Bassim Hassan, Claus Hjorth Jensen, Else Nooesgård, Peter Basse

Treatment of Pilon fracture with Ilizarovs external fixation. 55

Thomas Sandholdt Andreasen, Nikolaj Rindom, Carsten Fladmose Madsen, Morten Schulz Larsen

Impact of Clubfoot on health-related quality of life. 56

Vilhelm Engell, Frank Damborg, Mikkel Ø. Andersen, Kirsten O. Kyvik and Karsten Thomsen.

Fredag d. 19. maj 2006

09:00-10:30 Lokale A

Foredrags session: Børneortopædi og fod-ankel kirurgi (Cont.)

Chairmen: Johnny Frøkjær og Bjarne Møller-Madsen Side

**Walking dynamics in clubfoot operated children
eight years following operation.** 57

*Malene Højslet Cortsen, Michael Voigt,
Knud Stenild Christensen*

**A national survey of screening for developmental
dislocation of the hip.** 58

*Niels Ellitsgaard, Charlotte Strandberg,
Tine Weis Jacobsen.*

**Evaluation of selective screening in diagnosing
children with developmental dislocation of the
hip (DDH).** 59

*Charlotte Strandberg, Eva Natalia Pedersen,
Niels Ellitsgaard, Lars Konradsen*

**Operative Treatment of bone metastases in
pelvis and extremities. Does it help?** 60

Bjarne Hauge Hansen, Johnny Ø Keller.

Fredag d. 19. maj 2006

09:00-10:30 Lokale B

Foredrags session: Rygkirurgi og grundforskning

Chairmen: Benny Dahl og Ming Ding	Side
Perceived health status in self-reported AIS compared to the background population. A study on a twin cohort. <i>Mikkel Ø. Andersen, Kirsten O. Kyvik, and Karsten Thomsen.</i>	61
Health-related quality of life in Mb. Scheuermann compared to the background population. Based on a cohort study of twins. <i>Frank Damborg, Vilhelm Engell, Mikkel Ø. Andersen, Kirsten O. Kyvik Karsten Thomsen.</i>	62
Percutaneous vertebroplasty, - Our perioperative experience. <i>Rikke Rousing, Karsten Thomsen, Mikkel Andersen, Stig Jespersen</i>	63
Effect of dynamic culturing of human mesenchymal stem cells on 3D porous PLGA scaffolds for bone tissue engineering applications. <i>Maik Stiehler, Anette Baatrup, Martin Lind, Moustapha Kassem, Cody E. Bünger, Tina Mygind</i>	64
Effects of parathyroid hormone treatment on distraction osteogenesis in the rabbit tibial lengthening model. A pilot study. <i>Ramune Aleksyniene, Henrik Eckardt, Martin Lind, Kristian Bundgaard, Ivan Hvid</i>	65

Fredag d. 19. maj 2006

09:00-10:30 Lokale B

Foredrags session: Rygkirurgi og grundforskning (cont.)

Chairmen: Benny Dahl og Ming Ding Side

Real-time RT-PCR analysis of gene expression of porcine bone marrow stromal cells during multilineage differentiation in vitro. 66

Lijin Zou, Xuenong Zou, Li Chen, Haisheng Li, Tina Mygind, Moustapha Kassem, Cody Bünger

Porous tantalum trabecular metal scaffolds in combination with a novel marrow processing technique to replace autograft. 67

Xuenong Zou, Haisheng Li, Lijin Zou, Tina Mygind, Martin Lind, and Cody Bünger

Combination of TGF- β 1 and IGF-1 incorporated in a biodegradable poly(D,L-lactide) coating equals the fixation of hydroxyapatite coating. 68

Anders Lamberg, Brian Elmengaard, Joan E. Bechtold, Kjeld Søballe

Fredag d. 19 Maj 2006

11:30-12:30 Lokale A

DOS Honourary lecturer

Professor Albert Gjedde

**“PET- Scanning af skelettet:
Det er der mange ben i”**



Fredag 19. maj 2006

13:30-15:00 Lokale A

TVÆRFAGLIGT TRAUMESYMPOSIUM

Modtagelse og primær behandling af svært tilskadekomne i Danmark.

13.30 Cody Bünger *Introduktion*

Organisation i Danmark.

13.30-13.40 Landsdækkende retningslinier for modtagelse og udredning. Kirurgisk Forums rapport.
Kjeld Hougaard

13.40-13.50 Præhospital behandling visitation og transport til hvilket sygehus?
Freddy Lippert

13.50-14.00 Modtagelse, initial behandling. ATLS.
Claus Falck Larsen

14.00-14.10 Den transfusionskrævende patient med læsioner i thorax.
Foredragsholder følger

14.10-14.20 Primær behandling af den transfusionskrævende patient med bækkenfraktur.
Morten Schultz Larsen

Fredag 19. maj 2006

13:30-15:00 Lokale A

TVÆRFAGLIGT TRAUMESYMPOSIUM (cont.)

**Modtagelse og primær behandling
af svært tilskadekomne i Danmark.**

**Nyere behandlingsmetoder af den transfusionskrævende
traumepatient**

14.20-14.35 Træning i damage control surgery.

Jørgen Bendix

Damage control Surgery:

Lars Bo Svendsen,

A grafi og embolisering. Hvornår?

Dennis Tønner Nielsen

14.35-14.45 Tromboelastrografi i klinisk praksis.

P Johansson

14.45-15.00 Diskussion:

*Cody Bünger,
Kjeld Hougaard
Oplægsholdere.*

Fredag 19. maj 2006

13:30-15:00 Lokale B

Foredrags session: Hoftealloplastik

Chairmen: Søren Overgaard og Jens Stürup	Side
Acetabular revision with the Saturne double mobility cup as treatment in the dislocating total hip arthroplasty. <i>Andreas Kappel, Flemming Hansen, Niels Krarup Jensen, Jørgen Søndergaard</i>	69
Early results of unconstrained tripolar implants for unstable total hip arthroplasty. <i>Olivier Guyen, Vincent Pibarot, Gualter Vaz, Alexandre Richard, Jean-Paul Carret, Jacques Bejui-Hugues</i>	70
The short to mid-term clinical results for the femoral stem (Versys(Reg)). <i>Rolf J W, Varmarken J-E</i>	71
Migration patterns in two types of cemented hip prostheses – a clinical intervention study. <i>Mette Ørskov, Per Riegels-Nielsen, André Zawadzski, Christian Schlanbusch, Christian Smidt-Sivertsen, Kjeld Søballe.</i>	72
Total hip resurfacing arthroplasty. Results from a pilot series. <i>Ole Ovesen, Søren Overgaard</i>	73
Perioperative blood loss and complications in relation to periacetabular osteotomies. <i>Michael Stenger, Ole Ovesen. Søren Overgaard.</i>	74

Fredag 19. maj 2006

13:30-15:00 Lokale B

Foredrags session: Hoftealloplastik (Cont.)

Chairmen: Søren Overgaard og Jens Stürup	Side
No correlation between Bone Mineral Density and migration of acetabulum after Ganz osteotomy. <i>Inger Mechlenburg, Søren Kold, Lone Rømer, Kjeld Søballe</i>	75
Serious thromboembolic complications in patients undergoing total hip replacement. A prospective study. <i>Camilla Ryge, Michael Rud Lassen, Søren Solgaard, Stig Sonne-Holm</i>	76
High incidence of hemotoma and bleeding complications after early postoperative administration of Arixtra (fondoparinax sodium) in patients operated with knee ligament reconstructions. <i>Martin Lind, Svend E Christiansen, Bent Lund, Michael Maul, Mogens Strange Hansen, Bent W Jakobsen</i>	77

Fredag 19. maj 2006

16:00-17:00 Lokale A

Session: Posters

**Chairmen: Henrik Echardt,
Stig Jespersen og Michael Nielsen**

Side

Hidden blood loss in hip fracture surgery. 78

Nicolai B Foss, Henrik Kehlet

**Fascia iliaca compartment block performed by
pre-registration house officer as a supplement to
pre-operative analgesia for patients with hip fracture.** 79

*Annette Høgh, Lene Dremstrup, Steffen Skov Jensen,
Jes Lindholt*

**Deep infection rate before and after the introduction
of the Optimised Hip Fracture Programme.** 80

*Susanne Juhl Pedersen, Henrik L. Jørgensen, Jes Bruun
Lauritzen, Benn Duus & BBH Hip Fracture Group*

**Microdialysis and Laserdoppler flow measurements
in the femoral head of patients with dislocated femoral
neck fracture.** 81

Morten B. Pedersen, Claus Emmeluth & Søren Overgaard

**Blood transfusion in primary THA in the county
of Funen 1997 – 2004 Status and perspectives.** 82

Jensen, Kasper Peiter; Ovesen, Ole; Overgaard, Søren

**Roentgen Stereophotogrammetric Analysis (RSA)
of 10 porous coated uncemented TKA –
A clinical and methodological pilot study.** 83

*Matthias Therbo, Bjarne Lund, Karl-Erik Jensen
Henrik Schrøder.*

Fredag 19. maj 2006

16:00-17:00 Lokale A

Session: Posters (cont.)

Chairmen: Henrik Echardt,
Stig Jespersen og Michael Nielsen

Side

- | | |
|---|----|
| Influence of flexion on periprosthetic BMD measurement in the tibia. A methodological study on knee implants using DEXA.
<i>Møller-Pedersen Maiken, Søballe Kjeld, Rahbek Ole</i> | 84 |
| The locked knee. A comparison of arthroscopy and Magnetic Resonance Imaging.
<i>Ida Carøe, Kirsten Neergaard, Michael R. Krogsgaard</i> | 85 |
| High prevalence of foot problems in the Danish population: - A survey on causes and associations.
<i>Carsten Mølgaard, Ole Simonsen</i> | 86 |
| Ulnar shortening – a biomechanical evaluation of the fractional load changes in the wrist joints.
<i>Marianne Nygaard, Niels Søe Nielsen, Uffe Jørgensen, Finn Bojsen-Møller</i> | 87 |

Fredag 19. maj 2006

16:00-17:00 Lokale B

Foredragssession: Knæ- og Idrætstraumatologi

Chairmen: Gert Kristensen og Claus Emmelut	Side
One-year follow-up on Oxford Unicompartmental knee prosthesis. <i>Lonnie Froberg and Lars Rotwitt</i>	88
The cost effectiveness of unicompartmental knee arthroplasty compared to total knee arthroplasty in Denmark. <i>Kristian Larsen, Stig Munk, Torben Bæk Hansen</i>	89
A comparison of clinical outcomes following either conventional or Fast-Track perioperative care for patient undergoing Unicompartment Knee Replacement (UKR). <i>Lotte Borgwardt, Arne Borgwardt, Christian Christiansen, Jesper Sylvest</i>	90
Reconstruction of the medial patellofemoral ligament in patients with lateral instability of the patella. <i>Svend E Christiansen, Bent W Jakobsen, Bent Lund, Michael Maul, Mogens Strange Hansen, Martin Lind</i>	91
Treatment of isolated cartilage defects in the knee. A double blinded prospective randomised trial with periosteal cover of chondral defect +/- autologous chondrocyte implantation (ACI). <i>Micael Haugegaard, Lars Kondradsen, Tom Nikolaisen, Uffe Jørgensen</i>	92
“Idrætssklinikens ACL-database”. Selected Results From 893 Consecutive Knee Joint Reconstructions. <i>Mogens Strange Hansen, Martin Lind, Michael Maul, Bent Lund, Svend Erik Christiansen, Bent Wulff Jakobsen</i>	93

Abstracts

The Impact of Surgical Complications on Length of Stay after Hip Fracture Surgery.

*Henrik Palm, Nicolai Bang Foss, Michael Krasheninnikoff,
Henrik Kehlet, Peter Gebuhr.*

The Hip Fracture Study Group, Departments of Orthopaedic Surgery and Anaesthesiology, Copenhagen University Hospital of Hvidovre and Section of Surgical Pathophysiology, the Juliane Marie Centre, Rigshospitalet,

INTRODUCTION: Rehabilitation of hip fracture patients is often lengthy with bed day consumption accounting for up to 85 % of the total hospitalization cost. Data suggests that patients who suffer surgical complications requiring re-operation have an excessive length of hospitalization, but the overall impact of surgical complications including those not requiring re-operations have not been examined in detail.

MATERIALS AND METHODS: 600 consecutive, unselected patients with a primary hip fracture were included. All patients received surgery and a multimodal rehabilitation programme. Surgical complications were stratified into those requiring re-operation (< 6 months) and those not allowed mobilization postoperatively due to instability of the fracture. Surgical complications were audited and classified as being due to a patient fall, infection or due to a suboptimal surgical procedure, specified as suboptimal operation method, fracture reduction or implant position.

RESULTS: 19.3 % (116/600) of the admitted patients were re-operated or immobilized. Assuming that the patients with complications otherwise would have had the same length of stay as the remaining patients, 27.2 % (3814/14038) of total bed day consumption was due to surgical complications. The audit of complications showed that 64 (55 %) complications were due to a suboptimal primary surgical procedure, 18 (16 %) to infections, 6 (5 %) to falls and 28 (24 %) could not be ascribed to an apparent course.

CONCLUSION: Surgical complications secondary to primary hip fracture surgery accounts for 27.2 % of the total bed consumption if secondary admissions due to re-operations are taken into account. Our audit suggests that as much as half the complications potentially could be spared through optimization of surgical procedures.

The integrity of the lateral femoral wall is critical for post-operative results after trochanteric fractures.

