BERITA ORTOPEDIK

THE NEWSLETTER OF MALAYSIAN ORTHOPAEDIC ASSOCIATION

WELCOME MESSAGE FROM THE PRESIDENT OF MOA 2018/2019

Greetings from the MOA executive board 2018/2019
And
Dear Members,

The anticipated Berita Ortopedik news bulletin is now ready and apologies for the delay. We continue to work towards improving communications and to inform our members of the courses and activities organised and/or sponsored by the MOA. Prof Tunku Kamarul Zaman has been striving to further improve the quality of this newsletter and has made further enhancement in the content and layout. We are grateful for his efforts.

The MOA annual meeting is literally around the corner and it is quite likely you may be reading this at the meeting. The MOA has strived to provide a programme to update you on the latest in orthopaedic practice and I hope the knowledge gained would be both practical and foster inspiration to do more.

Through our special interest groups, partner societies and industries, we ran several events over this year that have given our members benefit. We thank you all for your continuing support and we look forward to your participation in your society as well as new members enrolment.

Yours sincerely,

Prof. Azhar M Merican
President of MOA 2018/19

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The Changes To The APACMed Code Of Ethical Conduct To Training And Education: How This Would Affect MOA And Its Members

A lot has been said recently with regards to the announcement of the Asia Pacific Medical Technology Association (APACMed) decision with regards to sponsoring orthopaedic events, courses and even the sponsorship for education; of which has created a feeling of uneasiness not only amongst it MOA members, but also the orthopaedic community as a whole. There have been rumours going around that as the result of the announcement of recent regulations, industries would not be sponsoring anyone anymore for any educational training, there would not be anymore conference sponsored by the industry, there will no longer be contact between users and industry with regards to training and many other unwelcoming stories. However, rumours being what they are tend to create a feeling of unnecessary restlessness and anxiety, when in fact quidnuncs may not even know the actual facts relating to the real issue at hand.

In trying to explain to our members what these changes mean and hopefully converting rumours to facts (which will in turn we hope to educate the community), MOA has written a short article to help summarize what the recent announcement means and how this would affect the orthopaedic community. Please take time to read this article to understand how these events will impact you.

What Were The Recent Changes That Is Impacting MOA And Its Members?

In February 2017, the APACMed Board revised the code to no longer permit the industries that are members of APACMed (which covers almost all of the orthopaedic industries in this region) to provide direct sponsorship to individual healthcare professionals (HCPs) for Third Party Educational Events as of 1st January 2018. However, the industries and third party intermediaries may continue to support HCPs training and education through funding of educational grants.

What Does This Mean To Us?

The most notable issue that would affect MOA members is that industries would not be able to select individual HCPs or directly cover costs of participation at Third Party Educational Events

(such as our annual MOA AGM/ Conference), and will NOT be allowed to cover travel costs for HCP participation at a company satellite symposium, if the HCP is attending any Third Party Educational Event.

However, industries are able to provide grants to third parties through an independent process to support HCP participation and education. They will also be allowed to organise satellite symposia adjacent to Third Party Educational Events AND cover the cost for reasonable local transportation and meal of HCPs attending a satellite symposium, provided that the HCPs are already attending the Third Party Educational Event.

For the satellite symposia it is important to note if HCPs do not attend the Third Party Educational Event the industries may cover the costs of the HCP's attendance at the satellite symposium. However, if the HCPs attend the Third Party Educational Event, industries may not pay the HCP's associated travel expenses, except for the local transportation and costs directly associated with the HCP's attendance at the satellite symposium.

Other areas that the industries are allowed to cover includes the costs of HCPs participating in independent, company-organized training or education events, provide research grants and purchase advertising and leasing of booth space at Third Party Educational Events.

What Is APACMed?

APACMed is a progressive industry body that promotes policies to advance healthcare access for patients. APACMed sets guidelines for its Members in its Code of Ethical Conduct for Interactions with Health Care Professionals ("Code") to encourage ethical, collaborative interactions with Health Care Professionals ("HCPs"). Adherence to the Code is required by all members, their employees, and any third party intermediaries, including distributors, in their interactions with HCPs in connection with medical technologies.

