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SICOT

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

■ Newsletter

Country to country: Orthopaedics in Libya

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No. 102
December 2006

Pre-operative traction for fractures of the proximal femur in adults

Background: Following a hip fracture, traction may be applied to the injured limb before surgery.

Objectives: To evaluate the effects of traction applied to the injured limb prior to surgery for a fractured hip. Different methods of applying traction (skin or skeletal) were considered.

Search strategy: We searched the Cochrane Bone, Joint and Muscle Trauma Group Specialised Register (March 2006), the Cochrane Central Register of Controlled Trials (The Cochrane Library Issue 1, 2006), MEDLINE (1966 to March 2006), EMBASE (1988 to 2006 Week 11), CINAHL (1982 to March 2006), the UK National Research Register (Issue 1, 2006), conference proceedings and reference lists of articles.

Selection criteria: All randomised or quasi-randomised trials comparing either skin or skeletal traction with no traction or skin with skeletal traction for patients with an acute hip fracture prior to surgery.

Data collection and analysis: Both authors independently assessed trial quality and extracted data. Additional information was sought from all trialists. Wherever appropriate and possible, data were pooled.

Main results: Ten randomised trials, mainly of moderate quality, involving a total of 1,546 predominantly elderly patients with hip fractures, were identified and included in the review. Nine trials compared traction with no traction. Although limited data pooling was possible, overall this provided no evidence of benefit from traction, either in the relief of pain before surgery or ease of fracture reduction or quality

of fracture reduction at time of surgery. One of these trials included both skin and skeletal traction groups. This trial and one other compared skeletal traction with skin traction and found no important differences between these two methods, although the initial application of skeletal traction was noted as being more painful and more costly.

Authors' conclusions: From the evidence available, the routine use of traction (either skin or skeletal) prior to surgery for a hip fracture does not appear to have any benefit. However, the evidence is also insufficient to rule out the potential advantages for traction, in particular for specific fracture types, or to confirm additional complications due to traction use. Furthermore, high quality trials would be required to confirm or refute the absence of benefits of traction.

This record should be cited as: Parker MJ, Handoll HHG. Pre-operative traction for fractures of the proximal femur in adults. Cochrane Database of Systematic Reviews 2006, Issue 3. Art. No.: CD000168. DOI: 10.1002/14651858.CD000168.pub2.



As President of SICOT, it is my pleasure to inform you that the heart of SICOT is beating strongly. The grandest thing about the SICOT heart is the pleasure received from helping others. Our Executive Committee and I are pledged to correspond with you every two months. Our commercial friends who are interested in what we do are included in this correspondence. How have we improved SICOT in the last two months? This question should be addressed to you because it is my hope that by every two months you will all have made a strong effort to attract a new colleague to SICOT. As previously stated **NEW MEMBERS WILL SOLVE ALL OF SICOT'S PROBLEMS!**

In point of fact, the following progress has been made in the last two months:

1. Bartolome Allende has conducted an outstanding scientific meeting in Buenos Aires which was profitable not only scientifically, but also socially. We heartily commend Prof Allende for his outstanding work.
2. Commercial vendors have become much more friendly toward our organisation and have agreed to support many of SICOT's activities. We look forward to a close relationship with our commercial friends.
3. Your President's focus has been on "sister organisations" and the interrelationship of international orthopaedic surgeons who have different surgical interests.

Furthermore, I would appreciate your comments on the following items:

1. How do we encourage each member of SICOT to obtain at least one new member this year?
2. We are planning to move to "hands on" sessions at all of our meetings. If you feel we are on the "wrong track", please let us know.
3. We are joining forces with numerous orthopaedic organisations. We are forming an International Board of Orthopaedic Surgery in Hong Kong. We will be working with the Scoliosis Research Society, the American Academy of Orthopaedic Surgeons, the American Orthopaedic Association, the Arthroscopy Association of North America, the International Federation of Paediatric Orthopaedic Surgeons, the International Hip Society, the Clubfoot Society, the Haemophilia Group, the International Laser Group and several others.

Again, your opinion would be appreciated.

Chadwick F. Smith, SICOT President

Orthopaedics in Libya



The Libyan Arab Jamaheriya is located in North Africa along the Mediterranean coast, bordered to the East by Egypt and Sudan, to the West by Tunisia and Algeria and to the South by Chad and Niger.

The size of the country is 1,750,000 km². The population is 5,630,000, with the majority living along the coast. The capital city Tripoli accommodates almost two million people and the city of Benghazi is home to around 900,000.