Henrik Palm and Steffen Jacobsen.

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Copenhagen University Hospital of Hvidovre

INTRODUCTION: In Denmark, trochanteric fractures (TF) are usually classified according to Evans-Jensen. The integrity of the lateral femoral wall (LFW) is not addressed specifically by the classification. We investigated the importance of an intact LFW for the postoperative result after a dynamic hip screw (DHS) fixation.

MATERIAL AND METHODS: 214 consecutive patients with TF, and 4 hole DHS fixations (Hiploc, Biomet) were included. The fractures were classified according to Evans-Jensen and AO. The status of the greater and lesser trochanter, and LFW were assessed from pre- and postoperative x-rays. Postoperatively, resultant fracture reduction and Tip-Apex-Distance position of the DHS were assessed. Re-operation due to technical failure was recorded after 6 months.

RESULTS: 3 % (5/168) with a postoperatively intact LFW were re-operated compared to 22 % (10/46) of patients with a fractured LFW ($p < 0.001$). In logistic regression analysis combining sex, age, ASA score, New Mobility Score, postoperative status of the greater and lesser trochanter, fracture reduction and DHS position, a postoperatively fractured LFW was the only significant predictor for re-operation ($p = 0.003$). 74 % (34/46) of these postoperatively fractured LFW occurred during the operating procedure! A perioperative LFW fracture only occurred in 3 % (3/103) of the Evans 1,2 and 4 / AO31A1.1-2.1 fractures compared to 31 % (31/99) of the Evans 3 and 5 / AO31A2.2-2.3 fractures ($p < 0.001$).

CONCLUSION: TF should be classified according to the integrity of the LFW, especially in future randomized trials comparing operative procedures. Patients with pre- or potential postoperative LFW fractures are not sufficiently treated by DHS, but should presumably be treated by methods combining short intramedullary nails with dynamic, sliding screws.

Short term mortality in hip fracture patients admitted during weekends and holidays.

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INTRODUCTION: Acute surgical admission during weekends with staff reduction has been associated with increased mortality risk, but no studies have looked upon the effect of longer vacation /holiday periods upon mortality after acute surgery. We therefore examined early postoperative mortality in hip fracture patients admitted during weekends and vacation periods compared with normal weekdays.

MATERIALS AND METHODS: Prospective, descriptive study in 600 consecutive hip fracture patients treated with a well-defined multimodal care plan in a special hip fracture unit between September 2002 and July 2004. Patients were stratified according to admission on a weekday or during weekends / holiday periods. Results were analyzed with univariate and multivariate analyses.

RESULTS: 332 patients were admitted during weekdays, 118 during weekends and 150 during holidays / vacation periods. Both 5-day and 30-day postoperative mortality were significantly higher in patients admitted during holiday periods than during weekends and weekdays, 8.0 % vs. 2.5 and 1.8 %, respectively ($p=0.01$) and 19.3 % vs. 12.7% and 11.1 %, respectively ($p=0.05$). In a multivariate analysis admission during vacation periods was still a significant independent risk factor for both 5-day (4.34, CI 95 % 1.74 - 10.8) and 30-day mortality (1.84, CI 95 % 1.08 - 3.12).

CONCLUSION: Staff reduction during holiday / vacation periods in units that care for acute surgical patients may adversely influence postoperative outcome. This may have important consequences both for outcome analysis of interventions and the planning of resource management in surgical units.

Anaemia impedes functional mobility after hip fracture surgery.

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INTRODUCTION: The impact of anaemia on outcome after hip fracture surgery is controversial. Moderate anaemia has not been demonstrated to increase mortality in hip fracture patients, but anaemia will potentially decrease physical performance and thereby impede postoperative rehabilitation. We therefore conducted a prospective study to establish whether anaemia affected functional mobility in the early postoperative phase.

MATERIAL AND METHODS: 487 consecutive hip fracture patients treated according to a well defined multimodal rehabilitation programme with a uniform liberal transfusion threshold was studied. Hemoglobin was measured on each of the first three postoperative days, anaemia was defined as hemoglobin < 6.0 mmol/l. Functional mobility was measured with the cumulated ambulation score.

RESULTS: 170 patients, 132 and 116 patients were anaemic on the first, second and third postoperative days respectively. A significant association between anaemia and the ability to walk independently, requiring human assistance or not being able to walk was present on each of the three days separately ($p < 0.05$). A multivariate analysis showed anaemia to be an independent risk factor for not being able to walk on the third postoperative day (OR 0.41 (0.14-0.73) $p = 0.002$). 358 patients (74%) were anaemic at some point and this was associated with increased 30-day mortality of 12.6% vs. 6.3% ($p = 0.049$) and increased length of stay: median 13 days vs 8 days ($p > 0.001$).

CONCLUSION: Anaemia impedes functional mobility in the early postoperative phase after hip fracture surgery and is an independent risk factor for patients not being able to walk postoperatively.

Cost Effectiveness Analysis of Systematic Prophylaxis of Fractures in Patients with Recent Proximale Femur Fracture and Osteoporosis - Results of a Markov Analysis.

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INTRODUCTION: The aim of this study was to analyse the cost effectiveness of treatment for osteoporosis in patients with a recent proximal femur fracture.

MATERIAL AND METHODS: A recently developed Markov model was used to compare costs and effects of a) no treatment and b) calcium plus vitamin-D plus alendronate. The model simulated a cohort of 10.000 women followed from 50 years of age until "death" or age 100 years. The model has 9 different states of health including "well", "second hip fracture" and "dead". Duration of each cycle was 1 year. Our base case assumed an 81 year old woman with osteoporosis diagnosed by DEXA, discharged following her first hip fracture and living in her private home. Her increased fracture rate was set to 2.4. Treatment was started immediately, continued for 3 years, and the relative risk reduction (RR) was set to 0.50. Sensitivity analysis was made according to age and effect of treatment.

RESULTS: The intervention cost for the cohort was estimated 16.5 Mio EUR. In comparison with no treatment the intervention avoided 1245 fractures (including 570 hip fractures) and gained 1075 quality adjusted life years (QALY). The intervention provided substantial health benefit and saved healthcare resources (net 2.4 Mio EUR). In younger patients the benefit and net saving was reduced. Assuming a less efficacious treatment (RR=0.75), the cost per QALY increased to 13.272 EUR in the base case.

CONCLUSION: In the base case treatment with alendronate, calcium and vitamin-D provided health benefits and net cost-savings. This was more pronounced in the elderly, however, the cost per QALY was acceptable even in younger patients. Treatment of osteoporosis in hip fracture patients would be cost effective in Denmark as judged from these assumptions.

Osteoporosis by DXA and Vertebral Fractures are Highly Prevalent in Patients with Proximal Femoral Fractures. Results from a Fracture Discharge Program.

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INTRODUCTION: Pharmacological treatment of osteoporosis reduces the incidence of fractures significantly. Patients with proximal femoral fractures have an increased risk of future fracture; however, are rarely offered examination or treatment for osteoporosis as part of clinical routine. The aim of this study was to examine the prevalence of osteoporosis defined as a) T-score < -2.5 by DXA and/or b) one or more vertebral assessed by instant vertebral assessment (IVA) in patients recently sustaining a proximal femoral fractures.

MATERIAL AND METHODS: Our Departments of Endocrinology and Orthopedic Surgery recently initiated a fracture discharge program targeted to patients with proximal femoral fractures. In this program, all patients are offered evaluation by DXA, IVA and clinical assessment including a blood sample panel followed by specific antiosteoporotic treatment as appropriate.

RESULTS: During the beginning of the study period, only 20% of the patients were referred to the program. This fraction increased to 67% after appointment of a dedicated nurse. The major reasons, thereafter, for non-referral were dementia (14%) and rejection of the offer by the patient (3%). A total of 180 patients (median age 77 years; range 45-96) were evaluated. Only 3% of the patients had a normal BMD, 31% had osteopenia, and 66% osteoporosis. Using IVA, 50% of the patients had at least one prevalent vertebral fracture. Combining DXA and IVA, 1% of the patients had normal bone status, 19% osteopenia, and 80% osteoporosis.

CONCLUSION: In this cohort 80% of patients with proximal femoral fractures had osteoporosis and 50% on or more vertebral fracture as assessed by combined DXA and IVA. This strongly suggests that specific fracture discharge programs are needed.

Intraarticular bupivacaine as postoperative pain treatment in wrist joint arthroscopy.

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INTRODUCTION: Intraarticular injection of local anesthetics is a well proven method of treatment of postoperative pain after especially knee joint arthroscopy. The wrist joint has a very limited capacity for intra-articular installation of local anesthetics, and the aim of this study was to investigate the effect of intraarticular marcaine injection on postoperative pain after wrist joint arthroscopy.

MATERIAL AND METHODS: Prospective, non-randomized study with two comparable, consecutive series of patients undergoing diagnostic/therapeutic wrist joint arthroscopy: 20 patients without intraarticular marcaine and 20 patients with injection of 5 cc marcaine(bupivacaine)5mg/ml at the end of the arthroscopic procedure. In all patients postoperative pain and use of analgesics (morphine, nsaid, paracetamol) were recorded during the following 5 postoperative days using vas-scores and a pain diary.

RESULTS: Eighteen patients (89%) in the non-marcaine group and 14 (70%) in the marcaine group returned a the registration of pain and use of analgesics. The marcaine group reported significantly less pain and significantly less use of analgesics in the first postoperative hours, but for the rest of the five postoperative day's pain and use of analgesics was similar in the two groups.

CONCLUSION: Intraarticular injection of marcaine(bupivacaine) 5mg/ml after wrist joint arthroscopy reduces pain and use of analgesics for the first post-operative hours, but has no effect in the following 5 days.

Acute/subacute MRI-scan of wrists suspect of fracture of the scaphoid bone.

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Ortopædkirurgi sønderjylland

INTRODUCTION: At Orthopedic department County of Sønderjylland, we have made a study of wrists suspect of a fracture of the scaphoid bone.

Our aim was, to gain knowledge about the number of missed fractures, plus the amount of pathology of other kinds, given the clinical presentation and anamnesis of a fracture of the scaphoid bone (SB) plus x-ray without fracturesigns.

MATERIAL AND METHODS: In the period 01.05-01.10 2005 we introduced a rutine, dictating that patients with the clinical presentation of a fracture of the SB, a relevant trauma, and x-ray without fracturesigns, should have MRI the same or following weekday. We introduced guidelines for treatment according to possible findings on the MRI.

The material consisted of 98 consecutive patients, 49 females and 49 males. Mean age was 36 year, SD:21 years. Min. age for inclusion was defined radiologically, as a need for an ossificated SB present on x-ray.

RESULTS: In the 99 scans (1 patient had both wrists scanned), we found 18 fractures of the SB and 3 cases of bonebruise of the SB. In 42 patients other types of acute pathology were found: 16 patients with fracture/ epifysiolyse in the distal radius (6 being intraarticular). Non of these were seen together with a fracture of the SB. 1 fracture of the capitatum bone.

1 luxation. All were treated according to regular principles.

In 16 patients, nonacute pathology was found. Non needed treatment.

In 4 of the cases of pathology needing treatment, it was possible for a rutined radiologist to establish the diagnosis by x-ray.

CONCLUSION: 15% seems to be a key figure.

Approximately 15% of the patients had a fracture of the SB, were diagnosed quickly, and treated specifically.

Other 15% had other pathology needing acute treatment.

Approximately 15% of the patients had nonacute pathology.

Amputation of the upper limb extremity. A follow up 1992-2001.

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INTRODUCTION: Only few data describing upper limb amputation and functional achievement is found in recent literature.

The aim of this study was to assess the long term outcome of early prosthetic use in upper limb amputees.

MATERIAL AND METHODS: All proximal upper limb amputees in a 10 year period, who had an early prosthetic use (<4 months), were examined. Patients with brachial plexus injuries and congenital upper limb absences were excluded. Eighteen patients were included in the study. Two postal questionnaires were used to collect data.

RESULTS: Thirteen patients (72%) returned the questionnaires, 3 women and 10 men. Median age at time of amputation was thirtynine years.

Four had a transhumeral amputation, eight a transradial amputation and one an elbow exarticulation. Five (38%) were daily prosthetic users and used the the prosthesis for all settings. Part-time users only used the prosthesis for cosmetic reasons. Four (50%) the transradial- and non of the transhumeral amputees were daily users. Pain was a main problem in ten (77%) patients, five (38%) experienced overuse pain in the remaining arm. Patients with high age and patients with high pain score had a high functional score (high degree of disability). There was no relationship between the level of pain and prosthetic use nor the working capacity. Seven patients (54%) were dissatisfied with the degree of help from the social authorities after the amputation.

CONCLUSION: Successful prosthetic use requires big effort from the treatment team and the following has to be considered when choosing prosthesis for a patient:

- Amputation level
- Job situation
- Leisure time activity
- Age
- Motivation

Shoulder arthrodesis and below-elbow amputation for the flail arm following complete posttraumatic brachial plexus palsy (PBPP).

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INTRODUCTION: In severe (PBPP) in adults the patients sometime are left with painful glenohumeral instability and no function in the extremity. Glenohumeral arthrodesis and above-elbow amputation is a well established treatment that improves function and alleviates pain from shoulder instability but prosthesis fitting is seldom successful. We have used below-elbow amputation since prosthesis fitting and function normally is better.