APACMed was founded in 2014, and its members comprise of many big healthcare and pharmaceutical industries such J&J, S&N, Braun, BD and many others. The idea of APACmed is to consolidate their policies after having work actively with government bodies, medical device associations and many others. These then translate in the development of regional policies and ethical codes, share best practices, and promote regulatory harmonisation.

NOTE: The contents of this article have been adapted from the APACmed website. Most of this information are available online at http://www.apacmed.org/

What Has The MOA Council Done To Adapt To These Changes?

On the afternoon 20th of July 2017, a meeting between the industries and MOA was organized at the PJ Hilton attended many heads of the orthopaedic industries. On the MOA side, the council had a direct discussion with the industries and supported by many heads of the special interest groups.

In general, the industries have agreed to participate in MOA events with the caveat that it conforms to the standards set by APACMed. This would lead to having the industries to contribute financially direct to the educational grant set up under MOA in order for MOA to provide independent educational program during our event. Industries would not be able to name the speakers and/or delegates they wish to sponsor neither would they be able to pay any of them directly to attend this event.

MOA would inevitably be dealing with this matter directly. This would mean that there would be additional administrative and management burden to MOA to deal with the processes and documentations to fulfill the requirements. There would also be need for additional budget and manpower to deal with this, all of which have been discussed at the council meeting. At the present time, grants have been awarded through due process and we are happy that since this system was initiated, companies have been quite supportive.

APACMed ASIA PACIFIC MEDICAL TECHNOLOGY ASSOCIATION

Event

MOA Mid-Term Meeting

Date : 9th and 10th December 2017 (Saturday and Sunday)
Time : 9am until 6pm
Venue : The Everly Hotel Putrajaya

Summary

MOA Mid-Term Meeting was conducted to get an understanding of knowledge improvement amongst orthopaedic surgeons. Topics of discussion included future updates, insurance, CBO and other matters.

This meeting was successfully held in Putrajaya with 70 invited participants. It was a great get-together meeting as junior and senior surgeons sat together and came to a mutual understanding on discussed topics.

Participants included MOA Council Members and invited orthopaedic surgeons (from different specialisations) from Head of SIGs, hospital HOD, Past Presidents, senior university lecturers, SIG sub committees, KKM and President of College of Surgeons.

Saturday Talk	
Prof Faisham	*MOA update*
Datuk Asri	*MOA fee schedule & insurance matter*
Prof Jamal	*How to avoid insurance rejection*
Dr. Eddie Soo	*Medicolegal aspects in clinical practice*
Datin Anit Randhawa	*Medical defence ' Litigation in Ortho'*
Dato' Hamid	*Ethic in Ortho*
Dato' Hanafiah	*College of Orthopaedic Surgeons and why it's important*
Dato' Mohd Razak	*The new orthopaedic training curriculum*
Dato' K S Sivananthan	*Collaboration between MOA and College of Surgeon: The way forward*

Sunday Talk	
Prof David Choon	*How to prepare BAQs*
Prof Faisham	*Guided essay*
Prof Abdul Razak	*OSCE*
Prof Sharaf	*Viva Examination*
Dato' Abdul Hamid	*Clinical Examination*
Miss Soleha	*How to submit exam question*

This table shows the topic presented by the speaker

Malaysian Orthopaedic Association Humanitarian Outreach Program (Humanitarian SIG)

Visit To Dhaka Community Hospital

Prepared By :
Dr Shalimar Abdullah
Universiti Kebangsaan Malaysia

Recent Advancement in Orthopaedic Surgery Conference

Date :
11 to 13 February 2018

Venue :
Dhaka Community Hospital (DCH)

