

DOS BULLETIN



NR. 3

APRIL 2004

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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

Michael Nielsen

Web-page

www.ortopaedi.dk

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DEADLINES FOR NÆSTE BULLETIN

ANNONCER: Fredag den 6. maj 2004

TEKST: Fredag den 21. maj 2004



DOS Forårsmøde 2004

**13. – 14. maj
Radisson SAS Scandinavia Hotel
i Århus**

Vi har, som traditionen byder, den kærkomne forpligtelse at være værter ved Dansk Ortopædisk Selskabs forårsmøde torsdag den 13. og fredag den 14. maj 2004. Netop maj er jo en herlig måned at mødes i med strålende solskin, nyudsprungne bøge osv. – således at vores sociale adfærd præges i retning af et lyst og åbent sind. Dette i kombination med ortopædkirurgisk videnskabelig udfoldelse vil også denne gang føre frem til et forhåbentligt på alle måder succesfuldt og kreativt ortopædtræf.

På vegne af alle læger ved Det Ortopædiske Center i Århus, byder jeg jer hjertelig velkommen.

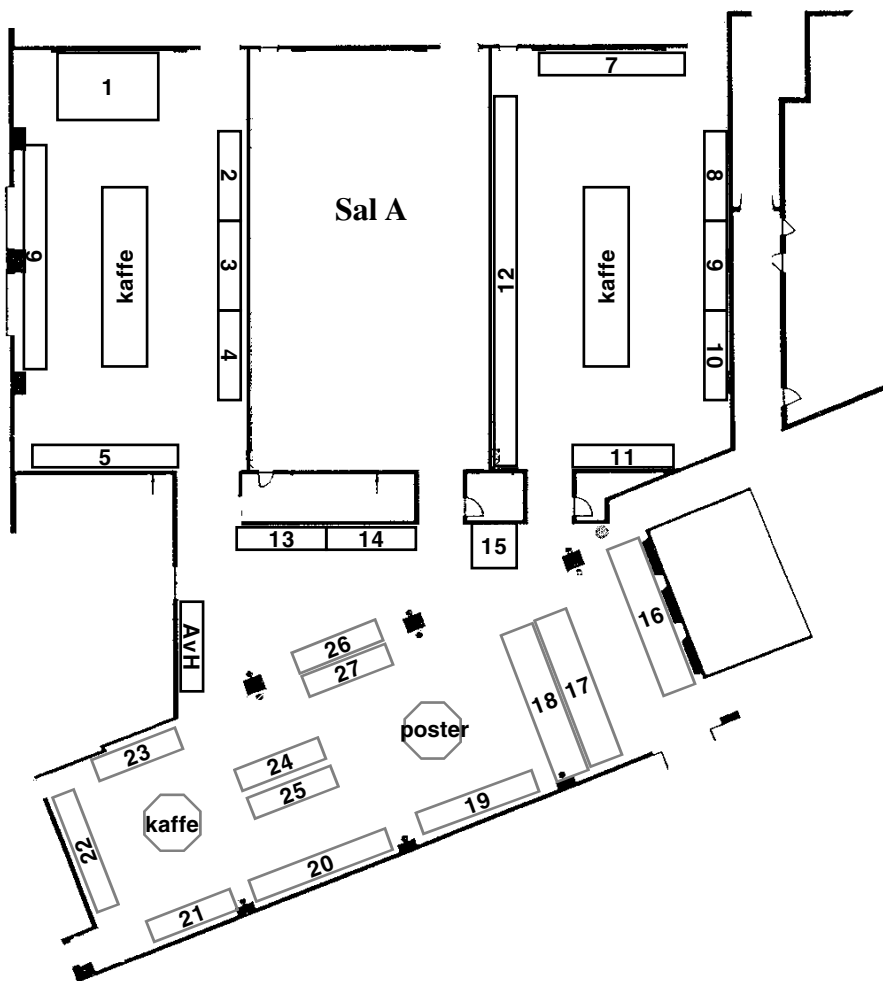
Otto Sneppen

Ledsagertur

Vi glæder os overordentligt til at se mange interesserede deltagere i dette års forårsmøde i Århus. Hvad angår ledsagerne er vi i år oppe mod så stor en mediebegivenhed, at vi må se os slået. Vi erkender således, at fredag den 14. maj for mange danskeres vedkommende er tilegnet prinsebrylluppet. Vi tilbyder derfor en fælles oplevelse af begivenheden på Radisson SAS Scandinavia Hotel, hvor der vil være en fjernsynsstue og blive budt på kaffe og kage. Vi håber ledsagerne vil nyde dagen på denne for vor nation så specielle dag.

Karsten Krøner og Bo Munk

Udstilling



Udstillere

<i>Udstiller</i>	<i>Areal</i>	<i>Stand nr.</i>
Aircast KB	1 x 3 m	26
Apgar Danmark A/S	1 x 3 m	9
Artek	1 x 6,5 m	18
B. Braun Medical A/S	1 x 3 m	14
Biomet Merck	3 x 4 m	1
Fischer Medical	1 x 3 m	2
Hemax Medical ApS	1 x 3 m	25
Implantec Medical	1 x 6 m	20
Jørgen Kruuse A/S	1 x 3 m	13
Karl Storz – Endoskopi Danmark A/S	1 x 3 m	10
KD Innovation A/S	1 x 3 m	23
KEBO CARE	1 x 6 m	7
MEDA A/S	1 x 3 m	24
Medtronic-ViCare AS	1 x 5 m	22
Nordic Medical Supply	1 x 6,5 m	17
Ortotech	1 x 4 m	11
Osmedic ApS	1 x 3 m	27
Ossano Scandinavia AB	1 x 3 m	8
Pro-Meduc A/S	1 x 3 m	3
Protosekompagniet	1 x 16 m	12
Sanofi-Synthelabo A/S	1 x 3 m	21
Smith & Nephew A/S	1 x 6 m	5
SSL Healthcare Danmark A/S	1 x 3 m	4
Stratec Medical A/S	1 x 5 m	19
Stryker Danmark	1 x 9 m	6
Zimmer Scandinavia	2 x 2 m	15
Zimmer Scandinavia	1 x 6,5 m	16

Programme

Room A	Room B
<i>THURSDAY 13TH MAY</i>	<i>THURSDAY 13TH MAY</i>
12:00 - 13:00 Lunch	
13:00 - 14:30 Arthrosis <i>Chairman Per Thomsen</i>	13:00 - 14:30 Trauma <i>Chairman Ole Brink</i>
14:30 - 15:30 Exhibition and coffee break	
15:30 - 16:30 DOS Honorary Lecture <i>Prof. dr. med. Søren Overgaard</i>	
19:00 - ? Galla Dinner	
<i>FRIDAY 14TH MAY</i>	<i>FRIDAY 14TH MAY</i>
09:00 - 10:30 Symposium: "Trombosepro- fylakse ved hofte- og knæallo- plastik" <i>DSHK</i>	
10:30 - 11:30 Exhibition and coffee break	
11:30 - 13:00 Basic Science <i>Chairman Finn B. Christensen</i>	11:30 - 13:00 Free papers and poster-session <i>Chairman Ivan Hvid</i>
13:00 - 14:00 Lunch	
14:00 - 17:00 General assembly	
15:00 - 15:30 Exhibition and coffee break	

Dansk Ortopædisk Selskabs Generalforsamling

Fredag den 14. maj 2004 kl. 14:00
Radisson SAS Scandinavia Hotel, Århus

Der indkaldes hermed til Generalforsamling med følgende

DAGSORDEN

- 1) Valg af dirigent
- 2) Formandsberetning
- 3) Uddannelsesudvalget
- beretning
- 4) Andre beretninger
 - a) Sundhedsstyrelsens tilforordnede i uddannelses-
spørgsmål
 - b) UEMS
 - c) NOF
 - d) DRG
 - e) NIP (Nationale Indikator Projekt)
- 5) Godkendelse af referenceprogram for knæalloplastik og
knænære osteotomier
- 6) Kassererens beretning
 - a) Regnskab
 - b) Kontingent 05
- 7) Valg
- 8) Dansk Ortopædisk Selskabs Fond
 - a) Regnskab
 - b) Tildelinger
- 9) Poster pris
- 10) Eventuelt

Bestyrelsen

Formandens beretning til generalforsamlingen i Dansk Ortopædisk Selskab den 14. maj 2004

Dansk Ortopædisk Selskab har i perioden maj 2003 til maj 2004 haft et år med store forandringer.

Det alt væsentligste har været gennemførelse af uddannelsesreformen i den nye speciallægeuddannelse.

Selskabet har kunnet glæde sig over, at der er tilkommet en række nye medlemmer som følge af de ændrede medlemskriterier i henhold til den sidste generalforsamlingsbeslutning.

Indmeldelser i selskabet online har også givet en betydelig forenkling af indmeldelsesprocessen. Vi ønsker velkommen til:

Klaus Jacobsen
Jesper Kabel
Michael Brix
Michael Ulrich Vinther
Frank Daborg
Ahsan al Maleh
Anne Marie Fenger
Per Møller Hansen
Berit Zippor
Brian Elmegård
Mette Ørskov Sjøland
Finn Eldon
Akbar T.Baboli
Bakhtyar Baram
Søren Kold
Shirzad Ghadami
Tine Nymark
Christian Færgemann
Jens Udo Knoke
Rene Paulsen
Vilhelm A. Engell
Stefan Hummel
Thomas Haller
Jens Kurt Johansen

Hanne Popp
Sanne D. Jensen
Morten Boesen
Tomasz Zimnicki
Muhammad Afzal
Finn Tranberg
Marianne Vestergaard
Maiken Møller-Pedersen
Minoca Back
Marc Jacob Strauss
Mohammad Mahmoud Adwan
Jan Bjørck
Thomas Lind-Hansen
Ole Rahbek
Anna Kathrine Prammning
Mikkel Attrup Rasmussen
Thomas Bender Hansen
Lonnie Frobeg
Henrik Eckardt
Claus Ol Hansen
Mette Marie Hornsleth
Lena Rohlen
Alma B. Pedersen

Dansk Ortopædisk Selskab har ved beretningsafslutningen således 738 medlemmer.

Vore medlemmer Troels Barfred, Svend Riemer og Ole Vibild afgået ved døden.

Der er ikke i løbet af året udnævnt æresmedlemmer.

Mødeaktivitet:

Selskabet har afholdt forårsmøde i Odense maj 2003 samt årsmøde på Hotel Scandinavia oktober 2003.

Bestyrelsen har imødeset den nye mødestruktur med stor spænding. Bestyrelsen har modtaget udelukkende positive tilbagemeldinger fra medlemmerne.

Den nye og mere symposieprægede form er en succes bedømt ud fra tilhøreantallet ved symposierne og bestyrelsen kan med tilfredshed konstatere, at de arrangerende specialeselskaber til fylde opfylder de kvalitetskrav, som har været stillet.

Det er således bestyrelsens klare opfattelse, at denne form er kommet for at blive. Dette gør, at de tilsendte abstracts meddelelsesmæssigt således må fremlægges delvist som poster og delvist som foredrag, afhængig af hvorledes det bedste mødeprogram kan sammensættes af bestyrelsen.

Til forårsmødet i Århus 2004 har vi for første gang anvendt elektronisk fremsendelse af abstracts. Den nye hjemmeside har muliggjort dette. Fremsendelsen i elektronisk form har fungeret upåklageligt, om end processen har været vanskeliggjort af medlemmernes manglende overholdelse af de tidsrammer, som er fastlagt.

Bestyrelsen har aldrig håndhævet disse tidsrammer med hård hånd, men dette vil givetvis blive nødvendigt i fremtiden.

DOS Honorary Lecture blev som professoral tiltrædelsesforelæsning afholdt ved forårsmødet af professor Jes Bruun Lauritzen, Bispebjerg Hospital.

Guidalforelæsningen ved årsmødet blev afholdt af Dr. Marc Garcia-Elias fra Barcelona med forelæsningen Carpal instability, efter indstilling fra Dansk Håndkirurgisk Selskab.

Det er bestyrelsens holdning, at de nyudnævnte professorer skal holde en tiltrædelsesforelæsning, for at de respektive forskningsområder skal belyses for at visualisere de nye professorers aktuelle interesser og forskningsområder for selskabets medlemmer.

De 2 afholdte møder har været velbesøgte, og det er med glæde, at vi kan konstatere, at cirka halvdelen af selskabets medlemmer deltagt.

Vore samarbejdspartnere fra industrien har som sædvanligt loyalt bidraget til at vore møder har fået karakter af en betydelig fremvisning af ny teknologi.

Bestyrelsen:

Bestyrelsen har afholdt 11 bestyrelsesmøder inkl. et internatmøde med Uddannelsesudvalget og yderligere et møde med de forskellige specialselskaber og fagområder.

Bestyrelsen har i tidsrummet bestået af:

- Erik Tøndevold, formand
- Søren Solgaard, næstformand
- Michael Nielsen, redaktør
- Klaus Hindsø, kasserer
- Bjarne Møller-Madsen, sekretær.

Bestyrelsen har internt lagt megen vægt på at få DOS' hjemmeside til at være mere brugervenlig, samt at den skal være et mere aktualiseret informationsmedie for medlemmerne. Dette synes at tilgodese et behov, idet der i løbet af 1 måned har været mere end 2000 besøgende på hjemmesiden.

Man kan nu både indmelde sig i selskabet, tilmelde sig møder og fremsende abstracts elektronisk.

Bulletinen:

DOS-Bulletinen udkommer med 6 numre per år. Det er med glæde, at bestyrelsen kan konstatere en betydelig interesse fra medlemmerne vedrørende arrangering af møder og kurser, også indenfor speciale- og fagområdernes område.

Bulletinens økonomi er god som følge af vore annoncørernes velvilje og støtte.

Som noget nyt er Bulletinen udlagt på hjemmesiden, hvor også medlemmerne kan indhente yderligere information af såvel fagpolitisk som praktisk karakter.

Dansk Ortopædisk Selskabs økonomi:

Dansk Ortopædisk Selskab har en sund økonomi. Året har ikke været præget af de store udgifter. Medlemskontingentet foreslås uændret. Den nye webside er drevet og produceret af vor kasserer uden vederlag.

DOS-fonden:

Der vil i år blive uddelt kr. 210.000, som i al væsentlighed vil blive uddelt til medlemmerne efter følgende kriterier:

1. Yngre medlemmer af selskabet, der udenlands skal præsentere egne arbejder og resultater.
2. Relevant kursusvirksomhed hos medlemmer i et uddannelsesforløb.
3. Øvrige ansøgninger.

Bestyrelsen forbeholder sig ret til at prioritere ansøgninger og også støtte visse aktiviteter, som skønnes af betydning for selskabets anseelse og fagets udvikling.

Uddannelsesudvalget:

Uddannelsesudvalget har i perioden bestået af:

Søren Overgaard, formand
Claus Hjorth Jensen, CME-ansvarlig
Michael Nielsen, bestyrelsens repræsentant
Karsten Thomsen, A-kursusansvarlig
Marianne Breddam, E-kursusansvarlig
Sajida Afzal, kursistrepræsentant
Micael Haugegaard, hovedkursusleder

Udvalget har udført et meget betydeligt arbejde, men har også haft den tilfredsstillende konstatering, at den målbeskrivelse, som er fremsendt til Sundhedsstyrelsen, nu er blevet godkendt.

A-kurser:

Der afholdes per år 10 A-kurser. Bestyrelsen har med glæde konstateret, at kvaliteten er god; evalueringsskemaerne viser, at der fortsat er mulighed for forbedring.

Den tidligere frygt bestyrelsen havde for, at hovedkursusleder ikke kunne fremskaffe delkursusledere som følge af Sundhedsstyrelsens økonomiske reduktion af honorar, har lykkeligvis ikke medført, at delkursuslederne har opgivet aktiviteten.

Bestyrelsen vil takke såvel hovedkursusleder som delkursusledere og også de medlemmer, som bidrager til uddannelsen af vore kommende speciallægekoleger.

E-kurser:

Der blev i 2003 afholdt 2 E-kurser:

1. Ultralydsundersøgelse af ortopædkirurgiske lidelser.
2. Current concepts in the treatment of injuries to the forearm axis.

Der planlægges 2 E-kurser i 2004.

Karsten Thomsen vil arrangere et kursus om vertebroplastikker og Per Kjærsgaard-Andersen om hoftealloplastikker.

Det er bestyrelsens mål, at der afholdes mindst 2 E-kurser per år.

Referenceprogrammer:

Selskabet har taget initiativ til at der i øjeblikket er 2 referenceprogrammer under udarbejdelse:

- Referenceprogram: Primær knæalloplastik og knæner osteotomier ved formand Henrik Schrøder.
- Referenceprogram: Ligamentskader i knæet ved formand Michael Krogsgaard.

Vi har i øvrigt fået en henvendelse fra Dansk Håndkirurgisk Selskab, som gerne vil lave et referenceprogram om behandling af scaphoideumfrakturer. Materialet er lavet, men skal tilrettes manualen for referenceprogrammer, som ligger på nettet.

Målbeskrivelsen:

Uddannelsesudvalget har færdiggjort målbeskrivelsen og denne er indsendt til Sundhedsstyrelsen. Målbeskrivelsen blev godkendt som den fremtidige uddannelsesplan indenfor det ortopædkirurgiske speciale uden større korrektioner.

Det er således med lettelse, vi kan konstatere, at den nye speciallægeuddannelses teoretiske del nu er på plads, men at der består et betydeligt arbejde i at få implementeret speciallægeuddannelsen i dens praktiske form.

Knæregistret:

Registret fungerer tilfredsstillende og der er sidste år indrapporteret ca. 3.700 knæalloplastikker. Dette svarende til en rapporteringsfrekvens på 95.

Hofteregistret:

Hofteregistret fungerer tilfredsstillende, idet der sidste år er indrapporteret ca. 7.300 hoftealloplastikker, hvoraf 1000 er revisioner. Rapporteringsfrekvensen er nær 100%, hvilket er tilfredsstillende.