MATERIAL AND METHODS: Fourteen patients with total complete PBPP underwent shoulder arthrodesis and below-elbow amputation median 3 years after injury (1 – 13years). Before operation none of the patients had any function of the arm and it was kept in a sling. Median age at operation was 30 years (20-62). A 10-hole pelvic reconstruction plate was used for internal fixation (6 patients). Before 1988 external fixation with Charnley's compression device was used (8 patients). In both groups 3 months immobilisation in spica was used.

RESULTS: All arthrodesis fused in about 30° abduction, 30° flexion and 30° internal rotations. All patients were fitted with prosthesis and were able to move the arm with the muscles of the shoulder girdle with and without prosthesis. In spite of lack of sensibility we have not seen any stump problems.

Complications: One low grad infection until the plate was removed. Two years after healing of the arthrodesis a 50 year-old alcoholic sustained a proximal humeral fracture.

CONCLUSION: Shoulder arthrodesis and above-elbow amputation is the traditional treatment of the totally flail arm in severe PBPP. Amputations below the elbow is better since a longer arm - even without sensibility - makes fitting of the prosthesis easier, and enhance the functionality of the stump with and without prosthesis.

Surgical correction for cerebral palsy in the upper extremity.

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INTRODUCTION: Evaluation of objective and subjective functional improvement after surgical correction of forearm and hand posture.

MATERIAL AND METHODS: In the period 1999-2003 patients were tested preoperatively, 6 months and 18 months after operation. The patients were evaluated in standardized simple activities, objective measurements and patient goal fulfilment in a prospective series of 25 patients. Only patients with some voluntary function and good motivation for including their affected hand in daily activities were operated. Median age was 16 (range 6-58).

7 patients were operated on more than once, a total 38 operations were performed including a total of 101 procedures. A median of four procedures were performed at the first operation, usually including transfer of FCU to ECRB and stabilization of the thumb as the most common procedures.

After initial 5 weeks of immobilization in a plaster all patient were admitted to our Hospital Hotel for one week starting hand therapy twice daily. Hand therapy was then continued at there local hospital until 6 moths postoperatively. A night splint was used for the same period.

RESULTS: Hand posture was improved in both extension and forearm rotation resulting in a better and for the patient visible grasp. The hand is activated more in 2-hand activities and bigger objects can be held.

No significant improvement could be detected in strength or stereognosis.

CONCLUSION: The patients could all benefit from a better supporting hand function. The more anatomical hand posture improved visibility of the grip, and all patients had reached some or all of the goals they had before the operation. All patients were satisfied by the improved cosmetic appearance of the hand and forearm.

Triage nurse requested x-ray reduces waiting time in the emergency department.

Jens Ole Storm, Gitte Boier

Ortopædkirurgisk afdeling Horsens Sygehus

INTRODUCTION: Does nurse requested x-ray in the emergency department save time without compromising quality of treatment?

MATERIAL AND METHODS: Prospective registration and control of a defined group of low energy injury patients requiring x-ray investigation. All nurses were educated to determine the need of x-ray. In even weeks both the triage nurses and the physicians could request the x-ray and in the uneven weeks only the physician. The time of admittance, time of x-ray request and the time when the patient was back from x-ray department were recorded. All patients were examined by the physician as they returned from x-ray and the physician recorded if the x-ray requested by the triage nurses was unnecessary or if further x-ray was needed. All patients were asked if they felt safe with the nurse requesting the x-ray.

RESULTS: 99 patients were included, 54 in uneven weeks and 45 in even weeks. When the nurse was allowed to request x-ray, there was a mean reduction in waiting time of 17 minutes from admittance to the patient was send to x-ray and a 39 minutes mean time reduction from admittance to the patient returned from x-ray. Only two of the nurse requested x-ray was considered to be unnecessary when evaluated by the physician. Supplementary x-ray was not required in any of the two groups. All patients were satisfied with the possibility of being referred to x-ray based on the evaluation of a triage nurse.

CONCLUSION: Waiting time was significantly reduced for a defined type of low energy injury requiring x-ray in the emergency department, without re-ducing the quality of treatment. Patient satisfaction was good. Educa-tion of the nurses is important in order to keep the rate of unnecessary x-ray low.

Results of subtalar arthroscopy with soft tissue distraction.

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INTRODUCTION: Subtalar arthroscopy has become a well established procedure at our department. We present results from subtalar arthroscopy of our first 21 patients, with a set up, presented earlier.

MATERIAL AND METHODS: Twentyone consecutive patients were operated from august 2003 to november 2005, 8 females and 13 males. Mean age was 49 years. Pre-operative diagnosis was verified by CT- or MR-scan: arthrosis: 13, osteochondral lesion: 2, ligamentous instability: 3, posterior impingement: 2, symptomgiving os trigonum: 1. Preoperative AOFAS-score was 61, VAS-score for pain: 6.2 and for function: 6.4. The patient was placed in lateral position, the femur fixed with a strap and soft tissue distraction was applied with a horisontal distraction device and strap.

RESULTS: We performed 10 arthroscopic arthrodeses with a 7.3 mm cannulated screw. Three arthrotic patients had an isolated synovectomi. Two patients had an inforation of an osteochondral lesion. Three patients with ligamentous instability were converted to an open ligament reconstruction. Two patients had resection of osteophytes and one had resection of os trigonum. Mean hospital stay was 1.8 days. Mean AOFAS score for 14 patients with 1 year follow up was 74, VAS-score for pain: 1.4 and for function: 2.9.

The patients who had an arthrodesis had better results, AOFAS score increased from 59 to 83 (of 94 possible).

We found no complications related to surgery, but we had to perform 2 reoperations.

CONCLUSION: The set up for subtalar arthroscopy is simple, reproducible and without complications in this study. Morbidity is low and hospital stay is short. Results seems to be promissing and we will report further results from our experience with subtalar arthroscopy.

Use of retrograd intramedullary nail as salvage procedure in patients with severe ankle disorders.

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fod-ankelkirurgisk sektor

INTRODUCTION: Intramedullary nailing has gained acceptance as a salvage procedure for severe ankle disorders. We present a retrospective review of 20 patients operated from 2002 to 2005 at Odense University Hospital and Kolding Hospital with the Biomet compressible retrograde intramedullary nail.

MATERIALS AND METHODS: A consecutive series of 20 patients (20 ankles) were operated, 12 females and 8 males, mean age was 60 years. Mean follow up 14 months. Preoperative diagnoses were: rheumatoid arthritis: 3, non-union of ankle arthrodesis: 5, avascular talar necrosis: 4, fracture non-union: 3, fracture: 2 and arthrosis: 2, revision of ankle arthroplasty: 1 patient. All patients were operated in the lateral position and the nail inserted through the heel. After surgery the ankle was stabilized in a below-knee plaster cast for 12 weeks, 6 without weight bearing.

RESULTS: One patient died of a gastric ulcer. One patient had a below knee amputation because of severe pain and non union. 2 patients were lost from clinical follow up because of mental disorders. 16 patients were evaluated at follow up. Mean AOFAScore was 48 of 86 possible. VAS-score was 5,6. Overall 5 patients developed a non union, 3 of these had necrosis of the talus, all were smokers. 72% needed customized footwear postoperatively.

Over all 78% would undergo the same procedure again, including 3 patients with non union.

CONCLUSION: In cases of severe hindfoot and ankle pathology, arthrodesis with a Biomet nail is a useful salvage procedure for non union after ankle arthrodesis, severe rheumatoid deformity and special fractures. We found a high rate of non union in patients with talusnecrosis and in these cases conservative treatment should be considered. Smoking seems to increase the risk of non union.

Surgical correction of the rheumatoid forefoot.

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INTRODUCTION: The results of reconstruction of the forefoot in rheumatoid patients by fusion of the first metatarsophalangeal joint and excision arthroplasty of the four lateral metatarsophalangeal joints were reviewed.

MATERIAL AND METHODS: 18 female RA patients with 23 reconstructions were included in the study. The mean age was 63,8 (49-79) years. Follow up 19,5 (4-43) months. A plantar incision was used. Correction of deformities of the small toes was obtained if possible. A hallux metatarsophalangeal-interphalangeal scale (100 points total) and a lesser metatarsophalangeal-interphalangeal scale (100 points total) were used. Patient satisfaction was assessed by a VAS scale (1-10). Radiographs were evaluated.

RESULTS: Healing of the first metatarsophalangeal joint was obtained in all but one patient. Pre- and post- operative hallux metatarsophalangeal-interphalangeal scores were 41,4 (9-83) and 83,7 (37-100). Pre- and post- operative lesser metatarsophalangeal-interphalangeal scores were 36,2 (4-80) and 83,1 (37-100).

Patient satisfaction was 7,83 (1-10). 19 patients would undergo the operation again. No patients complained of scar problems. We found a postoperative reduction in the IM angle of the hallux.

CONCLUSION: Fusion of the first metatarsophalangeal joint provided stability of the medial ray of the foot promoting load-bearing. It seems that it prevents progressive malalignment of the lesser toes in our series. In combination with excisional arthroplasty of the lesser metatarsophalangeal joints it reduces plantar callus and metatarsalgia.

Treatment of Pilon fracture with Ilizarovs external fixation.

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Madsen, Morten Schulz Larsen*

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INTRODUCTION: The pilon fracture is an intraarticular fracture of the distal tibia, type 43-b or 43-c according to the AO-classification. Since 2002 we used the Ilizarov method of external fixation as the standard treatment for these fractures. The aim of this study is to present our experience and results with this method.

PATIENTS AND METHODS: From february 2002 To December 2005, 32 patients with 33 pilon fractures were treated at Odense University Hospital with Ilizarov external fixation. All were included in this study. Median age was 49 (23-77). 9 patients had other significant injuries. 27 patients were primarily treated with Ilizarov method and 6 had another primary treatment and Ilizarov as secondary.

According to the AO-classification 4 fractures were type b and 29 type c. 8 of the fractures were open.

22 patients with 23 fractures had finished their treatment at the time of this study,

1 Patient was discharged to follow-up in another country, 1 patient died before removal of the external fixator and 8 patients are still wearing the external fixator.

RESULTS: The external fixator was removed after median 18 weeks (6-78). 17 fractures healed uneventfully or with only superficial pin-tract infections. 2 patients developed deeper infection leading to secondary surgical treatment. Among other complications were one non-union and one mal-union. 4 of the treatments lead to talocrural arthrodesis.

CONCLUSION: The Ilizarov method of external fixation is a good way of reducing and stabilizing pilon fractures. While superficial infections are common, more serious complications are relatively uncommon and most fractures heals uneventfully or with only lighter pin-tract infections.

Impact of Clubfoot on health-related quality of life.

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INTRODUCTION: Clubfoot – Congenital talipes equinovarus (CTEV) – is one of the most common congenital conditions requiring orthopaedic surgery. However little is known about the impact on health-related quality of life in these patients. A score on physical- and mental-health is used for this purpose. The aim of the present study was to compare health-related quality of life in CTEV to a background population.

MATERIALS AND METHODS: The Odense based Danish Twin Registry (DTR) is unique as it contains data on all 73,000 twin pairs born in Denmark over the last 130 years. All 46,418 twins born from 1931 through 1982 received an Omnibus questionnaire in the spring of 2002. The incidence of CTEV was self-reported. Included in the questionnaire were questions for The Medical Outcome Study Short Form-12 (SF-12). We calculated SF-12 Physical Component Summary scale (SF-12 PCS) and SF-12 Mental Component Summary scale (SF-12 MCS) using the SF Health Outcomes Scoring Software. 943 reported to have MS and the remaining 33,064 were used as controls.

RESULTS: 46,418 twins received and 34,944 (75%) returned the questionnaire. 34,485 (99% of the responders) answered the question ‘Were you born with clubfoot?’ The sex distribution in these was 15,731 (46%) males and 18,754 (54%) females.

The self-reported prevalence of CTEV was 0.0027 (95% confidence interval 0.0022-0.0034).

	N	SF-12 PCSmean(SD)	SF-12 MCSmean(SD)
CTEV	80	50.18(11.19)	50.58(10.52)
Controls	29516	53.09(8.11)	51.78(8.47)
		p<0.0007	NS

CONCLUSION: The impact of clubfoot on health-related quality of life was significant only on the physical scale. With the clubfoot patients scoring lower than the controls. There was no difference in the mental scale between the two groups.

Walking dynamics in clubfoot operated children eight years following operation.

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INTRODUCTION: The purpose was to investigate the walking dynamics in clubfoot patients following early intensive treatment combining surgical procedures and pre- and postoperative physiotherapy and bracing at a medium-term (on average 8 years after initial treatment).

MATERIAL AND METHODS: 3D kinematic and kinetic analysis of the walking pattern at self-selected walking speed was performed in two groups of clubfoot patients (unilateral, N=12; bilateral, N=7) and in a matching control group (N=16).

RESULTS: The patients obtained same walking speed as the controls. The ankle joint profile in the sagittal plane was displaced in dorsi-flexor direction in the unilateral clubfoot patients compared to controls with an increase of the angle at heelstrike from -1.0 (SD 4.2) to 5.9 (SD 6.1) (690%, $P=0.002$), maximum angle at stance from 11.9 (SD 3.3) to 17.9 (SD 8.1) (50%, $P=0.013$) and angle at toe off from -11.0 (SD 4.9) to -1.9 (SD 11.5) (83%, $P=0.019$) though same range of motion. Both patient groups developed a smaller ankle plantar peak moment and the unilateral clubfoot patients generated less mechanical work in the ankle on the clubfoot side ($P<0.05$). The bilateral clubfoot patients generated more mechanical work on the most severe side at the knee joint in the sagittal plane while the unilateral clubfoot patients generated more on the contralateral side compared to controls ($P<0.05$).

