



RAMAIAH

ADVANCED
LEARNING CENTER

ADVANCED COURSE ON PELVI-ACETABULAR TRAUMA CARE

July 5, 6 and 7, 2024

Venue : Ramaiah Advanced Learning Center

Surgical treatment of acetabular fractures, are associated with vital adjacent anatomic structures and a steep learning curve. Most of the national and international courses aim at basic understanding, surgical approaches and surgical techniques which are sufficient for uncomplicated pelvi-acetabular fracture patterns.

Whenever the pelvi-acetabular injury is complicated with additional trauma, other morbid situations, reasonable neglect and inadequately performed surgery, then the management of such injuries becomes a lot more difficult. To manage these situations, one requires understanding and experience much beyond the routine pelvi-acetabular care. This can only be perceived if surgeons with sufficient experience get together and interact to create answers to such challenges in clinical practice.

In the proposed course we wish to have interactions regarding this level of pelvi-acetabular trauma care. It is expected that participants willing to join this course are already well versed with standard treatment of these injuries.

The proposed cadaveric dissection will consists of hands on experience on relatively advanced surgical techniques i.e. percutaneous fixation of pelvi-acetabulum injuries, and approaches for sacrum fracture and spinopelvic stabilization. Modified Stoppa approach as well as safe surgical dislocations will also be available for hands on experience.

Bone model exercises will also be specific to complex fracture patterns of the acetabulum. Each participant will be given a pelvic bone model for simulations of different fracture patterns. He can carry the model back for further practice at home.

Some of the best international faculty, who have been teaching in many International AO pelvic courses, will be accompanied by senior experienced Indian faculty for discussing solutions of difficult clinical challenges.

This will be a different course and is restricted to pelvic acetabular surgeons willing to upgrade from routine acetabulum surgery to higher level. An experience of more than five years in the field is a desirable prerequisite for the course.

Dr Ramesh Sen
Course Director

Day 1 July 5, 2024

Introduction to the course : Case Based Presentations

9.15 -10.30

MODULE 1- PELVIS

1. Update on Damage control resuscitation in pelvic trauma
2. Role of emergency fixation of pelvis
3. Open pelvic fractures, priorities defined
4. Role of infix : when to use n how
5. Reduction techniques for vertical shear sacroiliac disruptions
6. Avulsion injuries of pelvis

10.30-12.00

MODULE 2- PELVIS

7. Reduction of Tilt fracture of pelvis
8. Management of Pelvic fracture with associated neurological damage
9. Options in fixation of Sacral fracture in sacral dysmorphism
10. Crescent fracture management options
11. Spinopelvic Fixation: when to do?
12. Pelvic nonunion: how to manage?
13. Pelvic osteotomy for malunion pelvis

TEA BREAK

12.15- 1.30

MODULE 3 - ACETABULUM

1. Superior wall fractures
2. KL approach: prone vs lateral
3. Defining the use of Gibson Vs KL approach
4. Comminuted Posterior wall fracture: how to manage?
5. Managing posterior column from anterior approach
Surgical dislocation for acetabular fracture

LUNCH BREAK

2.30 - 3.45

MODULE 4 - ACETABULUM

7. ABC fractures low type reduction techniques
8. ABC fractures high type reduction techniques
9. ABC fractures, when to go for both approaches
10. Infra-acetabular screw and supra-acetabular lag screw
11. Techniques and related issues for Antegrade & retrograde anterior column screw
12. Techniques and related issues Antegrade & Retrograde Posterior column screw

TEA BREAK

4.00-5.30

MODULE 5-ACETABULUM

13. Impaction injuries to acetabulum
14. Managing anteromedial dome impaction
15. Posterior and posterior impaction injuries
16. Subchondral support material to impaction injuries
17. Choice of approach: Ilioinguinal Vs AIP
18. Re-osteosynthesis in previously operated acetabulum fracture

Day 2 July 6, 2024

CADAVERIC EXERCISES

Percutaneous fixation module 8.30- 10.30, 10.45 -12.45

Two batches with 2 hours for each batch

16 persons each batch, two participants work on one side, other side watches, then other side participants do it and reversal of roles for other two.