Rekruttering:

I efteråret 2003 havde vi det seneste opslag om undervisningsstillinger. Der blev kun besat 4 af de 17 stillinger.

Bestyrelsen er meget bekymret over dette. Vi kan konstatere, at vi har et rekrutteringsproblem. Bestyrelsen må således opfordre samtlige undervisere og øvrige kolleger på afdelinger med undervisningsaktivitet til aktivt at rekruttere potentielle ansøgere.

I den fremtidige sygehusstruktur vil afdelingerne få en meget central plads, og der vil i fremtiden være 33½ kursusstillinger samt 67 introduktionslægestillinger i regionerne.

Bestyrelsen har planlagt forskellige tiltag for at få forbedret rekrutteringen til faget.

DRG-udvalget:

DRG-udvalget med Svend Østgaard som formand har afholdt en række møder med Sundhedsstyrelsen. Som bekendt startede man forfra for at

modificere DRG-systemet på en sådan måde, at DRG-taksterne afspejler reel kirurgisk aktivitet.

DRG-udvalget har holdt tæt kontakt med de respektive fagområder og denne fortsætter.

Det er bestyrelsens håb, at vi kan få et takstsystem, som afspejler reel kirurgisk aktivitet og påfølgende aktivitetsniveau i stedet for et system, som er præget af den mere sofistikerede, kreative bogføring.

Internordiske organisationer:

Bestyrelsen har holdt fællesmøde med bestyrelsen i de øvrige nordiske landes bestyrelser. Man har opnået en tæt og positiv kontakt for på den måde at forstærke det internordiske samarbejde.

Nordisk Ortopædisk Forening:

Der har fra Nordisk Ortopædisk Forenings side været forelagt et ønske om at Holland optages i NOF. Bestyrelsen er meget positiv overfor dette tiltag, idet hollænderne udgør et økonomisk og fagligt stort potentiale, som kan bidrage til en forbedring af Nordisk Ortopædisk Forenings faglige niveau.

Som ejer af *Acta Orthopaedica Scandinavica* har Nordisk Ortopædisk Forening vedtaget, at man i større grad vil støtte disputatsudgivelser i de respektive lande. Dette skal erindres, når tilskud skal søges.

Nordisk Ortopædisk Forening afholder et møde i Reykjavik på Island fra den 16. – 19. juni 2004. Programmet ser lovende ud.

DOS-fonden har støttet flere af de yngre deltagere, som skal præsentere egne arbejder, og vi opfordrer medlemmerne til at deltage.

Regionalisering:

Den nye sygehusstruktur med opdeling af landet er i sin begyndelse. Fagområderne og selskabet har været behjælpelig med at opstille egne bedømmere til bedømmelse af kvalifikationer ved overlægeansættelser. Bedømmernes navne kan ses på hjemmesiden.

Regionerne vil indenfor det næste år varetage uddannelsen og i øvrigt den faglige vurdering af kommende lægers faglige kvalifikationer inden ansættelse i hoveduddannelsesstilling. De lokale regionale råd for

lægelig videreuddannelse i de 3 regioner vil danne blokke, sådan at målbeskrivelsens kompetencekrav er opfyldt.

Selskabet må opfordre til at de kompetencer, som er anført i målbeskrivelsen, overholdes, samtidigt med man sikrer en nogenlunde ensartet uddannelses kvalitet hen over Danmark og i øvrigt i overensstemmelse med målbeskrivelsens kompetencekrav.

Bestyrelsen vil takke vore samarbejdspartnere indenfor industrien for godt samarbejde.

Bestyrelsen har haft megen glæde af den tætte kontakt til fagområderne og specialeselskaberne og det er bestyrelsens klare opfattelse, at vi står sammen med et fælles ønske, nemlig at gøre Dansk Ortopædisk Selskab til et forum for faglig udvikling i en enhed uden faglig konfrontation og uenighed.

Som afgående formand vil jeg takke selskabets medlemmer for al den velvilje, man har vist mig og samtidigt takke for den entusiasme og store velvilje, som selskabets medlemmer har udvist, når praktisk arbejde skulle udføres.

Jeg mener således, at selskabet er velfunderet med et stigende medlems-tal og en god økonomi, kombineret med en ajourført mødeaktivitet og programindhold, samtidigt med at den nye webside gør, at fremtiden i en ortopædisk enhed synes sikret.

Jeg vil således takke for at jeg har fået lov at repræsentere selskabet i 2 år.

Min efterfølger vil jeg ønske lykke til i vedkommendes bestræbelser på at opretholde enheden i dansk ortopædi, samtidigt med at regionaliseringen gennemføres.

Erik Tøndevold

Formandens skriftlige beretning for Dansk Ortopædisk Selskabs Uddannelsesudvalg, Generalforsamlingen d. 14. maj 2004, Århus

I forbindelse med sidste generalforsamling afgik *kursist-repræsentant Lars Solgård*, i stedet blev Sajida Afzal indvalgt. Udvalget konstituerede sig herefter:

Søren Overgaard, formand og ansvarlig for målbeskrivelser

Karsten Thomsen, A-kursus-ansvarlig

Claus Hjorth Jensen, CME-ansvarlig og UEMS-repræsentant

Marianne Breddam, E-kursus-ansvarlig

Michael Nielsen, bestyrelsesrepræsentant

Sajida Afzal, kursist-repræsentant

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

Udvalgets arbejde har koncentreret sig omkring følgende hovedområder:

- 1) Den kommende speciallægeuddannelse**
- 2) A-kurser**
- 3) E-kurser**
- 4) Beskrivelse af fagområderne**
- 5) Rekruttering**
- 6) CME**

1) Den kommende speciallægeuddannelse:

Målbeskrivelse for den nye speciallægeuddannelse blev i efteråret 2003 godkendt af Sundhedsstyrelsen. Herefter var bolden givet videre til de tre Videreuddannelsessekretariater placeret i henholdsvis region Nord, Syd og Øst. Hvert sekretariat har nedsat en et lokalt ”ortopædi-udvalg”, der har haft til formål at placere og udarbejde uddannelsesforløb og uddannelsesprogrammer for introduktions- og hoveduddannelsen. Forløbene er udarbejdet på grundlag af lokale forhold med det formål, at den uddannelsessøgende efter endt uddannelsesforløb skal opfylde målbeskrivelsens minimumskompetencer.

Vi har tillid til at de tre regioner har planlagt gode forløb, således at den uddannelsessøgende i ortopædkirurgisk hoveduddannelse kan reklamere

for vores speciale samtidig med at vi får nogle tilfredse og kompetente speciallæger uddannet. Det ligger ikke under vores kompetenceområde at indgå i diskussion af de planlagte forløb. Afdelingerne, uddannelsessekretariatene og sidste instans Sundhedsstyrelsen har ansvaret for uddannelsesforløbene.

Planlagt antal uddannelsesforløb per år, bestemt af Sundhedsstyrelsen

Forløb	Nord	Syd	Øst	Totalt DK
Intro-uddannelse	21	18	28	67
Hoveduddannelse	10,5	9	14	33,5

Antal hoved-uddannelsesforløb matcher det tidligere tal på 32, mens antallet af introduktionsstillinger er væsentligt nedsat. Antallet af introduktionsstillinger skal ses i forhold til, at der ikke længere eksisterer side-uddannelse, men kun fokuserede ophold, samtidig med at mange introduktionsstillinger ikke har været besat eller er blevet anvendt til andet formål end planlagt.

De første stillinger er i skrivende stund endnu ikke slået op, men planen er at de skal kunne besættes til efteråret.

Uddannelsesudvalget ser frem til at den nye speciallægeuddannelse iværksættes. De første speciallæger vil være færdigudklækket efter 48 måneder.

2) A-kurser

Der foregår løbende tilpasning af A-kurserne med henblik på at dække alle fagområder så godt som muligt. Der er derfor foretaget mindre justeringer på flere af kurserne.

Vi vil gerne takke alle delkursusledere (A-kurser og færdighedskurset), for deres store arbejde med dette og ikke mindst vil vi også takke alle underviserne.

A-kurserne kaldes for fremtiden de speciale-specifikke kurser. Der er ikke planlagt væsentlige ændringer af disse.

3) E-kurser

Der har i det forgangne år været afholdt to E-kurser: 1) Kursus i ultra-lydsundersøgelse af ortopædkirurgiske lidelser og 2) Current concepts and injuries to the forearm axis.

I betragtning af at der afholdes mange andre kurser, kongresser og to DOS-møder årligt, har selskabet fundet det passende indtil videre med to årlige E-kurser.

4) Beskrivelse af 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. Enkelte af fagområderne har arbejdet med målbeskrivelser.

I forbindelse med at Sundhedsstyrelsen har ønsket udpeget fagspecifikke personer til bedømmelse af ansøgere til overlægestillinger, har vi fundet det væsentligt at hvert fagområde beskrives.

Der er derfor udarbejdet en vejledning til beskrivelse af fagområderne, der er sendt til fagområdernes kontaktpersonerne/formænd efter aftale på internatmøde mellem fagområderne, uddannelsesudvalget og bestyrelsen. Formålet er at få beskrevet og afgrænset fagområderne, og herudover at få defineret kravene til uddannelsen. Desuden beskrives hvilke kompetencer speciallægen skal være i besiddelse af i forbindelse med varetagelse af funktion indenfor det pågældende område.

Beskrivelsen skal kunne anvendes af den uddannelsessøgende, den uddannelsesgivende, og af bedømmere i forbindelse med vurdering af ansøgere til overlægestillinger/speciallægestillinger indenfor specifikt fagområde.

5) Rekruttering. Vi har desværre oplevet et historisk lavt ansøgerantal til de sidste uddannelsesstillinger efter den gamle ordning. Uddannelsesudvalget har sammen med bestyrelsen diskuteret mulige tiltag for skabe et bedre grundlag for rekruttering til vores speciale og forventer at iværksætte flere tiltag. Der henvises til andet indlæg i denne Bulletin.

6) 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-ansvarlige. Akkrediteringskatalog kan findes på hjemmesiden.

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

*Søren Overgaard
Formand for Uddannelsesudvalget
DOS*

Valg

Ved DOS Generalforsamling 2004 afholdes valg:

Bestyrelse:

Formand Erik Tøndevold er på valg - kan ikke genvælges.
Bestyrelsen indstiller Søren Solgaard til ny formand.

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

Sekretær Bjarne Møller-Madsen er på valg – ønsker genvalg.
Bestyrelsen indstiller til genvalg.

Uddannelsesudvalg:

Karsten Thomsen er på valg - kan ikke genvælges.
Bestyrelsen og uddannelsesudvalget indstiller
Finn Bjarke Christensen.

Nye kandidater kan tilmeldes i henhold til vedtægterne.

Thursday, May 13th 2004
13:00-14:30 Room A

Arthroplasty
Chairman: Per Thomsen

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Pelvic orientation and assessment of hip dysplasia in adults. <i>Steffen Jacobsen, Stig Sonne-Holm, Kjeld Søballe, Bjarne Lund, Thomas Kiær.</i>	41
Prospective bone density changes after periacetabular osteotomy measured at the acetabulum by CT and stereology. <i>Inger Mechlenburg, Jens R Nyengaard, Lone Rømer, Kjeld Søballe.</i>	42
Biological response after THA using three different bearings. A randomised prospective study. <i>Marianne Nygaard, Folmer Elling, Lone Bastholm, Kjeld Søballe, Arne Borgwardt.</i>	43
Femoral bone mineral density (BMD) after cemented THA using three different bearings. A randomised prospective study. <i>Marianne Nygaard, Bo Zerahn, Kjeld Søballe, Arne Borgwardt.</i>	44
DEXA-scanning for detection of osteolytic lesions around cementless acetabular components in total hip arthroplasty. A new method applied on ten human cadavers. <i>Mogens B. Laursen, Poul T. Nielsen and Kjeld Søballe.</i>	45

Thursday, May 13th 2004
13:00-14:30 Room A

Arthroplasty (cont.)
Chairman: Per Thomsen

	<i>Side</i>
Revision hip arthroplasty with the proximal press-fit S-ROM stem. 4-7 years follow-up of 50 consecutive cases. <i>Thomas Falstie-Jensen, Harri Gudmundsson, Poul Hedevang Christensen, Poul Torben Nielsen, Ulf Lucht, Kjeld Søballe and Per Kjærsgaard-Andersen.</i>	46
The effect of concentrated bone marrow aspirate on fixation of implants grafted with bone allograft or ProOsteon. <i>Dea Mathiesen, Thomas Bo Jensen, Brian Elmengaard, Joan E Bechtold & Kjeld Søballe.</i>	47
Multimodal Intervention after primary hip arthroplasty, a randomised study. <i>Mette Krintel Petersen, Conny Madsen, Kjeld Søballe.</i>	48
Proximal tibial osteotomy performed with external fixator and hemicallotasis. <i>Jeannette Østergaard Thomsen and Jens-Erik Varmarken.</i>	49
Quality study of 11 patients who had a upper tibia open-wedge osteotomy (Arthex) on the hospital of Nykøbing Falster. <i>Michael Th. Langergaard, Jesper Rønnebech.</i>	50

Thursday, May 13th 2004
13:00-14:30 Room B

Trauma
Chairman: Ole Brink

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Optimized hip fracture program – reduced hospital stay. <i>Jes Bruun Lauritzen, Birgit Villadsen, Susanne Juhl Pedersen, Henrik L. Jørgensen, Benn Duus & BBH Hip Fracture Group.</i>	51
The National Indicator Project for hip fractures(NIP). Quality of data collection. <i>Kjeld Hougaard, Hanne Mainz and Rikke Tagesen.</i>	52
Colles fracture treated with non-bridging external fixation, 1 year after. <i>Janne Kainsbak Andersen, Michael Toft Væsel, and Johnnie Gantov.</i>	53
The initial requirement for specialist's assistance of the severely injured patient. <i>Ole Brink, Kjeld Hougaard.</i>	54
Days lost through sickness (DLTS) in 101 patients after commotio cerebri. <i>Mikkel Mylius Rasmussen, Dorte Aarup Clemmsen, Steffen Skov Jensen.</i>	55
Severely injured. Are mentally or physically disabled at risk? <i>Kjeld Hougaard and Ole Brink.</i>	56

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13:00-14:30 Room B

Trauma (cont.)
Chairman: Ole Brink

	<i>Side</i>
Taekwondo Injuries, Denmark 1998-2001. <i>Lise Kolby, Mette Hvilshøj Fabricius, Søren Larsen, Morten Blomgren Andersen and Søren Overgaard.</i>	57
Bicycle workload distribution and technique after reconstruction of the anterior cruciate ligament. <i>Damir Obad, Kristian Larsen & Torben Bæk Hansen.</i>	58
Long term result of arthroscopic meniscal repair 3 - 11 years follow-up. <i>Carsten Bo Perlick, Bent Wulff Jakobsen.</i>	59

Thursday, May 13th 2004
15:30 – 16:30 Sal A

DOS Honorary Lecture

Professor, overlæge dr.med. Søren Overgaard

*“Bone graft substitutes in Orthopedic Surgery
- from plaster of Paris to stem cells –“*



Friday, May 14th 2004
09:00 – 10:30 Sal A



Symposium DOS forårsmøde

Tromboseprofylakse ved hofte- og knæalloplastik.