CONCLUSION: The overall walking pattern in the clubfoot patients is good despite smaller deviations and the present treatment strategy is regarded as successful. However, the reported deviations indicate overlengthening in the flexor tendons and it is suggested to control the tendon lengthenings and postoperative casting involved in the treatment better to avoid treatment induced overcompensation.

A national survey of screening for developmental dislocation of the hip.

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INTRODUCTION: A national survey was performed to identify current screening and management practices for developmental dislocation of the hip (DDH), and determine the extent to which ultrasound imaging of the hips is practised throughout Denmark.

MATERIAL AND METHODS: In Oct. 2001 and again in Dec. 2004 a postal questionnaire was sent to all maternity units in Denmark. Questions on primary and secondary screening and the treatment of DDH were answered by paediatricians and orthopaedic surgeons responsible for the routine neonatal care of infants.

RESULTS: Questionnaires were returned for 36/45 maternity units in 2001 and for all (36/36) units in 2004.

By 2004 25/36 of maternity units had access to ultrasound imaging of the hips, compared to 18/36 in 2001. Ultrasound imaging of the hip was not used for universal primary screening. In 2004 ultrasound was used in 16/25 units for further assessment of infants during and after treatment in splint and 12/25 units for screening of those identified as being at high risk of DDH (e.g. a family history of DDH, breech presentation, oligohydramnios, other congenital abnormalities).

Treatment of hip dysplasia/instability, detected either by ultrasound and/or clinical examination, varied widely in duration (4-12 weeks). Of the 25 units undertaking ultrasound imaging in diagnosing DDH, 21 units still used hip-X-rays at the final control.

CONCLUSION: Ultrasound imaging of the hip is increasingly used in Denmark for secondary screening as a supplement to the clinical primary screening. The implementation of ultrasound varies however nationally, and the existing wide variation in screening and management of DDH reflects a lack of research evidence to support current screening practices.

Evaluation of selective screening in diagnosing children with developmental dislocation of the hip (DDH).

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INTRODUCTION: Uncertainty regarding the ability of clinical tests to diagnose DDH adequately has led to an increased use of ultrasonography (US). However, some controversy exists whether US should be used universally, or only when known risk factors are present, or in the cases of manifestly unstable hips. Our aim was to evaluate a screening protocol, extensively using US, in regard to treatment, late cases of DDH, and duration of treatment.

MATERIALS AND METHODS: Infants with positive Ortolani/Barlow's tests, or being at high risk of DDH-development, were referred to US-examination. Combined static and dynamic US was performed. Based on a coronal standard section the hips were assessed morphologically. The hips were classified as mature, not fully developed (NFD), or dysplastic. Dysplastic hips were monitored with sequential US and treated in a splint until malformations had resolved. Infants with NFD hips were monitored with sequential US without splinting.

RESULTS: 1.671 (6,5%) children were referred. US identified 111 cases of DDH, 8 of whom were diagnosed late (>12 weeks), 3 of which had irreducible hips. The incidence of splinting was 0.5% and the incidence of late presenters was 0.3/1000. Mean duration of treatment was 8 weeks. No cases of relapse were identified.

CONCLUSION: The main argument for not using US routinely in DDH-diagnostics has been the risk of over-diagnosing. However, the number of treated cases in this study was actual comparable to the incidence of DDH. Furthermore, we identified a number of late presenters. Due to the use of US, treatment was reduced from 12 weeks to an average of 8 weeks without relapse. We find that the screening protocol outlined here is safer than previous screenings relying solely on clinical tests, and that it provides the means of individual treatment.

Operative Treatment of bone metastases in pelvis and ex-tremities. Does it help?

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INTRODUCTION: Few authors have analysed the improvement of function and pain prospective after surgical treatment of patients with bone metastases to determine the impact on the quality of life. To improve the operative treatment we analyzed the function and pain of patients with skeletal metastases surgically treated at the University Hospital in Aarhus.

MATERIALS AND METHODS: 115 patients with an average age of 65 years underwent a total of 118 operations for non-spinal skeletal metastases. 4 % were operated for more than one metastasis.

Pain, use of analgesics, functional ability and mobility were registered preoperative, at 6 weeks and 6 months follow-up. Complications and reoperations were reported.

RESULTS: 25 % of the patients died within 6 weeks after operation. 11 % of the patients had complications. 6 % had reoperation. 92 % of the patients had no, light or moderate pain at 6 weeks and 6 months follow-up. Use of opioids was reduced from 40 % preoperative to 30 % at 6 months. In patients with bone metastases in pelvis or lower ex-tremity 79 % were walking with or without crutches at 6 weeks and 88 % at 6 months. More patients with metastases in proximal femur were mobile at 6 weeks and 6 months when treated with prosthesis compared to internal fixation.

DISCUSSION: Mobility was improved by surgery in patients with metastases in the pelvis or lower extremity. Prosthetic treatment seems to do better concerning mobility than internal fixation in patients with metastases in proximal femur. Surgical treatment seems to improve pain control and reduce the use of strong analgesics at late follow-up. We need to analyze function and pain earlier than 6 weeks postoperative to determine the expected survival time limits for surgical treatment of bone metastases.

Perceived health status in self-reported AIS compared to the background population. A study on a twin cohort.

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INTRODUCTION: Several authors have claimed that adolescent idiopathic scoliosis (AIS) is not associated with a higher incidence of back pain. Others disagree and some studies indicate that AIS has a significant impact on the perceived health status. The aim of the present study was to measure the SF-12 in self-reported AIS and to compare it to the background population in a big twin cohort.

MATERIALS AND METHODS: The present cohorts are derived from The Danish Twin Registry and resembles very closely the general Danish population. A total of 46,418 twins received and 75% returned a questionnaire having answered the question ‘Have you been diagnosed with Scoliosis?’ and the standardised questions for The Medical Outcome Study Short Form-12 (SF-12). Calculated were the SF-12 PCS and the SF-12 MCS using the SF Health Outcomes Scoring Software. We identified 220 with AIS and the remaining 20,718 responders were controls. Neither the severity of the disease nor the treatment status were reported in the AIS group.

RESULTS: The mean(SD, range) age in the AIS group was 37.2(8.2, 20-49) years compared to 35.2(8.5, 20-49) years in the control group (NS). The overall self reported prevalence of AIS was 1.36% (95% c.i.l. 1.26%-1.47%). Male : female prevalence in the AIS cohort was 0.96% (95% c.i.l. 0.80-1.14) : 1.71% (95% c.i.l. 1.53-1.91), respectively. In the controls male : female was 44.8% (n=9,289) : 55.2% (n=11,429).

	n	SF-12 PCS mean (SD)	SF-12 MCS mean (SD)
AIS	220	51.18(10.12)	49.30(10.67)
Controls	20718	53.91(7.44)	50.96(8.58)
		p<0.01	p=0.0043

CONCLUSION: The physical and the mental perceived health status in self reported AIS were both moderately but highly significantly worse than in controls in a big cohort of Danish twins.

Health-related quality of life in Mb. Scheuermann compared to the background population. Based on a cohort study of twins.

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INTRODUCTION: Patients suffering Mb. Scheuermann (MS) have been reported to experience more back pain and other back related constrains than subjects matched for age and sex. We have been unable to find publications on health-related quality of life by SF-12 or SF-36 in MS. The aim of the present study was to compare health-related quality of life in MS to the background population.

MATERIALS AND METHODS: The present cohorts are derived from The Danish Twin Registry and consist of all Danish twins born from 1931 through 1982. This twin cohort has been shown to very closely resemble the general Danish population. A total of 46,418 twins received and 75% returned a questionnaire of which 34,007(97.3 %) answered the question ‘Have you been diagnosed with Scheuermann’s disease?’ Included in the questionnaire were questions for The Medical Outcome Study Short Form-12 (SF-12), from which we calculated SF-12 Physical Component Summary scale (SF-12 PCS) and SF-12 Mental Component Summary scale (SF-12 MCS) using the SF Health Outcomes Scoring Software. 943 reported to have MS and the remaining 33,064 were used as controls.

RESULTS: The mean(SD) age in the MS group was 43.7(11.9) years compared to 44.4(13.7) in the control group (NS). The overall prevalence of MS was 2.8% (95% c.i.l. 2.6-3.0), male : female prevalence was 3.6% (95% c.i.l. 3.2-4.1) : 2.1% (95% c.i.l. 1.9-2.3). In the controls male : female ratio was 45.2% (n=14,953) : 54.8% (n=18,111).

	n	SF-12 PCS mean(SD)	SF-12 MCS mean(SD)
MS	943	50.50(9.89)	51.52(8.49)
Controls	33064	53.21(8.00)	51.81(8.45)
		p<0.001	NS

CONCLUSION: Perceived health status from SF-12 PCS in self-reported MS was moderately though highly significantly worse than in controls in a big cohort of Danish twins. There was no difference in SF-12 MCS between the two groups.

Percutaneous vertebroplasty, - Our perioperative experience.

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INTRODUCTION: Osteoporosis is a generalized disease in the skeleton resulting in an increased risk of vertebral fractures. A compression fracture of a vertebral body may cause back pain, neural compression, and deformity (kyphosis).

Percutaneous vertebroplasty (PVP) is a new treatment of such painful osteoporotic fractures in the vertebral column. PVP is performed percutaneously with the patient in a prone position. A few millilitres of PMMA (bone cement/glue) are installed in the fractured vertebral body under fluoroscopy control. PVP is reported to be a promising treatment of painful compression fractures due to osteoporosis or other pathologic lesions. On the other hand serious complications have been reported including mortal embolism.

The aim of the present study was to evaluate the safety of the PVP procedure.

MATERIAL AND METHODS: Between December 2000 and January 2006, 156 patients have been treated with PVP at the Spine Section, Odense University Hospital. Most of the patients (146) suffered from osteoporosis and 10 from metastatic lesions or multiple myeloma. Twenty-one of the PVP's were combined with either decompression or open biopsy. Two-hundred and sixty vertebral bodies have been treated and the number of levels was between 1 and 4. Data were derived from a review of medical records.

RESULTS: Mean operation time was 41 minutes (range 10-195 minutes) and the patients were hospitalized mean 4.6 days (range 1-21 days). We observed 46 asymptomatic cemental leaks, 1 patient with atrial fibrillation and 2 patients with postoperative dyspnoea (one because of acute myocardial infarct). No patients died.

CONCLUSION: PVP is a safe procedure with relative few symptomatic complications. We experienced no mortal complications in this series.

Effect of dynamic culturing of human mesenchymal stem cells on 3D porous PLGA scaffolds for bone tissue engineering applications.

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INTRODUCTION: The generation of autologous bone for the surgical treatment of musculoskeletal diseases is a major clinical need. The aim of this study was to investigate the effects of dynamic culturing of human mesenchymal stem cells (MSCs) on 3D porous PLGA scaffolds in a spinner flask bioreactor.

MATERIALS AND METHODS: Immortalized human MSCs were seeded onto PLGA scaffolds and either cultured dynamically or maintained in static culture for 7d and 21d. Cellular proliferation was assessed by total DNA determination. Osteogenic differentiation was evaluated by spectrophotometrical determination of ALP activity, calcium assay, and qRT-PCR. Cellular distribution and extracellular matrix deposition (ECM) were visualized by fluorescence microscopy and scanning electron microscopy (SEM).

RESULTS: Dynamically cultured MSCs showed increased cellular proliferation (21d), cell-specific ALP activity (7d), mineralization (21d), as well as increased expression of osteogenic marker genes (7d, 21d). Fluorescence microscopic analysis and SEM revealed a more homogenous cellular distribution within the scaffolds and a pronounced ECM deposition in dynamically cultured cell/scaffold constructs.

CONCLUSION: The convection of cell culture media by the spinner flask bioreactor facilitates both nutrient and oxygen transport to and removal of toxic byproducts from the cells at the interior of the scaffold. This explains the accelerated osteogenic differentiation and proliferation of MSCs, as well as their more homogeneous distribution and increased ECM deposition observed under 3D dynamic vs. static culturing condition. The present study provides evidence for the effectiveness of dynamic culturing of osteoprogenitor cells on porous PLGA scaffolds using the spinner flask bioreactor for ex vivo bone tissue engineering applications.

Effects of parathyroid hormone treatment on distraction osteogenesis in the rabbit tibial lengthening model. A pilot study.

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OBJECTIVES: The overall purpose of the study is to determine the effects of parathyroid hormone on bone formation in regenerated and sur-rounding bone of distracted callus during limb lengthening in rabbits. Additionally, the aim of the pilot study is to titrate the optimal dose of PTH (1-34) for distraction osteogenesis treatment in rabbits tibial lengthening model.

Materials and methods: in a pilot study 18 rabbits underwent right tibia lengthening by callus distraction. Lengthening was started 5 days postoperatively 1mm/day for 10 days period. Rabbits were divided into 3 groups: gr. 1-received PTH(1-34) treatment in a dose of 5µg/kg/day, gr. 2-received PTH (1-34) 25 µg/kg/day treatment, gr. 3 rabbits were treated with saline. After sacrifice tibiae of both legs were dissected free, kept frozen and underwent x-ray analysis, DEXA scanning, microcomputed tomography scanning and three-dimensional evaluation. Biomechanical test followed.

RESULTS: Pilot study has been performed and the overall results indicate, that during distraction osteogenesis in a new regenerated bone, PTH (1-34) treatment with two different doses of 5µg/kg/day and 25 µg/kg/day increased callus cross – sectional area, callus bone mineral density and bone mineral content, bone volume density, dramatically increased trabecular number with slight increase in trabecular thickness, whereas decreased trabecular separation, bone surface density and decreased degree of anisotropy when compared with control group animals.