Since the Revolution of September 1969, the medical service in Libya has spread horizontally to cover all regions of the country. The money spent over 25 years amounts to USD 9 billion. The health service and education are free of charge for all Libyans. There are 84 hospitals at



A view of Tripoli

three levels: county, regional and central hospitals.

The first general hospital was built in Tripoli by the Italians in the early thirties of the last century, and it is known to the world due to the

first Casoni test (intradermal test for hydatid infection). The first medical school was opened in Benghazi in 1971, followed by the one in Tripoli in 1974. There are now 10 medical schools and the Libyan Me-



Roman ruins of the theatre in Sabrata



Roman ruins in Sabrata

Prof Mohamed Rashed | National Secretary of Libya

dical Board for Higher Specialisation, which started in 1993 with residency training and examination programmes, is the highest body for issuing medical degrees, including orthopaedic surgery.

Historically, trauma and orthopaedic problems were looked after by bonesetters and native doctors. The modern or-



Roman ruins of Leptus Magna

thopaedic and trauma service was started simultaneously in Tripoli and Benghazi in the late sixties by a handful of surgeons from overseas.

Prof Murad Langhi, Prof S. Makhoulouf and Prof M. Gabroun were the first Libyan qualified orthopaedic surgeons to build up the teaching of students as well as junior staff for continuing the journey. The Authority financially supported young orthopaedic surgeons for further training abroad.

Road traffic accidents and cardiovascular diseases are the most common causes of morbidity and mortality in our country.

The Libyan Orthopaedic Association (LOA) was formed in 1992 by a group of 50 Libyan orthopaedic surgeons, consultants, registrars and senior house officers. It held its first conference in May 1993 and since then the LOA has been hol-

ding annual meetings. In December 2003, it organised the 3rd SAFO (African Orthopaedics and Trauma Association) in Tripoli.

The LOA is a member of the Pan Arab Orthopaedic Association,

Maghrebian Association, SAFO and SICOT. It is a Founder Member of Mare-Nostrum (Mediterranean Orthopaedic Association) and an Affiliated Member of EFORT.

SICOT membership was established in 1996. I have had the privilege of being the National Secretary for Libya since 1999, when I attended the SICOT/SIROT XXI Triennial World Congress in Sydney.

The LOA can contribute a great deal to SICOT by promoting membership, hosting regional meetings and providing training for young African orthopaedic surgeons. ■



- ▶ **Country name:** great socialist people's Libyan Arab Jamaheriya
- ▶ **Location:** North Africa
- ▶ **Population:** 5,630,000 inhabitants
- ▶ **Capital:** Tripoli

- ▶ **Surface area:** 1,750,000 km²
- ▶ **Language:** Arabic
- ▶ **Religion:** Islam
- ▶ **Type of government:** direct Jamaheriya democracy



- ▶ **No. of doctors:** 6,800
- ▶ **No. of orthopaedic surgeons:** 65
- ▶ **No. of hospitals:** 84
- ▶ **No. of medical schools:** 10
- ▶ **Private share:** 25%
- ▶ **SICOT active members:** 4



15th SICOT Trainees' Meeting in Prague

Assoc Prof Tomas Trç | SICOT Vice President



From 13 to 16 September 2006 the 15th SICOT Trainees' Meeting was held in Prague. The Meeting was organised by the Orthopaedic Clinic of the Second Medical School of Charles University in close cooperation with the Czech Orthopaedic

and Traumatology Society. The Chairman of the Meeting was Assoc Prof Tomas Trç, chief of the organising clinic and President of the Czech Orthopaedic and Traumatology Society.

There were 103 participants from 16 countries and 92 papers were given on seven different topics. Five lectures were presented in the workshop on "Pain management". The session for scientific papers started with a lecture by Assoc Prof Trç on the "History and Future of Resurfacing of the Hip". The Alopastic Section occupied a whole day and papers were mainly about "New Trends in Arthroplasty/MIS, Resurfacings, Special Implants or Revision Surgery". Another very voluminous topic was "Traumatology of Seniors" which also filled a whole day.

Last but not least, topics concerning Neuroorthopaedics were presented with a very interesting lecture by Assoc Prof Smetana (Czech Republic), the most experienced orthopaedic surgeon in treating Children with Cerebral Palsy. Prof Czubak from Poland gave a good lecture on "Hip Surgery in Children". Falling outside the main topic but full of humanity was the lecture by Prof Volpin about "War in Israel and its influence on a hospital, close to the war border." Every section ended with a very lively and rich discussion, which continued later during the scientific exhibition.