**Hvilke præparater kan vi bruge samt hvilke bør ikke anvendes?
Hvor lang tid skal vores patienter behandles?
Hvad er effekten af kompressionsstrømper?
Hvad er der evidens for i 2004?**

Arrangør:

**DOS & Dansk Selskab for
Hofte- og Knæalloplastik Kirurgi**

Moderator: Overlæge, dr. med. Ulf Lucht, Århus Sygehus

09.00 - 09.05 Indledning

Per Kjærsgaard-Andersen

09.05 - 09.35 Tromboseprofylakse ved hofte- og knæalloplastik

Jørn Dalsgaard Nielsen

09.35 - 10.05 Tromboseprofylakse ved hofte- og knæalloplastik

Michael Rud Lassen

14.05 - 14:30 Paneldiskussion

Ulf Lucht

Friday, May 14th 2004
11:30 – 13:00 Room A

Experimental Orthopaedics
Chairman: Finn Bjarke Christensen

	<i>Side</i>
Collagen Synthesis in Human Tendon and Ligament. <i>M Krogsgaard, H Langberg, J Babraj, K Smith, MJ Rennie and M Kjær.</i>	60
RGD peptide coating stimulates bone ongrowth to weight-bearing orthopaedic implants. <i>Brian Elmengaard, Morten Foss, Mogens Duch, Finn Skou Pedersen, Flemming Besenbacher, Joan E. Bechtold, Kjeld Søballe.</i>	61
Locally delivered TGF-Beta1 and IGF-1 enhances mechanical fixation of titanium implants. <i>Anders Lamberg, Brian Elmengaard, Morten Foss, Mogens Duch, Jeanette Justesen, Gerhard Schmidmaier, Finn Skou Pedersen, Flemming Besenbacher, Kjeld Søballe.</i>	62
Gene-expression screening of bone-marrow mesenchymal stem cells on biocompatible metallic surfaces by microarray analysis. <i>Maik Stiehler, Haisheng Li, Anette Baatrup, Morten Foss, Flemming Besenbacher, Mogens Kruhøffer, Torben F. Ørntoft, Moustapha Kassem, Martin Lind, Cody E. Bünger.</i>	63
High Resolution AFM Imaging of Intact and Fractured Trabecular Bone. <i>Tue Hassenkam, Georg E. Fantner, Jacqueline A. Cutroni, James C. Weaver, Daniel E. Morse, and Paul K. Hansma.</i>	64

Friday, May 14th 2004
11:30 – 13:00 Room A

Experimental Orthopaedics (cont.)
Chairman: Finn Bjarke Christensen

- | | <i>Side</i> |
|---|-------------|
| Pharmacokinetics of Gentacoll investigated by in vivo microdialysis. An Experimental study.
<i>Stolle LB , Arpi M , Holmberg-Jørgensen P, Riegels-Nielsen.P & Keller.J.</i> | 65 |
| Comparison of three different hydroxyapatite coatings in an unloaded implant model.
<i>Daugaard, H; Elmengaard, B;Bechtold, J E, Søballe, K.</i> | 66 |
| Topically applied bisphosphonate prior to implant insertion with in situ bone compaction increases non-vital bone implant contact and peri-implant non-vital bone density.
<i>Thomas Jakobsen, Søren Kold, Joan E. Bechtold, Brian Elmengaard, Kjeld Søballe.</i> | 67 |
| Short-term Alendronate Treatment does not Maintain a Residual Effect on Bone Ingrowth into Porous Tantalum Interbody Implant and Carbon Fiber Cage after Treatment Withdrawal: An experimental study on spinal fusion in pigs.
<i>Xuenong Zou, Haisheng Li, Qingyun Xue, Ming Ding, Martin Lind and Cody Bünger.</i> | 68 |

Friday, May 14th 2004
11:30 – 13:00 Room B

Free Papers and Poster session
Chairman: Ivan Hvid

Free Papers:

	<i>Side</i>
Bracing with head-control in spastic tetraplegic patients. <i>Stig Sonne-Holm, Kirsten Jacobsen, Birgit Knudsen, Mette Zeemann Søren Anker and Tom Busk-Clausen.</i>	69
No signs of loosening of Copeland humeral resurfacing arthroplasty in OA and RA patients. A short-term clinical and radiological follow-up study. <i>Morten IP Boesen, Claus Hjorth Jensen.</i>	70
Correction of clubfeet relapse using the Ilizarov method. <i>K. Stenild Christensen.</i>	71
Examination techniques for diagnosing iliotibial friction syndrome (runners knee) – Reliability and validity compared to ultrasound examination. <i>Per Hölmich, Kristoffer D. Dalsgaard, Reimer S. Hansen, Morten Lourcing, Michael Bachmann Nielsen.</i>	72
The patellar tilt test – Examination techniques for patellar tendinopathy (Jumper’s knee) – Reproducibility and validity compared to ultrasound. <i>Kristina M. Mollerup, Brian Wang Pedersen, Michael Bachmann Nielsen & Per Hölmich.</i>	73

Friday, May 14th 2004
11:30 – 13:00 Room B

Free Papers and Poster session (Cont.)
Chairman: Ivan Hvid

Poster session :

	<i>Side</i>
Incidence of total hip arthroplasties and revisions in Denmark between 1996 and 2002 and estimated future demands. <i>Alma B. Pedersen, Søren P. Johnsen, Søren Overgaard, Kjeld Søballe, Henrik T. Sørensen and Ulf Lucht.</i>	74
Procedure of femoral nerve catheter for pain relief in hip fracture patients and early experiences. <i>Finn Molke Borbjerg, Bente Dyrlund Pedersen, Birgit Villadsen, Susanne Juhl Pedersen, Benn Duus, Jes Bruun Lauritzen & BBH Hip Fracture Group.</i>	75
Femoral nerve block catheter and adjuvant use of opioids in hip fracture patients. <i>Susanne Juhl Pedersen, Finn Molke Borbjerg, Bente Dyrlund Pedersen, Birgit Villadsen, Benn Duus, Jes Bruun Lauritzen & BBH Hip Fracture Group.</i>	76
Subtalar arthroscopy with a new set up. <i>Johnny Frøkjær, Palle Bo Hansen, Jens Ulrik Wester, Christian Ulrik Maegaard.</i>	77
Shortening following mid-shaft fractures of the clavicle. <i>Steen L. Jensen, Bo S. Olsen, Jens Bonde-Petersen, Gorm S. Nielsen.</i>	78

Friday, May 14th 2004
11:30 – 13:00 Room B

Free Papers and Poster session (Cont.)
Chairman: Ivan Hvid

Poster session :

	<i>Side</i>
Prognosis after operative treatment for bone metastases in the pelvis and extremities. <i>Bjarne H Hansen, Johnny Ø Keller, Peter H Joergensen.</i>	79
Artificial cartilage cup ACC 1000 tested in an in vitro mammalian cell gene mutation test using mouse lymphoma cells. <i>Sune Lund Sporning, Klaus Bechgaard, Jes Bruun Lauritzen and Spacer Implant Research Group.</i>	80
Effects of Osteoprotegerin Treatment on Healing Fractures. <i>Michael Ulrich-Vinther, Kjeld Søballe, Troels T. Andreassen.</i>	81
Wear and Friction Studies of ACC1000 Artificial Cartilage Implant Material. <i>Povl Brøndsted, Jakob Ilsted Bech, Tom Løgstrup Andersen.</i>	82
Anterior lumbar interbody fusion with tantalum-coated carbon-carbon composite cage. <i>Haisheng Li, Xuenong Zou, Chalotte Woo, Ming Ding, Martin Lind, Cody Bünger.</i>	83



Leder

Minimal invasive surgery (MIS) ved total hoftealloplastik.

Den nye trend ved såvel almenkirurgiske indgreb som ved ortopædkirurgiske operationer er den såkaldte Minimal Invasive Surgery, og emnet har været grundigt omtalt for nylig i Ugeskrift for Læger. MIS markedsføres nu intensivt, og har også fundet plads på registreringsskemaerne til Dansk Hoftealloplastik Register, og må således formodes at have en vis udbredelse. Teknikken kan anvendes både som én-incisions og to-incisions teknik, uden at det dog er defineret nøjere, hvad to-incisions teknikken indebærer udover et mindre snit. Dansk Selskab for Hofte- og Knæalloplastik (DSHK) har netop udsendt en advarsel mod ukritisk anvendelse af to-incisionsteknikken (se www.dshk.org), idet der endnu ikke findes randomiserede undersøgelser, der dokumenterer denne metodes fordele og ulemper.

MIS konceptet med én eller to incisioner er ikke blot små snit, men en atraumatisk teknik, hvor man forsøger at bevare så meget af muskulatur, kapsel m.v. som muligt, for dermed at opnå en hurtigere rehabilitering. Metoden lanceres som en del af det accelererede patientforløb, som indebærer en række andre tiltag, herunder information og træning i hold (Joint Care), optimal smerte- og kvalmebehandling, mindsket blodtab, tidlig mobilisering m.v. Alle disse andre tiltag må hilses velkomne, og er også i et vist omfang dokumenterede, men det er en ændring af den kirurgiske teknik ikke. Det er derfor glædeligt, at en række afdelinger har sat sig for at undersøge teknikken i et randomiseret design.

Dansk Ortopædisk Selskab har ved sit konsensumøde i 1995 besluttet, at ingen ny proteseteknologi bringes i anvendelse, før der foreligger solid dokumentation herfor, eller såfremt patienterne efter informeret samtykke deltager i et godkendt videnskabeligt forsøg. Helt tilsvarende betragtninger bør gælde, dersom man anvender en helt ny operativ teknik.

Den totale hoftealloplastik er en god operation med få komplikationer og en tilfredsstillende langtidsholdbarhed. Disse resultater må ikke sættes overstyr af en ny eksperimentel teknik.

Bestyrelsen skal derfor støtte DSHK's advarsel mod ukritisk anvendelse af de nye teknikker, før der foreligger resultater fra de planlagte og protokollerede undersøgelser.

*På bestyrelsens vegne
Søren Solgaard*



Rekrutteringskrise - indenfor ortopædkirurgien ?

Problemet

I efteråret 2003 havde vi det sidste opslag af undervisningsstillinger efter den gamle ordning. Ansøgerskaren var historisk lille. Kun 4 ud af 17 stillinger blev besat!!

Dette har, samtidig med at den nye speciallægeuddannelse træder i kraft, betydet at nogle universitetsafdelinger kommer til at mangle læger i speciallæge-uddannelsesforløb i de næste 3-4 år.

Bestyrelsen og Uddannelsesudvalget har diskuteret, hvorfor ansøgerskaren var så lille. En af forklaringerne kan være, at de uddannelsessøgende har ønsket at udskyde speciallægeuddannelse til den nye træder i kraft, for derved at undgå et års sideuddannelse i parenkymkirurgi. En anden forklaring kan være de små årgange. Vi ved, at andre specialer havde mange ansøgere til deres stillinger og ikke havde problemer med at få besat dem. Vi må derfor konkludere, at vi med de gældende præmisser har et rekrutteringsproblem.

Væsentlige faktorer for rekruttering

Uddannelsesudvalget og Bestyrelsen har diskuteret, hvad vi kan gøre for at rekruttere flere læger til specialet. Der er enighed om at grundlaget for at rekruttere ligger på afdelingerne. Herudover er det vigtigt at erkende, hvornår rekrutteringsmuligheden er tilstede. Allerede på studenterniveau kan interessen vækkes og herefter er det vigtigt at engagere speciale-interessererede læger under turnus-uddannelsen og ikke mindst i introduktionsstillingen.

I en uddannelsesenquete, publiceret i Ugeskrift for Læger i 2001, omkring faktorer med indflydelse på specialevalg, var forventninger til egne evner næst efter specialet lægefaglige indhold den væsentligste faktor. Det er derfor vigtigt, at de læger der tidligt i uddannelsen giver udtryk for at ville uddanne sig indenfor kirurgien får mulighed for at

”komme til fadet”. Studenterne kan også have stor fornøjelse af at udføre mindre procedurer under en operation.

For at vække interessen for vores fag prægraduat, er det vigtigt, at der bliver leveret en god undervisning, der opfylder målbeskrivelsen. Det er også vigtigt, at de studerende føler sig velkomne i vores afdelinger, og får introduktion til specialets mange facetter.

En god stemning, et godt miljø og en god kultur i afdelingen er overordentlig vigtige områder for at nyansatte kan motiveres for vores fag. Det er vigtigt, at man fra afdelingens top = den ledende overlæge, har viljen til at sikre, at de nødvendige forhold er tilstede, med henblik på at skabe et godt uddannelsesmiljø og en god kultur. God arbejdstilrettelæggelse er nødvendig for at skabe gode uddannelsesforhold. Lokale forhold gør, at planlægning af dagtjenester og vagter ikke skal være ens på alle uddannelsessteder. En introduktionsstilling hvis indhold udelukkende består i skadestuearbejde og vagter eller en turnusstilling udelukkende med journal og stuearbejde er ikke fremmede for rekrutteringen til faget, snarere tværtimod.

Samtidig er det væsentligt at den/de uddannelsesansvarlige sikrer at uddannelsen fungerer. Nøgleområder er :

Planlægning af introduktionsforløb for alle stillingskategorier

Tutor-funktion: Kontinuerlig evaluering med henblik på sikring af progression i uddannelsen

Postgraduat undervisning

Det skal understreges, at det ikke kun er den uddannelsesansvarlige og den ledende overlæge, der har ansvaret for uddannelsen. ALLE læger i afdelingen, inklusive de uddannelsessøgende, har et ansvar for uddannelsen, og alle læger er med til at skabe et godt miljø og en god kultur.

Det er vores opfattelse, at der er sket en opprioritering af uddannelsen igennem de sidste år. Men, inspektorrapporterne dokumenterer desværre også, at der stadig er afdelinger, hvor der er væsentlige mangler. Vi opfordrer derfor til, at afdelingerne løbende arbejder med at forbedre uddannelsen, og at der samtidigt gives plads til at kulturen også kan rumme de uddannelsesmæssige værdier.

Engagering i forskning såvel præ- som postgraduat, har også vist sig at være en væsentlig faktor for valg af speciale. Det er derfor vigtigt, at de

studerende rekrutteres til OSVAL-, fordybelses-opgaver, og eventuelt prægraduate forskningsår. Postgraduat er det vigtig at afdelingen fremtræder forskningsaktiv og at man er åben overfor de forskningsideer som fremsættes.

Initiativer fra DOS

Bestyrelsen og uddannelsesudvalget fremsatte sidste år forslag til vedtægtsændringer på generalforsamlingen, som led i at lette rekruttering til vores speciale. Det blev vedtaget at alle cand.med.'er nu kan blive medlem af DOS uafhængig af anciennitet.

DOS-møderne er gjort mere attraktive også for yngre læger med indførelse af flere symposier.

Der er herudover taget initiativ til at etablere rekrutteringskurser for introduktions- og turnuslæger.

Det er hensigten at arrangere et årligt 2-dages kursus, der vil være bredt og indeholde workshops. Vi forventer at afdelingerne sender deres interesserede læger til disse kurser.

Endelig arbejder vi på at etablere rekrutterings-kurser for 12.-13. semester studerende på de 3 universiteter.

Specialer uden rekrutteringsproblemer, blandt andet anæstesiologi og gynækologi, har et godt uddannelsesmiljø. Det er vigtigt at vi også bliver et speciale, der er kendt for dette.

Vi kan ikke vente på, at de store årgange fylder vores hoveduddannelsesstillinger op.

Vi opfordrer derfor til, at man på afdelingerne fokuserer yderligere på rekruttering til gavn for ortopædiens udvikling og fremtid.

På vegne af Uddannelsesudvalget og bestyrelsen

*Søren Overgaard, Formand for Uddannelsesudvalget
&
Erik Tøndevold, Formand for Bestyrelsen*



Viva Allianza Nord



“You better start swimming or you ’ll sink like a stone, the times they are a ’changing’ ”

Måske er Bob Dylan’s ord særlig relevante i Holland med tanke på risikoen for oversvømmelse, men Holland er også på mange måder et af de mest ”omstillingsparate” lande i Europa.

(Hollænderne er tillige blandt de højeste i Europa, hvilket måske er foreneligt med Darwins teorier)).

Med et areal på ca. 41.000 km² - lidt mindre end Danmark - og en befolkning på over 16 millioner, er Holland et af Europas mest tætbefolkede områder. Det er også et meget dynamisk land, måske netop fordi det ligger midt i Europas økonomiske, kulturelle og politiske centrum. Dette konstaterede vi med al ønskelig tydelighed, da vi besøgte den Hollandske Ortopædforenings (NOV/Nederlandse Orthopaedische Vereniging) møde den 8. januar 2004.

I Holland bedrives der en meget avanceret medicinsk forskning på flere tunge universiteter, og den kliniske medicin er på højeste internationale niveau. Strukturen inden for ortopædkirurgien adskiller sig dog en del fra den i de skandinaviske og angelsaksiske lande. Den gamle tyske tradition med traumekirurgi som særskilt kirurgisk speciale har et stærkt fæste i Holland. Det betyder at det ortopædiske speciale er forholdsvis lille, med kun 470 heltidsarbejdende ortopæder. Man er selv fra myndighedernes side begyndt at se bagdelene ved en underdimensioneret ortopædisk kirurgi. Befolkningsudviklingen og samfundsforandringerne i øvrigt har bevirket at bevægeapparatets skader/sygdomme er den største diagnosegruppe i de fleste lande, og også den økonomisk mest belastende for samfundet i øvrigt. I mange år har NOV derfor målbevidst arbejdet for at synliggøre og påpege overfor professionen, befolkningen og politikerne - det rationelle i at ændre på gamle strukturer, som blot er historiske levn. En gruppe har udarbejdet et strategidokument med flere aktionsmål: Blandt andet at øge kvaliteten på undervisning og forskning og styrke ortopædkirurgien med en fordobling af antallet ortopædkirurger frem til 2012. Det er en tung skude at vende, og der er mange akademiske og politiske forhindringer.

Hvorfor blev vi da inviteret til Amersfoort? Jo, NOV har indset at mulighederne for at gøre sig hørt på den europæiske arena kræver at man danner alliancer som arbejder hen imod samme mål, både nationalt og internationalt. NOV vil have et nærmere samarbejde med NOF. Hollænderne har nu i flere år deltaget i *Acta Orthopaedica Scandinavica*s styrelse og redaktion. Der er store ligheder i måden at se tingene på i Holland og i de nordiske lande. Holland mener også at det er en fordel, at NOF er en føderation: Størstedelen af det der sker inden for sundhedsvæsnet sker jo på nationalt/regionalt niveau, medens videnskaben har et mere internationalt perspektiv. Det er forståeligt at NOV tøver med at associere sig med det meget større British Orthopaedic Association; samarbejde østpå synes af forskellige grunde åbenbart mindre attraktivt. Tiden anses nu moden for en mere formel sammenslutning. Der er meget som taler for at NOV indenfor NOF - som jo i øjeblikket har en temmelig løs struktur - ville få et større råderum for sin nationale egenart og ikke risikere at blive ædt af sine større naboer. Hvordan et samarbejde ville kunne foregå er stadig uafklaret. Det vigtigste er at der findes en vilje til at arbejde videre.

Vi tror at NOF har alt at vinde og intet at tabe ved at associere sig med andre europæiske ortopædforeninger i netværk af forskellig art. Der findes jo som enhver besøger af EFORT kan bevidne betydelige kulturelle forskelle mellem forskellige dele af Europa, hvilket i sig selv er et stærkt argument for at det europæiske samarbejde bør fortsætte. Men for at få indflydelse i Bruxelles står et lille land sig slet. Vi præsenterede NOF's opbygning, mål, opgaver samt gjorde igen reklame for kongressen i Island ved deres generalforsamling. Der var kun lydørhed fra forsamlingen og bestyrelsen som jo selv har fostret ideen. Der mangler dog en ny generalforsamlingsbeslutning fra hollandsk side til maj, og går den igennem foreslår vi at NOV bliver optaget som et fuldgyldigt medlem i NOF. Det må NOF's Generalforsamling tage stilling til i sommer.

Steen Bach Christensen
Præsident

Olle Svensson
Generalsekretær

***Abstracts
og
Posters***

Pelvic orientation and assessment of hip dysplasia in adults

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Bjarne Lund. Thomas Kiær.

De ortopædkirurgiske afdelinger på: Rigshospitalet, Hvidovre Hospital,
Århus Universitetshospital

INTRODUCTION:

The aim of the study was to investigate the effect of varying pelvic orientation on radiographic measurements of acetabular dysplasia using a cadaver model. Results from the cadaver study were used to validate the radiographic assessments of acetabular dysplasia in the longitudinal survey cohort of 4.151 subjects.

