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# SICOTNEWS

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

## Country to country: Bosnia & Herzegovina



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## What would you do?



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A 64-year-old man with type 2 diabetes collapsed unconscious due to hypoglycaemia and sustained a fall in his garden. Afterwards, he noticed pain, weakness and loss of active abduction and elevation.

Four weeks later he presented himself to the orthopaedic surgeon with painful active elevation of 60° and loss of external rotation.

### What is your diagnosis?

The X-ray (figure 1) shows clear signs of:

- Proximal humerus fracture
- Fracture of the greater tuberosity
- Anterior dislocation
- Massive rotator cuff tear
- Posterior dislocation

### What kind of imaging would you prefer?

- New X-rays (axial and ap true glenoid projection)
- Ultrasonography
- MRI
- CT-scan
- Scintigraphy

To see the results and further comments, please go to the SICOT website: [http://www.sicot.org/?id\\_page=165](http://www.sicot.org/?id_page=165)

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## Global Challenges in Orthopaedics

Viewing the world from an orthopaedic perspective gives rise to both optimism and frustration. Our optimism is based on ongoing scientific developments and the resourcefulness of the younger generation. Added to that is the availability of modern communication systems, such as the Internet, website journals and the IT. Our frustrations result from the impact of terror and the ongoing global financial crisis. These two threats call for the reorganisation of large orthopaedic meetings.

I find it important to embrace both the positive and negative outlooks not only for SICOT but also for orthopaedics worldwide. The “front-line” problems that must be addressed include:

- the burden of trauma;
- the aging population;
- the effect of subspecialisation;
- recruitment of orthopaedic surgeons;
- internationalizing orthopaedics - outreach programmes;
- unifying the roles of orthopaedic societies.

In my view orthopaedic organisations share the responsibility for addressing these issues. We need to communicate among all major societies. Despite world crises we need to provide solid scientific evidence for the value of our interventions in order to compete with other medical specialities for the limited health resources available. Orthopaedic societies are obliged to focus on evidence-based medicine, not only in scientific journals but at our meetings. This is an important avenue of communication in terms of a new spirit in surgeons’ attitudes.

The future of SICOT depends on our ability to collaborate directly on these issues, with national and international societies. It depends as well on our ability to profile valid subspecialty sections which will attract better collaboration with the orthopaedic industry. We run education centres but perhaps the economic and logistical burdens of these innovations could be shared with other major societies.

SICOT is already in the forefront in terms of being a good think tank, but many other societies have “boots on the ground” in developing countries (for example, Scoliosis Research Society’s activities in Africa). Since 2000, we have steadily increased “young surgeons” participation in the work of SICOT and it is important to maintain their high level of involvement in our annual meetings. I feel that there should be more Trainees’ Meetings and, if possible, combined with other societies.

It is my hope that SICOT members will take my above-mentioned thoughts into consideration in their daily activities. SICOT’s executives are pledged to navigate a steady course among these difficult but invigorating global challenges.

**Cody Bünger**  
SICOT President



# Bosnia and Herzegovina

**Prof Ismet Gavrankapetanovic**  
National Representative of Bosnia and Herzegovina

Bosnia and Herzegovina has a population of a little over 4 million. There are 4 major clinical centres located in Sarajevo, Tuzla, Banja Luka, and Mostar. After a four-year war in Bosnia-Herzegovina, Orthopaedic and Traumatology services were destroyed financially, technically and in terms of personnel. In addition, the majority of Bosnian doctors left Bosnia to work in the Western countries. Since 1996, the Orthopaedic Trauma Centres have been working on developing numerous pathways to create values in orthopaedic trends. Currently, there are 94 Orthopaedic Surgeons in Bosnia, as well as 40 residents.

