PULSUS
WWW.PULSUS.COM
35 Years in Assessing the Impact of Healthcare Research

15th International Conference on

Orthopaedics, Arthroplasty and Arthroscopy

September 22, 2022 | Webinar

Accepted Abstracts

38 YEARS OF EXCELLENCE IN MEDICAL PUBLISHING

15th International Conference on

Orthopaedics, Arthroplasty and Arthroscopy

September 22, 2022 | Webinar

Received date: 15.07.2022 | Accepted date: 17.07.2022 | Published date: 22.09.2022

Whats Important: Retirement, Viewed 2 Years Later

Andrew J Weiland

Hospital for Special Surgery, New York

At the age of 77, I retired from an active hand and upper extremity practice at an academic institution. I had been involved in leadership positions in many national orthopaedic organizations and most recently have served on the Board of Trustees for The Journal of Bone and Joint Surgery. For over 46 years, I enjoyed the interactions with residents and fellows. Fortunately, I remained healthy and active with no major medical issues and prided myself on being an excellent surgeon and mentor with a busy practice. The decision to retire did not come lightly. After decades of dedication to orthopaedic health care, what would it feel like to step away? Would there be a "void" in my life? I was shocked to discover that I am far from bored in retirement. Now 2 years in, I am fully embracing this new phase of life. As I reflect on why that is, I realize that the seeds of a "successful" retirement are sown over the course of many years—and that while retirement may involve stepping away from work, it does not necessarily mean stepping away from one's community. If asked to list the keys to a successful retirement, I would offer the following: When in a busy practice, remember to make time for life outside of work.

I have been blessed with a wonderful family, including 2 children, both of whom are now surgeons, and 6 healthy grandchildren. My wife and I have been married for 56 years. While my career involved long hours and numerous professional activities, to have focused solely on my career would not have led to a successful or fulfilling professional life. Balance is needed and lays the foundation for a rich life. As much as possible, plan ahead financially. To be sure, life is expensive. My wife and I made a point to live within our means and started saving early on. We sought the counsel of advisers at different stages so that, from a financial standpoint, we would be ready to retire if and when retirement beckoned. Physical activity and social engagement are extremely important.

We enjoy shared activities with family and friends, with travel, skiing, biking, golf, and sailing among our interests. We are fortunate to spend winters in Florida in a golfing and sports community, and summers at our cottage in Maine. We have actively enjoyed the company of friends, old and new, as much as possible during the pandemic. I am more involved now in social activities, sports, reading, and travel than at any other period of my life. Maintain contact with your peers. Among those I regularly see are several friends from the orthopaedic community whom I've known for more than 40 years. The enthusiasm we shared for our work during our lengthy careers has transferred to new interests in retirement, enjoyed together. The bonds of friendship are lasting and personally very gratifying.

Recent Publications

1. Pyrocarbon Arthroplasty Implants in the Upper Extremity: A Systematic Review of Outcomes and Pooled Analysis of Complications 29 November 2021, pp. 946e-958e

2. Total Wrist Replacement: A Retrospective Comparative Study, 2012 Nov; 1(2): 165–172.

3. Metacarpophalangeal joint replacement in Novosibirsk Research Institute of Traumatology and Orthopedics Simonova E.N., T. I. Aleksandrov, Prokhorenko V.M., S.I. Chorny, 2019, 200-201

aweilandhss@gmail.com

Received date: 09.08.2022 | Accepted date: 12.08.2022 | Published date: 22.08.2022

Systematic review on management and outcomes following proximal tibial peri-articular fracture-related infections

Shanmuganathan K[1], Mahmoud A[1], Hasan R[2], Vris A[2], Heidari N[2], Bates P[2] and Iliadis AD[2]

[1] Queen Mary University of London, UK
[2] Trauma & Orthopaedics Department, UK

Background: Tibial plateau fracture related infection (FRI) is a common but dreaded complication following surgical management. The diagnosis and management of this condition poses a challenge to clinicians. To date, all systematic reviews on this topic evaluate the incidence and risk factors for tibial plateau FRIs.