MATERIAL AND METHODS:

Cadaver pelves and proximal femora from a male and a female donor were mounted anatomically in holding devices. At each 3° increment an AP pelvic radiograph was recorded. The most widely used radiographic parameters of hip dysplasia were assessed. 2) Critical limits of rotation and inclination/reclination of pelves were applied to 4.151 pelvic radiographs of the cohort.

RESULTS:

Wiberg's CE angle, Sharp's angle, the X-coordinate of Goodman's Cartesian coordinate system, and the acetabular depth ratio were significantly affected by varying rotation and inclination/reclination of the cadaver pelves. Applying corresponding critical limits of Tönnis' foramen obturator index of 0.7-1.8 meant that 188 of 4.151 (4.5%) of the CCHS-III pelvic radiographs had to be omitted for further studies.

CONCLUSION:

To ensure a neutral starting point and reproducible readings; especially in epidemiological and clinical studies, and when performing preoperative planning and follow-up of patients undergoing re-directional pelvic osteotomies it is important that all aspects of the radiographic examination are controlled and reproducible. Furthermore, we find that studies of acetabular dysplasia based on supine urograms or colon radiographs without information on pelvic orientation, centering of the X-ray beam, and tube to film distance run a serious risk of erroneous measurements.

Prospective bone density changes after periacetabular osteotomy measured at the acetabulum by CT and stereology

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INTRODUCTION:

After periacetabular osteotomy, load on the lateral part of the acetabulum is decreased and load on the medial part is increased. Consequently, a relevant issue is whether this change in load distribution will affect bone density of the acetabulum over time. In order to investigate this we estimated bone density changes in the acetabulum after periacetabular osteotomy.

MATERIAL AND METHODS:

6 patients with hip dysplasia scheduled for periacetabular osteotomy were consecutively included in the study. A method based on computerized tomography (CT) and 3D design-based sampling principles (stereology) by which bone density in different regions of the acetabulum could be estimated was used. Baseline density was measured within the first seven days following periacetabular osteotomy and compared with density two years postoperative. Double measurements were performed on 3 patients and the coefficient of error of the mean was estimated to 0.05.

RESULTS:

Bone density in zone 1 increased significantly in the anteromedial quadrant of the acetabulum ($2p = 0.025$) as well as in the posteromedial quadrant ($2p = 0.006$) between the two time-points. In the anterolateral quadrant bone density was unchanged following surgery ($2p = 0.394$) and the same was true for the posterolateral quadrant ($2p = 0.472$). In zone 2 and 3 bone density was unchanged 2 years postoperatively.

CONCLUSIONS:

We suggest that the observed increase in bone density medially represents a remodelling response to an altered load distribution after periacetabular osteotomy. The described method is a precise tool to estimate bone density changes in the acetabulum.

Biological response after THA using three different bearings. A randomised prospective study

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INTRODUCTION:

A prospective randomised study was performed to quantify the in vivo foreign body response in the pseudo synovial membrane after a total hip replacement.

MATERIAL AND METHODS:

225 patients were included. They all had the same hip prosthesis (Biomet) except for the bearing surfaces, which consisted of polyethylene-on-zirconia, metal-on-metal, or alumina-on-alumina. Histological quantification was performed on routine histological sections by point counting technique, to compare the volume fraction of granulomas in biopsies of the pseudo synovial membrane. These biopsies were taken transarthroscopically from the pseudosynovial membrane one year after insertion of the implant. Thirty-seven patients volunteered for biopsy.

RESULTS:

Histological examination of the biopsies showed no significant difference between the three groups in volume fraction of granulomas. The median volume fractions for polyethylene-on-zirconia (n=15), metal-on-metal (n=9), and alumina-on-alumina (n=13) were 0.02, 0.04 and 0.02 respectively.

CONCLUSION:

After one year, there were no significant differences in host reaction in the three groups with the three different bearings. Our study does not provide evidence for recommending one of the 3 bearing combinations.

Femoral bone mineral density (BMD) after cemented THA using three different bearings. A randomised prospective study

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INTRODUCTION:

In a randomised and prospective study periprosthetic bone mineral density (BMD) was measured to assess periprosthetic bone remodelling adjacent to the same cemented femoral stem but with three different bearing surfaces.

MATERIAL AND METHODS:

225 patients were included, 188 patients (123 females, 65 males) were successfully scanned immediately postoperatively and after 12 months. They all had identical hip prostheses (Bimetric stem/RingLoc cup) except for the bearing surfaces, which consisted of polyethylene-on-zirconia (n = 78), metal-on-metal (n = 71), or alumina-on-alumina (n = 76). Bone mineral density was measured in 7 Gruen zones adjacent to the femoral stem and the changes in bone mass within the first postoperative year were assessed and compared between the groups.

RESULTS:

The mean changes in BMD in percent during the first year in Gruen zones 1-7 were -6.2, -5.3, -4.2, -2.1, -2.3, -5.6, -12.7 respectively. There were no significant differences between the three groups with regard to changes in BMD in any of the Gruen zones.

CONCLUSION:

The changes in BMD adjacent to the femoral component within the first year after surgery found in this study are in agreement with the currently available literature on the subject.

Different types of bearing surfaces have no significant impact on changes in BMD adjacent to the femoral stem after cemented total hip arthroplasty within the first year after surgery.

DEXA-scanning for detection of osteolytic lesions around cementless acetabular components in total hip arthroplasty. A new method applied on ten human cadavers

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INTRODUCTION:

Fixation of cementless acetabular components is dependent on the strength and density of surrounding trabecular bone. Detecting osteolytic lesions around cementless cups is a major problem and is often underestimated. The purpose of the present study was to investigate if DEXA-scanning is able to detect osteolytic lesions around cementless metal-backed acetabular components, and to quantify this ability.

MATERIAL AND METHODS:

Ten post mortem retrieved human pelvic specimens were DEXA scanned before and after creating standardized osseous defects behind metal-backed acetabular cups. The removed boneplugs were ashed, and ashweights were compared to the corresponding BMC measures.

RESULTS:

Results showed good correlation between the measured BMC differences and the corresponding ashweights in the bone surrounding the upper half of the cup. In the lower half no reasonable correlations were shown.

CONCLUSION:

DEXA-scanning is capable to detect osteolytic lesions around the upper half of cementless acetabular components with very high precision. To quantify lesions in the lower half, supplementary DEXA-scans in other projections might be of some value; further investigations in progress will help to elucidate this.

Revision hip arthroplasty with the proximal press-fit S-ROM stem. 4-7 years follow-up of 50 consecutive cases

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INTRODUCTION:

The aim of the study is to evaluate early outcome of non-cemented, proximal press-fit S-ROM femoral components 4-7 years after surgery.

MATERIAL & METHODS:

49 patients had inserted 50 S-ROM femoral components mean 6_ years after surgery (range 1-17 years). Age at revision was mean 63 years (range 30-91). Aseptic loosening was the main indication for surgery (29 cases). 40 cases had the acetabulum revised too - mainly with an uncemented cup. Bone defects in the acetabulum were mainly none or minor; in the femur 80% had contained defects. Wagner trochanteric osteotomy was used to remove stem or cement i 6 cases.

RESULTS:

One patient had immigrated and 3 had died, leaving 46 hips to follow mean 5 years after surgery. S-ROM stem no. 18 og 20 were implanted in 68%. In 16 cases (32%) extra long stems were used - mainly to by-pass diaphyseal osteolytic lesions. At the latest follow-up all non re-revised cases had a good or excellent clinical and radiographic result. Total 9 cases (18%) underwent further surgery. Three due to deep infection, 2 cases had relapse of the infection, one patient suffered from thigh pain - and had the long S-ROM stem changed to a shorter stem, and one case with a loosened cup after 2 years - had the S-ROM stem revised not to end up in severe leg lengthening. Two cases suffered a supracondylar femoral fracture beneath a long S-ROM stem. Both had the fracture stabilized with plates.

CONCLUSIONS:

Revision with the non-cemented, proximal press-fit femoral S-ROM stem has in this study shown comparable 4-7 years results with other recommended revision systems.

The effect of concentrated bone marrow aspirate on fixation of implants grafted with bone allograft or ProOsteon

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INTRODUCTION:

Improving initial anchorage of orthopaedic implants is critical in long term clinical results. Bone marrow contains mesenchymal stem cells, which are capable of differentiation into osteoblasts and thereby creating new bone. We hypothesized, that adding concentrated bone marrow cells (BMC), to bone allograft or HA granules (ProOsteon) impacted around titanium implants, increases implant fixation.

MATERIAL AND METHODS:

Autologous bone marrow aspirate was centrifuged to increase the BMC concentration. BMC were counted by haemocytometry and concentrations were calculated. BMC was mixed with either bone allograft or ProOsteon bone substitute. Two unloaded cylindrical, porous coated titanium implants with a circumferential gap of 2 mm were inserted in each proximal humerus of eight dogs. ProOsteon +/- BMC was impacted in the gaps on one side, and allograft +/- BMC was impacted on the other side. Observation time was 4 weeks. Implant fixation was evaluated by push-out test.

RESULTS:

The concentration of BMC after centrifugation was increased with a factor 2.1. Implants with bone allograft +/- BMC was significantly better fixated than implants with ProOsteon +/- BMC, in terms of maximum shear strength, and total energy absorption ($p < 0.05$). The addition of up-concentrated BMC increased fixation of implants grafted with ProOsteon from a median max shear strength of 1.05 MPa to 2.11 MPa, however not statistical significant. BMC had no influence on fixation of bone allografted implants.

CONCLUSION:

BMC had no effect on mechanical fixation of grafted titanium implants. The fixation of implants grafted with bone allograft +/- BMC is statistical significantly better than ProOsteon +/- BMC. Histological examination of the effects of BMC is still to be carried out.

Multimodal Intervention after primary hip arthroplasty, a randomised study

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INTRODUCTION:

The aims of this study were firstly to elucidate, whether a multimodal approach could have an effect on the length of hospital stay after primary THA without increasing the incidence of complications and readmission. Secondly to assess the intensity of mobilisation and oral energy intake between groups.

MATERIAL AND METHODS:

Eighty patients were randomly allocated to an intervention or control group. The intervention group received preoperative instruction, and was encouraged to enforce postoperative mobilisation and energy intake following a clinical pathway with exact definitions of goals for each day. All patients were treated for postoperative pain with an epidural catheter for 48 hours and afterwards with peroral medication. Pain, mobilisation and energy intake was recorded daily. Sample size calculation showed that fifty patients should be included in the study. Out of the 80 randomized patients, fifty-seven patients fulfilled the protocol of the study.

RESULTS:

The median length of stay for patients in the intervention group was significantly shorter (7 days) compared with the control group (8 days) ($p < 0.05$) but no difference in the incidence of complications and readmission was shown. The mean mobilisation time and energy intake was significantly different between groups ($p = 0.001$)

CONCLUSION:

The present study showed a difference in length of stay in hospital and a difference in mobilisation and energy intake between groups.

This study indicates that it is possible to evaluate the effect of a multimodal concept in a randomised trial. The significance of an accelerated intensive mobilisation and energy intake is yet to be elucidated.

Proximal tibial osteotomy performed with external fixator and hemicallotasis

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INTRODUCTION:

The surgical treatment of medial osteoarthritis is controversial. We chose external fixator and hemicallotasis due to the advantage of a more precise correction of the varus angulation and the possibility to stop correcting when the patient was absent of medial pain. The aim of this study was to evaluate the results of this procedure.

MATERIAL AND METHODS:

During 1997 to 2001 open wedge osteotomy was performed with hemicallotasis and external fixator on 19 knees. 15 patients, 7 women, 8 men, median age 51 yrs.

A retrospective study of these operations was done, and a recent clinical and radiological follow up was performed on 12 patients/16 knees after a median of 50 months, to look at the current status of knee pain, angulation, satisfaction with the result, complications and postponement of knee arthroplasty.

RESULTS:

An average of 9,9 out patient visits (5 – 20), Monotube time 113 days (77 - 213), knee score 63,9 (42 – 80), “mild” pain, 6,7 degrees x-ray improvement (0 - 10) and most were satisfied with the result. Complications: 1 collapse of the wedge, 1 case of pulmonary embolism and 19 cases of pinhole infection. 3 had knee arthroplasties, 1 is waiting for a TKA.

CONCLUSION:

15 out of 19 operations has postponed knee arthroplasty until now. The treatment was lengthy, time consuming for both hospital staff and the patients, and more than half experienced complications. Most patients improved the alignment, no one deteriorated. The improvement in alignment did not correspond to knee score, satisfaction with the result or level of pain.

Quality study of 11 patients who had a upper tibia open-wedge osteotomy (Arthex) on the hospital of Nykoebing Falster

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INTRODUCTION:

Different operation techniques are used to relieve the pressure on the medially in patients with gonarthrosis. We studied 11 patients operations using the technique upper tibia open-wedge osteotomy(Arthex) at the hospital of Nykoebing Falster in the period Oktober 2000 – Oktober 2003. A study was conducted to evaluate the quality of the operation by interviewing the patients.

MATERIAL AND METHODS:

Retrospective studies on 11 patients were conducted. Twenty seven patients were screened for inclusion using hospital computer records. Patients who had clinical and radiological isolated medial gonarthrosis, under the age of 60 years, and were operated using upper tibia open-wedge osteotomy(Arthex) were eligible. Fifteen patients met the inclusion criteria, 11 agreed to participate. Patients were interviewed using questionnaire and a clinical examination was performed. The questionnaire was prepared along with the hospital of Naestved, for a similar study there.

RESULTS:

the 11 patients six patients where very satisfied (VS), three patients were satisfied (S), one patient neither satisfied nor unsatisfied (NN) and one patient not satisfied (NS). No patients were very unsatisfied. Nine patients would undergo the operation again. The NS patient had posttraumatic clinical and radiological gonarthrosis where his whole leg was squeezed. The NN patient is complaining of pain but has reduced his use of analgesics. All of the patients were surprised of the long convalescence period of ten to twelve weeks. Satisfaction level was related to the reduction of use of analgesics.

CONCLUSION:

The overall outcome of patients operated with the open-wedge ad modum Arthex operation is good. Nine out of 11 patients were S or VS and relived from pain, and would undergo the operation again.

Optimized hip fracture program – reduced hospital stay

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INTRODUCTION:

The objective of the hip fracture program was to improve patient care and subsequently reduce patient complications associated with hip fracture surgery and rehabilitation. The program was to some extent based on elements from the systematic hip fracture program developed by Bispebjerg Hospital, in addition to the accelerated (fast track) hip fracture program from Hvidovre Hospital.

METHODS AND MATERIALS:

Patients admitted with hip fractures were initially given 1 g of paracetamol including 12.5 carbohydrate rich soft drinks. Within half an hour femoral nerve catheter was applied in the groin by use of 2mA testing needle. A bolus of 20 ml of bupivacain 2.5 mg/ml was injected locally and repeated four times a day until 4th day postoperatively. Patients were allowed soft drinks with carbohydrates 12.5 % until two hours before surgery. A comprehensive program consisted of protein intake, physiotherapy guided mobilization immediately following surgery, vitamin D and calcium supplementation, training with hip protectors for fall prone subjects, pressure sore prophylaxis and nutritional validation.

RESULTS:

The median stay in orthopaedic department among hip fracture patients admitted from own home in the new programme (n 90) was reduced from 15 to 10 days ($p<0.05$) compared with the former period in the year 2003. The mean stay in hospital for hip fracture patients admitted from own home (n 90) was reduced from 20 to 13 days ($p<0.05$) compared with the former period in 2003. The rate of surgical related complications are under validation.

CONCLUSION:

The comprehensive optimized hip fracture care program reduced hospital stay significantly.

The National Indicator Project for hip fractures(NIP). Quality of data collection

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INTRODUCTION:

From April 2003 hip fractures was registered in a national database in Denmark. Some of the aims were to improve prevention, diagnosis, treatment and rehabilitation. A variety of parameters are registered. The aim of the presentation was to report on results from our department.

MATERIAL AND METHODS:

Data registration started on arrival. Dataset was checked by a project nurse and a secretary. At discharge all diagnosis was checked. The diagnosis had to be changed in 62 cases (18%). During the first nine months 339 patients (256 female and 83 male), average age 79 years, were admitted. Postoperative parameters (VAS, Timed up and go and nutrition risk) were collected after discharge. Nine patients had a delay before operation of two or more days due to life threatening medical illness or multiple injuries. Five were registered as admitted after the operation.

RESULTS:

Data was collected in 98 % percent of the patients. Parameters were registered from 31 % to 99 % of all patients. 238 (70%) lived alone or in a nursing home. 69 (20%) were smokers. 227 (67%) had a Hindsø's test of six or more. 123 (36%) had an ASA score of 3, 4 or 5. Average time from hospitalization to operation was 23 hours. Two patients had a delay exceeding 48 hours due to cancellation.

CONCLUSION:

It is possible to use registrations in NIP for status quality parameters in the department. Parameters concerning the operative quality are not registered in NIP. Registration is a time consuming procedure involving a variety of professions.

Colles fracture treated with non-bridging external fixation, 1 year after

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OBJECTIVES:

In 1997 non-bridging external fixation of Colles' fracture was introduced in our ward. Today it is first choice. To evaluate the ability to maintain reduction of the fracture and evaluate functional outcome, follow up was made after one year.

METHODS:

From January 2002 to December 2002, we treated 84 consecutive patients classified according to Older as Colles' fracture: conservative treatment 26, other operative methods 19, external non-bridging fixation with Hoffmann II Compact 16 for Older type 2, and 23 Older type 3.

All external fixations were removed at 5 weeks. Patients' mean age 69 years (range 29-92 years). 38 females /1 male. Evaluations were based on x-ray obtained pre- and postoperatively, before removal of external fixation, and after 1 year follow up. Gartland & Werley and pain-VAS score (0-100) were used to evaluate functional outcome. 10 patients were lost for follow up.