Participants:
Assoc Prof Shalimar Abdullah
Consultant Hand and Microsurgeon

Prof Hazla Haflah
Consultant Orthopaedic Oncology Surgeon

Dr Mohd Ashraff
Consultant Arthroplasty Surgeon

Dr Sabbir Ahmad
Consultant Arthroscopy Surgeon

Syed Muhammad Abdul Hadi Arief
Medical Student,
University of Manchester

11 February 2018

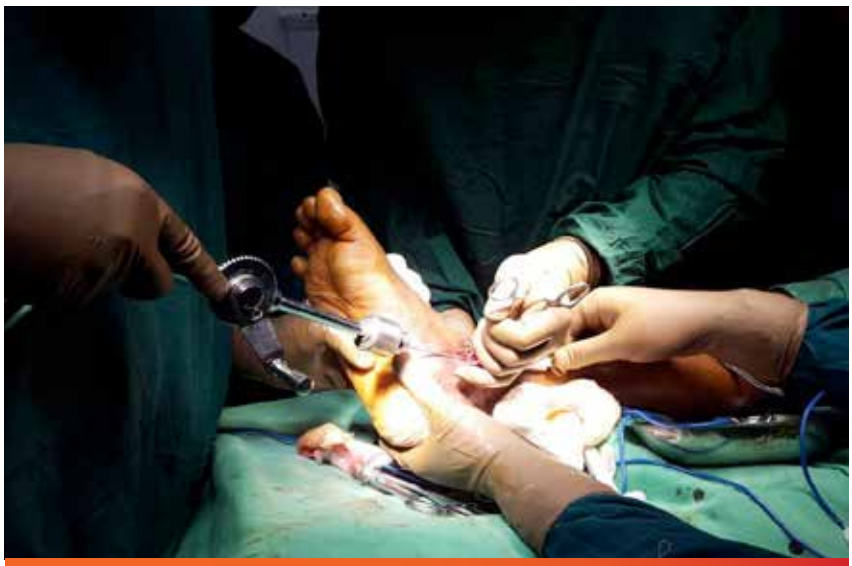
All 5 of us assembled in KLIA for a pre-departure briefing at 10am. Dr Syahril Rizal Arsad could not make the trip as he was afflicted with obesity and lobar pneumonia. We arrived at Shahjalal International Airport about 3 pm and proceeded to the hotel. Lunch was Kacchi Biryani, a stew of raw marinated meat layered with rice and cooked on a coal fire by the roadside.

The result is a succulent dish of moist rice and scintillating spiced meat topped of with a garnish of cucumber salad. Dessert was eaten at a local diabetes inducing sweet shop. We later took a rickshaw ride through one of the many suburbs of Dhaka and was mesmerized with the hustle and bustle of Dhaka and the madness of its traffic.

12 February 2018

We left the hotel at 8:30 am for Dhaka Community Hospital (DCH) to run the **Recent Advancement in Orthopaedic Surgery Conference**. It was a 2-day program with the full itinerary listed below.

We were welcomed by Dr Monirul Alam, Operating Theatre Director and Orthopaedic surgeon of DCH. DCH is a private, trust-funded hospital with an adjoining nursing college and teaching institution. DCH started off 25 years ago with only 10 beds and now has 380. Mr Alam outlined DCH's vision, which was to improve their level of Orthopaedic care and to expand their Orthopaedic Oncology and Geriatric Department. He shared DCH success in improving the general medical care in Dhaka and responding to the humanitarian crisis in the Rohingya refugee camp in Cox's Bazar.



Elementary drilling technique

We then toured the Medical College which was started 10 years ago and currently accepts 100 undergraduate medical students and 30 dental students each year. We were briefed about the post graduate orthopaedic training structure in Bangladesh, Master of Surgery in Orthopaedic and Trauma which takes 3 years to complete.

We then gave our series of lectures in the lecture hall, which was attended by all the orthopaedic surgeons, trainees, surgical trainees and medical interms of DCH. The lecture topics are listed in the itinerary as below.

Examining patients

DCH did not have dedicated sub specialised Orthopaedic teams, hence the selection of lecture topics were well received. The lecture on arthroplasty of the knee was very informative. The presentations on arthroscopy of the shoulder and Orthopaedic Oncology was met with awe. The WALANT technique lecture brought about an interesting discourse between Prof Shalimar, Dr Alam and Dr Ashraff. The audience were participative and each lecture was concluded with a rapturous ovation. The presentations were inspirational. Needless to say, there were quite a few budding orthopaedic surgeons in the room by the end of it.