CONCLUSION: PTH (1-34) treatment improved mineralization, structural indices of regenerated distracted rabbit tibia, whereas treatment with dose of 25g/kg/day PTH(1-34) was significantly more effective than 5 g/kg/day PTH(1-34) dose treatment when compared to control group. Bigger dose has been chosen for the main study.

Real-time RT-PCR analysis of gene expression of porcine bone marrow stromal cells during multilineage differentiation in vitro.

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INTRODUCTION: The porcine experimental model is becoming widely used in the field of bone tissue engineering research. Differentiation of porcine bone marrow stromal cells (BMSC) has been reported recently. However, the mRNA expression of differentiation-related genes during multilineage differentiation and reciprocal relationship have not yet been systematically investigated. The aim of the present study was to investigate expression of marker genes.

METHODS: Multilineage differentiation was induced for up to 21 days under individual appropriate culture condition. Levels of gene expression were analysed by real-time quantitative RT-PCR.

RESULTS: In osteogenic medium, the mRNA levels of *cbfa1*, *osterix*, alkaline phosphatase, type 1 collagen, osteonectin, bone sialoprotein, osteocalcin were induced in a stepwise fashion. Meanwhile, *sox9* specific to chondrogenic differentiation was inhibited but not PPAR γ 2 specific to adipogenic differentiation. Of interest, we observed that apparent lipid droplets and calcium deposit appeared simultaneously in the cultures from one pig by histological staining and analysis of gene expression. In medium supplemented with 15% horse serum and 100 nM dexamethasone, adipogenic differentiation was confirmed by upregulation of PPAR γ 2 and *aP2* and downregulation of osteogenic genes and *sox9*. Chondrogenic differentiation was induced by expression of *sox9*, type 2 collagen and aggrecan and inhibition of *Cbfa1* and PPAR γ 2.

CONCLUSION: The potential of porcine BMSC to differentiate to a particular lineage relies upon upregulation of genes specific to this lineage and suppression of alternative phenotypes. However, further purification of porcine BMSC is needed to confirm the interplay between pathway to osteogenic differentiation and to adipogenic differentiation in osteogenic condition.

Porous tantalum trabecular metal scaffolds in combination with a novel marrow processing technique to replace autograft.

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INTRODUCTION: Interbody fusion requires a structural member to carry load while the autograft or osteoinductive agent stimulates bone formation. In the present study, we evaluated the potential use of extracted nucleated cells from bone marrow mixed in hyaluronic acid gel as an osteoinductive agent in an anterior lumbar interbody fusion in pigs.

METHODS: Bone marrow from 4 pigs was collected from the proximal tibia. Cell numbers in the porous tantalum discs were assessed, and fluorescent live/dead cell staining in the porous tantalum discs was performed after periods of 24 hours and 7 days of cultivation. The live/dead cell staining, ALP staining or osteocalcin staining, were performed. A porous tantalum ring was loaded with nucleated cells in hyaluronic acid gel or packed with Collagraft strips also with nucleated cells or rhBMP-2. Immediately after preparation, one of three implants was inserted into L2-3, L4-5 or L6-7 respectively. After 3 months, histologic evaluation was done.

RESULTS: Cell numbers and live/dead cells showed no difference in the porous tantalum discs. Histological appearance showed that nucleated cells mixed with hyaluronic acid gel, had more mature bone in the central hole of the porous tantalum ring, compared to Collagraft strips with nucleated cells or rhBMP-2. Bone volume fraction did not differ within the three porous tantalum rings; however, more marrow space in the central hole of the porous tantalum ring was present when nucleated cells mixed with hyaluronic acid gel (57.4%) compared to Collagraft strips with rhBMP-2 (29.7%).

CONCLUSION: In the current study, we demonstrate that nucleated cells could be used to replace autograft if nucleated cells mixed with hyaluronic acid or with Collagraft strips packed into the porous tantalum ring in the pig ALIF model.

Combination of $\text{tgf-}\beta\text{1}$ and igf-1 incorporated in a biodegradable poly(D,L-lactide) coating equals the fixation of hydroxyapatite coating.

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INTRODUCTION: Osteogenic growth factors may improve the outcome of implant surgery by increased new bone formation. The combination of TGF- β1 and IGF-1 released from a Poly(D,L-lactide) polymer scaffold has shown to enhance fracture healing in rats, and increase fixation and osseointegration of titanium implants.

MATERIALS AND METHODS: We used cylindrical porous coated titanium implants with a diameter of 6.0mm and length of 10.0 mm. Recombinant human growth factors TGF- β1 (1%w/w), and IGF-1 (5% w/w) was incorporated into a poly(D,L-lactide) solution. The coating was applied in a layer of approximately 15-20 microns. Hydroxyapatite coated titanium implants served as controls. We inserted the implants in pairs into 10 dogs' femurs in a weight bearing model.

The bone-implant specimens were analysed by mechanical push-out test and histomorphometry.

RESULTS: There was no difference in any of the mechanical parameters. The variance was lower for the growth factor data. The hydroxyapatite coating produced twice as much bone on the implant surface as the growth factor coating ($p < 0.001$), whereas the growth factor coating produced 18% more bone in the inner half of the gap ($p = 0.03$). There was no significant difference in bone density in the outer half of the gap, nor any difference in fibrous tissue formation in any zone.

CONCLUSION: The local application of TGF- β1 and IGF-1 in the biodegradable poly (D,L-lactide) coating equals the mechanical fixation of hydroxyapatite coating. This occurred despite the fact that there was a huge difference in the amount of bone on the implant surfaces. The bone density in the gap surrounding the growth factor treated implants was marginally higher compared with the hydroxyapatite implants.

Acetabular revision with the Saturne double mobility cup as treatment in the dislocating total hip arthroplasty.

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INTRODUCTION: The treatment for the recurrently dislocating total hip arthroplasty (THA) at our institution is acetabular revision to a double mobility cup.

The theoretical advantages of this cup with respect to stability is the same as in systems with large diameter heads: 1) ROM before neck-shell impingement is increased, and 2) the head must be displaced by a distance equal to its own radius before the hip can dislocate.

MATERIAL AND METHODS: 24 consecutive patients revised from october 2000 to january 2005 because of a dislocating THA were retrospectively identified. Journals were examined for complications. The danish hip arthroplasty register was also searched for complications.

RESULTS: Mean age at revision was 72 years, mean number of dislocations was 4.6. In all cases acetabular revision with a saturne cup was made through a standard posterior approach.

19 patients were accessible for follow up examination. Mean follow was 35 months (12 to 64 months).

One dislocation was recorded. In this case the head and the liner were seperated and a reoperation with exchange of the head and liner was done. There were no loosening of the cup.

Two deep infections occurred. One showed in the 'kamme'-samples and was managed with antibiotics, the other infection was handled with a house-cleaning procedure and antibiotics.

CONCLUSION: We believe that most cases of instability in the THA can be managed with the double mobility cup.

The use of the double mobility cup could also be considered in revision or primary hip surgery in the less cooperative patient.

Early results of unconstrained tripolar implants for unstable total hip arthroplasty.

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INTRODUCTION: Achievement of stability in revision total hip arthroplasty remains a challenging problem and reoperations performed to manage recurrent dislocations are reported with a high failure rate. We report a retrospective analysis of the early results of the use of an unconstrained tripolar cup as a salvage of dislocating hip arthroplasties.

MATERIAL AND METHODS: 45 patients (28 females, 17 males) underwent hip revision for dislocation between January 2000 and December 2003 at our institution. Mean age at reoperation was 66.5 year old (range, 36 to 84). The primary diagnosis was osteoarthritis in 76%, developmental dysplasia in 16%, avascular necrosis in 4%, inflammatory arthritis in 2%, and Paget disease in 2%. The average dislocating events was 2.8 (range, 1 to 10). The first dislocation occurred at an average of 45.6 months (range, 0.5 to 240) postoperatively. Reoperation was performed at an average of 64.3 months (range, 1 to 240) after the primary procedure. An unconstrained tripolar cup was used in all cases.

RESULTS: No patient was lost to follow-up. Mean follow-up was 25.2 months (range, 12 to 54). Two patients died during follow-up without dislocation. During the follow-up period no dislocation occurred. Three hips were revised: two for infection, and one because of a technical error leading to a disengagement of the prosthetic head from the mobile polyethylene component.

CONCLUSION: The use of an unconstrained tripolar cup provides encouraging results when facing the surgical challenge of unstable total hip arthroplasties.

The short to mid-term clinical results for the femoral stem (Versys(Reg)).

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INTRODUCTION: The aim of this study was to evaluate the clinical results for the uncemented femoral stem (VerSys). This stem is a tapered straight stem with a proximal ingrowth zone.

MATERIAL AND METHODS: In a prospective study during the period 01.01.1998-31.12.2004, we have assessed all the Versys stems. 113 patients were operated on one hip and 23 on both hips. All Versys femoral stems have been used in combination with uncemented Trilogy cups. All patients are followed pre- and postoperatively with clinical exams according to the Danish Hip Arthroplasty Registry.

In order to calculate the survivalrate for this prosthesis we have used Kaplan-Meier plots.

RESULTS: 73 women and 63 men were included in the study and the average ages at time of surgery were 53 years for women and 54 years for men. The clinical follow-up period was 1-7 years. In the period we have seen 5 revisions but none due to aseptic loosening. The all-over survival rate is 97%. The survival rate looking for aseptic loosening is 100%.

The postoperative complication rate is acceptable (5,7%).

CONCLUSION: The short- to mid-term results of this femoral component are satisfying. Due to the results of our study, which is comparable to studies with similar stems, we are encouraged to continue the use of this stem and we are optimistic for the long-term results.

Migration patterns in two types of cemented hip prostheses – a clinical intervention study.

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INTRODUCTION: Aseptic loosening is well known to be the main limiting factor regarding longevity of a total hip arthroplasty. However, solving the problem of aseptic loosening is complicated through a multi-factorial genesis, and a varying interval between prosthesis insertion and onset of symptoms. In addition, the prosthetic components used vary greatly, and detailed information on the durability is scarce. Increased migration of a component over time is associated with a higher risk of aseptic loosening and thus need for revision surgery. In the present study we set out to investigate the migration pattern of a cemented stem made from titanium (Ti) versus cobalt-chrome (CoCr) in hip osteoarthritis surgery.

MATERIAL AND METHODS: Forty patients (ages between 60 and 75 years) were randomized to receive a Bi-Metric® stem of either titanium (n=20) or cobalt-chrome (n=20). The patients were followed with radiostereometry (RSA) post-operatively and after 3, 6, 12 and 24 months. At present all patients have completed their 12 months follow-up visit, and here we report our one year results.

RESULTS: Rotation around the Y-axis (anteversion-retroversion) was in all cases the dominating migration direction between both prosthesis-bone and prosthesis-cement. In total, CoCr migrated significantly more during the first year than Ti between both prosthesis-bone (p=0.026) and prosthesis-cement (p=0.041).

CONCLUSION: Though CoCr rotated more around Y when compared to Ti, the migration speed for both stems was reduced over time. Further follow-up (RSA and clinical outcome) is necessary to point out whether CoCr might be inferior to Ti.

Total hip resurfacing arthroplasty. Results from a pilot series.

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INTRODUCTION: Metal-on-metal (MOM) total hip resurfacing (THR) has several potential advantages compared to a traditional THA: bone preserving, reduced wear and greater stability. Several disadvantages could be of concern: more demanding procedure, risk of avascular necrosis, risk of femoral neck fracture, long-term consequences of metal wear debris, a more difficult patient selection and the lack of long term clinical results.

The purpose of this study was to analyse the immediate intra- and postoperative results after MOM-THR.

MATERIAL AND METHODS: Twenty-five (ASR, DePuy) were carried out in 24 patients, using a posterior approach, from october 2005 to february 2006. There were 17 men, median age 48 years (16-64), 7 woman, median age 50 years (38-62) Twenty-two hips were operated because of primary and 3 because of secondary osteoarthritis. All patients were mobilized with no restrictions. An earlier consecutive series of uncemented THA patients, operated by the same 2 surgeons, were used as a control group.

RESULTS: No intra- or early postoperative fractures, neurovascular lesions, venous thromboembolism or dislocations occurred. The median operation time in the MOM-THR group was significantly longer (115 min (90-140)) than in the control group (70 min (55-100)). Despite the longer operation time there was no significant difference in intraoperative bleeding and the need for postoperative transfusion. Median stay in hospital: 6 days (4-8) compared to 8 days (5-17) in the control group.

CONCLUSION: Immediate intra- and postoperative complications in this series of MOM-THR did not occur more frequent than after traditional THA. We think these preliminary results are encouraging and will continue to carry out MOM-THR as part of a prospective randomized study.

Perioperative blood loss and complications in relation to periacetabular osteotomies.

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INTRODUCTION: Periacetabular osteotomy (PAO) is a major orthopaedic surgical procedure which may be associated with a significant blood loss and the need of allogeneic bloodtransfusion (AB). We have compared the perioperative blood loss of PAO's operated with two different surgical approaches – The modified iliofemoral (MI) and ilioinguinal approach (II)

MATERIAL AND METHODS: 82 PAO's in 70 patients (46 females; 24 males), with dysplastic hip joints, operated at Odense University Hospital between 2003 and Feb. 2006 using the MI or the II were included. These procedures were reviewed with primary focus on perioperative blood loss and operating time. Moreover, neurovascular complications and the need of AB were recorded.