RESULTS:

Radiographic evaluation showed significant improvement in both radial lengthening (mean 4,9 mm range -7-15 mm), dorsal angulation (Mean 29 range -10-67) and inclination (mean 4,9 range -7-14). There was no significant loss of reduction after 5 weeks and at one year follow up. Two patients suffered a minor collapse at the fracture site at one year follow up. Average pain-VAS score was 5 (range 0-50), Gartland-Werley score at one year follow up: 10 excellent, 15 good, 3 fair. Superficial infection rate: 26 %. One failure was observed due to collapse after removal of external fixation.

CONCLUSION:

Non-bridging external fixation offers a reliable method of maintaining achieved reduction of Colles' fracture and good functional outcome.

The initial requirement for specialist's assistance of the severely injured patient

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INTRODUCTION: Focus has been increased in recent years initial in the assessment and treatment of trauma patients. The aim of this study was to focus on the demand of different medical specialities during the initial assessment of traumapatients in a traumacenter.

MATERIAL AND METHODS: From 1 January 2000 to 31 of December 2003, data concerning all traumepatients are available in a database. Obligatory members of the trauma team are an anaesthesiologist and an orthopaedic surgeon as traumateamleader.

Medical specialities	N	N %
Radiologist	1362	86 %
Neurosurgeon	353	22 %
Maxilla and Facial Surgeon	170	11 %
General Surgeon	138	9 %
Ear – Nose-Throat	57	4 %
Thoracic and cardiac Surgeon	46	3 %
Others *	97	6 %

*ex Plastic and reconstructive surgeon, cardiologist, internal medicine or vascular surgeon.

RESULTS: 1580 traumepatients during a four-year period. After initial assessment and treatment, 184 patients (11%) were taken directly to operation. Neurosurgery was performed in 69 cases (4 %) as the first operation. 54 (3%) underwent abdominal surgery, 37 (2%) maxilla and facial surgery and 21 (1%) cardiac or thoracic surgery.

After initial assessment, 627 patients (40%) were taken to the intensive care unit. Neurosurgeons took responsibility of 253 of the patients.

CONCLUSION: Initial assessment and treatment of traumapatients are time consuming. In addition, many different medical professions are involved. The trauma team are present on arrival of the patients. Medical staff from other professions is on call within 30 minutes.

In the present set-up an anaesthesiologist and an orthopaedic surgeon are compulsory. The study demonstrates that a radiologist should be an obligatory member of the team on arrival of the patient. The immediate need for assistance of a neurosurgeon or abdominal surgeon was close to be equal. The results call for a debate. Which specialities should be available for immediate assistance in a trauma centre? Under which circumstances is it acceptable with on call services within 30 minutes?

Days lost through sickness (DLTS) in 101 patients after commotio cerebri

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INTRODUCTION:

Exploring days lost through sickness (DLTS) and nuisance, in different age groups following commotio cerebri.

MATERIALS AND METHOD:

All patients admitted to the Emergency Clinic at Viborg County Hospital after mild head injury in the period July 1st to December 31st 2003, were registered consecutively and prospectively. We defined mild head injury/commotio cerebri as:

Direct head trauma and one of following:

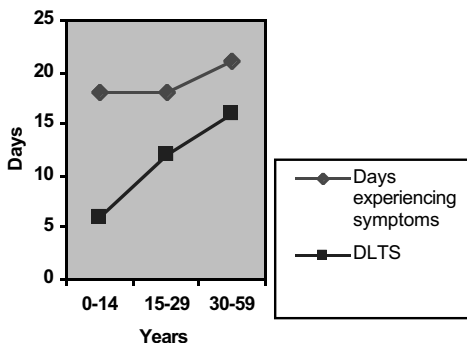
Temporary unconsciousness, Amnesia < 24 hours, GCS 13-15

Focal reversible neurological signs

A one month post traumatic telephone interview included specific symptoms, period and degree of inconvenience. 116 patients fulfilled the criteria. 15 were excluded. Elderly (60+) were all at pension or early retirement pension (13), therefore not analyzed.

RESULTS:

68% of patients working had DLTS. There is a trend towards lower prevalence of DLTS with aging, even though middle aged patients had longer symptomatic period. If DLTS experienced, middle aged had the highest number of DLTS and experiencing more nuisance with DLTS. Children had the lowest number of DLTS in spite of quite similar symptomatic period compared to other age groups. All age groups trend towards lower DLTS than symptomatic period (see figure).



CONCLUSION:

68% of working patients had DLTS. In the most productive years in our lifespan there is a trend towards a higher threshold for reporting DLTS.

Severely injured. Are mentally or physically disabled at risk?

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INTRODUCTION:

Alcohol, drugs, or both intoxicate a high proportion of victims involved in serious accidents. The aim was to examine whether or not mentally and physical disabled had an increased risk to be involved in a serious accident.

MATERIAL AND METHODS:

895 patients were admitted directly from the scene of accident to the trauma center in 2002 and 2003. Patients with suicidal attempts (14) and assaults (21) were excluded. On arrival, serious mental or physical illness had been suspected to be concomitant factor for the accident in 57 cases. Another 14 cases had a diagnosis of chronic alcoholics. Overall six per cent of all victims had a severe mental or physical disease, which might have increased the risk to be a victim.

RESULTS:

40 were involved in traffic accidents. The majority was car drivers. Sixteen had heart attacks, epileptic fits, or deregulated diabetes. Two had metastatic cancers and four others severe physical illnesses involving the brain. Five known chronic alcoholics were admitted after falls, two had fatal outcome. Seven chronic alcoholics were involved in traffic accidents. One accident had four victims, two had a fatal outcome.

CONCLUSION:

Intoxication with alcohol or drugs is known concomitant risk factors in serious accidents. Patients with epilepsy also have a seven fold risk to be involved in a serious accident other victims in serious may sustain of subgroups with an increased risk to be a victim. The present results call for further investigations.

Taekwondo Injuries, Denmark 1998-2001

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INTRODUCTION:

Only one study have previously described Taekwondo related injuries in Denmark.(1) It described a number of serious injuries including several facial fractures. Thus we find it important to make a registration of injuries, pattern of injuries and to assess the risk of sustaining injury while participating in Taekwondo competitions in Denmark.

MATERIAL AND METHODS:

The study is based on consecutive sampling of all injured competitors treated by the attending physician in 1998-2001. For each event and for each age group, the total number of participants, matches, and match time were recorded. In order to establish the consequence of injury for each participant, a questionnaire survey was carried out. The registration took place at 37 competitions with a total of 4.317 participants aged 9-36. 159 competitors were treated by the attending physician.

RESULTS:

Types of injuries: Contusions 60%, fractures 16 %, distorsions 11%, wounds 7%, concussions 6 %, and others 1%. 40 % of injuries were located to the lower extremities. The overall rate of injury is 18.1:1000 Athlete Exposure (AE). (Junior girls 40.0:1000AE). One AE refers to one person being exposed to the possibility of sustaining an injury. 40 % of the treated competitors were discharged with no referral.

CONCLUSION:

Few serious injuries compared to previous studies.

- Low risk of injury compared to other sports in Denmark.
- Junior girls are at special risk
- Pattern of injury comparable to international studies.2

Ref:

- 1.Kryger H. et al. Skader ved verdensmesterskabet i sportsgrenen Taekwondo. Ugeskr. Læger 1984; 146:3371-2.
- 2.Pieter W,Zemper E.D. "Injury Rates in children participating in Taekwondo competition", The journal of trauma: Injury, Infection, and critical care 1997;43:89-96

Bicycle workload distribution and technique after reconstruction of the anterior cruciate ligament

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INTRODUCTION:

The two most popular methods of reconstruction of the anterior cruciate ligament uses either graft from the extensor side of the knee (BTB-technique) or the flexor side of the knee (semi-T technique). The aim of the study was to study workload distribution and technique in bicycling in patients treated with the two different techniques in reconstruction of the anterior cruciate ligament, and to compare the patients with a group of normal individuals

MATERIAL AND METHODS:

Eight patients treated with BTB-technique, 9 patients treated with semi-T technique and 8 normal individuals were tested with Computrainer, and data was compared using t-test.

RESULTS:

No significant difference was observed between the two legs in normal individuals, patients operated with BTB-technique and semi-T technique, and no significant difference was observed comparing the three different groups.

CONCLUSION:

Testing with Computrainer reconstruction of the anterior cruciate ligament did not affect workload distribution and technique in bicycling regardless of method in this study, and no difference was found compared to normal individuals.

Long term result of arthroscopic meniscal repair 3 - 11 years follow-up

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INTRODUCTION:

The long-term consequences of total meniscectomies have initiated research for improved understanding and development of better methods to treat meniscal tears. Most studies have focused on short-term healing rates, therefore the aim of this retrospective study was to investigate the results of meniscal repair in an intermediate to long-term follow-up and compare the clinical outcome to the MRI results and the radiographic evaluation.

MATERIAL AND METHODS:

Between February 1989 and July 1998 109 patients were treated with meniscal repair at Aarhus University Hospital in form of either suture or meniscal arrows. All knees were stable. Between March 1992 and June 1998 an re-arthroscopy was performed in 55 patients due to symptoms of re-injury. Out of these 44 had a re-tear that was resected, 2 were re-sutured and 11 had healed. Out of the remaining 54 patients we were able to evaluate 31 patients clinical, with KOOS and Lysholm score. Radiographic examination was evaluated according to the Fairbanks classification. An MRI was available in 27 patients.

RESULTS:

Out of the 31 patients 27 had no problems during daily activity (Lysholm score >84 points). The patients' assessment of the knee function was high after repair. Only 3 had major complaints. Radiographs were obtained for all 31 patients. 17 showed no further degenerative changes, 11 had a grade I and 3 had a grade III according to Fairbanks.

CONCLUSION:

After meniscal fixation 62% healed primarily. Clinical evaluation in 48% of the clinical healed cases showed good clinical long-term results. MRI, however, showed signs of mucoid degeneration or scar tissue in 41% of the patients, and in 35% X-ray showed Fairbanks changes.

Collagen Synthesis in Human Tendon and Ligament

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INTRODUCTION:

Collagen is the major protein in connective tissues, but little is known about the regulation of its mass and turnover. We wish to study adaptations in human connective tissue in relation to physical activity. We used a previously developed method to measure collagen turnover in human tendon and ligament (Babraj J et al 2002). These studies had the subjects' informed consent and approval from the local ethics committees.

MATERIAL AND METHODS:

We studied overnight fasted subjects (n=4; aged 28 +/- 6 y) undergoing surgical repair of the anterior cruciate ligament and in whom we sampled ligament and patella tendon perioperatively. In all subjects, a flooding dose of [1-13C] proline (0.75 g + 3.0 g of unlabelled proline) was administered i.v. and blood samples taken for up to 120 min. Surgical biopsies (50-100mg) were taken from tendon and ligament immediately after induction anaesthesia. Collagen was isolated from connective tissue and tendon; fractional synthesis rates were calculated from the incorporation of proline into collagen hydroxyproline, determined by gas-chromatography-combustion-isotope ratio mass spectrometry.

RESULTS:

We demonstrate for the first time the feasibility of direct measurement of collagen turnover in human tendon (0.042 +/- 0.004 %h⁻¹) and ligament (0.042 +/- 0.004 %h⁻¹).

CONCLUSION:

The synthetic rates were, surprisingly, much higher than previously determined in muscle collagen but similar to those in immature bone collagen (0.04-0.06 %h⁻¹) indicating a high degree of collagen metabolic activity. These pilot data suggest that the technique will be applicable to the study of human musculoskeletal connective tissue adaptation to environmental factors e.g. diet and exercise.

RGD peptide coating stimulates bone ongrowth to weight-bearing orthopaedic implants

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INTRODUCTION: The fixation of an uncemented prosthesis is dependant on an early bony integration as this may both reduce implant migration and increase long term survival of the prosthesis. With new techniques, implant surfaces can be modified with peptide sequences which enhance osteoblast adhesion to the implant. In earlier studies we have shown that RGD peptide stimulates bone ongrowth to non weight-bearing implants. In this study we examined the bone stimulating effect of RGD coating on an intraarticular, weight-bearing implant.

MATERIAL AND METHODS: In a paired and controlled study using canines (n=8), weight-bearing cylindrical porous coated titanium (Ti-6Al-4V) implants with and without cyclic RGD coating were inserted as press-fit bilaterally in the medial femoral condyles. The observation period was 4 weeks. Implants were subjected to histomorphometrical analysis. Wilcoxon signed ranks test was used to test differences between pairs. Data are presented as median and interquartile ranges.

RESULTS: Implants with RGD coating had significantly higher bone ongrowth 48%(41-52) compared to 34%(27-37) in the control group (p=0.02). Bone density in a concentric zone 0-100 micrometer from the implant surface was significantly higher for RGD coated implants 59% (57-64) compared to 48%(42-55) (p=0.02).

Newly formed bone (woven bone) was significantly higher in the RGD treated group, both at the implant surface (ongrowth) and in the concentric zone adjacent to the implant.

CONCLUSION: RGD coating stimulates new bone formation on and around titanium implants. The application of RGD coating is relatively low cost and may be used in the future to stimulate bony fixation of orthopaedic implants.

Locally delivered TGF-Beta1 and IGF-1 enhances mechanical fixation of titanium implants

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INTRODUCTION:

The bony fixation of orthopaedic implants is a clinically relevant challenge that is yet far from perfected. Clinical studies indicate that early bony fixation of the implants is very important for the duration of the fixation. It is well known that specific growth factors can stimulate bone growth. However, the local delivery of these growth factors at implant surface has been difficult. We examine a new method of local delivery by incorporating the bone stimulating growth factors TGF-beta-1 and IGF-1 into a biodegradable Poly(D,L-lactide) coating.

MATERIALS AND METHODS:

We designed a paired study in nine dogs, using an unloaded 1mm gap model. Implants were 6x10mm cylindrical, porous coated titanium alloy. The growth factors were solved in ethylene acetate and Poly(D,L-lactide): TGF-beta-1 (1%w/w ratio) and IGF-1 (5%w/w ratio). Nine implants were coated with growth factors. Implants were inserted into the proximal humerus. Untreated controls were inserted contra laterally. Observation period was four weeks. Mechanical properties were evaluated by push-out test. Results are presented as median and interquartile ranges.

RESULTS:

Implants with TGF-beta-1 and IGF-1 in Poly(D,L-lactide) are significantly better fixated than the control implants. Maximum shear strength was 5.9MPa (5.5-7.2) vs. 3.2MPa (0.5-4.9), $p=0.02$. Energy to failure was 1244J/m² (1014-1400) vs. 620J/m² (34-820), $p=0.04$.

CONCLUSION:

Locally delivered TGF-beta-1 and IGF-1 by a biodegradable Poly(D,L-lactide) coating enhances the mechanical fixation of titanium implants in cancellous bone.

Gene-expression screening of bone – marrow mesenchymal stem cells on biocompatible metallic surfaces by microarray analysis

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INTRODUCTION: Microarray analysis is a powerful tool to quantify the expression of several thousand genes in parallel. Using this technique, we investigated the gene expression levels of mesenchymal stem cells (MSCs) cultured on biocompatible and non-biocompatible surfaces to screen for differentially regulated genes.

MATERIAL AND METHODS: Glass discs (diameter: 35 mm) were coated with a 500 Å layer of titanium, tantalum or chromium by electron-beam evaporation technique. Uncoated glass discs served as controls. Human MSCs were seeded on the surfaces at a density of 50.000 cells/cm² and cultured for 48h. 4 independent extracted total RNA samples from each surface were pooled to reduce pre-analytic variation, prepared for microarray analysis and hybridized with the Human Genome U133A 2.0 Genechip® Array (Affymetrix, Santa Cruz, CA, USA). Data analysis was performed using Affymetrix® MAS 5.0 Software. Differentially expressed genes were functionally annotated using the Database for Annotation, Visualization, and Integrated Discovery ([www.http://david.niaid.nih.gov/david](http://david.niaid.nih.gov/david)).

RESULTS: We could demonstrate relatively moderate changes in gene expression levels ranging from 4-fold down-regulation to 13-fold up-regulation. For each of the tested surfaces we identified differentially regulated genes involved in the biological processes of growth factor activity, signal transduction, vesicle-mediated transport, as well as cellular growth, adhesion and proliferation. Tantalum surface showed the most up- and down-regulated genes, followed by chromium and titanium.

CONCLUSION: Microarray analysis is an important technique to test the biocompatibility of metallic surfaces on the molecular level. In this context, especially tantalum surface warrants further characterization.

High Resolution AFM Imaging of Intact and Fractured Trabecular Bone

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INTRODUCTION:

Understanding the mechanics of living bone continues to be a major scientific challenge. An important aspect of this challenge is the understanding of the nanoscopic interplay between the basic building blocks of bone. It is known that bone is primarily composed of mineralized collagen fibrils. Imaging these mineralized fibrils and their structural relations inside bone is a daunting task, since both the fibrils and the mineral plates are very small. To clarify the details in sick bone tissue, it is necessary with a method that can reveal the structural relations between the basic building blocks of bone down to the molecular level.

MATERIAL AND METHODS:

To investigate the bone tissue on the molecular level, we have used a new, in relation to bone research, technique. Atomic Force Microscopy (AFM) provides a topographic map of a surface in air as well as in liquid. The resolution of these maps is on the sub nanometer scale. We have also investigated the energy dissipation in microcracks, using the AFM.

RESULTS:

We have made AFM images of the surface of a water rinsed single trabecula from a bovine vertebra. The surface of pristine fractured surfaces of a trabecula where also mapped with the AFM. The study has been extended to a trabecula from the vertebra of a 65-year old woman.

CONCLUSION:

In summary, we find that a dense network of interconnected collagen fibrils covers the outside of the trabecula after rinsing with water. There are interlocking polymers between and on the fibrils with a spacing of 15-30 nm. We also present evidence that some microcracks in healthy bone can be molecularly healed, on the timescale of seconds and that this molecular healing depends on the interaction of ions in solution with the organic matrix of the bone.