Bosnia-Herzegovina today consists of two Entities and is divided into ten Cantons. We are continuously working towards interconnecting national networks and clinical centres, supported by our colleagues from Zagreb, Beograd, Ljubljana, the European Union and the United States. In addition to meetings, lectures, joint operations, training of younger staff, we work on the publication of our experience and we do everything



Cvrtnica Mountain



The Catholic Church on Marijin Dvor Square in Sarajevo

to ensure high professional and ethical standards as well as the quality control of our work.

The delivery of health care in our country is based on the social policies of our Government. It is constantly being improved as we try to achieve our mission of improving the treatment of our patients using the principles of modern medical practice.

It is a pleasure to write about our country and to invite the Officers and Members of SICOT to visit us and support our mission. Our continuous progress in the post war period offers an example of how we can open new horizons and educate new generations to come. Our story sets a shining example and offers a ray of hope for a better future.

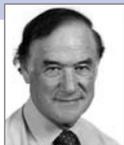
**Capital:** Sarajevo  
**Population:** 4 million  
**Location:** South-eastern Europe  
**Surface area:** 51,129 km<sup>2</sup>  
**Official languages:** Bosnian, Croatian, and Serbian  
**Major religions:** Islam and Christianity  
**Type of government:** Emerging federal democratic republic

**No. of orthopaedic and trauma surgeons:**  
94 (and 40 residents)  
**No. of doctors:** 5,540 (Source: WHO)



## SICOT Committees 2008-2011

## Education Committee

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**Prof Charles Sorbie**  
Education Committee Chairman

# Education Committee Report

### Members (2005-2008):

Laszlo Bucsi (Hungary)  
Morris Duhaime (Canada)  
Jochen Eulert (Germany)  
Maurice Hinsenkamp (Belgium)  
Michael Lawrence (UK, WOC)  
Syed Awais (Pakistan)  
Jim Waddell (Canada, ARTOF)  
Geoffrey Walker (UK, WOC)  
Charles Sorbie (Canada, Chairman)

Dr Sorbie spoke of the function of all SICOT committees and the importance of their work. He believes that if the committees are to be effective and the members willing to serve, their opinions and advice must inform the decisions of the Executive and Board of Directors. While decisions are made by the Executive Committee, it is important that its members receive the considered opinion of the standing committees on which to base executive actions.

## The Diploma Exam

The Diploma Examination continues to be a needed and a successful effort on the part of SICOT. Twenty-five trained, young surgeons applied to sit in Hong Kong on 25 August 2008 at the Academy of Medicine. They came from the following countries:

United Kingdom	- 11
India	- 6
Pakistan	- 2
Saudi Arabia	- 2
Afghanistan	- 1
Bahrain	- 1
Iraq	- 1

Dr Tony Hall, Chief Examiner, has indicated that he would like to be replaced. Dr Sorbie will continue to organise the exam and it was suggested that Dr Marc Patterson be approached to join the Exam Organizing Team. Dr Patterson has much experience in conducting examinations in the United Kingdom. He has the endorsement of Dr Hall.

The Education Committee discussed the possibility of holding the exam each year in two separate locations, one with a congress or conference and one at the opposite side of the world in a place where there are large regional populations. For example, as a conference and exam will be held at Pattaya in 2009, an exam could take place somewhere in Europe. If the congress/conference is in the European side of the world, an

examination could take place in Hong Kong. Recruiting experienced examiners could be done locally. While feasible, it may be too soon to have two exams a year.

The Committee gives thanks to and felt it important to publicly acknowledge the generosity of the German Orthopaedic Association through Prof Dr Eulert. The Association provides a four week tour of German orthopaedic surgical centres for the two candidates gaining the highest marks in the SICOT Diploma Examination.

## Education Centres

Our innovative Education Centres have become a major activity and purpose for SICOT. Since the model centre in Lahore has continued to improve in worth and importance and with the global efforts of Prof Chad Smith and Prof Maurice Hinsenkamp, there has been an almost overwhelming interest in applying for Education Centres by a number of countries. At this time, another Education Centre has been established at the Assiut University Teaching Hospital and University Centre in Egypt and one is developing at the Frank Pais Orthopaedic Centre in Havana, Cuba. A request has been received for one at São Paulo in Brazil, Moscow in Russia, Dar es Salaam in Tanzania, Lagos in Nigeria and for other centres in Egypt.