Patients operated prior to 2003 using the classic Smith-Petersen approach (37), patients who underwent combined surgery at acetabulum and femur (12) and patients with missing data (22) were excluded.

RESULTS: The MI was used in 59 PAO's and the II in 23 PAO's. Average operating time in the MI group was 89 min (95% CI: 83-95) and in the II group 104 min (95% CI: 95-114), ($P=0.008$). Average intraoperative blood loss in the MI group was 558 ml (95% CI: 473-643) and in the II group 542 ml (95% CI: 392-693), ($P=0.85$).

The MI group had 1 case of major arterial bleeding and 27 cases (46%) of dysesthesia related to n. cut. femoris lat. None required AB. The II group had 1 case of arterial trombosis and 13 cases (57%) of dysesthesia related to n. cut. femoris lat. 1 patient received AB.

CONCLUSIONS: In this study no significant difference was found in intraoperative blood loss between the two different surgical approaches. The MI proved to be significantly faster than the II. We found no indication of differences in neurovascular complications and need of AB.

No correlation between Bone Mineral Density and migration of acetabulum after Ganz osteotomy.

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INTRODUCTION: At Ganz osteotomy the osteotomized acetabular fragment is reoriented after which two screws fixate the acetabular fragment. It is a plausible hypothesis that low Bone Mineral Density (BMD) results in poorer primary fixation of the screws which means that acetabulum migrates from the reoriented position when the patient starts weight bearing. Also, it is reasonable to assume that the changed biomechanics after Ganz osteotomy can change BMD in the acetabulum over time. We were interested in testing this and accordingly BMD was estimated by Dual Energy X-ray Absorptiometri (DEXA) and migration of the acetabular fragment was assessed by radiostereometric analysis (RSA).

MATERIAL AND METHODS: 26 dysplastic patients were examined by DEXA 2 weeks postoperatively. One year later DEXA was performed on 19 of those patients (17 females, 2 males of median age 41 years). In regard to the number of patients who had DEXA performed 2 weeks postoperatively as well as RSA after 6 months, we collected data for 23 patients (20 females, 3 males of median age 41 years). Data were tested by paired t-test and Pearson's correlation.

RESULTS: One year postoperatively, no significant changes in BMD in the acetabulum had taken place. BMD 2 weeks postoperatively was 1.633 g/cm², SD 0.448 and BMD one year postoperatively was 1.826 g/cm², SD 0.531, $p = 0.12$. Neither was there any correlation between BMD and migration of the acetabulum ($r = -0.13$, $p = 0.55$).

CONCLUSION: An increase in BMD in the medial part of the acetabulum is reasonable to expect after Ganz osteotomy as this part becomes heavier loaded. With the small number of patients included in this study we found no evidence for our initial hypothesis about a correlation between BMD and migration of the acetabulum.

Serious thromboembolic complications in patients undergoing total hip replacement. A prospective study.

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INTRODUCTION: The purpose of this study was to describe the number and time of onset of serious thromboembolic (TE) complications in an unselected population of total hip replacement (THR) patients within the first 90 postoperative days. And to find the possible risk factors to TE.

MATERIAL AND METHODS: Five hundred (430 primary THR and 70 revision THR) consecutive patients undergoing THR in Frederiksborg County, Denmark from January 2004 until May 2005 participated. Patients were followed prospectively for 90 days postoperatively.

RESULTS: 24 patients (4.8%) experienced at least one serious TE complication during the first 90 days after the operation. Two (0.4%) patients died in relation to the operation. Five patients (1.0%) had PE. One patient (0.2%) had AMI, 10 (2.0%) had DVT, two (0.4%) had RVT and four (0.8%) had TCI. Nine patients had their first event during the first five postoperative days – 15 patients had their first event after the 5th postoperative day. Logistic regression showed that a low preoperative haemoglobin ($p=0.009$) and a low platelet count ($p=0.016$) were significant predictors of high risk of TE. Primary arthrosis as compared to revision or other indications, was a protective factor ($p=0,022$) against the development of TE.

CONCLUSION: In conclusion this study clearly shows that total hip replacement still results in serious thrombotic complication. More effort in optimising the patients particularly those having preoperatively low haemoglobin and platelet counts should be done. Furthermore improved post-discharge care should be developed to reduce the risk of serious thromboembolism. In the future we need to be better to find the patients at risk before the operation, to optimise them and to keep the focus on them for a longer period than the sole in-hospital period.

High incidence of hemotoma and bleeding complications after early postoperative administration of arixtra (fondoparinux sodium) in patients operated with knee ligament reconstructions.

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INTRODUCTION: Recently the Danish reference program for knee ligament reconstructions have recommended medical tromboprophylactic treatment in patients with prolonged operation time or need for postoperative bracing. This study reports high incidence of severe hematoma and bleeding complications with usage of early postoperative (6-8 hour) administration of Arixtra (Fondoparinux sodium).

MATERIAL AND METHODS: In November 2005 a new regimen for tromboprophylaxis after knee ligament reconstructions was implemented in our department. Over 2 weeks 6 patients received Arixtra treatment with the first dose 6-8 hours postoperatively. The indications for Arixtra treatment was prolonged operation time in 2 patients and various multi-ligament reconstructions for the others.

RESULTS: Four of the 6 patients presented with of hematoma and bleeding complications (66 %). Three patients had severe intraarticular and subcutaneous hematomas with a severity not previously seen in our clinic. In one of these patients, a severe lateral hematoma was evacuated due to suspicion of infection. No positive cultures were found. One patient has extensive bleeding from the surgical wounds for two days postoperatively.

CONCLUSION: This study reports high incidence of severe hematoma and bleeding complications with usage of early postoperative (6-8 hour) administration of Arixtra. Our regimen was changed, after consulting MSD, to Arixtra administration 24 hours after surgery. A study with registration of bleeding complications with the new Arixtra administration regimen has been initiated. So far no patients have presented with severe hematomas or postoperative bleedings with the new regimen. We suggest that early postoperative Arixtra administration should be avoided after knee ligament reconstruction.

Hidden blood loss in hip fracture surgery.

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INTRODUCTION: Total blood loss has been shown to be higher than observed blood loss in elective hip and knee arthroplasty, but hidden blood loss has not been evaluated in hip fracture patients. The purpose of the present study was therefore to determine the total blood loss in hip fracture surgery and identify risk factors for increased blood loss.

MATERIAL AND METHODS: 546 consecutive hip fracture patients were studied prospectively. Total blood loss was calculated on the basis of haemoglobin difference - between admittance and the third postoperative day, number of transfusions and estimated blood volume. Linear regression was performed to identify independent risk factors for increased perioperative blood loss.

RESULTS: Total perioperative blood loss was calculated to be median 612, 1301, 1480 and 1861 ml in screws or pins, arthroplasty, DHS and IMHS respectively. Blood loss in excess of that observed during surgery varied from 547 (screws / pins) to 1473 ml (IMHS). Increased blood loss was significantly associated with medical complications ($p=0.02$) and increased hospital stay ($p<0.001$). Type of surgery ($p<0.01$), acetylsalicylic acid treatment ($p=0.02$), intraoperative hypotension ($p=0.002$) and GI bleeding / ulceration ($p=0.03$) were independently associated with increased perioperative blood loss.

CONCLUSION: Total blood loss after hip fracture surgery is much larger than observed intraoperatively and perioperative fluid and transfusion therapy should take this into account. Frequent postoperative measurements of haemoglobin are probably necessary to avoid anaemia. Future research should focus on methods to decrease total perioperative blood loss in order to improve patient outcome.

Fascia iliaca compartment block performed by pre-registration house officer as a supplement to pre-operative analgesia for patients with hip fracture.

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INTRODUCTION: The purpose of this study was to investigate the efficacy of pre-operative pain treatment for patients with hip fractures using fascia iliaca compartment block (FIB) technique performed by pre-registration house officer (PROH), as a supplement to i.v. morphine.

METHOD AND MATERIALS: The FIB technique has routinely been used pre-operatively in the emergency department since 1 January 2004 for all patients with hip fractures. Over a 6-month period 187 patients were treated. Of these cases the effect of FIB was assessed on 70 patients. The 70 patients were enrolled randomly, but were comparable with the overall group with respect to age, gender and fracture type.

Passive hip flexion as a pain measurement, sensory and motor blockades and simple verbal pain score were studied prospectively. No morphine was given the first 60 min. post-block. FIB was done with 40ml 1/4 lidocaine and 3/4 bupivacaine.

Eighteen different PROH's performed FIB.

RESULT: There was no correlation between improved hip flexion or reduction in pain and the number of FIB previously performed by the attending registrar. There was no correlation between the patient's morphine dose pre-block and the effect of FIB.

The mean pain-free hip flexion pre-block was 15°. This improved to a mean of 28° 15 min. post-block ($p=0.014$) and 37° 60 min. post-block ($p=0.030$).

The mean simple verbal pain score (0-4) pre-block was 2.2. This decreased to a mean of 1.5 15 min. post-block ($p<0.001$) and 1.3 60 min. post-block ($p=0.021$). No side effects were observed.

CONCLUSION: We conclude that FIB performed by PROH's is an efficient pre-operative supplement to analgesia for patients with hip fractures. FIB is easy to perform, requires minimal introduction, no expensive equipment and is accessed with a minimal risk approach.

Deep infection rate before and after the introduction of the Optimised Hip Fracture Programme.

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INTRODUCTION: The objective of the hip fracture program was to improve patient care and subsequently if possible reduce patient complications associated with hip fracture surgery. We studied the infection rate before and after the Optimised Hip Fracture Programme.

METHODS AND PATIENTS: In the Optimized Hip Fracture Program fracture pain was relieved by femoral nerve catheter from the admittance until the 4th postoperative day. Patients were allowed soft drinks with carbohydrates until two hours before surgery. Oxygen and nutrition therapy were obligatory. Transcutaneous nylon suture were replaced by intracutaneous absorbable suture. Information about deep infection was obtained from the medical record and the DOMUS Infection Registration System. Hip fracture patients admitted to Bispebjerg Hospital between January 1st and September 30th 2003 (traditional programme) and between November 1st 2003 and March 31st 2004 (optimised programme) were included.

RESULTS: Included in the study were 357 consecutive traditional treated patients (M/F-ratio: 85/272, median age M and F: 77.5 and 84.2 years) and 178 consecutive patients in the intervention group (M/F-ratio: 42/136, median age M and F: 76.9 and 83.7 years).

Within 12 months deep infection were observed in 6 patients (1.7%) and 1 (0.6%) patient in the control and intervention period, respectively, and 4 and 1 ended up with a Girdlestone status. Due to rupture of the fascia secondary suture had to be done in 2 patients (0.6%) in the control group and no patients in the intervention group (0%).

CONCLUSION: Introduction of the Optimised Hip fracture Programme did not increase the risk of deep infection or rupture of the fascia.

Microdialysis and Laserdoppler flow measurements in the femoral head of patients with dislocated femoral neck fracture.

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INTRODUCTION: In order to be able to choose the right treatment for the patient with a dislocated femoral neck fracture, we have hypothesized that lack of blood flow and development of ischemia might have influence on out-come of the osteosynthesis. In this study we have established microdialysis and laser Doppler measurement in patients with a dislocated femoral neck fracture.

METHODS AND MATERIALS: 4 patients with dislocated fractures of the femoral neck were osteosyn-thesised by using 2 cannulated screws. During the operation bloodflow was measured with laser Doppler in order to detect pulsatile flow. Microdialysis was performed in both the femoral head and in the great trochanter. The parameters measured were lactate, pyruvate, glucerol and glucose. For the lactate/pyruvate ratio a value over 25 is ischemic.

PRELIMINARY RESULTS: In all patients laser Doppler showed no pulsatile flow in the femoral head. This corresponds to the results from microdialysis where the lactate/pyruvate ratios measured were 41, 40, 25 and 29 in the femoral head. In contrast, no ischemia was shown in the greater trochanter where lactate/pyruvate ration were 18, 19 and 14 (due to technical difficulties a value for the first measurement in the trochanter is not available).

CONCLUSION: It seems that the level of perfusion and ischemia in the femoral neck can be established by laser Doppler and microdialysis. Further studies will show if laser Doppler can make microdialysis unnecessary as laser Doppler might be an easy procedure in the daily clinic.

Blood transfusion in primary THA in the county of Funen 1997 – 2004 Status and perspectives.

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INTRODUCTION: Blood transfusion after major surgery has several possible complications. There is a risk of blood born infections, of immunologic reaction to the blood products given and an increasing risk of postoperative infections and cancer due to immunologic suppression. The purpose of the present study was to investigate the development in blood transfusion and costs after total hip arthroplasty (THA) in Funen. **MATERIAL AND METHODS:** The Funen blood transfusion database was compared with F-PAS from the 3 THA centres in Funen. Our primary parameters are: Operation date, operation type (cemented, non cemented, hybrid), gender, age and number of blood transfusions per patient.

The price of one transfusion with SAG-M is about 851,- kr, and one BAC-test is about 221,- kr.

RESULTS: From 1997 until 2004 a total of 3518 patients was operated with primary THA, an increasing number from 285 in 1997 to 529 in 2004. The number of patients treated with blood transfusion decreased from 230 in 1997 (81 %) to 111 in 2004 (21 %). The cost for blood transfusions was reduced with approximately 2.000.000 kr. from 1997 to 2004.