Pharmacokinetics of Gentacoll investigated by in vivo microdialysis. An Experimental study

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INTRODUCTION:

Antimicrobial agents exert their effect inside the interstitial space, which is the site of infections. The aim of this study was to measure pharmacokinetics of a Gentacoll sponge in bone tissue by the microdialysis technique.

MATERIAL AND METHODS:

Nine pigs were randomized to either wet or dry application of a Gentacoll sponge (10cm* 10cm) into the bone marrow of tibia. Two catheters were inserted into cancellous bone tissue, one 1 cm (MD1 cm) and one 2 cm (MD2cm) apart from the aimed location of the sponge. Then, the Gentacoll sponge was implanted. Wet application; the sponge was wetted in 2 mL. blood. Dry application was defined as usual surgical procedure. Concentrations of gentamicin were measured in serum and microdialysates. Data presented are medians (range). A rank sum test was performed for statistical analysis. AUC describes the total amount of gentamicin that passed through the tissue.

RESULTS:

The Cpeak, wet-group was 120 mg/L (33-585) and Cpeak, dry-group 178 mg/L(59-1.294), (P=0,31). The overall (n=9) AUCMD1cm was 24.431 mg*minute/L (5.155-152.855) and similar the AUCMD 2cm 13.759 mg*minute/L (6.351-74.573) (P=0,25). The Cpeak, MD 1cm was 209 (33-1.294) and Cpeak, MD 2cm was 106 (41-354) (P=0,21). The AUC6h,serum wet was 92 (72-129) and AUC6h,serum dry was 196 (142-626) mg*minute/L (P=0,02).

CONCLUSION:

The small sample size precludes a detailed analysis, but previous found variation on the distribution of gentamicin from a Gentacoll sponge is reproduced. It seems that neither application nor distance had impact on the initial pharmacokinetic of Gentacoll in bone tissue. Furthermore the great variance found might explain therapeutically failure.

Comparison of three different hydroxyapatite coatings in an unloaded implant model

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INTRODUCTION: Treatment of osteoarthritis and rheumatoid arthritis by total joint replacement generally shows a high success rate, however challenges remain e.g. revision joint replacement. Plasma sprayed hydroxyapatite (HA) coating on porous implant surfaces has been shown to enhance mechanical implant fixation and bone ongrowth. In our study we compare the well-documented plasma sprayed HA coating to alternative thinner electrodeposited HA coatings.

MATERIAL AND METHODS: A paired controlled canine study was carried out. Cylindrical plasma sprayed titanium implants 10 mm x 6 mm were used. Four different implant surfaces were investigated in each of 7 skeletally mature dogs: (1) Plasma spray Titanium (negative control), (2) HA-plasma spray, (3) Electrochemical HA-deposition and (4) Electrochemical HA-mineralized collagen coating. Two implants were inserted alternately in two unloaded extraarticular cancellous bone sites bilaterally in the proximal humeri in a 1 mm gap and obtained at 4 weeks. Specimens were evaluated by mechanical push out testing and computer assisted histomorphometry..

RESULTS: Table 1. Mechanical test (median and interquartile range).

Group	Ultimate shear strength (MPa)	Apparent stiffness (MPa/mm)	Energy absorption (J/m ²)
Titanium	0.0 (0.0-0.3)	0.0 (0.0-1.3)	0 (0-45)
HA plasma	2.1 (1.5-3.2) ab	7.8 (4.2-17.9) ab	535 (213-574) ab
HA elec.depos	1.97 (0.7-3.4) a	9.0 (2.7-16.6) a	339 (92-618) a
HA / Collagen	0.51 (0.1-2.1)	2.5 (0.6-8.9)	73 (7-456)

a: $p < 0.05$ compared to Titanium. b: $p < 0.05$ compared to HA/collagen

CONCLUSION: The traditional HA-plasma sprayed implants showed increased mechanical fixation compared to HA-collagen and titanium controls ($p < 0,05$). Of the two new HA-coatings, only the electrochemical deposited HA showed significantly increased mechanical fixation compared to the titanium control.

In the histomorphometric analysis all HA coated implants demonstrated significantly higher bone ongrowth compared to the titanium control. The traditional plasma sprayed HA showed two fold higher bone ongrowth fraction ($p = 0.06$) compared to the two electrodeposited HA's.

Topically applied bisphosphonate prior to implant insertion with in situ bone compaction increases non-vital bone implant contact and peri-implant non-vital bone density

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INTRODUCTION: A new surgical technique, compaction, has shown to increase implant fixation. We tested the hypothesis that topically applied bisphosphonate (BP) would further increase fixation of implants inserted with compaction. BP is a potent inhibitor of bone resorption.

MATERIAL AND METHODS: Eight dogs were used in this study. Two porous coated weight-bearing stable titanium implants were inserted in each dog, one in each medial femur condyle. The bone was prepared with the compaction technique; by radially enlarging an initial 4.0 mm drill hole to 5.6 mm. Before we inserted the implants, the right cavities were soaked for 1 minute with BP and the left cavities with saline. After 4 weeks results were evaluated by mechanical push-out test and by histomorphometry.

RESULTS: BP treatment resulted in 89.4 % increase in bone implant contact ($p=0.008$). Non-vital bone implant contact increased 1350 % ($p=0.008$). No significant increase was found in vital bone implant contact ($p=0.141$). Total peri-implant bone density increased 85.3% ($p=0.008$). BP treatment resulted in 550 % increase in peri-implant non-vital bone density ($p=0.008$), but no significant increase in peri-implant vital bone density ($p=0.055$). No significant difference was found in mechanical fixation between the two groups ($p=1.0$).

CONCLUSION: Topically applied BP increased non-vital bone implant contact and non-vital peri-implant bone density. However, no significant increases were found for vital bone implant contact nor vital peri-implant bone density. This might explain why no difference was found in mechanical implant fixation between BP treatment and control. Long-term studies are warranted to investigate whether the increased non-vital bone density might exert osteoconductive properties.

Short-term Alendronate Treatment does not Maintain a Residual Effect on Bone Ingrowth into Porous Tantalum Interbody Implant and Carbon Fiber Cage after Treatment Withdrawal: An experimental study on spinal fusion in pigs

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INTRODUCTION: Alendronate has been shown to inhibit bone resorption at a bone-implant interface and increase bone ingrowth into porous biomaterials. Clinical investigations have shown a relatively stable therapeutic effect between 0.5-7 yr after treatment withdrawal in postmenopausal women. However, it is not known about the residual effect on bone ingrowth into porous biomaterial or spine fusion interbody devices with an autograft after treatment withdrawal.

MATERIAL AND METHODS: In this study, 24 pigs (12 in each group) underwent anterior intervertebral lumbar arthrodeses at L2-3, L4-5 and L6-7. Each level was randomly allocated to one of the 3 implants: a porous tantalum ring (Hedrocel®) with pedicle screw fixation, a porous tantalum ring or a carbon fiber cage with anterior staple fixation. The central hole of implants was packed with an autograft. Alendronate was given orally for the first 3 months to one of the groups. The pigs were observed for 6 months before they were killed. The histological examination in all implants and Micro-CT scans in the carbon fiber cages were done.

RESULTS: In both groups, no difference was found in spinal fusion rate of three implants. Bone ingrowth into the central holes of implants and the pores of porous tantalum, and bone around the implants did not show any difference in three implants between both groups histologically. The property of bone microstructure in the central hole of the carbon fiber cage did not change in the two groups.

CONCLUSION: Short-term alendronate treatment does not maintain a residual effect on bone ingrowth into porous tantalum interbody device and the carbon fiber cage after treatment withdrawal.

Bracing with head-control in spastic tetraplegic patients

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INTRODUCTION:

In spastic tetraplegia 65% of the patients develop scoliosis with spine instability and some lack of head-control. A prerequisite for social activities is a sitting or standing position and a certain degree of visual range. A new brace/shell with an active head control is described and validated.

MATERIAL AND METHODS:

The brace consists of a shell performed by making a cast of the back in a simulator. At the front shoulder straps and individually performed harnesses is keeping the body to the shell. At the top of the shell moveable joint connects the head suspender. The patients can be moved from wheelchair to the up right device and to the horizontal position with the brace on.

In a 2,5 year period from 2000 on, 20 children had a brace prescribed. In October- November 2003 questionnaires concerning compliance, effect on daily living and nursing, were filled out by parents and the physiotherapists treating the children.

RESULTS:

Age range of the patients was 4-12 years. The answers of specific questions were grades on a scale from 1-4 (1=bad, 4=excellent). In most of the 20 questions the answers score were 3-4. 60% found excellent effect on communication and better respiration. 60% answered score 3 or 4 concerning tranfere of the patient with a lift. 7 out of 12 found it easier to assist the patient.by eating.

CONCLUSION:

The new brace/shell is in selected cases of severely handicapped tetraplegic children an obvious alternative to whole body braces.

No signs of loosening of Copeland humeral resurfacing arthroplasty in OA and RA patients. A short-term clinical and radiological follow-up study

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INTRODUCTION:

Since June 2002 the uncemented Copeland humeral resurfacing arthroplasty has been the implant of choice for patients undergoing elective shoulder arthroplasty due to OA and RA at our department. A survey was undertaken to assess the short-term function of the implant.

MATERIAL AND METHODS:

14 humeral components were implanted consecutively in 9 females and 3 males. Median age 71, range 50 to 90 years. 11 operations were performed due to OA and 3 due to RA. A standard anterior deltopectoral approach was employed in all patients. Physiotherapy was initiated within 1 week after surgery, whereas full range of movement exercises were not allowed until 6 weeks postoperatively. At follow-up by an unbiased observer the Constant shoulder score and the SF36 self-assessment questionnaire were used for clinical evaluation. Standard AP and lateral radiograms were obtained for the radiological assessment.

RESULTS:

All but one patient who died from unrelated causes were evaluated after median 15 months, range 3 to 19 months. No complications due to the surgical procedure were encountered.

Good pain relief was obtained in 8 out of 11 patients demonstrated by a VAS pain score above 10 out of 15 points. Median Constant score was 52, range 22 to 65. According to the SF36 questionnaire the overall physical (PCS) and mental (MCS) health status did not differ from age matched groups. Radiographs revealed no migration of the implants and no radiolucencies along the bone-implant interface were seen. All but one patient would undergo the procedure once again should the need arise.

CONCLUSION:

The Copeland humeral resurfacing implant has shown to be a safe alternative to a stemmed cemented prosthesis in patients with OA or RA undergoing shoulder arthroplasty.

Correction of clubfeet relapse using the Ilizarov method

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INTRODUCTION:

Primary treatment of idiopathic clubfeet gives satisfactory results. However relapses occur in about 20% and need secondary correction later in childhood. Repeated soft tissue release and or bony procedures are common, but causes more stiffness, incomplete correction and shorten the foot further. An alternative is Ilizarov soft tissue distraction. A new combined concept of Ilizarov distraction followed immediately by tendon transfer and midfoot joint sparing osteotomy is presented.

MATERIAL AND METHODS:

44 (30 patients) consecutive relapsed clubfeet underwent the combined concept. Most were referred from other counties in Denmark. 14 were bilateral, 14 unilateral and 2 neglected immigrated primary clubfeet. Mean age at Ilizarov distraction was 7.8 years (2-15) and all had 1 or more failed clubfeet surgeries. The index surgery consisted of application of an Ilizarov foot and lower leg frame, plantar fascia fasciotomy, eventually external derotation of tibia with lengthening when needed. Second step included removal of frame, wedge resection osteotomy of cuboid bone transferred to cuneiforme I and split anterior tibial tendon transfer to lateral midfoot.

RESULTS:

The feet were evaluated at least 2 years (2-7) after index surgery by the modified Wallace-Lehman score. 39 feet were excellent, 3 good, 2 fair and no poor. 4 feet were overcorrected in hindfoot valgus and all 4 underwent calcaneal medial translation and varus displacement osteotomy.

CONCLUSION:

The new Ilizarov combined concept for failed primary and secondary club foot surgery gives excellent results. The concept is time consuming, but has a high appreciation by the parents.

Examination techniques for diagnosing iliotibial friction syndrome (runners knee) – Reliability and validity compared to ultrasound examination

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INTRODUCTION: Iliotibial Band Friction Syndrome (ITBFS)(Runner's knee) is one of the most common overuse injuries in the knee. Orava found a 6.1 % incidence in athletes. No studies have been published regarding reproducibility and validity of the clinical examination techniques for diagnosing ITBFS. The purpose of the present study was to describe 2 new clinical tests, to test the reproducibility of 4 clinical testes for diagnosing ITBFS examination and to compare the results with an ultrasound scan.

MATERIAL&METHODS: 51 men and women aged 22-48 were included. 49 with knee pain on the lateral aspect of the knee and 2 persons without. A questionnaire was completed by all test persons. They were all tested with 4 manual tests: Palpation (3 palpation points), Nobles Compressions Test and Iliotibial Friction Test 1 and 2 (IFT 1 and IFT 2). Finally they were all ultrasound scanned and this result was considered Golden Standard. The reproducibility and validity results were calculated as Kappa values, and were tested against the ultrasound results.

RESULTS: All manual tests showed very acceptable reproducibility (Palpation 0.81; IFT2 0.81; IFT1 0.78; Nobles 0.71). The validity, correlated to ultrasound, was poor in all 4 manual tests (Palpation 0.44; Nobles 0.41; IFT2 0.39; IFT1 0.15). Palpation point no. 1 showed the highest validity score at 0.54(Kappa).

CONCLUSION: The reproducibility of the Palpation test, Nobles Compression test and IFT 1 and 2 is satisfactory. The validity of all 4 manual tests is very poor when compared to ultrasound. None of these clinical tests can stand alone in diagnosing ITBFS. An ongoing study including an improved Golden Standard assessment will hopefully lead to the development of a better test combination to diagnose ITBFS accurately.

The patellar tilt test – Examination techniques for patellar tendinopathy (Jumper’s knee) – Reproducibility and validity compared to ultrasound

*Kristina M. Mollerup, Brian Wang Pedersen, Michael Bachmann
Nielsen & Per Hölmich*

Dept of Orth Surg, Amager Hospital, Ultrasound Section, Department of Radiology, Rigshospitalet, Copenhagen, Denmark

INTRODUCTION: Patellar tendinopathy, Jumper’s knee, is a clinical condition involving the proximal part of the patella tendon and the distal pole of the patella. It is considered to be a result of overuse, cumulative overload or impingement. Palpation is an important part of the diagnosis. The examination techniques used are only vaguely described and reproducibility and validity is not known. The purpose of this study was to precisely describe 3 clinical tests, test their reproducibility and to compare them to ultrasound examination (US).

MATERIAL & METHODS: The 3 examination methods were precisely defined and trained by the 2 examiners before the study. Thirty athletes, 22 male and 8 female (15 – 31 years), were included. 15 of the athletes had complaints of Jumper’s knee. A questionnaire was completed by all test persons. The pain was recorded using the Numeric Pain Rating Scale during Patella tilt test (PTT), Palpation test (PT) and Isometric test (IT). The clinical tests were performed separately and in a randomised order by 2 investigators. Twenty-six of the participants had an US and 13 of these had complaints of Jumper’s knee.

RESULTS: The PPT and PT were reproducible on an excellent or substantial level (PPT 0.93; PT 0.79 and IT 0.53). Comparing the tests to the US only the PTT (0.54) was “substantial”. The tests were all in “substantial” agreement with the questionnaire (PPT 0.66; PT 0.73; IT 0.66).

CONCLUSION: The 3 tests are reproducible and the PTT is highly reproducible. Using US as Golden Standard only the PTT has a moderate agreement. The study indicates that the PTT is the best test of the 3 studied, but the results are not conclusive. An ongoing study including an improved golden standard will hopefully clarify the problem.

Incidence of total hip arthroplasties and revisions in Denmark between 1996 and 2002 and estimated future demands

Alma B. Pedersen (1), Søren P. Johnsen (2), Søren Overgaard (3), Kjeld Søballe (1), Henrik T. Sørensen (2) and Ulf Lucht (1)

(1)Department of Orthopaedics and (2) Clinical Epidemiology, Aarhus University Hospital, Denmark 3 Department of Orthopaedics, Odense University Hospital, Denmark

INTRODUCTION: We report the incidence rates (IR) of primary total hip arthroplasty (THA) and revisions in Denmark from 1996 to 2002 and estimate the demands for THA until 2020.

MATERIAL AND METHODS: We used data from the Danish Hip Arthroplasty Registry to identify patients with primary THA (n=37,144) and revision (n=6,446). Data on the population size were obtained from The Statistics Denmark. All IRs were standardised to the Danish Population in 1996. The future demands for primary THA were estimated using the incidence of primary THA for 2002 as a reference and taking into account the expected changes in the age distribution of the population and the trend in IRs seen in Denmark from 1996 to 2002.

RESULTS: The overall IRs of primary THAs and revisions increased from 100.5 to 131.1 and from 19.2 to 20.7 per 100,000 inhabitants between 1996 and 2002, respectively. The IRs of primary THAs and revisions increased by 30% and 10% during this period, respectively. The increase was higher among females and patients between 50-59 years. However, a decrease in IRs was seen in patients who underwent primary THA due to rheumatoid arthritis. IRs of primary THAs were estimated to increase by 22% in 2020 compared with 2002, based on the expected changes in the age distribution of the population only. However, assuming that the yearly age-independent increase in IRs from 1996 to 2002 continues, the IR of primary THA will increase by 205% in 2020.

CONCLUSION: The overall incidence of primary THAs and revisions in Denmark has increased from 1996 to 2002. Furthermore, the demands for THAs in the coming decades will increase dramatically due to changes in the age distribution of the population and a continued age-independent increase in the surgical activity.