The social activities in Prague were excellent. Due to very good weather, Prague was very pleasant for sightseeing and this sometimes caused less participation in the lectures. The last day of the Meeting ended with a farewell party which included a barbecue and many of the participants stayed until Sunday to see more of Prague.

"The 15th SICOT Trainees' Meeting was a real "trainees' meeting" where many young orthopaedic surgeons presented papers of high quality. The scientific level was excellent. All abstracts will be published in the official Czech orthopaedic journal "Acta Orthopaedica". Three of the best talks will be published in full in "International Orthopaedics". These presentations are by Hilmi R., Roussoul P., Noyer D., Guyard M. (France): "Sagittal Spine Balance and Hip Arthroplasty"; Trç T., Stastny E., Handl M. (Czech Republic): "Revision Acetabulum for Bone Loss – TC Acetabulum"; and Czubak J. (Poland): "Strategy in Treatment of Spastic Hip".



SICOT Education Centres

Prof Charles Sorbie | Education Committee, Chairman
Prof Maurice Hinsenkamp | Secretary General

In 2004, the first SICOT Education Centre was opened in Lahore, Pakistan. Thanks to the work of Prof Syed Muhammad Awais this centre is continuously expanding its teaching activities. At present we may consider recognising two new SICOT Education Centres. One could be at the Orthopaedic Department and Teaching Hospital of Assiut University in Egypt, directed by Prof Galal Zaki Said. The second could be at the Orthopaedic Hospital Frank País in Havana, Cuba and be directed by Prof Rodrigo Alvarez Cambras. These orthopaedic units are already very active and involved in training many surgeons from their regions. SICOT Telediagnostic Centres are already in full operation at these centres and they are complying with the following recommendations. In the next few years the SICOT Executive and the Education Committee are very willing to consider other possible locations for Education Centres.

An Education Centre has the following objectives:

- To assist in the education of orthopaedic trainees and continuing knowledge of established orthopaedic surgeons.
- To help develop training programmes which will raise the standards of professionalism among orthopaedic surgeons.
- To help provide competent orthopaedic surgeons by assisting in the improvement and standardisation of training programmes.
- To develop a collaboration with existing educators in the host country for the benefit of trainees.
- To improve the quality of orthopaedic and trauma surgery for the benefit of the injured and disabled.

To assist in the education and training of other relevant health care workers, for example, nurses and physiotherapists.

The main activities of a Centre are regular teaching sessions for local trainees with, at regular intervals,

meetings, rounds, workshops, seminars, etc., for area surgeons and other health care workers, attended, when possible, by visiting teachers.

Equipment will be available for lectures such as wallboards, screens, overhead, data and 35 mm projectors. The Centre will have furniture for comfortable reading, desks for working and chairs for group meetings.

An Education Centre will be settled in a university or teaching hospital and be secure. It will be established in a city which is accessible to surgeons from neighbouring countries.

The Centre will only be created with the full agreement of the Health/Education/Ministries and Governing authorities of the city/country, university and hospital.

It is expected that the appropriate authorities in the country of location will assume responsibility for:

- Provision of the space and structure of the Centre.
- Ongoing costs of maintenance, heat, light, water, etc.
- Insurance for the building and contents, against fire, theft, etc.
- The title to the building (which remains that of the sponsoring institution).
- Rent, if necessary.

SICOT shall supply:

- The intellectual support and property for the Centre.
- Books, journals and other printed materials.
- A computer, modem, etc., to access the Internet and to display CD-ROM's.
- A Telediagnostic Centre.
- Ongoing costs for Internet access.
- Visiting teachers.
- Encouragement and advice for an appointed Director.

The Director shall be chosen jointly by SICOT and the host institution. ■

Prof Dr Vilmos Vecsei | Trauma Committee, Chairman



It has been a labour-intensive time for the SICOT Trauma Committee. We organised a “Speciality Day” in the context of the SICOT/SIROT 2005 XXIII Triennial World Congress in Istanbul, which took place on the 7 September 2005. The Day was structured into four sessions of one and a half hours each, the topics were: Pelvis and Acetabulum, Closed Tibial Fractures, Shoulder: proximal Humerus Fractures and Forearm. We benefited from the presence of many renowned international experts from Austria, Belgium, Germany, Great Britain, Hungary and the United States for this event and it became a great success. Approximately 400 participants took part and even during the last session in the afternoon the huge room was more than half-full. Not only the listeners were enthusiastic about our “Speciality Day” but also the speakers who were captured by the tremendous atmosphere, so that the “Speciality Day” became a highlight of the congress.