CONCLUSION: A remarkable decline of patients treated with blood transfusion after THA, from 81 % in 1997 to 21 % in 2004 has been shown. Probably the largest part of this development is to be found in a change of behaviour in the centres, regarding transfusion. A systematic use of Cyclocaprone as fibrinolytic inhibitor was initiated in 2003, which explains a continued decrease.

Roentgen Stereophotogrammetric Analysis (RSA) of 10 porous coated uncemented TKA – A clinical and methodological pilot study.

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INTRODUCTION: RSA is a highly accurate measuring technique for revealing 3-dimensional movements (migrations) of prostheses. The aim of this study was to test the feasibility of our RSA-system in analysing tibial component migration after Total Knee Arthroplasty (TKA).

MATERIAL AND METHODS: 10 patients (M/F=2/8), mean age 67.7 (53-90) years with osteoarthritis of the knee were included in the study and operated on with insertion of an uncemented porous coated TKA (Duracon, Howmedica). Two-dimensional roentgen of the knee was performed postoperatively and at follow-up after 3, 6 and 12 months. Six patients had double examinations for test of reproducibility in x-ray procedures. RSA software (WinRSA ver. 4.0, Tilly Medical Products, Sweden) was used for semi-automatic measuring of relative segment motion (RM) of the tibial prostheses. Ten RSA radiographs were measured twice for measuring-reproducibility.

RESULTS: Mean translation from postoperatively to 12 months was 0.27 mm (range 0.05 – 1.51 mm). Mean rotations were all less than 1 degree. Calculated standard deviation (SD) from repeated examinations in 6 patients was 32 μ m and 0.18° for total translation and rotation respectively. Calculated SD in repeated analysis of 10 radiographs was 30 μ m and 0.13° for total translation and rotation respectively.

CONCLUSION: Our findings are in accordance with previous investigations, suggesting that our RSA measuring software and procedures are adequate in achieving high precision and accuracy. Micromotions of the tibia segment in uncemented porous coated TKA are decreasing considerably over the first year postoperatively.

Influence of flexion on periprosthetic BMD measurement in the tibia. A methodological study on knee implants using DEXA.

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INTRODUCTION: Bone quality is believed to be important for the success of joint prosthesis implantation. The assessment of periprosthetic bone density after total knee arthroplasty (TKA) may therefore be an important method of implant survival evaluation as RSA. Protocols for DEXA knee scans often suggest that the knee be positioned in full extension, but extension deficit often prohibits this leg position during the first postoperative week. This constitutes a problem since the baseline bone mass density (BMD) scan is performed in the first week after surgery.

MATERIAL AND METHODS: Using a Lunar Prodigy Advance DEXA scanner periprosthetic BMD was measured in 7 regions of interest in close relation to the tibia components fixed with bone cement in dry phantom bone. Two different stem designs were compared (Biomet Maxim wedge stem vs. I-beam stem). BMD measurements were repeated 5 times at every 5° of interval change in flexion from 0 degrees to 20 degrees of flexion. The position of the bone was secured in a clamp set up.

RESULTS: The precision error of the scanner was 1-2% (coefficient of variation of the mean BMD). BMD changed significantly between 10-15 degrees of flexion with the I-beam phantom. BMD changed significantly between 0-5 degrees of flexion with the wedge phantom.

CONCLUSION: This study underlines, that in order to obtain a reliable precision in prospective clinical studies when evaluating periprosthetic bone quality after stemmed knee implantation, positioning of the knee must be handled meticulously and in a standardized manner to avoid changes in bone density due to post-operative extension deficiency. We therefore advocate that scans are performed with the knee in a semi-flexed position, because this position can be obtained both in the early period after surgery and in later follow-ups.

The locked knee. A comparison of arthroscopy and Magnetic Resonance Imaging.

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INTRODUCTION: In the present study we investigated:

1. The association between MRI and arthroscopy in the clinically “locked knee”.
2. Whether unnecessary surgical intervention in some patients can be avoided based on these findings.

MATERIAL AND METHODS: The study consisted of 50 patients with a locked knee. All patients were submitted to MRI prior to arthroscopy. Following MRI and surgery, standardized forms were filled out, attempting to objectify the findings. The orthopaedic surgeon was not aware of the MRI result prior to surgery.

RESULTS: Evaluating MRI, all grade 3 meniscal lesions were considered able to cause a mechanical block as well as partial/total ACL-rupture. ACL-ruptures with an old appearance were not considered able to cause locking. Considering arthroscopy the golden standard, the following results were calculated:

Tabel 3

	PPV	NPV	Sens	Spec	chi2 p-value
Meniscal lesions	0,91	0,63	0,84	0,77	0,00005
ACL-rupture (total/partial)	0,63	0,88	0,83	0,72	0,0002

PPV = Positive Predictive Value

NPV = Negative Predictive Value

CONCLUSION: Despite the significant association between MRI and arthroscopy, the low NPV regarding meniscal lesions is unsatisfying considering the well-documented high prevalence of meniscal injuries in patients presenting with a locked knee. Thus, in 8 patients no pathology was found on MRI, which proved to be incorrect in 6 patients. Our results do therefore not support a diagnosis based solely on MRI-findings.

High prevalence of foot problems in the Danish population: - A survey on causes and associations.

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INTRODUCTION: In a recent population survey 70 % of the Danish population claimed to have had a musculoskeletal problem within the last year. The feet are the foundation of the locomotive system. Foot problems may be the reason for overuse and disuse injuries. An analysis of possible interactions may be decisive for future diagnostic, prophylactic and therapeutic policies.

MATERIAL AND METHODS: A detailed questionnaire was sent to 2100 randomly selected adults in Aalborg municipality. 1720 (82 %) fulfilled the questionnaire.

RESULTS: 510 (31 %) had an actual painful foot problem, which in 2/3 was re-strictive for daily activities. 10 % of the population claimed that they would be more physical active if they didn't have the foot problem. A total of 964 (56 %) had leg or low back pain. 203 had pain in the lower leg, 427 knee pain, 269 hip pain, and 644 low back pain. 2 % with pain in the lower leg claimed that the foot problem might be the reason. For knee pain, hip pain and low back pain the anticipated association was 13 %, 13 % and 9 % respectively.

CONCLUSION: This investigation confirms a very high prevalence of musculoskeletal pain in the Danish population and demonstrates that the prevalence of foot, leg or low back pain is 56 %. The prevalence of foot pain is about 30 %. 9-22 % suggests that a foot problem may be the reason for other pain conditions in the locomotive system. Therefore this investigation suggests screening for foot problems in case of pain in the locomotive system.

Ulnar shortening – a biomechanical evaluation of the fractional load changes in the wrist joints.

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INTRODUCTION: Ulnar shortening reduce pressure and thus relieve pain in the ulnocarpal joint. The wrist joint is loaded in compression not only while applying a proximally directed load on the hand but while carrying a load e.g. a handbag in the flexed fingers. The present study was designed to evaluate the pressure distribution in the radiocarpal (RCJ), the ulnocarpal (UCJ), and the distal radioulnar (DRUJ) joints with and without ulnar shortening and while applying a traction to the flexed fingers.

METHODS: The arm and forearm muscles except the flexor digitorum profundus (FDP) were excised in five cadaver arms. The tendons were fixed to the forearm bones with the fingers forming a claw. The distal ulna was fixed with a Mini-Orthofix® and bone was excised. The compressive forces at the wrist level were measured with three sensors (Tekscan®) inserted into the wrist joints. The clawed fingers were then loaded and unloaded three times with a one kilogram weight applied. This was repeated with the length of the ulna changed in steps of 1 mm from – 5 to + 5 mm.

RESULTS: The ratio of the moment arms of the FDP to the external load was 1:4. With the fingers unloaded hardly any pressure was registered. With the 1 kilo weight applied 30 N compressive forces were registered in the wrist divided with 70 % to the RCJ and 30 % to the UCJ. The pressure in the DRUJ changed at the same time from an average of 4 N in the unloaded hands to 0 N in the loaded. With decreasing length of the ulna the load share of the UCJ decreased from 33 % to 23 % with a minimum at -3 mm. With increasing length the share increased to 74 % at + 5 mm.

CONCLUSION: Traction in the fingers produces compression in the UCJ and RCJ. Reducing the length of the ulna with 3 mm relieves pressure in the UCJ with 30 %.

One-year follow-up on Oxford Unicompartmental knee prosthesis.

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INTRODUCTION: Osteoarthritis of the knee is a common problem. In most cases it begins in the medial compartment of the knee. The Oxford Unicompartmental knee prosthesis (OUKP) is an accepted method to treat anteromedial osteoarthritis. Our one-year results obtained with the OUKP are presented.

MATERIAL AND METHODS: Between August 2003 and February 2005 41 OUKPs were implanted in 41 patients. All were phase III implants, inserted by two senior surgeons.

At follow-up the patients were asked a simple questionnaire. The knee and functional score were calculated.

RESULTS: The mean patient age at the time of operation was 63,5 years (48-85 years) The mean knee and functional score before operation was 44 and 60 respectively. At follow-up one year post operative two patients did not participate. Two patients have had early revision because of persisting pain. The mean knee and functional score post operative was 91 and 88 respectively. 31 of 37 patients were satisfied or fully satisfied. Patients with a knee score below 70 were unsatisfied

CONCLUSION: Appropriate selection of patients and good surgical technique are the key factors to succes when using OUKP.

The cost effectiveness of unicompartmental knee arthroplasty compared to total knee arthroplasty in Denmark

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INTRODUCTION: During more than a decade a debate has been going on in the literature if and when to use unicompartmental knee arthroplasty (UKA). Many argue that UKA is not a choice because of the higher revision rate and much of the debate has included operational indications and if to centralize the operations or not. However, almost all discussions have been in the perspective of the hospital, so we therefore aimed at performing a cost effectiveness analysis of UKA compared to total knee arthroplasty (TKA) in a societal perspective in Denmark.

MATERIAL AND METHODS: A Markov model was used to simulate a cohort of patients receiving UKA or TKA and followed for 15 years. Risk data on mortality and revision rates was obtained from Statbank and Scandinavian Knee Arthroplasty Registers. Cost data was estimated using actual perioperative cost data from Holstebro Hospital from the year 2004 supplied with data from Husted et al, 2005 and March et al, 2002 regarding postoperative patient costs. Effect data was obtained from DKAR, 2004, Newman et al, 1998 and Brunenberg et al, 2005.

RESULTS: The model revealed that UKA dominated TKA being both less expensive and more effective. The UKA was on average DKK 13.809 cheaper per patient during a 15 year period with an additional gain in quality adjusted life year of 0.01. This result would give a total yearly saving in Denmark of DKK 6.9 millions if the current proportion of UKA was raised from 9% to 20%.

CONCLUSION: Even though the revision rate for UKA in the model was almost twice the rate of TKA the procedure was cost effective in a societal perspective and should be raised to the maximal number of patients fulfilling the operational indications. Change in procedure should include strict operational indications and some degree of centralization.

A comparison of clinical outcomes following either conventional or Fast-Track perioperative care for patient undergoing Unicompartment Knee Replacement (UKR).

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INTRODUCTION: This study compares UKR in a multimodal Fast-Track regime (FT) with a Conventional regime (C).

MATERIAL AND METHODS: The (FT) regime included a preoperative information meeting. Infiltration with Marcaine-adrenaline was used peroperatively in (FT). Postoperative pain in (FT) was treated with NSAID's and Paracetamol. (C) had an epidural pump for two or three days. Opioids were used in both groups in break-through pain. Patients were assisted to walk from day one, and were discharged when climbing two floors within 5 minutes.

RESULTS: A total of 40 consecutive patients from our department had either the (C) (n=23) or the (FT) (n=17) regime. The median length of stay was 1.5 days in (FT) and 5.6 days in (C). The knee score and the function score increased 56 and 33 points in (FT), 44 and 29 points in (C). The average VAS score four days postoperatively was 3.3 in (FT) and 3.5 in (C). 52 % of the patients from (C) had dysfunction in the lower limbs at day 0, none in (F-T). 83 % of (C) had micturition problems, 18 % in (FT). Total opioids in the first week was 111 mg (FT) and 153 mg (C). 53 % in (FT) and 48 % in (C) had nausea during hospitalisation. Patient's satisfaction was 65% in (FT) and 61% in (C).

CONCLUSION: Compared with (C), (FT) regime gives reduced length of stay and no higher readmission rate. Morbidity is similar in the groups.

Reconstruction of the medial patellofemoral ligament in patients with lateral instability of the patella.

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INTRODUCTION: Lateral dislocation of the patella will in approximately all cases lead to lesion of the medial patellofemoral ligament(MPFL). Other factors such as increased Q-angle, dysplasia in the patello-femoral joint, hyperlaxity and patella alta might increase the risk for patelladislocation. This study evaluated a consecutive series of patients with MPFL reconstruction with minimum 1 year follow-up.

MATERIAL AND METHODS: 29 Patients were operated in 2003 and 2004. 13/29 had previous patella stabilizing surgery. Indication for surgery: Patients with > 2 patella dislocations. MPFL reconstructions were supplemented with Trillat osteotomies in cases of abnormal Q-angle or patello-femoral joint dysplasia. Surgery: Isolated Gracilis tendon were pulled through drillholes in the proximal 2/3 of the patella. The two free tendonstrands are passed under the VMO aponeurosis to the medial epicondyle and fixed in a drillhole with an absorbable screw.