Procedure of femoral nerve catheter for pain relief in hip fracture patients and early experiences

*Finn Molke Borgbjerg, Bente Dyrland Pedersen, Birgit Villadsen,
Susanne Juhl Pedersen, Benn Duus, Jes Bruun Lauritzen &
BBH Hip Fracture Group*

Department of Orthopaedic Surgery, Skadestuen, Department of Anaesthesiology, Bispebjerg Hospital, University of Copenhagen

INTRODUCTION:

Insertion of femoral nerve catheter with bolus of bupivacain was introduced in hip fracture patients for pain relief as a substitute for epidural pre- and postoperative pain treatment.

METHODS AND MATERIALS:

Femoral nerve block anaesthetize the femoral, cutaneous femoral and obturatorius nerves and may induce paresis of muscular flexors of the femur and the skin of femur, including medial part of lower limb (3- in-one-block). Insert Contiplex T canula cranially, 2 cm distal to inguinal ligament and 1-2 cm lateral to the femoral artery. Current is set to 1.5 mA and contraction of quadriceps of the femur (dancing patella sign) is observed. The current is reduced to 0.2 to 0.5 mA, while muscle response is still obtained. 3-5 ml of saline is injected. The catheter is inserted and 4 ml lidocain 2 % + adr is given to test for intravascular positioning (pulse rate increase). The subsequent bolus injection is with reduced concentrations of bupivacain, 20 ml., 2.5 mg/ml times four per day for the first 4 postop days.

RESULTS:

A total of 150 patients with hip fracture have received femoral nerve catheter and 7 have experienced partial paresis of the flexor muscles of the femur. Reduction in bolus has relieved the paresis so mobilization could be continued. One fall has been recorded, but no injury sustained. Use of supplemental morphine postoperative has averaged less than 0.5 mg per day per patient. No infections have been observed.

CONCLUSION:

The femoral nerve catheter with bolus injections for hip fracture patients have shown a high acceptability among patients and staff, but one must still pay attention to observations for complications and contraindications with this new procedure..

Femoral nerve block catheter and adjuvant use of opioids in hip fracture patients

Susanne Juhl Pedersen, Finn Molke Borgbjerg, Bente Dyrlund Pedersen, Birgit Villadsen, Benn Duus, Jes Bruun Lauritzen & BBH Hip Fracture Group

Department of Orthopaedic Surgery, Department of Anaesthesiology, Bispebjerg Hospital, University of Copenhagen

INTRODUCTION: In the optimized hip fracture program the pain of the patients are relieved by femoral nerve catheter as a substitute for use of systemic opioid analgesics.

MATERIAL AND METHODS: A total of 41 random selected hip fracture patients admitted to Bispebjerg Hospital from Jan to June 2003 (conventional treatment) and 27 patients admitted between Jan 20th to Feb 10th 2004 (optimized program) were included. Excluded were patients treated with methadone at admission, those who had not received a femoral catheter, and patients that were moribund at admission. A total of 41 in the control group and 24 patients in the intervention group were included.

Data were collected from the nurse medical records from the emergency room, and the medicine sheets of the patients, that are routinely used. The Chi square test was used ($p < 0.05$).

RESULTS: The results of the patients with a femoral catheter versus the conventional treated patients:

At the day of surgery 25% (6/24) of the patients with a femoral nerve catheter versus 63% (26/41) ($p = 0.003$) had received systematic opioids analgesics for the femoral catheter group and control group, respectively. The first day after surgery 21% (5/24) versus 68% (27/40) ($p < 0.001$), two days after surgery 21% (5/24) versus 64% (23/36) ($p = 0.001$), three days after surgery 27% (6/22) versus 59% (20/34) ($p = 0.2$) and four days after surgery 23% (5/22) versus 55% (18/33) ($p = 0.02$) for the optimized group and control group, respectively.

CONCLUSION: It seems that continuous pain treatment with femoral nerve catheter in patients with hip fracture may reduce the need for supplementary opioids to a great extent. Unfortunately, several biases are possible, and further studies are needed to verify this finding.

Subtalar arthroscopy with a new set up

*Johnny Frøkjær, Palle Bo Hansen, Jens Ulrik Wester, Christian Ulrik
Maegaard*

Fod og ankelsektionen, Ortopædkirurgisk afd. O, OUH &
Parko Development

INTRODUCTION:

We describe a new set up for subtalar arthroscopy with a special distraction device and soft tissue strap. We present preliminary results from our first 6 arthroscopies.

MATERIAL AND METHODS:

Six consecutive patients were operated on from august to december 2003. Three males and three females, mean age 54 years (40-76 years), were operated on. All had a pre operative CT- or MRI-scan. Diagnoses were; arthrosis 4, osteochondral lesion 1, subtalar instability 1. Mean AOFAS-score was 62 (45-72).

The patient was placed in lateral position, the hip flexed 90 degrees, the knee fixed in 90 degrees, with a tourniquet and a strap around the distal part of the femur. Soft tissue distraction was performed with a specially designed distractor and strap, opening the posterior talocalcaneal joint. 2.7 mm arthroscope and 3.0 mm small joint instruments were used through anterolateral and posterolateral portals.

RESULTS:

Mean operation time was 74 min (50-95 min). We performed 4 arthrodeses with a 7.3 mm cannulated screw. Patients were discharged from hospital mean 2 days (1-5 days) after surgery. All showed radiological healing after 3 months. One patient had a synovectomy and inforation of an osteochondral defect in the talus. One patient had synovectomy of the sinus tarsi. Both were out clinic patients. We found no nervous, vascular or infectious complications.

CONCLUSION:

The described positioning of the patient in lateral with a newly developed distraction device and soft tissue strap, was simple and reproducible. In all cases we had an excellent view of the entire joint. All operations were performed arthroscopically. We will continue to perform subtalar arthroscopy as described above, and further experience with this method will be reported.

Shortening following mid-shaft fractures of the clavicle

Steen L. Jensen, Bo S. Olsen, Jens Bonde-Petersen, Gorm S. Nielsen
Ortopædkirurgisk og radiologisk afdeling, Århus Sygehus,
Århus Universitetshospital.

INTRODUCTION:

Shortening of the clavicle may occur after conservative treatment of mid-shaft fractures in adults. Primary reduction and osteosynthesis has been recommended in severely displaced fractures to avoid shoulder disability, but the effect that clavicular shortening may have on shoulder function is poorly documented. The purpose of this study was to find out if shortening of the clavicle following a fracture affects the functional result and to determine whether primary displacement reliably predicts final shortening.

MATERIAL AND METHODS:

101 patients (median age 28 years, 79 males) with united fractures of the middle third clavicle were examined with a mean follow-up of 60 months (range: 47 to 82 months). Shoulder function was evaluated with the Constant Score. Radiographs were taken of both shoulders on a single film to determine final shortening.

RESULTS:

At follow-up, the average shortening of the fractured clavicles was 11 mm (range: -13 to 41 mm) compared with the contralateral clavicles ($p < 0.001$). On the primary radiographs, the average shortening was estimated to 8 mm (range: 0 to 46). There was a slight positive correlation between initial and final shortening ($R = 0.21$, $P = 0.04$). The median Constant Score of the injured shoulder was 90 compared to 95 of the contralateral ($p < 0.001$). There was no significant correlation between final shortening and functional result.

CONCLUSION:

Shortening of the clavicle is common following conservative treatment of a mid-shaft fracture. Patients may experience a reduction of shoulder function, but it is not related to the degree of clavicular shortening. The weak correlation between initial and final shortening indicates that prediction of final shortening from the primary radiograph is uncertain.

Prognosis after operative treatment for bone metastases in the pelvis and extremities

Bjarne H Hansen, Johnny Ø Keller, Peter H Joergensen.

The Sarcoma Center, University Hospital, Aarhus , Denmark.

INTRODUCTION:

The assessment of the prognosis for the individual patient is important for the choice of surgical treatment of skeletal metastases. The aim of surgical treatment is to remove pain and maintain function to improve quality of life. We analyzed the survival of patients with skeletal metastases surgically treated at the University Hospital in Aarhus from September 1999 to march 2003.

PATIENTS AND METHODS:

A consecutive series of 87 patients with an average age of 64 years underwent a total of 90 operations for non-spinal skeletal metastases. 3 % were operated for more than one metastasis. Carcinoma of the breast, prostate, kidney and lung were the dominating primary tumours.

RESULTS:

The survival rate was 0.35 at 1 year, 0.22 at 2 years and 0.14 at 3 years. Univariate analysis showed that survival was related to bone localisation, number of skeletal metastases, presence of visceral metastases, Karnofsky performance score, primary tumour, presence of a pathological fracture and preoperative haemoglobin content. Multivariate regression analysis showed that pathological fracture, haemoglobin content < 7 mmol/l and poor Karnofsky performance score were negative prognostic factors for survival. Breast cancer was the sole positive prognostic factor for survival.

Artificial cartilage cup ACC 1000 tested in an in vitro mammalian cell gene mutation test using mouse lymphoma cells

Sune Lund Sporning, Klaus Bechgaard, Jes Bruun Lauritzen and Spacer Implant Research Group (SIR-Group)

Danish Polymer Centre, Department of Material Physics and Chemistry, Risø. Department of Orthopaedic Surgery, Bispebjerg Hospital and Cartificial A/S

INTRODUCTION: The objective of the study was to determine whether extracts prepared from the PE-acc1000 were mutagenic in an in vitro mammalian cell gene mutation test using mouse lymphoma L5178Y cells

METHODS AND MATERIALS: Mouse lymphoma L5178Y cells which were heterozygous for the thymidine kinase gene (TK \pm) were treated with the test article. The frequency of cells which mutated to become homozygous TK \pm was measured at the end of the treatment period to determine whether the test article extracts caused mutation. The homozygous TK \pm mutants were selected using trifluorothymidine (TFT): the original, heterozygous TK \pm cells produced thymidine kinase and were killed by TFT, but TK \pm mutants were not killed by TFT and grew into colonies (clones) that were counted. Cultures of mouse lymphoma L5178Y cells were treated with the test article extracts at the highest practical concentrations (80% of the culture volume for the extract in cell culture medium and 1% for the DMSO extract). Negative control cultures were treated with cell culture medium and DMSO and positive control cultures were treated with N-ethyl-N-nitrosourea without S-9 mix, and 7,12-dimethyl-1,2-benzanthracene with S-9 mix.

RESULTS: The extracts did not cause marked toxicity at the concentrations tested. No biologically or statistically significant increases in the frequency of large, small or total mutants were observed for any cultures. Large increases in mutation frequency observed in cultures treated with the positive control agents demonstrated the sensitivity of the test system and the efficacy of the S-9 mix.

CONCLUSION: It is concluded that Artificial cartilage cup type ACC 1000 was not mutagenic in this in vitro study.

The study was performed in December 2002 to January 2003, at Scan-tox, Denmark.

Effects of Osteoprotegerin Treatment on Healing Fractures

Michael Ulrich-Vinther [1], Kjeld Søballe [1], Troels T. Andreassen [2]

1) Department of Orthopaedics, Aarhus University Hospital,

2) Department of Connective Tissue Biology, Institute of Anatomy,
University of Aarhus

INTRODUCTION:

Osteoprotegerin (OPG) is an effective depressor of osteoclasts and might provide therapy of various bone degenerative diseases. The effects of OPG treatment on rat fracture healing have been investigated in the present study.

MATERIAL AND METHODS:

The influence of OPG treatment on callus formation, mechanical strength and callus tissue mechanical quality of tibia fractures in rats was investigated after 3 weeks and 8 weeks of healing. OPG was given intravenously (10 mg/kg twice weekly) during the entire observation period, and control animals with fractures received vehicle only.

RESULTS:

After 3 weeks of healing, no differences were found in callus dimensions, callus bone mineral content (BMC), fracture strength, and callus tissue mechanical quality. After 8 weeks of healing, augmented external callus volume (27%, $p=0.02$), callus dimensions (anterior-posterior diameter: 27%, $p=0.03$; medial-lateral diameter: 33%, $p=0.02$), and BMC (34%, $p=0.001$) were found in OPG-treated animals. No difference in mechanical strength of the healing fractures was found between OPG-treated and vehicle rats after 8 weeks of healing, but mechanical quality of the callus tissue was decreased in the OPG animals (ultimate stress: 51%, $p<0.001$; Elastic modulus: 42%, $p=0.03$).

CONCLUSIONS:

The experiment demonstrates that OPG-mediated inhibition of RANK signaling is not essential during the early callus enlargement phase of fracture healing. However, during the subsequent period of remodeling, from 3 weeks to 8 weeks, of healing OPG treatment impairs the normal remodeling and consolidation processes.

Wear and Friction Studies of ACC1000 Artificial Cartilage Implant Material

Povl Brøndsted, Jakob Ilsted Bech, Tom Løgstrup Andersen, Materials Research Department, Risø National Laboratory, and Spacer Implant Research Group

Danish Polymer Centre and Materials Research Department, Risø, Department of Orthopaedic Surgery, Bispebjerg Hospital, Cartificial A/S

INTRODUCTION:

In the present work the pin-on-disc method is applied for evaluating the tribological properties of different materials in contact with the artificial cartilage implant.

MATERIAL AND METHODS:

The aim of the pin-on-disc tests was to find a material that behaves like human bone when in a sliding contact with the polymer. The pin materials selected to seek a match with in-vivo bone were bio quality 99.9% alumina ceramics (Al_2O_3), stainless steel (grade 316), and high density PE (HDPE). As a reference two samples, a severely worn part and a smooth part, were cut from a fresh femur head. The tests were carried out in Bovine Serum and 0.9% NaCl respectively. The influence of disc speed was also studied (speeds of 0.01 and 0.02 mm/sec).

RESULTS:

The HDPE pin material gave the highest coefficient of friction of the tested samples. The severe worn bone showed slightly higher coefficient of friction than the mild worn bone. The bone material showed coefficients of friction in the same order of magnitude as the ceramic alumina (Al_2O_3) material. The wear from the stainless steel surface were also comparable to the Al_2O_3 , but it was suspected that the stainless steel could be corrosion attacked from the fluid due to low oxygen content. The other parameter studies gave the following conclusions:

CONCLUSION:

The screening tests made it possible to select a material for simulation wear of the PE based implant. The 99.9% bio quality alumina was selected. This material shows a coefficient of friction similar to the friction we find between bone and implant.

Tests were carried out at the Danfoss technology centre and we acknowledge Mr Per Kjeldsteen, Danfoss for his able assistance.

Anterior lumbar interbody fusion with tantalum-coated carbon-carbon composite cage

*Haisheng Li, Xuenong Zou, Chalotte Woo, Ming Ding, Martin Lind,
Cody Bünger*

Orthopaedic Research Lab., Clinical Institute,
Aarhus University Hospital

INTRODUCTION:

Implants of carbon fiber composite have been widely used in spinal applications. Tantalum has also been in clinical use since before 1940 and has found a wide range of diagnostic and implants applications. In the present study, we tested a carbon-carbon (C-C) composite cage with a thin layer of tantalum coating in a spinal fusion model.

MATERIAL AND METHODS:

8 Danish landrace pigs were operated, and lumbar spine interbody fusion of L3/4, L4/5 using tantalum coated C-C composite cages with pedicle screws fixation were performed on each pig. Cages packed with either autograft or Colloss were randomly assigned to the two levels. Cages were evaluated radiologically at 4, 8, and 12 weeks post-op. All pigs were killed at 12 weeks, and conventional CT and Micro-CT scanning examinations were conducted.

RESULTS:

All the pigs went through the observation without major complications. One C-C cage was broken at 8 week (Colloss-filled). The rest of the cages shown to be radio-transparent which was useful for serial evaluations. Due to lack of extension-flexion radiographs, fusion rate was not given with radiograph evaluation. With clinical CT evaluation, fusion rate for Colloss was 57% (4/7) and for the autograft was 87.5% (7/8). Excellent biocompatibility was demonstrated by micro-CT images, in which bone in direct contact with the Ta-coated cages was abundant. Fusion rates evaluated by reconstructed micro-CT images improved to 85.7% (6/7) for Colloss and to 100% for autograft.

CONCLUSIONS:

Ta-coated C-C implants demonstrated good biocompatibility with excellent bone ingrowth. The bone formation can be followed with radiographic examinations, while the thin Ta coating can improve the bone ingrowth and serve as a marker.

MØDER I FORBINDELSE MED FORÅRSMØDET 2004

Møder i forbindelse med DOS Forårsmødet Århus 2004

Torsdag den 13. maj

- | | |
|---|---------------|
| - Dansk Børneortopædisk Selskab | 10:00 – 12:00 |
| - Dansk Selskab for Hofte-
og Knæalloplastik Kirurgi | 09:00 – 12:00 |
| - Dansk ortopædkirurgisk Traumeselskab | 10:00 – 12:00 |
| - Dansk Selskab for Håndkirurgi | 09:00 – 12:00 |
| - Interessegruppen for rygkirurgi | 08:00 – 10:00 |
| - SAKS | 09:00 – 12:00 |

Dansk Børneortopædisk Selskab

Medlemsmøde og generalforsamling
Radisson SAS Scandinavia Hotel Århus
13. maj 2004, kl. 10.00 – 12.00

Medlemsmøde og Generalforsamling

Dagsorden

1. valg af dirigent
2. formandens beretning
3. udvalgsberetninger
4. fremlæggelse af regnskab og budget til godkendelse
5. fastsættelse af kontingent
6. valg af bestyrelse og revisor (kun ved valgperiodens udløb)
medlem Ivan Hvid og sekretær Jess Hedeboe afgår
7. eventuelt

Detaljeret program fremsendes til medlemmerne pr. e-mail inden mødet. Der vil som sædvanlig blive lejlighed til faglig diskussion af "troublesome cases", ligesom kommende formelle krav til uddannelse i børneortopædi vil være til debat.