After the lectures, we enjoyed the lunch at the hospital canteen. We had the pleasure to meet the chairperson of DCH trust, Prof Quazi Habibur Rahman. He extolled on DCH's current successful conjoined programs with Harvard and Nan Jing University. We commended him on the sustainability of the trust and its involvement in research collaborations.

Dr Monirul Alam then gave us a tour of the orthopaedic wards and department. The department is made of 4 surgeons, 1 registrar, 4 medical officers and 5 trainees and provides care for 35 beds. The majority of the cases are trauma cases. Some electives include knee procedures, shoulder surgery and hand procedures. We did a ward round and reviewed a number of post-operative patients including surgical debridements, skin grafting and fractured femur fixations.

We then jointly reviewed and examined quite a number of patients in Dr Alams Clinic. Among the more interesting cases were spondylo-arthropathy, severe osteoarthritis of the knee and post traumatic limb length discrepancy with ipsilateral hip pain. Clinic lasted until 7pm. We ended the fulfilling day at the vibrant Gawsia Market with dinner at the overrated StarKabab.

13 February 2018

On day 2, the morning started with an intensive round table discussion on expanding collaboration between MOA and DCH. We discussed the potential

Hazla and Sabbir

of combining in research, expertise and student exchange. We also explored the possibility of signing a Memorandum of Understanding for future visits. Assoc Prof Hazla was keen to keep this venture as a yearly affair.

Whilst the meeting continued with Assoc Prof Shalimar, Dr Ashraff immersed himself with some clinical cases and Dr Sabbir and Prof Hazla proceeded to the operating room to do preoperative planning and to operate on a curious case of a closed maisonneuve fracture. The surgery lasted 3 hours as the fracture took on a tricky configuration. The final reduction was perfect and the patient was expected to fully recover.

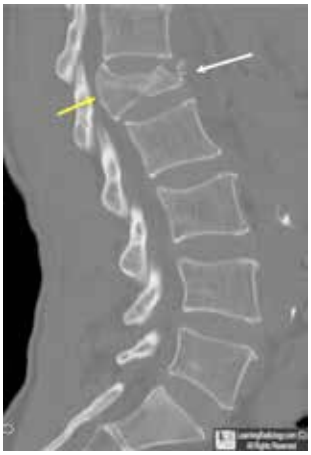
Before we left we handed over tokens of appreciation to the wonderful people of DCH, who had made this visit a memorable and successful one. We definitely felt that a bond had been formed between MOA and Dhaka Community Hospital. We are truly impressed that the trust was able to provide such good charitable service to the community of Dhaka. We believe a meaningful relationship and collaboration between MOA and DCH should be discussed for the near future.

Time	Particulars	Facilitator / Responsible Person
12 February 2018 Monday (Day – 1)		
09:00am to 09:30am	Welcome Address & Introduction	Dr Monirul Alam
09:30am to 10.00am	Meeting with the Principal of Medical College	Dr Monirul Alam
10.00am to 10.30am	Hospital and College Tour	Dr Monirul Alam
10.30am to 11.00am	Osteosarcoma Lecture	Assoc Prof Hazla Haflah
11.00am to 11.45am	Biomechanics of the Knee	Syed Hadi Arief
11.45am to 12.30pm	TKR – Instructional lecture	Dr Mohd Ashraff
12.30pm to 12.35pm	Tea Break	All
12.35pm to 12.45pm	Introduction to CRITOR, DMC	Dr Abdullah Rafi
12.45pm to 1.30pm	Shoulder Arthroscopy Surgery	Dr Sabbir Ahmad
1.30pm to 2.00pm	Advancement of WALANT in Hand Surgery	Assoc Prof Shalimar Abdullah
2.00pm to 2.30pm	Lunch Break	All
2.30pm to 3.00pm	Meeting with Chairperson, DCH Trust	Quazi Habibur Rahman
3.30pm to 4.30pm	Orthopaedic Ward Visit	Dr Monirul Alam
4.30pm to 6.30pm	Orthopaedic Clinic Visit	Dr Monirul Alam
13 February 2018 Tuesday (Day – 2)		
09:00am to 10.30am	Roundtable Discussion	Assoc Prof Shalimar Abdullah
10.30 am to 11.00am	Second Breakfast	All
11.00am to 12.00pm	Case discussion	Dr Mohd Ashraff
12.00pm to 1.00pm	Lunch	All
1.00pm to 2.00pm	Preoperative planning	Assoc Prof Hazla Haflah
2.00pm to 5.00pm	Surgery	Dr Sabbir Ahmad
6.00pm to 7.00pm	Evening Tea and Closing	All

Rountable Discussion

Gifts to DCH

Trainee Quick Quiz



Question 1

The images above are common stainless steel orthopaedic implants presently sold in the market.