Prof Hinsenkamp has had contact with the World Health Organization (WHO) which has shown a strong interest in furthering the development of our Education Centres and a figure of EUR 650,000 has been mentioned as possible support for them.

The Education Committee spent much of its time discussing the benefits to the fundamental goals of SICOT and to the quality of education in the cities in which the Education Centres are established. There is a financial cost to SICOT for each Centre although the bulk of the cost is derived locally. It is of great importance that the quality of the Centres be maintained and the protocol for their creation and conduct be followed. In principle they provide a place for orthopaedic surgeons and allied personnel, to meet, to learn and to socialize. While we have a protocol for their establishment and structure, it needs to be reviewed and upgraded as a result of experience and the wider interest. An application process must be developed which, for a request to be considered, would depend on the suitability of the geographic location, local leadership, the available facilities and the commitment of the director. These are essential requirements. When established, Centres must be fully supported by SICOT which should include at least one "SICOT Visiting Professor" spending time at the Education Centre each year. Funding can be developed for these visits through the SICOT Foundation and from some of the sources mentioned above.

The Education Committee believes it is the most appropriate screening tool to make recommendations to the Executive Committee for their decision on granting Education Centres to particular cities. The National Delegate should be involved in this process and the Vice President of the region.

**Points to consider include:**

- Should there be only one Education Centre in any country?
- Can SICOT ensure the presence of a visiting professor at least once a year in the Centre?
- How many resources can SICOT provide each year to the less advanced centres?
- What mechanism can be applied to ensure contact with each centre, by ongoing linkage to SICOT through annual reports, etc.?

## Education Objectives Manual Update

The Education Objectives Manual for training in Orthopaedic Surgery and Traumatology is based on a system developed in Canada. The objectives have served that country well and since they were modified, have served SICOT well. Professor Syed Awais has used them in Pakistan as a basis for training by dividing them into ten modules. The modules are covered each week, section by section so that the full manual is followed. Training progress is based on the Objectives over a three-year period for which it was devised. In Pakistan, it has been linked to the HYPERGUIDE and training can end with a diploma exam.

The Education Objectives need review and updating. Knowledge is constantly changing in, for example, spine surgery, trauma, arthroplasty and paediatrics. The Education Committee proposes to develop a new version of the objectives, which will be available from the Head Office at a small cost within the next year or two. "Experts" (that fine body of men and women!) will be asked to re-write sections of the Manual. Names of suitable individuals are requested.

## Other Business and Summary

It is strongly recommended again that the protocol for Education Centres be upgraded and a mechanism developed by the Executive and Education Committees for setting policy for the endorsement of Education Centres which would include the number of centres in any country, the number of centres developed in any year, the screening of Centre leadership, the liaison with WHO and BJD, a program of SICOT professorial visits to the centres and a planned, "bells and whistles" opening ceremony for all new centres.

The Committee recommends that a member of the Trauma Committee be added to its membership.

The Education Committee is pleased to receive comments and ideas for its consideration at any time during the year. Please feel free to contact directly any member of the Committee.



## Prof Maurice Hinsenkamp

### SICOT Secretary General 2002-2008

#### What were your previous roles at SICOT and what motivated you to become Secretary General?

First of all, SICOT is a unique Society with great potential in many fields: fundamental research, clinical practice and education. Being the International Society of Orthopaedic Surgery and Traumatology confers on it a humanitarian role at world dimensions. When you gain some experience in your discipline and you want to share it with others and to learn from them, SICOT represents an exceptional forum.

