



RAMAIAH

**ADVANCED
LEARNING CENTER**

PELVI - ACETABULAR TRAUMA WORKSHOP Advanced Course

July 6, 7 and 8th - 2018

Under the aegis of
Bangalore Orthopedic Society



Venue :
Ramaiah Advanced Learning Center

Supported by
DePuy Synthes

JJMI-MA-DS/1503101

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

PROGRAM HIGHLIGHTS

Topics to be discussed

- I. **Fracture based Talks (how I do it)**
 - T-shaped fracture
 - Associated both column fracture
 - Anterior column with posterior hemi-transverse
 - Transverse with posterior wall fracture
- II. **Associated injuries affecting fracture stabilization**
 - Concurrent pelvic ring & acetabulum fractures
 - Acetabulum with associated femur shaft fractures
 - Acetabulum fractures with trochanteric /neck femur fractures
 - Femur head fractures (complex) with acetabulum fractures
- III. **Managing Posterior pelvic ring Injuries**
 - Spinopelvic reduction and fixation
 - Sacrum fractures with and without neurological injuries
 - Crescent pelvic fractures
 - Sacroiliac dislocation
- IV. **Interventions, what to do? How to manage?**
 - Trochanteric Flip Osteotomy
 - Severely Comminuted Posterior Wall Fracture
 - Dome Impaction
 - Quadrilateral plate comminution
- V. **Less used approaches**
 - Pararectus approach
 - Subinguinal approach
 - ACE approach
 - Combined approaches
- VI. **Associated soft tissue problems**
 - Soft tissue lesions associated with pelvic trauma
 - VTE in pelvi-acetabular surgery
 - Prevention and Management and HO after pelvic/acetabular surgery
 - Management of post op Sciatic Neuralgic pain
- VII. **Panel discussion / Debate**
 - Choice between Modified Stoppa and Ilioinguinal approach
 - Choice between prone Vs lateral position for K L approach
 - Pipkin type III fracture reconstruction Vs arthroplasty
 - Ilio-sacral screws in supine Vs prone position
- VIII. **Percutaneous acetabulum fixation**
 - Anterior column - antegrade
 - Anterior column - retrograde
 - Posterior column
 - Ischio-ileal fixation

IX. Techniques in acetabulum fixation

- Minimally invasive reduction & fixation
- Fracture fixation with dysplastic sacrum
- Role of Infix in pelvic injuries indications
- Quadrilateral plate - different stabilization techniques

X. Newer technology in acetabulum & pelvic fracture management

Computer aided fracture fixation
Laparoscopic assisted fracture reduction fixation
Fracture reduction using surgical dislocation hip
Role of pre-op 3 D printing of fracture acetabulum

XI. Delayed osteosynthesis in pelvi-acetabular trauma

- Delayed osteosynthesis of anterior injuries
- Delayed osteosynthesis of posterior injuries
- Re-osteosynthesis in acetabulum fractures
- Complications in delayed interventions

XII. Malunion and non-union of pelvis acetabulum

- Delayed reconstruction of acetabular fractures
- Pelvic non-unions-reosteosynthesis
- Pelvic malunion - Correction surgery
- Acetabular non-unions- reosteosynthesis / arthroplasty

XIII. Osteoporosis related pelvi-acetabular trauma

- Acetabular fractures – techniques of reduction and fixation
- Acetabulum fractures – early replacement
- Acetabulum fractures-conservative initially with late replacement
- Pelvic fractures-management options

XIV. Arthroplasty in acetabulum fractures- reconstruction techniques

- Arthroplasty after failed reconstruction
- Arthroplasty in neglected acetabulum fractures
- Acute reconstruction and simultaneous arthroplasty
- Sequential reconstruction and arthroplasty

XV. Arthroplasty in acetabulum fractures –reconstruction supports

Use of trabecular metal cup and augments
Use of cages in reconstruction
Use of impaction grafting in reconstruction
Use of allograft/autograft as structural support

XVI. Arthroplasty in acetabulum fractures

Cemented acetabular cup
Uncemented acetabular cup
Dual mobility use
Pelvic discontinuity in acetabulum fractures

Saw Bone Exercise

- Spinopelvic Fixation
- ABC Fracture model
- Infrapectineal plate Placement
- Transverse with posterior Wall Fracture
- New Reduction Clamps & their usage

Exercises on cadavers

Surgical Exposures:

- Ilioinguinal Approach
- Modified Stoppa Approach
- Extended Iliofemoral Approach
- Posterior Exposure to Sacrum and Reduction Techniques

Percutaneous Screw Fixation

- Iliosacral Screw Fixation
- Ischioileal Screw (Lithotomy)
- Pubic Rami Screw

Special features of the course

Being organized in association with AOPAS India

Highly experienced International and National faculty

Problems encountered often, to be discussed at threadbare level

- Techniques /protocols defined to manage most difficult situations
- Controversial topics to be discussed with experienced panel
- Complex fracture pattern exercises on saw bone models
- Four participants per cadaver ensuring maximum practical experience
- Every participant to perform image based percutaneous fixations (only 2 per table, divided groups)



Dr. Naresh Shetty
Chief - RALC



Dr. Ramesh Kumar Sen
Course Director

International Faculty



Dr Chris Morrey
Australia



Dr Cyril Mauffery
Denver



Dr Mark Reilly
USA

National Faculty



Dr John Mukhopadhyaya
Patna



Prof Vivek Trikha
AIIMS New Delhi



Dr Dilip Patel
Ahmedabad



Dr C P Das
Cuttack, Orissa



Prof Sameer Agarwal
PGIMER Chandigarh



Prof P K Raju
Bangalore Medical College



Dr J T Pappanacherry
Cochin



Dr Lokesh A V
People Tree Hospital,
Bangalore



Dr Ajoy S M
Ramaiah Medical College
& Hospital

Course Fee

Indian delegates :

Early bird – Rs. 50,000/- delegate - Till May 31st, 2018
June 1st onwards – Rs 55,000

Foreign delegates

Early bird –USD 1200 – Till May 31st, 2018
June 1st onwards - USD 1500

Account Details

Cheque / DD drawn in favour of
“MSRUAS - M.S.Ramaiah Advanced
Learning Center”

MSRALC Account No - 914010033412174

MICR Code - 560211017

NEFT/ IFSC Code - UTIB0000559

AXIS BANK

For Registration Details Contact :

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Venue :

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Registration Form

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State of Registration					
Address					
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.....