Objective: This systematic review primarily aims to evaluate the current literature on the management strategies employed to eradicate tibial plateau FRIs, and report on their outcomes. Furthermore, it aims to report variations in diagnosis and management of this complication.

Methods: A search was performed on Medline, Embase and Cochrane Library Central Register for Controlled trials using terms synonymous with tibial plateau, infection, and fracture. Studies were reviewed for eligibility against a pre-defined inclusion and exclusion criteria. The quality of included studies was assessed using the Coleman Methodology Score (CMS). Data pertaining to study characteristics, diagnostic tool and management strategies was collected.

Results: A total of 13 studies met the inclusion and exclusion criteria. An additional study was identifying through snowballing of relevant literature. The average CMS score was poor. Eleven studies had a level of evidence (LoE) of 3, whilst three had a LoE of 4. Of the 232 cases, 47 were superficial FRIs and 185 were deep FRIs. Most cases of superficial FRIs (94.8%) could be eradicated with antibiotics with or without debridement. Deep FRIs require a more aggressive approach, with antibiotic and debridement only eradicating 23.3% of infections. Deep FRIs are associated with an increased number of debridement procedures (mean 2.1) and additional procedures (mean 3.8). Eradication rates were 79.7%. Diagnostic strategies and functional outcomes were poorly reported across most studies. Non-union, bone loss and soft tissue coverage was associated with poor functional and clinical outcome scores.

Conclusion: Tibial plateau fracture-related infections are a challenge to diagnose and manage. The pathogenesis of superficial, deep, acute, and chronic FRIs are varied, therefore different therapeutic approaches need to be taken to successfully eradicate each pathology. Further studies with homogenous definitions and robust methodology are required to better evaluate the management strategies of this condition.

Recent Publications

1. Choo KJ, Morshed S. Postoperative complications after repair of tibial plateau fractures. The journal of knee surgery. 2014; 27:11–19. doi: 10.1055/s-0033-1363517.

2. Barwick TW, Montgomery RJ. Knee arthrodesis with lengthening: experience of using Ilizarov techniques to salvage large asymmetric defects following infected peri-articular fractures. Injury. 2013; 44:1043–1048. doi: 10.1016/j.injury.2013.02.017.

3. Phisitkul P, McKinley TO. Nepola JV, Marsh JL. Complications of locking plate fixation in complex proximal tibia injuries. J Orthop Trauma. 2007; 21:83–91. doi: 10.1097/BOT.0b013e318030df96.

kanatheepan@doctors.org.UK

15th International Conference on

Orthopaedics, Arthroplasty and Arthroscopy

September 22, 2022 | Webinar

Received date: 14.09.2022 | Accepted date: 18.09.2022 | Published date: 22.09.2022

Comparison of lidocaine-dexmedetomidine and lidocaine–saline on the characteristics of the modified forearm bier block: A clinical trial

Karim Nasseri[1], Kamal Ghaderi[1], Khaled Rahmani[1], Nasser Rahmanpanah[1], Shoaleh Shami[1], Farhad Zahedi[2] and Taher Naseh Baneh[1]

[1]Kurdistan University of Medical Sciences, Iran
[2]Indiana University School of Medicine, USA

Background and Aims: Forearm Modified Bier Block (FMBB) reduces local anesthetic systemic toxicity risks compared to the traditional method. This study was designed and implemented to compare the effects of lidocaine– dexmedetomidine (LD) and lidocaine–saline (LS) on the characteristics of the MFBB in the distal forearm and hand surgery.

Material and Methods: In this randomized double-blind trial, which was conducted after obtaining institutional ethical committee approval, 60 patients were enrolled and randomly divided into two groups. In both groups, the analgesic base of the block was 20 mL lidocaine 0.5% which was supplemented by 1 µg/kg dexmedetomidine in the LD group or 1 mL of 0.9% saline in the LS group. Patients were evaluated for the onset and duration of sensory block, time of the first request for postoperative analgesia, and analgesic request frequency during the first 24 h after surgery.