I entered SICOT as Editorial Secretary from 1984 to 1993 and Treasurer from 1993 to 1999. In addition, I was Secretary General ad interim from 1991 to 1993 following the death of Jacques Wagner. During those years, I had the chance to receive part of the philosophical heritage of great figures of the Society like Robert Merle d'Aubigné and Maurice Müller. I discovered the fraternal friendship you can establish easily with the National Delegates and the SICOT Officers coming from all parts of the world. I remind you of the following sentence by St. Exupery "Si vous voulez que les hommes s'entendent faites les bâtir ensemble" (If you wish to motivate men get them to build something together). At the beginning, I was quite apprehensive about what I could do but very soon I realised that, maybe more in SICOT than elsewhere, you just need to do it to make it last. It was very encouraging to see that what you create continues to grow and improve in time, such as the SICOT Newsletter which I initiated in 1985 as Editorial Secretary. The collaboration with Springer in "International Orthopaedics" following a new agreement negotiated in 1993 has led to an exceptional expansion of our Journal in terms of scientific excellence, increase in the number of papers, and high publishing quality.

As Treasurer from 1993 to 1999, I was very proud to achieve a positive net operating balance independently from the benefit of the congresses. At that time SICOT had serious financial problems and we were able to reconstitute a reasonable fund reserve with the income of the congresses to allow the further expansion of the Society after 1999. Obviously, this result was possible with the strong support of Presidents Takao Yamamuro and Charles Sorbie.

This raised also an important factor, namely the team spirit of the SICOT Officers and of the SICOT Head Office. At that time,

the SICOT Head Office needed to be reinforced in terms of human resources and e-technologies but also in terms of cohesion and communication. This was one of my main objectives when I was elected Secretary General besides the creation and the expansion of some other projects leading to a more international presence of SICOT.

#### How would you define your experience as SICOT Secretary General over the last six years and what are you most proud of?

The SICOT Secretary General is a centre of union between members but mostly between the National Delegates and SICOT Officers. He has a key position to favour the creation of new activities and mostly identify and recruit good will to support them. The first need, also the first operational theatre is to build an efficient Head Office ensuring good communication between the different structures of SICOT. When I started in 2002, we had several difficult experiences and we began to improve the computerisation of the Head Office. With the appointment of Beatrice Chaidron as Executive Director in 2005, the renewal of the SICOT Head Office became a reality with a strong team spirit among her assistants. In parallel, the SICOT website was improved significantly. I consider the evolution of the Head Office as the main and most effective improvement on which to base the future, even if we still need more people to take part in all SICOT activities in addition to the organisation of the Annual International Conferences and the Triennial World Congresses.

I was very happy to participate in the inauguration of the Lahore SICOT Education Centre in 2004 and afterwards to support the recognition of the centres in Assiut, Dar es Salaam, Havana, Lagos and São Paulo. Up to now, I have been able to find financial support for trainee exchanges with the Lahore Centre and I hope to realise the same for the others.

I have developed the international presence of SICOT by improving its participation in WHO programmes. This should allow the expansion of the SICOT Education Centres and also improve the accessibility and affordability of orthopaedic devices. In addition, thanks to about 80 volunteer SICOT members, we are now ready to take part in the humanitarian missions of Doctors Without Borders.

### **Do you have any regrets?**

No regrets!

I just feel impatient because the realisation of our projects is so slow, the available time is so short and we definitely need more funding to support all our ideas. In an International Society it is difficult sometimes to be able to make everybody happy!

### **What advice, if any, would you offer your successor?**

I have known Jochen Eulert for many years and even better over the last few months. I am very happy that he was elected Secretary General. He is well organised, quite enthusiastic and dynamic. He will be dedicated to SICOT, so I have no general advice to give him. Regarding the specific character of SICOT, I think that our Society conceals a lot of paradoxes which are its traditions and its progress, the general approach and the specialisation, the practice of orthopaedics in high- and in low-resource settings, the fundamental and the applied research, the scientific independence and the collaboration with the orthopaedic industry. This is our heritage, it has a unique flavour and we have to exalt it and maintain it for future generations.