First batch cadaveric exercises: 2 hours

Infix Demo

- Sacroiliac stabilization
- Trans-sacral stabilization
- Antegrade posterior column fixation
- Retrograde posterior column fixation
- Antegrade anterior column fixation
- Retrograde posterior column fixation.

Second batch Case Discussions: 2 hours

On reduction of complicated fracture patterns, results of the percutaneous fixations

COFFEE /TEA break for 15 mins.

Reversal of batches for cadaveric exercises and discussions

LUNCH 45 minutes

ABC fracture stabilization Module 1.30 – 3.30pm

4 participants each station

AIP with modified ileo-femoral approach (90 Min)

- Plate osteosynthesis supra pectineal & infrapectineal
- Plate osteosynthesis posterior column
- Posterior column screw fixation
- Infra acetabular screw fixation
- Levine Approach for Anterior fixation and THR Anterior (30min)

Tea break for 15 minutes

MODULE

Spinopelvic stabilization, 3.30 -5.30 pm

4 participants each station

Posterior Surgical approach for sacroiliac region

- o Sacral fracture stabilization
- o Spinopelvic stabilization

DAY 3 July 7, 2024

MODULE 6 COMBINED TRAUMA 08.30 - 09.45

1. Floating hip injuries, anterior fracture with femur fracture
2. Floating hip injuries, Posterior injuries with femur fracture
3. CPAI pelvis first then acetabulum
4. CPAI acetabulum first then pelvis
5. NeuroVascular Complications : How to manage?
6. Pelvi- Acetabular fracture in paediatric patients

MODULE 7 FEMUR HEAD FRACTURES 10.00 - 11.00

1. Choice of approach in Pipkins I& II : How to decide
2. Head femur fracture Pipkin III management
3. Head femur with acetabulum fracture
4. Head femur impaction fractures

TEA BREAK

MODULE 8 ARTHROPLASTY 11.15 -12.30

1. When to opt for arthroplasty in fresh geriatric acetabulum fractures
2. Post acetabular fracture pelvic discontinuity
3. Quantifying acetabular defect
4. Managing posterior defects
5. Managing medial defects and anterior defect
6. Peri-prosthetic acetabular fracture

MODULE 9 ELDERLY & MISC 12.30 - 1.30

1. Fixation in Elderly acetabulum Fractures
2. Evolving Implantology for geriatric acetabular fracture
3. Pelvic insufficiency fracture
4. Current management of degloving injuries around pelvis
5. Infection post surgery in PELVI-ACETABULAR TRAUMA

FINAL DISCUSSION AND CONCLUSIONS



Dr. Sanjay C Desai
Director RALC



Dr. Ramesh Kumar Sen
Course Director



Prof Vivek Trikha
Course Chairman

International Faculty



Rahul Vaidya
Wayne State University



Peter Bates
London NHS Trust



Axel Gänsslen
Germany

National Faculty



Dr John
Mukhopadhyaya Patna



Dr Dinesh R Kale
JNMC Belgaum



Dr Rakesh Rajput
CMRI Kolkata



Dr J T Pappanacherry
Kochi



Prof Vivek Trikha
AIIMS New Delhi



Prof Sameer
Agarwal PGIMER
Chandigarh



Prof P K Raju
Bangalore Medical
College



Dr Lokesh A V
Manipal Hospital,
Bangalore



Dr Ajoy S M
Ramaiah Medical
College & Hospital



Dr. Pradip S Nemade
KEM Hospital,
Mumbai

Course Fee

For Indian and SAARC delegates :

Early bird – Rs. 50,000/- delegate - Till May 31st, 2024
From June 1st onwards – Rs 55,000

Foreign delegates:

Early bird –USD 1200 – Till May 31st, 2024
From June 1st onwards - USD 1500

30 delegates only at 2 delegates only per station

Account Details

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Venue :

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Registration Form

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Institution				
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Address for correspondence				
Country				
Phone no.	Office	Country code	City code	Phone no.
	Mobile	Country code		Mobile no.
E mail ID	1			
	2			

I am herewith enclosing Demand Draft/ Cheque no. dated

drawn on Bank, for Rs.

(in words.....).

Date

Signature.....