But we are not resting on our laurels... We feel that trauma related topics should be an important part of each SICOT Congress. We are keen to organise SICOT

Trauma Courses as an inherent part of the Annual SICOT Meetings. The members of the Trauma Committee see a real need to teach courses on treatment modalities and to compare results related to trauma care. This is certainly the case in paediatric trauma. Either in the sessions on paediatrics or in the sessions about trauma in general, topics on paediatric trauma should be included. The courses should take place a day before the SICOT Congress begins with thematic emphases, perhaps expanded with practical exercises. We want also to invite some renowned experts to optimise the quality of the faculty. The Trauma Committee is trying hard to realise this goal for the meeting in Marrakech in 2007.

For 2008 in Hong Kong a Trauma Day should be established with the help of our friends in industry. We feel that Hong Kong as a door to China could arouse the industry’s interest. This means that co-operation with the industry could help us to establish a successful Trauma Day.

We did not lose sight of our project to assess the quality of trauma care offered around the world as I wrote in the Newsletter of June 2005 (No. 93). As we needed much more data we sent questionnaires by e-mail and surface mail to all delegates. Up to now with

nearly 100 questionnaires sent we obtained a good overview about trauma care around the world. Prof Stefan Marlovits, a new member of the Trauma Committee, and I are working on a paper about our evaluation and it is planned to publish it in the Journal “International Orthopaedics” this year.

As you can see, the Trauma Committee works hard to make the subject of Traumatology a more focal point and we hope that other SICOT Members are spurred on by us and will support our projects. In fact if we are subsidised by SICOT we could surpass our current efforts and become an even more effective Trauma Committee, working to improve trauma care all over the world! ■

TRAUMA COMMITTEE

Vilmos Vecsei (Chairman)
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Thami Benzakour
Bruce D. Browner
Mohammed Hassan Darwish
Morris Duhaime
Christian Gaebler
Dariush Gouran Savadkoohi
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Stefan Marlovits
Galal Zaki Said
Garnet Donald Tregonning
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Orthopaedic trauma presents a challenge to orthopaedic surgeons. Any delay in the management of fractures or soft tissue trauma compounds the challenge several times.

The Bone and Joint Surgery Hospital in Srinagar, Kashmir is a tertiary care hospital with orthopaedic surgery catering to a population base of almost 8 million. The number of patients visiting the out-patients' department is 10 million sixty thousand annually. The hospital receives up to 200 patients a day with significant orthopaedic trauma, where often more than three weeks have elapsed following the injury. The trauma includes fractures, dislocations and soft tissue injuries.

Most of the cases are residents of distant areas. However a significant proportion of them reside within a 20 kilometer radius of the hospital. In most of the cases traditional bone setting techniques have been tried before presentation to the hospital, further worsening the problem.

The difficulty in the manage-



Photograph depicting the forearm of an eight-year-old girl with the sequelae of ill-advised tourniquet application by a bone setter after a trivial soft tissue trauma

ment of these cases arises at several levels. In the case of fractures, malalignment in terms of angulation and rotation, joint surface abnormalities, shortening and joint stiffness need to be addressed. Dislocations provide an even bigger challenge due to the fact that the metabolism of hyaline cartilage is disturbed and synovial fluid functions are impaired.

Literature regarding management of neglected trauma continues to be sparse as neglect cannot be studied under controlled conditions. The Ilizarov method and interlocking nailing however provide the possibility of a good prognosis. It is in situations where dislocations or intraarticular fractures have been

neglected that the challenge manifests itself to the full. All stages of management challenge the acumen of the treating surgeon and sometimes seminars have to be conducted to formulate a feasible treatment plan. Application of a plan is sometimes precluded due to unexpected findings which prevent the original surgical goals from being achieved. Soft tissue injuries do not afford the luxury of discussion as immediate management has to be done to prevent further damage in terms of progress of gangrene or infections. Severe Volkmann's ischaemic contracture even in the best surgical hands does not give satisfactory end results.

An interesting situation arises in certain cases where function is reasonable in spite of a pretty alarming radiographic picture.