### **What would you like to achieve in the next nine years as President Elect, President, and Immediate Past President of SICOT?**

The first term as President Elect will be devoted, apart from the organisation of the scientific programme for the Congress, intensively to raise funding for SICOT activities and I will pursue this effort during all my mandates.

During the three years as President, apart from expansion of the international projects with WHO, and depending on the financial resources, I would like to improve local support for the National Delegates to make more effective the presence of SICOT in their countries. This includes the exchange of faculty between centres and whatever should meet the needs of the National Delegates. One of the roles of SICOT should be to support local combined projects especially if the problem concerns several neighbouring countries. Friendships should be developed between the National Delegates as from our experience, this is the best guarantee for expanding common programmes.

New funding should be devoted to make existing programmes more efficient. For example, the SICOT Telediagnostic System and exchange of trainee positions. The international and neutral position of SICOT should be the reference point in orthopaedic training and research.

The mandate of the Immediate Past President is also essential in different aspects. Firstly, as ex officio, he is Chairman of the Statutes and Bylaws Committee which is important to maintain tradition but also to ensure evolution of the Society. Secondly, he is also Chairman of the Officer Nominating Committee and his role is fundamental to selecting the new team of officers. I insist on the "team" because it is useless to elect individuals who will have difficulty working together. The effectiveness of the Executive Committee will depend significantly on good collaboration with each other as well as strong motivation and dedication.

Thirdly, he is Chairman of the Congress Site Committee which implies a personal investment in selection of future Triennial World Congress and Annual International Conference sites. This means respecting the rules of rotation among the continents and reserving the Annual International Conferences for sites which would have difficulty in hosting a Triennial World Congress. Unfortunately, it should also include consideration of the financial aspect: the Annual International Conferences should be held at no financial loss and the Triennial Congresses should be significantly profitable.

### **What attracted you to SICOT and how has it changed since 1980 when you became a member?**

I think I already answered about my motivation to be involved in SICOT in the first question. Regarding the evolution, it is obvious that in 1980 SICOT was considered a select club of the most prominent specialists in orthopaedic surgery in the major countries. However, the number of orthopaedic surgeons increased significantly due to the expansion of the discipline and to the growth of the subspecialties. The concept of the "club" had to change to become a more open Society which today continues as a centre of union between the geographical regions of the world and among the subspecialties.

*The interview continues on the following page.*



# My experience in a hospital in a developed country

**Dr Akkad Rafiq**  
SICOT Associate Member

To work in a hospital in a developed country is a great opportunity for me. I am a 3<sup>rd</sup> year postgraduate resident in the Orthopaedic Mayo Hospital in Lahore, Pakistan, under the supervision of Prof Syed M. Awais. A few months ago, I came to the Erasme Hospital in Brussels, Belgium, for a six-month training programme under the supervision of Prof Maurice Hinsenkamp. This was made possible through an agreement between U.L.B. (Université Libre de Bruxelles) and K.E.M.C. (King Edward Medical College).

As I come from a developing country, I noticed a huge difference between the two institutions. The hospital in Brussels is very much better organised. The wards are clean and well maintained with all types of facilities available. They have caring staff, cooperative doctors and in a good education environment. Doctors are very interested in research and in the use of recently developed techniques.

In Belgium, the percentage of trauma cases is relatively low. This is why most cases are elective, so that treatment is well planned and decisions are reached after a good discussion. Operating theatres are well equipped and one advantage is

that all varieties of super specialists are available, for example, knee, hand, hip, shoulder, and foot surgeons. Patients are also well informed and have a good knowledge of their treatment.

Postgraduate training is excellent and trainees have a perfect learning environment with full opportunity to witness all types of surgical procedures, outpatient clinics and emergency situations. Pre-op planning, post-op discussions, a journal club and weekly topic presentations are the key features of Brussels training and continued medical education.