1. What type of stainless steel is used to make these implants?
2. What kind of metal is stainless steel and what are its components?
3. Why does the implant have these components?
4. What does the letter code on the steel coding signify?
5. How does this implant compare to titanium implants?

Answer :

1. Stainless steel 316L
2. Stainless steel is a metal alloy metal consisting of chromium, carbon, nickel, (and molybdenum).
3. By adding the chromium (16%) element to stainless steel, this metal becomes corrosion resistant. The addition of carbon and nickel (7%) to stainless steel helps stabilize the austenite to stainless steel. Type 316L stainless steel selected for the purpose of surgical implants contains approximately 17 to 19% of chromium and 14% nickel. As mentioned, it is fundamental that metal implants are not susceptible to corrosion. With surgical implants, molybdenum is added to the stainless steel alloy that forms a protective layer sheltering the metal from exposure to an acidic environment. Corrosion resistance can also be achieved with the carbon element but only when the carbon is in a solid solution state.
4. The letter "L" indicates the presence of Low carbon of less than 0.03%. With low carbon, the risk or corrosion is minimized.
5. The differences and advantages of titanium are:
   - Titanium is stronger and lighter in weight compared to stainless steel.
   - Titanium has a large resistance to repeated loads making it ideal for its application as an implant.
   - Titanium has greater superior strength under repeated load stresses, making this metal capable of withstanding strain during internal fixation.
   - With a lower modulus of elasticity compared to stainless steel, titanium is less rigid which limits the amount of stress on bone structures. Titanium is therefore more viscoelastic and closer to the biomechanics of bone. This reduces the effects of "stress shielding" effect.
   - Titanium is less prone generating an immune reaction based on the fact that this material is corrosion resistant compared to stainless steel implants.

Question 2

A young lady, 27 year old fell from a second story height in an attempt to cause self-injury. She has a history of mild-depression and defaulted treatment. She was brought to the emergency department with severe back pain. She was tearful and not cooperative, thus history taking was not particularly helpful. CT scan was done as an emergency procedure for this patient.

1. Describe the radiograph.
2. Name the fracture and the mechanism of injury.
3. This is a complex fracture may involved certain neurological damage. What examinations would be done and what classification would you use to grade the injury.
4. Name two common classification used for these type of injuries?

Answers :

1. L1 spine fracture with possible retropulsion of the posterior spinal body into the spinal canal
2. L1 Burst fracture due to direct vertical compression to the spine.
3. In view of the possible involvement of the spinal cord, a complete neurological assessment of the lower limb is vital. What is more important would be to assess cord compression and the possible involvement of cauda equina syndrome. If this occurs, an emergency decompression would need to be performed. The most common staging for neurological status when there is involvement of the spinal cord is the use of the American Spinal Injury Association (ASIA) scoring system.
4. Common classifications include:
   - AO (Arbeitsgemeinschaft für Osteosynthese Fragen) divided thoracolumbar injuries into three groups from morphological and pathological aspects (A: Compression; B: Distraction; C: Axial Strain and rotational deformity). Each group was divided into subgroups according to the morphological injury and grade of instability. Fractures passing through the pedicles were added to the classification, but interpedicular separation and bone fragments with the excess pediculolaminar junction (corner) (PLC) in the spinal canal were not included in the study of Magerl et al.
   - Thoracolumbar Injury Classification and Severity Score (TLICS) were introduced in 2005. This classification is based on the morphology of the injury, the status of the posterior longtidunal ligament (PLL) and neurologic examination.

Disclaimer: The case described is fictitious and the images we randomly taken from the Internet for illustration purposes only. Any resemblances to any individual or cases that has occurred to person presently living or dead in completely unintentional.