Even with the best intentions and efforts of the hospital staff, a number of these cases have a compromised prognosis which is confirmed by a periodic retrospective analysis. The hospital has been using electronic and print media to get the message across, reinforcing the need for early intervention and explaining the threat of long term morbidity. This endeavor, even though partly successful, needs to be supported by community education programmes in far flung areas. ■

■ IFPOS report

Dr Seok Hyun Lee | IFPOS President



The International Federation of Paediatric Orthopaedic Societies (IFPOS) has had two gatherings recently. One was in Dresden, Germany, on the occasion of the EPOS 2006 Congress which took place from 5 to 8 April 2006. Mem-

bers of IFPOS who also belong to EPOS participated with enthusiasm in the meetings. Henri Bensahel (France), Franz Grill (Switzerland) and Seok Lee (Korea), and many others, were present. They held a Board meeting and a presidential lunch as well as a discussion about the future of their Federation. The other gathering occurred in conjunction with the SICOT/SIROT Fourth Annual International Conference held in Buenos Aires, Argentina, from 23 to 26 August 2006. A one day session dealing with children's orthopaedics was reserved to them on Friday 25 August. Seok Lee delivered a presidential lec-

ture entitled "Treatment of DDH" to start the day. Fracture treatment, DDH, LCPD, SCFE and other topics were addressed during the session. It was attended by many IFPOS members from Europe and North America. Patricia Fucs, Juan Couto and Carlos Milani were on site as local hosts and welcomed people. Their hospitality was enjoyed by many of the participants in the beautiful setting of the historical city of Buenos Aires. Members of the Board, with their wives, went out together for business meetings and for pleasure on some evenings.



IFPOS team

■ ARTICULUM Fellowship for 2006/2007

ARTICULUM is a Pfizer-sponsored scientific programme for experts in arthritis and pain. The aim of ARTICULUM is to "Promote excellence in information exchange, education, training and disease management in arthritis and pain". It is a Canadian and pan-European programme involving internationally

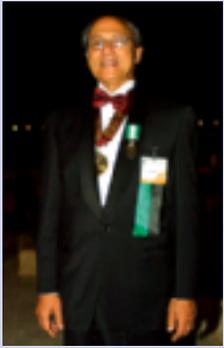
respected research experts in the fields of arthritis and pain. Most of the ARTICULUM members participating in this Fellowship research programme are based in Europe.

For more information please go to www.articulumfellowship.com



■ Assiut University/SICOT Training Fellowships for African Orthopaedic Surgeons

Prof Galal Zaki Said | Vice President of SICOT



Health care in Sub-Saharan Africa has many constraints including poverty, lack of education, low health expenditure, violent conflicts, the spread of infectious diseases and epidemics. Orthopaedic surgery is not in a better state than the rest of health care provisions. Some African countries have only three orthopaedic surgeons practising in the entire country. This has stimulated Assiut University in Egypt to start a Training Fellowship programme, in collaboration with SICOT.

Assiut University Hospital is the referral centre for the whole of Upper Egypt with a population of more than 20 million. The Department of Orthopaedic and Trauma Surgery has 12 professors, five assistant professors, nine lecturers, nine assistant lecturers and 21 residents. It contains 81 beds for orthopaedic cases. Orthopaedic trauma cases are operated in the Trauma Centre which contains 120 beds in addition to an intensive care facility of 20 beds. During the year 2005 the number of cases operated in the department (excluding trauma cases) was 2,167.

The number of cases operated at the Trauma Centre was 6,180 cases. Major orthopaedic sub-specialities are represented in the Department of Orthopaedics including traumatology, spine surgery, arthroscopy and sports medicine, joint replacement, orthopaedic oncology, hand and reconstructive microsurgery, paediatric orthopaedics and adult reconstructive surgery. Prof Charles Sorbie, former president of SICOT, visited Assiut University Hospital in 2003, and undertook the accreditation of the training programme of the resident doctors.

According to our fellowship training programme two to four African Orthopaedic Surgeons, less than 40 years of age, who have reasonable knowledge of the English language, join the Department of Orthopaedic and Trauma Surgery in Assiut University Hospital for six months. They are allowed to attend all clinical, educational and academic activities of the department, and are allowed to assist in surgery.

The University provides the Fellows with free full board accommodation. SICOT pays the cost of the air ticket from the country of origin to Cairo and back. The SICOT Foundation pays USD 200

per month for each Fellow. Assiut University arranges for them two fully paid trips, one to Cairo and one to Luxor to introduce them to the ancient and modern cultures of Egypt. The author of this report is the co-coordinator and administrator of the whole programme.

Since the programme's establishment in February 2002, 22 surgeons have been trained. They were from Nigeria (six candidates), Kenya (three), Uganda (three), Ethiopia (two, including one female doctor), Sudan (two), Tanzania (two), Chad (one), Niger (one), Sierra Leone (one) and Zambia (one).