I am very fortunate to be able to work in this environment and what I am learning is a real advance in my training. When I go back to Pakistan, the experience will have given me the opportunity not only to improve my own skills but also to help me improve the working conditions in my hospital to deliver better care for my patients.

Finally, I appreciate very much the efforts of SICOT which is playing a key role in establishing modern techniques in developing countries. I feel proud to be a member of this organisation.

## Interview (continued)

The change evolved smoothly with the evolution from a Triennial World Congress every three years to the inclusion of two Annual International Conferences in between years. This gave members the opportunity to meet more often and for SICOT to be present in more regions, provided of course that the rotation is honoured when selection of the sites is made. These new developments made it mandatory for the SICOT Head Office to evolve in order to face the new challenges and develop, apart from the congresses, new services for the members.

### Why did you choose surgery and your speciality in particular?

The justification for my vocation grew significantly with my maturity! In short, I decided to be a medical doctor at the age of four, because I would have a swivel chromed stool like the paediatrician I consulted, maybe an early sign of my future interest in biomechanics. At the end of high school, I wanted to be a family doctor. At the beginning of medical school, I decided to do surgery as it was a more effective discipline than internal medicine and finally at the end of my medical degree, I chose orthopaedic surgery, since for me it was the most effective among all the various surgical disciplines.



## 16<sup>th</sup> SICOT Trainees' Meeting

**Prof Andrzej Bohatyrewicz**  
Chairman of Organizing Committee

It is our great pleasure to invite you to join the **16th SICOT Trainees' Meeting** which will take place in Kołobrzeg, Poland, 7-9 May 2009.

Topics at the SICOT Trainees' Meeting include:

- Motion preservation versus arthrodesis (spine, elbow, ankle)
- Management of posttraumatic deformities (elbow, ankle)
- Reconstruction of bone in osteoporosis and metastasis
- Multitrauma management

Invited speakers from many countries around the world will deliver keynote lectures. Original participant reports are also expected. We intend to publish the abstracts of all lectures and posters.

The Organizing Committee will do its best to ensure the highest possible scientific level at the upcoming Meeting as well as unforgettable memories of your stay in Kołobrzeg.

All participants of the meeting will receive 15 educational points.

Have a great meeting!



Call for abstracts has been extended to **15 February 2009!**  
Please go to the SICOT website to submit your abstract(s):  
[http://www.sicot.org/?id\\_page=161](http://www.sicot.org/?id_page=161)

# Sixth SICOT/SIROT Annual International Conference

29 October – 1 November 2009  
Pattaya, Thailand

Venue: Pattaya Exhibition and Convention Hall (PEACH)



Royal Cliff Beach Resort  
ROYAL CLIFF BAY  
JOMTIEN - PATTAYA

## Main Conference Hotel:

Royal Cliff Beach Resort

**Address:** 353 Phra Tamnuk Road,  
Moo 12, Pattaya City, Choburi  
20150 Thailand

**Hotel Location:** Beach

**Area:** South Pattaya

Expect the very best at the multi-award winning 4-hotel Royal Cliff Beach Resort, a secluded, totally self-contained luxury resort overlooking the turquoise waters of the Royal Cliff Bay.

The style is outstandingly tasteful while the organisation is exact, with attentive staff willing to go still further to make the difference. Find peace away from it all at this oasis, or dive into the full complement of sports facilities and activities. Luxuriate around the beautiful pools including deck and swim-up bar and wind down with the Spa & Wellness Centre and beauty shop.

The spectacular restaurant fare is first-class and has to be tasted to be believed. Business can be conducted without a drop in standards, utilising 21 meeting rooms and the latest in audio-visual equipment, supplemented by a staff which will see to your every need.

More information about accommodation in Pattaya is available at: <http://www.sicot2009thailand.org>

## Editorial Department

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