Med venlig hilsen

p.b.v
Jess Hedeboe
sekretær

Danish Society for Hip and Knee Replacement

Symposium

Current State and Future Aspects in Minimal Invasive Surgery in Hip and Knee Replacement

Meeting in conjunction with Danish Orthopaedic Society
Thursday, May 13, 2004: 10:00-11:30 Aarhus

Moderator: Kjeld Søballe, MD, professor (HIP) & Frank Madsen, MD (KNEE)

10:00-10:25 Two Incision Technique in Total Hip Replacement.
Experience and Results
Thomas Klestil, MD, professor, Innsbruck, Austria

10:25-10:35 MIS in total hip replacement. Current state in Denmark
Søren Overgaard, MD, professor, Odense, Denmark

10:35-10:45 Discussion hip

10:45-11:10 Total Knee Replacement using MIS
Mr NF Shankar, MD, United Kingdom

11:10-11:20 MIS in total knee replacement. Current state in Denmark
Per Wagner Kristensen, MD, Vejle, Denmark

11:20-11:30 Discussion knee

Generalforsamling

Dansk Selskab for Hofte- og Knæalloplastik

Kirurgi; DSHK

Radisson SAS Scandinavia Hotel, Aarhus, 13. maj 2004 kl. 11.30

- 1) Valg af dirigent.
- 2) Godkendelse af referat fra 1. ordinære generalforsamling af 22.maj 2003.
Referatet er publiceret på selskabets hjemmeside www.dshk.org
- 3) Formandens beretning.
- 4) Fremlæggelse af regnskab og budget til godkendelse.
- 5) Behandling af indkomne forslag.
Forslag skal fremsendes skriftligt og være bestyrelsen i hænde senest 2 uger før generalforsamlingen.
- 6) Fastsættelse af kontingent for det kommende år.
- 7) Valg. På valg er følgende:
Bestyrelsesmedlem Jens-Erik Varmarken, som er villig til genvalg.
Bestyrelsesmedlem Kjeld Søballe, som er villig til genvalg.
- 8) Valg af revisor.
- 9) Eventuelt.

På vegne af DSHK
Jens-Erik Varmarken Sekretær i DSHK

DOS REFERENCEPROGRAM

KNÆNÆR OSTEOTOMI OG PRIMÆR KNÆALLOPLASTIK

Opmærksomheden henledes hermed på ovenstående. Der ligger et færdigt udkast på nettet (www.d243676.suite.dk/kneeallo), og høringsfasen er i fuld gang. Kommentarer sendes til: rh13199@rh.dk. Referenceprogrammet kommer til afstemning ved generalforsamlingen d. 14.5.04, hvor der vil være en sidste mulighed for kommentarer.

*Henrik M Schrøder
Formand for Styregruppen*

Dansk Selskab for Hofte- og Knæalloplastik Kirurgi

Selskabet har på bestyrelsesmøde den 26. februar 2004 behandlet emnet ”to-incisions teknik ved primær hoftealloplastik”. Bestyrelsen fandt det betimeligt at behandle emnet, dels da temaet er et naturligt område for selskabets medlemmer, dels i lyset af den kliniske og videnskabelige debat der pågår rundt i landets afdelinger efter at den kirurgiske teknik er blevet introduceret i Danmark i løbet af 2003.

Der foreligger ingen videnskabelige publikationer på basis af randomiserede studier omkring resultater med to-incisions teknikken. Selskabet er vidende om at 5 ortopædkirurgiske afdelinger i Danmark (Aalborg, Aarhus, Vejle, Middelfart og Odense) har udfærdiget en protokol til et randomiseret studie med anvendelse af bl.a. RSA og ganganalyse med henblik på at analysere stabiliteten af proteser, gangmønstret hos patienterne samt naturligvis også komplikationsfrekvensen med anvendelse af to-incisions teknikken sammenholdt med standard bagre adgang.

Bestyrelsen opfordrer de af vores medlemmer som foretager primær hoftealloplastik at afvente med etablering af to incisions teknikken indtil resultaterne af det ovenfor anførte studium er tilgængelig.

De 5 afdelinger er i pilotfasen hvor teknikken etableres. Efterfølgende har de 5 afdelinger meddelt at ingen patienter kan henvende sig med henblik på at blive opereret med to incisions teknikken – men såfremt inklusionskriterierne er opfyldt naturligvis på lige fod med afdelingernes øvrige hoftepatienter indgå i det randomiserede studium.

Såvel bestyrelsen som de 5 afdelinger står naturligvis til rådighed med yderligere informationer.

*På vegne af Dansk Selskab for Hofte- og Knæalloplastik Kirurgi
Per Kjærsgaard-Andersen, formand*

Dansk Selskab for Hofte og Knæalloplastik Kirurgi DSHK

Alle med interesse for hofte- og knæalloplastik kirurgi opfordres hermed til at indmelde sig i selskabet, for at være med til at styrke det arbejde, der foregår via selskabet.

Selskabet arrangerer symposier i forbindelse med DOS møderne og er også arrangør af E-kurserne om knæ- og hoftekirurgi, som forløber hvert andet år. Som medlem kommer man med til kurserne til en reduceret pris. Selskabet arbejder på at lave multicenter studier og afdelingserfarings-udveksling via de såkaldte åbne afdelinger. Selskabet har egen hjemmeside og der er e-mail service til medlemmerne.

Det årlige kontingent er på kun kr. 100,-

Indmeldelse kan ske på nedenstående slip, der sendes til:

**Overlæge Jens-Erik Varmarken
Ortopædkirurgisk afdeling
Storstrømmens Sygehus Næstved 4700 Næstved**

Undertegnede ansøger hermed om optagelse som medlem i DSHK

Navn: _____

Stilling: _____

Ansættelsested : _____

E-mail: _____

Privat adresse: _____

Evt. telefonnr.: _____

Indmeldelse kan også ske direkte på E-mail med de samme oplysninger til:

**Overlæge Jens-Erik Varmarken
jva@cn.stam.dk**

Dansk Ortopædkirurgisk Traumeselskab DOT

I forbindelse med forårsmødet holdes generalforsamling i selskabet
torsdag 13. maj kl 10-11.20 med følgende punkter:

1. Valg af dirigent og referent
2. Godkendelse af referat fra sidste generalforsamling.
3. Formandens beretning samt beretning fra diverse udvalg.
4. Indkomne forslag.
5. Fremlæggelse af regnskab og budget til godkendelse.
6. Fastlæggelse af kontingent.
7. Evt.

I forlængelse af generalforsamlingen holder Charlotte Buch Gøthgen et
indlæg:

11.20 - 12.00: marvsømningsprincipper

*Kjeld Hougaard
formand for selskabet*

DANSK SELSKAB FOR HÅNDKIRURGI TEMAMØDE OM CARPALTUNNELSYNDROM

**Torsdag den 13. maj 2004
Scandinavian Congress Center i Århus kl. 09-12**

Indledning	(5 minutter)	Karsten Krøner, Århus
Klinik og diagnostik	(15 minutter)	Stig Jørring, Slagelse
Neurofysiologi	(30 minutter)	Anne Hjul, Viborg
Billeddiagnostiske muligheder og diagnostik	(15 minutter)	Lars Bolvig, Århus
Kaffepause	(30 minutter)	
Arbejdsmedicinske synsvinkler	(15 minutter)	Johan H. Andersen, Herning
Åbne og lukkede kirurgiske behandlinger	(15 minutter)	Allan Ibsen, København
Ikke-kirurgiske behandlinger	(15 minutter)	Anders Lorentzen, Odense
Ergoterapeutisk behandling og efterbehandling	(20 minutter)	Inge Helleberg, Århus
Resumé og diskussion	(15 minutter)	Per Hølmer, Slagelse

Karsten Krøner



Generalforsamling i SAKS

Torsdag den 13. maj kl. 9.00 – 12.00
i Århus

Program:

Generalforsamling jvnf. vedtægterne, herunder:
bestyrelsens og kassererens beretning
valg af to bestyrelsesmedlemmer
forslag om vedtægts-ændring
(se nærmere detaljer på www.saks.nu)

Fagligt program:

Lars Blønd: Oplæg til multicenter studie om behandling af
førstegangs traumatiske skulderluksationer

Hans-Viggo Johannsen: SLAP læsioner og biceps patologi

Medlemmerne opfordres til at medbringe video cases redigeret ned til
under 1 min. varighed til diskussion.

Forslag til kandidater til bestyrelsen og forslag til generalforsamlingen i
øvrigt bedes fremsendt til specialeansvarlig overlæge Gert Kristensen,
Ortopædkirurgisk afd., Aalborg Sygehus, 9000 Aalborg

Michael Krogsgaard
Formand for SAKS

Hermed indkaldes ansøgninger til SAKS' artroskopiske rejselegat

For at fremme muligheden for studiebesøg til klinikker og specialister med artroskopisk kirurgi på højt niveau og derved øge inspirationen inden for artroskopisk kirurgi i Danmark, har SAKS har stiftet et rejselegat.

Legatet kan søges af alle læger. Der skal med den begrundede ansøgning fremsendes et budget. Legatet kan helt eller delvis dække konkrete rejse- og opholdsudgifter men ikke egen løn. Der er ca. 25.000,- til uddeling.

Ansøgning inden 1. juni 2004 til specialeansvarlig overlæge Gert Kristensen, Ortopædkirurgisk afdeling, Aalborg Sygehus, 9000 Aalborg.

Legatet vil blive opslået 1 eller flere gange årligt.

På bestyrelsens vegne

Michael Krogsgaard
Formand for SAKS

4th. Nordic AO Course: Advances in Fracture Management

22. – 27. August 2004 - Byggecentrum, Middelfart

Formål: Kurset vil gennem teoretiske og kliniske forelæsninger samt praktiske øvelser ajourføre deltagerens viden om biologiske og biomekaniske osteosyntese teknikker. Under kurset trænes deltagerne i at vurdere og planlægge behandlingen af typiske frakturer.

Sted: Byggecentrum, Middelfart i perioden 22.-27. august 2004.

Målgruppe: Læger, der tidligere har gennemgået et AO Basic Course, og har påbegyndt en uddannelse mod speciallæge i ortopædkirurgi. Kursusdeltagerne bør have erfaring svarende til mindst mellemvagts niveau.

Form: Internatkursus

Pris: 11.600,00 kr., inkl. kursusgebyr, kursusmateriale, 5 overnatninger, fuld pension, og kursusmiddag. (9.100,00 kr. inkl. ovenstående uden overnatning)

Program og registreringsformular kan rekvireres hos:

Kursussekretariat:

Stratec Medical A/S

Hørkær 28,3, 2730 Herlev

Att.: Susy Knudsen

Tlf.: 4453 4544 / fax: 4453 2709

E-mail: susy.Knudsen@stratec.com



På fakultetets vegne Poul Einar Jensen



Scandinavian Society for Surgery of the Hand

Copenhagen, 25 - 27 August, 2004

Invited speakers

Marc Garcia Elias, MD, PhD	Barcelona, Spain
William P. Cooney III, MD	Mayo Clinic, USA
David P Green, MD	San Antonio, USA
Margaret M McQuuen, MD FRCSEd	Edinburgh, Scotland
Pierre-Jean Regnard, MD	Dijon, France
John K Stanley, MAOrth,FRCS,	Wrightington, UK
Lena Krumlind, Arbetsterapeut	Stockholm, Sverige
Christina Jerosch-Herold, DipCOT,PhD	Norwich, UK
Lars Hagberg, MD, PhD	Malmö, Sweden
Jens Jørgen Elberg, MD	Copenhagen, Denmark
Marianne Arner, MD, PhD	Malmö, Sweden
Göran Lundborg, MD, PhD	Malmö, Sweden
Simo Wilkki, MD	Kupio, Finland
Christer Sollermann, MD, PhD	Göteborg, Sweden
Bent Mathiesen, MD	Copenhagen, Denmark
Lars Dahlin, MD, PhD	Sweden
Birgitta Rosén,	Malmö, Sweden
Jan Fridén, MD, PhD	Göteborg, Sweden
Ann Kryger, MD, PhD	Denmark
Lars E. Necking, MD, PhD	Sweden

Topics: Alloplasties, Congenital, Microsurgery, Nerves, Rheumatoid arthritis, Tendons, Tetraplegia, Trauma, Wrist, Occupational disorders

Format: Lectures, Panel discussions, Workshops, Round Table discussions, Instructional Courses and Poster Sessions.

Congress venue: Rigshospitalet, Copenhagen

Important deadlines: Submission of abstracts (April 15, 2004), Deadline for early registration (June 1, 2004). For more information please refer to our website www.sssh2004.dk

Symposium: Patellofemoral Joint Surgery

Danish Society for Arthroscopic Surgery and Sportstraumatology

**November 11-12, 2004
Hotel Comwell Roskilde**

Invitation – First Announcement

The Danish Society for Arthroscopic Surgery and Sportstraumatology invites you to an international symposium on Patellofemoral Joint Surgery.

The symposium will be held November 11-12, 2004 at Hotel Comwell Roskilde. This hotel and conference centre is beautifully situated in the Northern part of Roskilde and offers great views of Roskilde Fjord. The conference centre is within 30 km from the center of Copenhagen. Coming from Malmö, Sweden or Copenhagen Airport it will take less than an hour by train to come to Roskilde Station. From the station the conference centre is easily accessible by bus or taxi.

The preliminary announcement presents information about the scientific topics, the invited faculty and the social programme.

Although the Society has basically intended the symposium for the members, we have announced the symposium in other Scandinavian countries and would be pleased to welcome both orthopaedic surgeons and others with interest in Patellofemoral Joint Disorders.

We have invited speakers from different countries with great experience in treatment of Patellofemoral Joint Disorders. Current knowledge and future trends will be presented and the educational value should be high for both young doctors in developing their surgical skills and more experienced practitioners who wish to update themselves with new topics.

We are looking forward to seeing you in November 2004.

Organising committee:

Dr. Lars Blønd, Copenhagen

Dr. Poul Tordrup, Silkeborg

Dr. Allan Buhl, Horsens

Dr. Morten Storgaard, Næstved

Congress Information:

Time: Thursday November 11th from 9:00 a.m. till
Friday November 12th at 17:00 p.m.

Place: Hotel Comwell Roskilde
Vestre Kirkevej 12
Himmelev DK-4000 Roskilde Denmark
Phone: +45 46323131 Fax: +45 46350835
e-mail: hotel.roskilde@comwell.com
www.comwell.com

Language: English

Hotelreservation:

The organizers have planned that all participants should stay at Hotel Comwell Roskilde during the symposium and a single room for one night is included in the registration fee.

In case you want to extend your stay please contact the Hotel directly for further reservation.

Registration:

Registration is possible either on-line or by using the registration form within this announcement. The on-line registration is found on www.saks.nu.

The registration form should be mailed or faxed to Dr. Poul Tordrup, Orthopaedic dept., Silkeborg Centralhospital, 8600 Silkeborg.
e-mail: kopto@sc.aaa.dk. Fax: +45 8722 2447.

Registration Fee:

Deadline for registration at normal fee is September 1st, 2004.

Before September 1st:

Members of SAKS:	2.300 Dkr.
Non-members:	2.600 Dkr.

After September 1st:

Members of SAKS:	2.600 Dkr.
Non-members:	2.900 Dkr.

Payment:

The fee should be sent either as a cheque (att: Poul Tordrup, Orthopaedic dept. Silkeborg Centralhospital, DK) together with the registration form or as bank transfer to: 3643 3643158701

Transferring money from a foreign country:

SWIFT-BIC:DABADKDK, IBAN:DK3130003643158701.

The Fee covers:

Participation in the symposium including coffee both days.

Lunch both days.

Dinner on Thursday evening the 11th. and social program.

A single-room at Hotel Comwell Roskilde between the 11th. and 12th.

Cancellations:

Before September 1st. : The full fee will be refunded.

Between September 1st and November 1st : 50% of the fee will be refunded.

After November 1st : The fee will not be refunded.

Invited Faculty

Dr. Pekka Kannus, Tampere, Finland

Dr. John P. Fulkerson, Connecticut, USA

Dr. Svend Erik Christiansen, Aarhus, Denmark

Dr. Lars Engebretsen, Oslo, Norway

Phys. Suzanne Werner, Stockholm, Sweden

Dr. Andreas Imhoff, Munich, Germany

Phys. John Verner, Copenhagen, Denmark

Dr. Søren Harving, Ålborg, Denmark

Main topics

Patellofemoral Pain Syndrome.

anatomy and biomechanics
aetiology, diagnosis and scoring systems
conservative treatment and surgical options
new trends in treatment

Patellofemoral instability

evaluation of acute and chronic types
treatment – conservative, open and arthroscopic methods
distal realignment, proximal realignment or reconstruction of MPFL
new techniques

Cartilage lesions and degeneration.

OCD and other cartilage lesion – surgical treatment
chondromalacia and arthrosis

Patella tendon problems.

Secretary of the Symposium

Dr. Allan Buhl
Orthopaedic dept.
Horsens Hospital, Denmark
Phone. +45 79274539
e-mail: abn@hs.vejleamt.dk
buhl-bersang@stofanet.dk

Registration Form

Registration form for the Symposium on Patellofemoral Joint Surgery
november 11-12, 2004

On-line registration is possible and found on www.saks.nu

Name: _____

Address: _____

Postcode and City: _____

Institution: _____ Country: _____

Professional position: _____ E-mail: _____

Registration Fee:

Before September 1st. Member of SAKS 2.300 Dkr.

Non-members 2.600 Dkr.

After September 1st. Member of SAKS 2.600 Dkr.

Non-members 2.900 Dkr.

Payment Method:

Enclosed in cheque – addressed to Dr. Poul Tordrup, Orthopaedic Dept.
Silkeborg Hospital.

Bank-account: reg.nr. 3643 account nr. 4952 6646 68

Transferring money from foreign countries:

SWIFT-BIC:DABADKKK, IBAN: DK39 3000 4952 6646 68

Please make sure to put your name on any bank-transfer or send a copy
of the payment with the registration to ensure a correct registration.

Registration Form should be send to: (Mail or fax)

Dr. Poul Tordrup

Orthopaedic Department

Silkeborg Hospital, DK-8600 Silkeborg, Denmark

Fax: +45 8722 2447

e-mail: kopto@sc.aaa.dk