The African trainees find this programme very useful as shown by their exit reports published in different issues of the SICOT Newsletter.

Applications for these Fellowships are accepted all year round by the coordinator, preferably by e-mail: Professor Galal Zaki Said, P.O. Box 110, Assiut 71111, Egypt
Fax: +2088 233 9566,
+2088 2400 434
E-mail: gzsaid@menanet.net
Website: www.aun.edu.eg

**SICOT AWARDS GRANTED AT
THE SICOT/SIROT 2007
FIFTH ANNUAL INTERNATIONAL CONFERENCE**

The German SICOT Fellowship

Awarded to the two best candidates who have passed the annual SICOT Diploma Examination. The two candidates will be selected by the Board of Examiners at the end of the SICOT Diploma Examination.

The two fellows will be invited to visit well known German orthopaedic centres for a period of four weeks. The sponsorship includes: an economy class airticket, food and accommodation, travel expenses within Germany and an allowance up to a maximum total of EUR 2,500 per fellow.

The Lester Lowe SICOT Award

Two prizes of up to and including USD 1,000 each and a diploma are awarded at the closing ceremony of Annual International Conferences to trainees under 35. The purpose is to allow them to attend a SICOT Annual International Conference.

Deadline for application: 01 April 2007.

The Australian SICOT Award

Three prizes of AUD 3,000 each are to help to cover travel and accommodation expenses of young deserving surgeons who otherwise would not be able to attend SICOT meetings. The award is administered by the Young Surgeons Committee.

Deadline for application: 28 February 2007.

The SICOT Oral Presentation Awards

Ten diplomas of recognition together with three prizes of EUR 500 each for the three best oral presentations are awarded at the Closing Ceremony of the conference.

Deadline for application: 15 February 2007.

The SICOT Poster Awards

Ten diplomas of recognition together with three prizes of EUR 500 each for the three best posters are awarded at the Closing Ceremony of the conference.

Deadline for application: 15 February 2007.

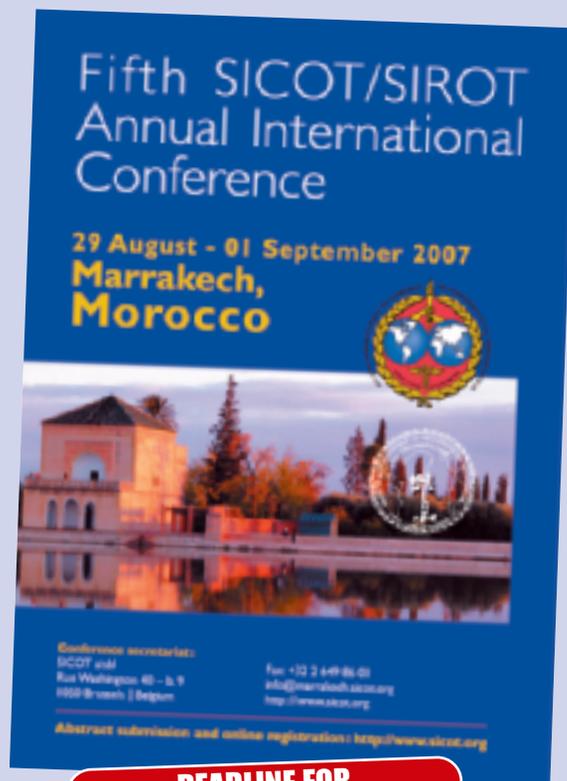
The SICOT Trainees' Best Paper Award

A diploma or recognition and a prize are awarded at the Closing Ceremony of each Trainees' Meeting to the author of the best paper. The prize is a three-year free membership to SICOT.

Deadline for application: 15 February 2007.

Address for applications

SICOT aisbl
Rue Washington 40 – b.9
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Fax : +32 2 649 8601
E-mail : awards@sicot.org



**DEADLINE FOR
ABSTRACT SUBMISSION:
15 February 2007**

Registration: On line registration forms at <http://www.sicot.org/?page=marrakech>
Special prices for doctors from Africa.

Registration

Registration fees in EUR (exclusive of Belgian VAT)	Before 15.02.2007	Between 01.01.2007 and 31.05.2007	After 31.05.2007
SICOT and SIROT members	275	375	475
Non members	425	525	625
Trainees	100	125	150
Accompanying persons	125	150	175
President's Dinner	60	75	90

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