RESULTS: One patient was lost to follow up. 5/29 had Trillat procedure due patello-femoral dysplasia or increased Q-angle. No cases of redislocations were seen after one year. 6/28 patients complained of anterior pain at follow-up. All patients with anterior knee pain had grade 2-4 cartilage changes at surgery. In pain-free patients cartilage changes was seen in 10/22 cases. Two complications were observed. One patient had a superficial infection that needed revision surgery. One patient developed protrusion of the interference screw which was treated with screw removal.

CONCLUSION: Reconstruction of the medial patello-femoral ligament is a possible solution for patients with permanent lateral patella instability with no redislocation incidence at short term follow-up in this study. Residual anterior knee pain was associated with cartilage damage at surgery.

Treatment of isolated cartilage defects in the knee. A double blinded prospective randomised trial with periosteal cover of chondral defect +/- autologous chondrocyte implantation (ACI).

Micael Haugegaard, Lars Kondradsen, Tom Nikolaisen, Uffe Jørgensen
Ortopædkirurgisk afdelinger KAS Glostrup, KAS Gentofte,
Idrætssklinikken Fredrikssund, Privathospitalet Parken.

INTRODUCTION: Treatment of full-thickness cartilage defects is still a major challenge. ACI has been used in more than 25.000 patients but the effect of ACI still needs to be proven in randomised studies.

MATERIAL AND METHODS: 39 patients (age 19-56) with symptomatic ICRS grade 3-4 femoral chondral defects were treated from August 2001 to Nov. 2004. Surgery on all patients were performed identically (as described by Peterson) The randomly selected patients received either culture medium, or cultured chondrocytes (ACI), injected under the periosteal flap.

The patients were evaluated after international standards (ICRS) after 12 month and scheduled for further evaluation at 24 and 60 month. Biopsies were taken 12 month after implantation and analysed blinded by Sally Roberts and Pierre Mainil-Varlet. Patients, Surgeons and observers were blinded as to the presence or absence of cultured chondrocytes in the fluid injected under periosteal membrane.

RESULTS: We are presenting preliminary results after 12 month. One patient excluded. 29 biopsies analysed (33 by Mai 2006). 38 patients were scored according to ICRS standards.

The biopsies showed significantly more hyaline cartilage in the ACI group. The clinical results 12 month after surgery were not significantly different between the two groups of patients.

CONCLUSION: This is the first randomised study to show evidence of the effect of transplanting cultured autologous chondrocytes to cartilage defects in the knee

Idrætssklinikken ACL-database". Selected Results From 893 Consecutive Knee Joint Reconstructions.

Mogens Strange Hansen, Martin Lind, Michael Maul, Bent Lund, Svend Erik Christiansen, Bent Wulff Jakobsen.
Idrætssklinikken, Ortopædkirurgisk afd. E, Århus Sygehus THG

INTRODUCTION: In knees undergoing ligament reconstruction, meniscal and cartilage lesions are often found. We want to describe the relationship between meniscal and cartilage lesions found in knee joints after reconstruction of the anterior cruciate ligament.

MATERIAL AND METHODS: Data is drawn from a database consisting of 893 consecutive ligament reconstructions. Data was collected from the 25th of October 2001 until the 28th of June 2005.

RESULTS: 538 patients had an ACL reconstruction. The meniscal status was registered in 531 patients of which 56 % had meniscal injuries.

When the period from the initial ACL injury to the ACL reconstruction increased, a significant increased prevalence of meniscal injuries was seen. The cartilage status was registered in 531 patients of which 37 % had cartilage injuries. When the period from the initial ACL injury to the ACL reconstruction increased, a significant increased prevalence of meniscal injuries was seen.

The presence of a cartilage lesion predicted the presence of a concomitant meniscal injury.

CONCLUSION: When the time interval between the initial ACL injury and the ACL reconstruction increases, the risk of suffering from cartilage and meniscal injury increases

MØDER I FORBINDELSE MED FORÅRSMØDET 2006

DOS forårsmøde 18. – 19. Maj 2006 Radisson SAS H.C. Andersen Hotel Odense

Møder i forbindelse med Forårsmødet

Torsdag den 18. maj 2006

- 09:00-12:00 Dansk Selskab for Håndkirurgi:
”Håndtraumatologi - epidemiologi og klinik.”
- 09:30-11:00 **Forum for uddannelsesansvarlige overlæger**
(og andre med interesse for uddannelse)
Introduktion: Søren Overgaard
- 10:00-12:00 Dansk Fod- og Ankelkirurgisk Selskab
- 10:00-12:00 Dansk Selskab for Hofte- og Knæalloplastik kirurgi
DSHK generalforsamling og symposium om accelererede forløb
- 10:00-12:00 Dansk Ortopædkirurgisk Traumeselskab: Bestyrelsesmøde og symposium
- 10:00–12:00 Dansk Børneortopædisk Selskab
- 10:00-11:00 Ryginteressegruppen

Håndtraumatologi - epidemiologi og klinik

**Torsdag 18.5.2006 kl. 09:00 - 12:00
Radisson SAS H.C. Andersen Hotel Odense**

Program:

1. Håndens skader og epidemiologi. Doc. Hans-Erik Rosberg, Malmø
2. Data fra Ulykkes Analyse Gruppen. Søren Larsen, Odense
3. Replantationer. Tune Ipsen, Odense
4. Revision af referenceprogrammet vedr. Colles frakturer
Henrik Schrøder, Odense
5. Præsentation af efterårsmødet, Henrik Schrøder, Odense
6. Frie foredrag

*På bestyrelsens vegne
Pernille Leicht*

Symposium om accelererede forløb

I forbindelse med DOS mødet afholder DSHK et symposium om danske erfaringer med accelererede forløb til hofte- og knæalloplastik-patienter torsdag 18.05.06 kl. 10-11.30 –

fulgt af generalforsamling i DSHK fra 11.30-12.

Velkomst ved Christian Pedersen (moderator), (5 minutter).

Status i Danmark ved Henrik Husted – præsentation af undersøgelse i Sundhedsstyrelsens regi om variation i indlæggelsesvarighed i Danmark, indlæggelsesvarighedens betydning for morbiditet og mortalitet, kirurgisk volumens betydning for indlæggelsesvarighed og mortalitet, organisatoriske og faglige forskelle mellem afdelinger med kort versus lang indlæggelsesvarighed, patienttilfredshed ved korte versus lange forløb, (20 minutter).

Erfaringer fra accelererede forløb i Vejle

ved Per Kjærsgaard-Andersen, (15 minutter).

Erfaringer fra accelererede forløb i Hvidovre

ved Henrik Husted, (15 minutter).

Erfaringer fra super-accelererede forløb i Varde

ved Poul-Erik Søndergaard-Petersen, (15 minutter).

Spørgsmål fra salen til panelet af foredragsholdere

ved moderator Christian Pedersen, (15 minutter).

Afslutning, opsummering, fremtid

ved moderator Christian Pedersen, (5 minutter).

H.Husted

DOS medlemmer gøres opmærksom på at den 3. og endelige udgave af referenceprogrammet for primær hoftealloplastik kan læses på www.dshk.org og det er denne udgave der skal vedtages ved DOS's generalforsamling den 19. maj 2006 i Odense.

Dansk ortopædisk Traumeselskabs Generalforsamling

Medlemmer indbydes til Generalforsamling Torsdag den 18/5 2006 fra kl.10.00-12.00 i forbindelse med DOS forårsmøde i Odense.

Dagsorden:

1. Valg af Dirigent og Referant
2. Formandens beretning samt beretning fra diverse udvalg.
3. Forslag til ændringer og bestyrelsesmedlemmer til valg.
4. Godkendelse af fagbeskrivelse til ortopædkirurgisk traumatologi.
5. Indkomne forslag. Heriblandt DOTS hjemmeside.
6. Fremlæggelse af regnskab, betalingsmetoder og budget.
7. Nye tiltag i selskabet.
8. Evt

Nye medlemmer og interesserede er altid velkomne og kan kontakte Kasserer Charlotte Buck Gøttgen på E.mail:cbg@dadlnet.dk. eller Sekretær Søren W Rasmussen på E.mail:lilleswr@dadlnet.dk

Søren w Rasmussen

Dansk Børneortopædisk Selskab Generalforsamling og Medlemsmøde

Odense Kongres & Kulturcenter
Torsdag den 18. maj 2005 kl. 10:00 – 12:00

Generalforsamling:

- 1) Valg af dirigent
- 2) Formandens beretning
- 3) Udvalgsberetninger
- 4) Fremlæggelse af regnskab og budget til godkendelse
- 5) Fastsættelse af kontingent
- 6) Valg til bestyrelsen
- 7) Eventuelt

Medlemsmøde:

- 1) Kurt Simesen: Vaskulære malformationer og tumores
- 2) Diskussion af børneortopædi i regionsdannelsen
- 3) Eventuelt

Med venlig hilsen

Adam Hede



DANSK SELSKAB FOR ARTROSKOPISK
KIRUGI OG SPORTSTRAUMATOLOGI

Afholder:

8. Basiskursus i artroskopisk kirurgi

Tid: Tirsdag d. 30. maj – torsdag d. 1. juni 2006.

Sted: Panum Institutet, København.

Indhold: 3 dage med teori, undersøgelsesteknik og praktiske øvelser på kadavere med artroskopi og dissektion. Der er afsat 1 dag til teori, og 2 dage til praktiske øvelser.

Målgruppe: Yngre læger som sigter på en speciallægeanerkendelse i ortopædkirurgi. Der kan maksimalt optages 2 kursister pr. artroskopisk sjøle. Tildeling af pladser foregår efter princippet ”først til mølle”.

Undervisere: Danske speciallæger med stor erfaring i artroskopisk kirurgi.

Deltagerafgift: For medlemmer af SAKS: 1.700 kr. For ikke medlemmer af SAKS: 2.100 kr.

Tilmelding: Foretages on-line på SAKS’ hjemmeside, www.saks.nu. Tilmelding gælder fra betalingsdato, og sidste frist er 9. maj.

Kursusledelse: Overlæge Peter Lavard og overlæge Lars Blønd.

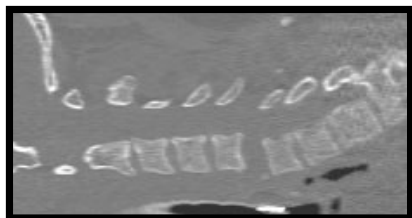
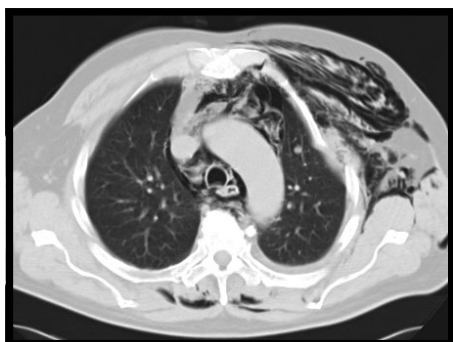
For yderligere information kontakt: Peter Lavard, ortopædkirurgisk afd. M, Bispebjerg Hospital, e-mail: bjpl@webspeed.dk.

3. Tværfaglige Traumekursus

28. - 29. september 2006

arrangeret af
Rigshospitalets
TraumeCenter

www.rh-traumekursus.dk



Yderligere oplysninger:

Sekretær Vibeke Dahl

tlf. 35 45 31 93

Afdelingssygeplejerske Inge Bitsch

Tlf. 35 45 80 06

Overlæge Annemarie B. Thomsen

tlf. 35 45 82 08

Overlæge Henrik Grønborg

tlf. 35 45 80 05

Formål: Kurset gennemgår den akutte undersøgelses- og behandlingsstrategi ved modtagelsen af den svært traumatiserede patient.

Målgruppe: Læger, sygeplejersker, radiografer, medicinstuderende, ambulancepersonale og andre med interesse for modtagelse og behandling af traumepatienter.

Form: Eksternatkursus med katedral undervisning suppleret med skill-stations, gruppearbejde og case-stories.

Sted: Rigshospitalets Auditorium 1, Blegdamsvej 9, 2100 København Ø.

Tilmelding: Kun per e-mail på adressen

rh.traumekursus@gmail.com

Program:

Se www.rh-traumekursus.dk

Kursusgebyr: 2.200,- kr. incl. kaffe, 2 x frokost og kursusmiddag.



H:S Rigshospitalet

Symposium

I relation til DFSG's (Diabetic Foot Study Group) møde i Helsingør
i september 2006 afholdes et regionalt, tværfagligt symposium:

Den diabetiske fod

– behandling og organisation

Onsdag den 13. september 2006, 10.00 -16.30

LO-Skolen, Helsingør

Der er bred international konsensus om at behandling af diabetiske fodproblemer er et tværfagligt anliggende, derfor er symposiet åbent og relevant for alle faggrupper, som er interesseret i behandling af diabetiske fodproblemer.



Diabetic Foot Study Group



Videncenter for Sårheling



Dermato-venerologisk afdeling

H:S *Bispebjerg Hospital*

Symposiet, der delvis foregår på engelsk, vil behandle disse emner:

Den diabetiske fod – et tværfagligt anliggende
Kirsten Larsen

Metabolisk regulation
Knut Borch-Johnsen

Off loading: Removable/non removable cast
David Armstrong

Diabetic foot infections
Sjef van Baal

Charcot Foot: diagnosis and treatment
Michael Edmonds

Ankelbrud og diabetes
Frank Linde

Diabetiske fodsår. Kirurgisk behandling
Per Holstein

Diabetiske fodproblemer. Kirurgisk behandling
Peter Basse

Organisation
Jan Apelqvist, Finn Gottrup, Rolf Jelnes

Hvert emne afsluttes med en diskussionsrunde.

Flere oplysninger og tilmelding:

www.dfsg.org