Results: Sensory block onset in the LD group (7.1 ± 1.4 min) compared to the LS group (8.4 ± 1.4) was faster ($P = 0.008$). The duration of the sensory block in the LD group (49.7 ± 7.2 min) was longer than the LS group (33.3 ± 2.6) ($P < 0.001$). Compared to the LS group, the time of the first request for postoperative analgesia in the LD group was later ($P = 0.6$), and had lesser analgesic requests during the first 24 h after surgery ($P < 0.001$).

Conclusion: Based on our study findings, adding dexmedetomidine to lidocaine in the MFBB increases the duration of sensory block.

Recent Publications

1. Choyce A, Peng P. A systematic review of adjuncts for intravenous regional anesthesia for surgical procedures. Can J Anaesth. 2002;49:32–45.

2. Chiao FB, Chen J, Lesser JB, Resta-Flarer F, Bennett H. Single-cuff forearm tourniquet in intravenous regional anaesthesia results in less pain and fewer sedation requirements than upper arm tourniquet. Br J Anaesth. 2013;111:271–5.

3. Dekoninck V, Hoydonckx Y, Van de Velde M, Ory MJ, Dubois J, Jamaer L, et al. The analgesic efficacy of intravenous regional anesthesia with a forearm versus conventional upper arm tourniquet:A systematic review. BMC Anesthesiol. 2018;18:86.

nasseri_k@mUK.ac.ir

15th International Conference on

Orthopaedics, Arthroplasty and Arthroscopy

September 22, 2022 | Webinar

Received date: 17.07.2022 | Accepted date: 20.07.2022 | Published date: 22.09.2022

Hip precautions on discharge following hemiarthroplasty for neck of femur fractures: Survey

Prateek Gupta, Sundas Butt and Kishore Dasari

George Eliot Hospital NHS Trust, UK

Hip precautions are currently practiced in three-quarters of trauma hospitals in the UK, despite national recommendations from the 'Blue Book' not stating it as a requirement. Valuable therapist time is utilized alongside the need for specialized equipment, which can potentially delay discharge whilst it is being arranged.

Aim: To explore the current practice of the use of hip precautions on discharge following hemiarthroplasty for hip fractures. To also explore whether they are necessary and identify areas for improvement to benefit patient care overall.

Methods: An online survey was distributed to various Trauma and Orthopaedic Departments across the UK. The survey was available over 4 months, collecting 55 responses overall.

Results: The majority of responses were from trauma and orthopaedic consultants who were aware of the 'Blue Book' recommendations. The majority of trusts who responded did not practice hip precautions and did not feel this increased the risk of dislocations on discharge. Recommendations included the integration of hip precautions in the post-op advice in coordination with the physiotherapist and information leaflets on discharge regarding hip precautions.

Results: Hip precautions are not commonly practiced, for reasons including patient compliance and the inherently stable procedure of a hemiarthroplasty compared to a THR, reducing the need for hip precautions.

Conclusion: Hip precautions are not widely regarded as a useful practice for post-hip hemiarthroplasty, viewed as utilizing resources and increasing costs and risk due to increased hospital stay. Thus, this potentially delays discharge overall. A consistent approach should be implemented in treating patients post-hip hemiarthroplasty.

Recent Publications

1. Sathiyakumar V, Greenberg SE, Molina CS, Thakore RV, Obremskey WT, Sethi MK. Hip fractures are risky business: an analysis of the NSQIP data. Injury. 2015;46:703–8.

2. Butler M, Forte M, Kane RL, Joglekar S, Duval SJ, Swiontkowski M, Wilt T: Treatment of common hip fractures. Evid Rep Technol Assess (Full Rep) 2009:1–85, v.

3. Van Embden D, Krijnen P. Schipper IB: [fracture of the medial femoral neck: is there still a place for conservative treatment?]. Ned Tijdschr Geneeskd. 2014;158:A8105.

drprateekgupta99@gmail.com